THE EFFECTIVENESS OF COUNSELING STRATEGIES AND REHABILITATION CENTERS IN CURBING CONSUMPTION OF ILLICIT BREWS IN LAIKIPIA COUNTY, KENYA

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A Thesis Submitted to the Institute of Postgraduate Studies and Research in Partial Fulfillment for the Requirements for the Award of Doctor of Philosophy Degree in Education(Guidance and Counseling) of Kabarak University

KABARAK UNIVERSITY

MARCH, 2017

DECLARATION

This thesis is my original work and to the best of my knowledge it has not been presented for anawardof a degree in any university or college.

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RECOMMENDATION

To the Institute of Postgraduate Studies:

The Thesis entitled 'The Effectiveness of Counseling Strategies and Rehabilitation Centers in Curbing Consumption of Illicit Brews in Laikipia County, Kenya' and written by Rebecca Wangari Gikonyo is presented to the Institute of Postgraduate Studies of Kabarak University. We have reviewed the research thesis and recommended it be accepted in partial fulfillment of the requirement for the degree of Doctor of Philosophy in Education (Guidance and Counseling).

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Prof. J.O. Awino, PhD

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March, 2017

ACKNOWLEDGEMENT

It is with profound gratitude and thanksgiving that I acknowledge the Almighty God for enabling the completion of this thesis as envisaged. I feel greatly indebted to my indefatigable supervisors; Prof J.O. Awino and Dr. Paul Ombati for meticulously and untiringly examining this work and providing enormous and invaluable information, leadership, direction and continuous guidance, without which the completion of this study would not have been possible. I also greatly appreciate Dr. B. Tikoko, Director of the Institute of Postgraduate Studies and Research, Kabarak University, and Dr. Kageni Njagi for their indispensable guidance and continuous encouragement.

I am also very grateful to Dr. G. Kiptiony for her great inspiration and essential enhancement of this work. To the entire Kabarak University fraternity and particularly the library staff, I express my sincere appreciation for according me unwavering support and a conducive environment commensurate with the demand for this endeavor. In a very special way I acknowledge with gratitude the immeasurable support and opportunity accorded to me by St. Martin CSA, Nyahururu. Despite their very busy and extensive schedule, they willingly provided vital information from their accumulated wealth of experience in the area of illicit brew consumption, rehabilitation and consequent monitoring of the transformed persons. They also provided and facilitated the logistics for accessing those persons.

To all my facilitators, counselors and consumers of illicit brews, I register my sincere gratitude. Not only did they devote their precious time but also contributed immensely to the successful completion of the questionnaire. I treasure also the great support provided by Mr. R. Muraya, the research assistant for organizing and assisting with the information and all logistical support indispensable in the executing of this mandate. Finally, I thank NACOSTI for authorization to do this research. I also sincerely appreciate every otherperson I might not have mentioned by name yet contributed in one way or the other to the success of this work; thank you for your invaluable assistance.

DEDICATION

I dedicate this work to my beloved husband Mr. Rueben Gikonyo for his undying moral and financial support all the way. To our dear children, Gichohi, Wangui, Wambui, Wangechi and Wanjiku; you are the reason I live. To our granddaughter Wangari, you are our cherished grandchild.

To our parents Rev. James Kamiru and Florence Wambui, you parented, educated and prayed for me.

ABSTRACT

Consumption of illicit alcoholic brews is a national concern in Kenya. There are several approaches being used in curbing this menace and counseling is one of them. However, there is little empirical data that shows the effectiveness of counselors' involvement in curbing consumption of illicit brews and the counseling strategies used in Laikipia County This study was carried out to investigate the effectiveness of counseling strategies used in curbing illicit brews in Laikipia County. Specific objectives included examining the effectiveness of Psychoanalytic therapy in curbing consumption of illicit brews in Laikipia County; establishing the effectiveness of Cognitive therapy in curbing consumption of illicit brews; investigating the effectiveness of Gestalt therapy in curbing consumption of illicit brews; establishing the prevalence of different counseling strategies used in curbing consumption of illicit brews and determining the effectiveness of rehabilitation centers in curbing consumption of illicit brews in Laikipia County. To realize these objectives the study used descriptive survey research design whose outcome was a description of the phenomenon under study. The target population was 548 counselors found in the County, either as private practitioners, school counselors or religious leaders; and the estimated 10,000 consumers of illicit brews in the County. The researcher used a sample of 721 respondents selected through stratified sampling technique guided by Krejcie and Morgan Sample Size Table. This comprised of 351 counselors and 370 consumers of illicit brews. The research instruments were a questionnaire and an interview guide for focused group discussion. The questionnaire had open-ended and closed ended questions. The researcher administered the instruments to the respondents in selected learning institutions, rehabilitation centers, private practitioners and religious centers in Laikipia County. Data obtained was then analyzed using Statistical Package for Social Sciences (SPSS) Version 22. Both inferential and descriptive statistics were used on the data. Inferential statistics included ANOVA and co-efficient determination.The study revealed that Psychoanalytic therapy is used to a significant extent in the area, Cognitive counseling strategy to a significant extent while Gestalt counseling strategy is used to a moderate extent. It also revealed that clients prefer group counseling to individual counseling, while most would rather have family based counseling rather than go through rehabilitation centers. Rehabilitation centers play a modest role in curbing the consumption of illicit brews in Laikipia County. The study revealed that counselors use of Psychoanalytic counseling strategy is more prevalent followed by Cognitive therapy then gestalt counseling strategy. The study recommends that counselors should improve their counseling skills for people addicted to illicit brews while the government and counselors should embark on a sensitization programmes to increase the use of counseling strategies in curbing consumption of illicit brews. The county government should increase the number of rehabilitation homes by investing in low cost community based rehabilitation centers. The government should support co-option of recovering illicit brews drinkers into rehabilitation programs in order to motivate other illicit brew consumers to get counseling. The study has shed light on the various counseling based interventions that are available to social workers and other Government agencies including NACADA officers that could help curb consumption of illicit brews in Laikipia County.

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LIST OF ABBREVIATIONS AND ACRONYMS

AA:	Alcoholics Anonymous
ADAA:	Alcohol and Drug Abuse Administration
APA	American Psychological Association
ART:	Anti Retro-Viral Treatments
AUD	Alcohol Use Disorder
AUDIT:	Alcohol Use Disorders Identification Test
BACP	British Association for Counseling and Psychotherapy
CBT:	Cognitive Behavioral Therapy
CGT	Cognitive Group Therapy
CI	Confidence Interval
COP:	Correctional Options Program
CSW:	Commercial Sex Workers
CVCA:	Consumer Value Chain Analysis
DARA	Drug and Alcohol Rehab Asia
DSA:	Drug or Substance Abuse
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DTAP:	Drug Treatment Alternative to Prison
DUI	Driving Under the Influence
FDA	Food and Drug Administration
FGD:	Focus Group Discussion
HTS:	HIV Testing Services
KEBS:	Kenya Bureau of Standards
MMT:	Methadone Maintenance Treatment
MOEST:	Ministry of Education Science and Technology
NABAK:	National Alcohol Beverage Association of Kenya
NACADA:	National Council Against Drug Abuse
NACOSTI	National Commission of Science, Innovation and Technology
NCCD:	National Council on Crime and Delinquency
NCD	Non Communicable Diseases
OCD	Obsessive-Compulsive Disorder
OLP	Operant Learning Processes
PTSD:	Post Traumatic Stress Disorder

RR	Relative Risk
SACPA:	Substance Abuse and Crime Prevention Act
SAP:	Structural Adjustment Programmes
SBT	Solution-focused Brief Therapy
SPSS:	Statistical Package for Social Sciences
SUDs	Substance Use Disorders
TRA:	Theory of Rational Addiction
UNODC:	United Nations Office on Drugs and Crime
UPR:	Unconditional Positive Regard
WHO:	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Cognitive therapy refers to a counseling therapeutic process in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression. It was used in the same context in this study

Counseling strategies refer to approaches and techniques that counselors adopt to tackle an issue. In this study this was used to refer to the three counseling strategies that counselors use in curbing consumption of illicit brews: the psychoanalytic therapy, the cognitive therapy and the gestalt therapy.

Curbing refers tothe act of restraining power, action or limiting excess of anything. In this study this referred to deliberate efforts aimed at restraining, limiting or containing rampant consumption of illicit brews

Gestalt approach refers to a counseling therapeutic process that derives from the gestalt school of thought and that is guided by the relational theory principle that every individual is a whole (mind, body and soul), and is best understood in relation to his/her current situation as he or she experiences it. It was used in the same context in this study.

Illicit brews refer to illegal alcoholic drinks made by steeping, boiling, fermenting or through distillation. In this study it referred to alcoholic drinks sold and/or consumed illegally

Psychoanalytic therapy refers to a counseling therapeutic process which helps patients understand and resolve their problems by looking at experiences from early childhood to see if these events have affected the individual's life, or potentially contributed to current concerns. It was used in the same context in this study.

Rehabilitation refers to the restoration of someone to a useful place in society. In this study this referred to theactivity of restoring a person who has abused illicit brews to an extent of being of little use to the society by making him/her a useful and a responsible person again.

CHAPTER ONE:

INTRODUCTION

1.1 Background to the Study

Historical studies show that alcohol is possibly the oldest psychoactive substance used by mankind. Globally, human societies at every level of complexity discovered how to make fermented beverages from sugar sources available in their local habitats. Discovery of late Stone Age jugs suggest that intentionally fermented beverages existed during the early Neolithic period estimated to be 10,000 BC (McGovern, PE; Zhang, J; Tang, J; Zhang, Z; Hal, l GR; Moreau, RA; Nuñez, A; Butrym, ED; Richards, MP; Wang, CS; Cheng, G; Zhao, Z; Wang, C. (2004) cited in Desai, 2014). The earliest record of brewing in the United States was by Native Americans who used birch sap, maize, and water to make an alcoholic brew prior to Europeans arrival (Siebel and Schwarz, 2006). Currently, alcoholism affects roughly 4% of the overall population in the USA, or 12.5 million men and women. A study by Sacks, Gonzales, Bouchery, Tomedi and Brewer (2015) shows that excessive drinking in USA cost the economy almost $250 billion in 2010. Two of every $5 of the total cost was paid by government, and three quarters of the costs were due to binge drinking. Several evidence-based strategies can help reduce excessive drinking and related costs, including increasing alcohol excise taxes, limiting alcohol outlet density, and commercial host liability. In Canada, an estimated 4 percent of the population over the age of 15 is dependent on alcohol and there are twice as many male alcoholics as female alcoholics (Alcohol Abuse Essentials, 2014).

In Russia, alcoholism and alcohol abuse has reached dangerous levels where estimates show that approximately one-third of all deaths are related, either directly or indirectly, to alcohol abuse or to alcoholism. In Japan, alcohol abuse has become a major social issue driven by the fact that drinking is required when conducting business (Alcohol Abuse Essentials, 2014). In South Africa beer halls have always been at the center of the waves of political turmoil in Johannesburg's African townships (Government of South Africa, 2013).

While it is true that drug and alcohol use has a long history of cultural acceptance throughout Africa, there are also strong traditions of disapproval of drug abuse, especially when it weakens responsibility, honour and reputation. This traditional disapproval of drug abuse in African communities can be promoted without limiting public education and assistance to addicts (UNODC, 2000). Frequently, alcohol disorders are directly related to consumption of illicit brews with subsequent negative consequences. Illegally brewed alcohol

is common in Sub-Saharan Africa, particularly in poor communities where few can afford licit beer (Hagembe and Simiyu, 2014). The prevalence of alcohol abuse in Tanzania, for instance, is 17.2%(Mbatia, Jenkins, Singleton and White, 2009). In Uganda a 2010 World Health Organization report on Global Status Report on Alcohol showed that the country has the highest per capita consumption of alcohol in the world, followed by Luxembourg and the Czech Republic. The country's most popular drink isreferred to as 'Waragi'(African Insight, 2010).

The recorded history of illicit brews in Kenya coincides with the arrival of the Europeans in East Africa. At the moment, the colonial masters restricted production of traditional alcoholic drinks such as *muratina* and *busaa* which were only allowed for ceremonial purposes (Kihuria, 2014). However, long before the missionaries and the colonial administrators outlawed the local brew produced from fermented grains and consumed by specific age groups, cases of excessive drinking of deadly liquor were rare (Okungu, 2010). Furthermore, consumption of alcohol dates back to prehistoric times,though the abuse was not as pronounced as it is today(Birech, Kabiru, Misaro, & Kariuki, 2013). The World Health Organization (WHO, 2010) asserts that in modern day Kenya, 85% of alcohol consumed is illicit and that over 2 million Kenyans are addicted to drugs and alcohol. Recent community studies by NACADA indicate that 4 million Kenyans countrywide are consuming illicit brews (Chelagat, 2014). Alcohol is the most commonly abused substance in the country and poses the greatest harm to Kenyans as evidenced by the numerous calamities associated with excessive consumption and adulteration of illicit brews (NACADA, 2013). The unrecorded alcohol constitutes illegal beverages like *chang'aa, busaa* and *kumi kumi* that are poorly monitored for quality and strength and are usually laced with methanol.

In August, 1998 more than 80 people died in Nairobi after drinking illicit brews (Menge, 2014). A report by Kenyatta National Hospital shows that in November 2000 512 people in Nairobi,were hospitalized for *chang'aa* intoxication. Out of the 512 hospitalized, 137 died, 20 became blind while the rest became either visually impaired and/or physically disabled. In July, 2005 fifty people in Machakos died of*chang'aa* poisoning(Munira, 2000). Reports of death of many young and potential individuals due to irresponsible drinking both in rural villages and urban slums of Kenya have become commonplace. There is therefore an urgent need to put corrective measures in place to save the youth from early destruction (Okungu, 2010; Ndung'u, 2013).

A study carried out by Kenyatta National Hospital and reported by Munira (2000) shows that 10 ml (2 teaspoons) of methanol can cause serious illnesses such as kidney problems and pulmonary edema, among others. 50 ml (10 teaspoons) of methanol can lead to permanent blindness, coma and death. Despite the fact that these illicit brews make people lose sight, have blurred vision, experience stomach ache and cause others to go into a coma (Wanja, 2014) or even die, there has been an increase in the abuseof such brews in the recent past.

Consuming illicit brews has direct and indirect negative consequences on families and societies. There is a correlation between high illiteracy levels, joblessness and consumption of illicit brews. Counseling plays an important role in the curing process of any addiction including alcoholism. This is posited on the fact that addictions don't just arise because the individual happens to enjoy what they are doing. Most addicts are not happy with what they do rather they feel horrible about themselves and they hate it. There is always a reason as to why they abuse alcohol and drugs (Rehab Helper, 2015). While some look for temporary solace in cheap alcohol (Tanui, 2014), others do so when faced with life challenges such as failed marriages (Ndung'u, 2013). Alcohol abuse leads to vices such as violence, family breakdown, poverty and even death (Birech, Kabiru, Misaro and Kariuki, 2013).

According to Tanui (2014), counseling is used to tackle alcohol addiction (alcoholism). There are different strategies that counselors may employ to curb or deal with alcoholism. Although each has different theories and methods, they often address common issues. One of them is motivational interviewing, a technique that aims at making the client accept responsibility for their problems and the consequences of those problems as well as trying to help the client get committed to particular treatment goals and strategies. The family therapy technique is one in which all family members are involved in the treatment process. Additionally, rational emotive therapy and cognitive behavioral therapy aimsat challenging and changing the irrational and negative thoughts (cognitions) that are believed to be responsible for drug abuse, and to change as well as reduce drug taking behaviors (Reach Out, 2015).

Other counseling strategies include skills training which is based on the belief that substance dependence represents a means of coping with difficult issues and stress. There is also relapse prevention that involves the development of strategies to help maintain drug abstinence. Finally, pharmacotherapy (or drug therapies) can be used in a number of ways to treat drug dependence such as suppressing withdrawal symptoms and drug cravings, stabilizing symptoms, and blocking the effects of specific drugs (Reach Out, 2015).

Counseling strategies can be grouped into three - individual therapies, group therapies and family based therapies. Individual therapy is person-centered and is premised on the belief that we are all "becoming" or we are all moving towards self-actualization. Individual based counseling is considered the most optimistic approach to human potential. Group therapy is a kind of psychological therapy that deals with a group of people rather than with an individual during a one-on-one session. It is most commonly associated with therapies that make use of group dynamics (Counseling Directory, 2015). Family based counseling is a branch of psychotherapy that works with families to nurture change and development. Different counseling therapies have been found to solve a broader range of clients' problems and increase adherence to treatment (Marsh, Dale and Willis, 2007).

Counseling is a helping profession. There are rehabilitation counselors, mental health counselors, pastoral counselors and many others who are specialists and practitioners of counseling who have curved a niche in the helping profession (Dondo and Dondo, 2007). These professional counselors deal with counselees who come to them for help. Often, alcohol abusers hardly seek help because they are not aware that they are sick and need help. In addition, they may not be aware of the availability of counseling services or at times due to poverty they may not have the funds to pay for such services. One of the best options to get rid of alcohol dependency is to undergo alcohol rehabilitation treatment from a rehabilitation center with an aim of helping the patient avoid or reduce the intake of alcohol (Rehabilitations.org, 2015).

The solution to consumption of illicit brews is more than the reactionary steps that follow after people die as a result of consuming lethal alcoholic brews. These steps normally include destruction of alcoholic liquors, arresting a few brewers, sellers and consumers of illicit brews and sacking chiefs and NACADA officials. Counseling is important to individuals who consume the illicit brews. Any strategy put in place should recognize that the addict is an important part of the processes. Addiction psychologist Wasiam Miller argues that higher rate of success in rehabilitation is achievable when individuals choose their own treatment program since they own it and stay very committed to the program (Eden Recovery Center, 2014). This study proposed to investigate the effectiveness of counseling strategies used in curbing consumption of illicit brews in Laikipia County.

There is scant empirical data on the status of illicit brew consumption in Laikipia County. Despite this, alcohol abuse has affected most of the youths in the area and also caused loss of lives (Muchiri, 2014). According to the County's women representative,

alcohol abuse in the County is worrying with some members of the public staying drunk for 24 hours (Apollos, 2015). In the month of August 2010 five people died in Laikipia as a result of consuming illicit brew (NACADA, 2011). In an effort to fight alcohol abuse in the County, members of the County assemblies of Nyeri and Laikipia held a joint session at Nyeri assembly chambers to discuss a motion on eradication of illicit brews and drug abuse. There was a general agreement that alcohol and drug abuse is rife in the region and therefore measures should be put in place to eradicate it (Joseph, 2014). The County Assembly has since passed a law titled the *Laikipia County Alcoholic Drinks Control Act*, 2014 that has stiff penalties against those who manufacture or trade in illicit brews (Laikipia County Assembly, 2014). For example a person found to be selling illicit brews is liable to a fine of up to two million shillings or a prison term of up to 5years.

Laikipia County though highly rural is also cosmopolitan in terms of ethnic group mix. It has two main urban areas, Nanyuki and Nyahururu that both harbour dense population. It has three sub-counties, the Laikipia East, Laikipia North and Laikipia West. The County has the Samburu, Kikuyu and Kalenjin as major communities. The County Government, however, does not have its own rehabilitation Center. This study establishes the effectiveness of different counseling strategies and rehabilitation centers used to curb consumption of illicit brews in Laikipia County.

1.2 Statement of the Problem

According to WHO (2010), the harmful use of alcohol results in 3.3 million deaths each year. On average every person in the world aged 15 years or older drinks 6.2 liters of pure alcohol per year. However, since less than half the population (38.3%) actually drinks alcohol, those who do drink consume on average 17 liters of pure alcohol annually. The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries. The latest causal relationships established are those between alcohol consumption and incidents of infectious diseases such as tuberculosis and HIV/AIDS. In view of this a wide range of global, regional and national policies and interventions should be put in place to reduce the harmful use of alcohol. As indicated in the background of the study, research has shown that there is consumption of illicit brews in Laikipia County which has led to death after consuming them. This has raised great concern and the need to establish the effectiveness of intervention measures being used. The brews were found to be laced with chemical

substances like methanoland paint which are lethal and thus causing illnesses like blurred vision, permanent blindness, abdominal pain, as well as deaths. However, there is little empirical data that shows the effectiveness of counselors and rehabilitation centers involvement in curbing consumption of illicit brews and the counseling strategies they use in Laikipia County. The study sought to investigate the effectiveness of different counseling strategies and rehabilitation centers used in curbing consumption of illicit brews within Laikipia County. Such information is useful to counselors as it can inform where they are failing in their endeavour to eradicate the consumption of illicit brews and come up with more effective intervention measure(s) to deal with this vice in the County.

1.3 Objectives of the Study

The study sought to achieve the following objectives;

i. To examine the effectiveness of psychoanalytic therapy in curbing consumption of illicit brews in Laikipia County
ii. To establish the effectiveness of cognitive therapy in curbing consumption of illicit brews in Laikipia County
iii. To investigate the effectiveness of gestalt therapy in curbing consumption of illicit brews in Laikipia County
iv. To establishthe strategy most effectively used in curbing consumption of illicit brews in Laikipia County
v. To determine the effectiveness of rehabilitation Centers in curbing consumption of illicit brews in Laikipia County

1.4 Research Questions

i. What is the effectiveness of psychoanalytic therapy in curbing consumption of illicit brews in Laikipia County?
ii. What is the effectiveness of cognitive therapy in curbing consumption of illicit brews in Laikipia County?
iii. What is the effectiveness of gestalt therapy in curbing consumption of illicit brews in Laikipia County?
iv. What is the counselingstrategy most effectively used in curbing consumption of illicit brews in Laikipia County?

v. What is the effectiveness of rehabilitation Centers in curbing consumption of illicit brews in Laikipia County?

1.5 Significance of the Study

This study is significant because it has shed light on the various counseling based interventions that are available to the counselors, social workers and other officials that deal with alcohol abuse, in Laikipia County. These interventions could contribute to the efforts of counselors, and inform those who partner with them, in efforts to curb illicit brew consumption in the County. The findings could highlight the potential role and contribution of counselors in curbing consumption of illicit brews in the County. This could encourage more counselors to take up preventive and curative roles in curbing consumption of illicit brews. The direct beneficiaries are those who abuse illicit brews. Their families could be the indirect beneficiaries since they would benefit from living with sober individuals. The findings also provide important insight to supplement Government officers' efforts towards ensuring a society free from abuse of illicit brews.

1.6 Scope of the Study

The study was confined to the Laikipia County, Kenya, which according to the 2009 national census has a total population of 322,187. The County is highly cosmopolitan making it a representation of the Kenya's ethnic mix. The County was chosen since there is scanty empirical data relevant to the phenomenon under study, implying that no similar study has been done in the area before. The study focused on variables spelt out in the specific objectives that include examining the effectiveness of psychoanalytic therapy in curbing consumption of illicit brews in Laikipia County; establishing the effectiveness of cognitive therapy in curbing consumption of illicit brews; investigating the effectiveness of Gestalt therapy in curbing consumption of illicit brews; establishing the prevalence of different counseling strategies used in curbing consumption of illicit brews and determining the effectiveness of rehabilitation Centers in curbing consumption of illicit brews in Laikipia County. It targeted the 548 counselors and estimated over 10,000 consumers of illicit brews in the area.

1.7 Limitations of the Study

The study encountered the following limitations:

i. Skepticism from the participants due to concern that the study would be used against them or divulge confidential information to competitors, especially those who are doing counseling as a private practice. To overcome this, the researcher

clarified to the respondents that the study was purely academic and that its findings would not be used for any other purpose.

ii. There were probable dishonest responses from the respondents. To encourage honest answers to the questions and enhance confidentiality, the respondents were not required to indicate their names in the research instrument.

iii. Skewed and biased responses were encountered. To ensure the study is not biased it collected both quantitative and qualitative data. While quantitative data allowed numerical analysis through descriptive statistics, qualitative data was used in supplementing the interpretation of quantitative data. Triangulation was also considered in the data analysis to check the corroboration of data obtained through different methods (that is qualitative and quantitative).

iv. Inability of illicit brew consumers to understand the questions. To overcome this limitation, the researcher contracted an interpreter who translated the English language text of the instruments into Kiswahili.

1.8 Assumptions of the Study

The study assumed that;

i) Counselors in Laikipia County offer counseling services to consumers of illicit brews.

ii) Counselors and consumers appreciate the undesirable effect and outcome of consuming illicit brews and the need to solve the problem of illicit brew consumption.

iii) Consumers of illicit brews recognize counseling and its value as a support mechanism for them to quit or manage consumption of illicit brews

CHAPTER TWO:

REVIEW OF LITERATURE

2.1 Introduction

This chapter presents a review of literature related to the study of the effectiveness of counseling strategies used in curbing consumption of illicit brews in Laikipia County. The chapter covers effectiveness of psychoanalytic therapy in curbing consumption of illicit brews; effectiveness of cognitive therapy in curbing consumption of illicit brews; effectiveness of gestalt therapy in curbing consumption of illicit brews; prevalence of different counseling strategies used in curbing consumption of illicit brews and determining the effectiveness of rehabilitation Centers in curbing consumption of illicit brews. It also includes the theoretical framework, the knowledge gap and the conceptual framework.

2.2 Overview of Global Alcohol and IllicitBrews Consumption Patterns

The World Health Organisation (2014) estimated that there were about 2 billion (33%) people worldwide who consumed alcoholic beverages by 2014 and 76.3 million with diagnostic alcohol-use disorders. When alcohol consumption is measured at a global perspective, average volume of drinking is highest in established market economies in Western Europe and the former socialist economies in the Eastern part of Europe as well as in North America but lowest in the Eastern Mediterranean region and parts of Southeast Asia including India. Patterns are most detrimental in the former socialist economies in the Eastern part of Europe, in Middle and South America as well as parts of Africa. Patterns are least detrimental in Western Europe and in developed countries in the Western Pacific region, such as Japan (Rehm, *et al.*, 2013).

Levels of consumption of illicitalcohol (an alternative nomenclature for illicit brews) are also a significant cause for concern across several parts of the globe. According to the International Alliance for Responsible Drinking (2016), unrecorded alcohol comprises of several types of alcohol. The contraband alcohol refers to alcohol whose original branding has been illegally imported/ smuggled into a jurisdiction and sold, evading tariffs and customs. This category includes beverages brought across the border either in excess of the applicable traveler's allowance regulation or via anti smuggling. The counterfeit alcohol comprises of fraudulent imitations of legitimate branded products, including refilling, falsification, and tampering and mainly consumed in the local market.Both contraband and counterfeit alcohol beverages infringe the intellectual property rights of legitimate producers.

The tax leakage alcohol is a legally produced alcohol beverage on which the required excise tax was not paid in the jurisdiction of production. The non-conforming alcohol is a product that is not compliant with production processes, guidelines, or labeling legislation. These include products made with denatured alcohol or illegal industrial alcohol. Finally there is surrogate alcohol. This is alcohol or alcohol-containing products not meant for human consumption but that are sold and consumed as substitutes for beverage alcohol (International Alliance for Responsible Drinking, 2016).

Several governments have instituted a variety of policies to address the issue of illicit brews. The most simplistic option of reducing unrecorded alcohol consumption has been to lower recorded alcohol prices to remove the economic incentive of buying unrecorded alcohol. However, this may increase the net total alcohol consumption, making it an unappealing public health policy option (Lachenmeiera, Taylor and Rehm, 2011).

Other policy options largely depend on the specific sub-group of unrecorded alcohol. The prohibition of toxic compounds such as methanol that are used to denature alcohol can control consumption of surrogate alcohol. Cross-border shopping of illicit alcohol can be reduced by either narrowing the tax differences, or by applying stricter controls at border points. Illegal trade and counterfeiting alcohol can also be dealt with through introduction of tax stamps and electronic surveillance systems of alcohol trade. Governments could also support education campaigns in order to raise awareness about the risks associated with illegal alcohol. Home and small-scale artisanal production which seems to be the most problematic category could be controlled by offering financial incentives to the producers with an aim of helping the manufactures register their businesses and enhance quality control (Lachenmeiera,*et al.*, 2011).

As a global health risk, alcohol consumption is causally linked (to varying degrees) to eight different cancers that include cancer of the oral cavity, pharynx, larynx, esophagus, liver, colon, rectum, and, in women, breast (Boffeta and Hashibe, 2006), with the risk increasing with the volume consumed. Similarly, alcohol use is related to several detrimental cardiovascular outcomes, including hypertension, haemorrhagic stroke and arterial fibrillation. For other cardiovascular outcomes the relationship is more complex. Alcohol is furthermore linked to various forms of liver disease such as fatty liver, alcoholic hepatitis and liver cirrhosis as well as the pancreatitis condition of the pancreas. For diabetes the relationship bring about health complexities. According to the global Non Communicable Diseases (NCD), related burden of deaths, net years of life lost (YLL) and net disability

adjusted life years (DALYs) represent 3.4%, 5.0% and 2.4% of deaths respectively and can be attributed to alcohol consumption, with the burden being particularly high for cancer and liver cirrhosis (Parry, Patra and Rehm, 2011).

2.2.1 Alcohol Consumption in the Americas

Alcohol is the leading drug problem in America and the U.K. where one-third of all suicides, one-half of all murders, one-half of domestic violence cases and one-quarter of all emergency hospital admissions are alcohol related(Morrow, 2013). In Canada, an estimated 4 percent of the population over the age of 15 is dependent on alcohol and there are twice as many male alcoholics as female alcoholics (Alcohol Abuse Essentials, 2014).

In the United States, though the history of alcohol brewing and consumption predates the country itself by over 200 years, alcohol brewing coincided with the arrival of the earliest European settlers (Barger, 2013)In 2014, 51.3% percentage of adults, 18 years of age and over, were regular drinkers (at least 12 drinks daily), while 12.9% percentage of adults, 18 years of age and over, were infrequent drinkers (1-11 drinks daily). Men were three times more likely than women to become dependent on alcohol, while seniors aged 65 and older had the lowest rates of alcoholism (Centers for Disease Control and Prevention, 2014). Of those that used alcohol, it was estimated that more than 18 million people and almost 5 million who used illicit drugs needed substance abuse treatment, with "need" defined by consumption patterns and seriousness of associated consequences. On overall, less than one-fourth of those in need of treatment actually receive it (Addiction Centre, 2016).

In addition, episodic drinking (binge drinking) is of particular concern with young adults in the United States. In a study of episodic drinking amongst American college and non-college young adults 18-29 years of age, 73.1% reported any drinking in the past year, 39.6% reported any heavy episodic drinking, 21.1% reported heavy drinking more than once a month and 11.0% reported heavy drinking more than once a week. Among past-year drinkers, these corresponded to rates of 54.3% for any heavy episodic drinking, 28.9% for heavy drinking (more than once a month) and 15.0% for heavy drinking (more than once a week). Although rates of heavy episodic drinking were slightly higher for college students than for non-college students ($p < .01$), differences according to place of residence were greater than differences according to student status (Dawson, Grant, Stinson and Chou, 2005).

With regards to unrecorded alcohol in North America, the legacy of the prohibition era lasting from 1920 to 1933 (in which the Volsted Act and the 18th amendment to the

Constitution severely restricted access to alcohol), has been the continued use of *moonshine*. *Moonshine* is adistilled alcoholic spirit produced illicitly from corn mash. Production often takes place in unlicensed stills at night in order to evade law enforcement authorities (Reference, 2016). Extensive testing on moonshine confiscated from several states in the Southern USA (Ohio, Missouri, Wisconsin and West Virginia) between 1995 and 2001 showed lead levels ranging between 0 μg/dL and 53,200 μg/dL (median 44.0 μg/dL). Median percent alcohol by volume was 44.75% (range 3.85-65.80%). Thirty-three samples (28.7%) contained lead levels > 300 μg/dL, the limit designated potentially hazardous by the Food and Drug Administration(FDA.) Percentage of alcohol by volume did not, however, predict lead content. Consuming 1 L/d of *Moonshine* contaminated with 400 μg/dL of lead would result in a blood lead level of approximately 25 μg/dL. At a high level of consumption, 25% of the samples could produce blood lead levels > or = 25 μg/dL (The Bureau of Alcohol, Tobacco and Firearms, 2001). In addition, smuggling of alcohol across borders continues to be significant problem for all three nations: Mexico, USA and Canada, which form the North American continent.

In Canada, a survey showed that about 2.5 percent of Canadians drink at levels that indicate dependence and about nine percent admit they have alcohol problems. Overall, about 24 percent drink more than what is recommended as low-risk drinking. Low-risk drinking means drinking at a level that is unlikely to produce any physical, personal, or social problems (Alcohol Rehab, 2016, Taylor, 2016).

In Mexico, alcoholism represents 11.3% of the total disease load in the health sector. In the country, 49% of suicides and 38% of homicides are committed under the effects of alcoholic beverages. Furthermore, 38% of injury cases occur as a result of alcohol abuse, particularly among young adults between 15 and 25 years of age, a period in life where accidents are the main cause of death (Villalobos, 2016).

In South America, Chile hasthe highest alcohol consumption level. The World Health Organization's 2014 Global status report shows that Chileans above the age of 15 drink 9.6 liters of pure alcohol per capita annually — above both the regional average of 8.4 liters and the world average of 6.2 liters. Previous polls show the Chilean at an average level with Brazil and behind Argentina. However, WHO's research shows an increase in drinking in Chile over period of 10 years, including a jump from 8.8 liters in 2011 to the average of 9.6 by 2014(World Health Organisation, 2014).

In Latin America and the Caribbean, a study examining factors that affect alcohol consumption in this region found that a 1.0 percent increase in alcohol imports is associated with a 0.17 increase in alcohol consumption, while a 1.0 percent in alcohol exports reduces alcohol consumption by 0.05 percent. A 1.0 percent increase in alcohol production influences alcohol consumption by an increase of 0.43 percent. Gender and the number of tourist visitors had little effect on alcohol consumption. Price had an inverse relationship with alcohol consumption which may suggest that alcohol consumption is at the addiction level in Latin American and Caribbean countries, or that alcohol may be a giffen good. Alcohol consumption in Caribbean countries is about 50 percent higher than Central American countries (Ligeon, Gregorowicz and Jolly, 2007).

With regards to illicit alcohol in Latin America, a study in Guatemala, found that *Cuxa* a locally produced artisanal brew made from sugar cane is widely consumed by heavy drinkers, especially among members of the Mayan indigenous community. In the study, *Cuxa* samples from all distribution points in the community were obtained and chemically analyzed for health-relevant constituents whereby contaminants including methanol, acetaldehyde, higher alcohols and metals were found. The study further experimentally produced *Cuxa* in laboratory conditions and found that the contaminants were due to chemical changes induced during processing, with the major causative factors consisting of poor hygiene, aerobic working conditions and inadequate yeast strains, compounded by flawed distillation methodology that neglects separation of the first fractions of the distillate (Kanteres, Rehm and Lachenmeier, 2009).

2.2.2 Alcohol Consumption in Europe

In Europe, per capita consumption of alcohol is by far the highest in the world. In the European Union, one in seven men and one in thirteen women, aged between 15 and 64 years, die of alcohol-attributable causes. These mortality figures are not only devastating for the affected individuals and their families but also have a clear negative impact on labor and productivity. As such, excessive consumption of alcohol remains a central challenge with severe consequences for overall European welfare (Rehm and Shield, 2012).

A study examining social inequalities in alcohol consumption in European Union nations found that men and women demonstrated similar patterns in inequalities with regard to current drinking status within a country. In Germany, The Netherlands, France, Switzerland, and Austria, higher educated women were most likely to drink heavily, while among men the lower educated were more at risk in most countries. For heavy episodic drinking, almost no

significant differences were evident among women, but for men a social gradient was observable with lower educated being more at risk in several countries. Among five countries with data from the Alcohol Use Disorders Identification Test (AUDIT), men of lower education in Finland, Czech Republic, and Hungary had higher reported risks Nordic countries shared a common pattern in social inequalities as did two Latin American countries, while a mixed picture was observed for middle European countries. Social inequalities in the two Latin American countries display a pattern emerging in other developing countries: namely that those in the higher educated groups are more likely to consume alcohol in a risky manner (Bloomfield, Grittner, Kramer and Gmer, 2006)

In Russia alcoholism and alcohol abuse have reached dangerous levels where estimations show that approximately one-third of all deaths are related, either directly or indirectly, to alcohol abuse or to alcoholism. However, efforts by Russian Government to control drinking alcohol by closing bars, breweries, and distilleries backfired by entrenching an extensive black market for illicit alcohol, and predisposed individuals to becoming dependants on alcohol (Alcohol Abuse Essentials, 2014).

Similarly in other parts of Eastern and Central Europe, average alcohol consumption is high with a relatively large proportion of unrecorded consumption ranging from one litter in Czech Republic and Estonia to 10.5 liters in Ukraine. The proportion of heavy alcohol consumption (more than 40 g of pure alcohol per day) among men is lowest in Bulgaria (25.8%) and the highest in Czech Republic (59.4%). Among women, the lowest proportion of heavy alcohol consumption was registered in Estonia (4.0%) and the highest in Hungary (16.0%). Patterns of drinking are detrimental with a high proportion of binge drinking, especially in the group of countries traditionally drinking *vodka*. In most countries, beer is now the most prevalent alcoholic beverage (Popova, Rehm, Patra and Zakonski, 2007).

A study by Popova *et al.,* (2007) shows that in Central and Eastern Europe alcohol consumption patterns can be differentiated on the local geographical influences. The study identified a 'Mediterranean pattern' where traditionally consumed alcoholic beverages have been wine and fruit brandy. This pattern is strongly influenced by the Mediterranean, especially the Greek and Italian way of drinking. The Mediterranean style of drinking is characterized by almost daily consumption of alcohol, often taking wine with meals, and no acceptance of public drunkenness (Popova, *et al.,*2007). Conclusions from an exploratory study that investigated whether the high level of cirrhosis in central and eastern Europe could partly be due to the quality of alcohol consumed suggested that the consumption of home-

made spirits is an additional risk factor for the development of alcohol-induced cirrhosis and may have contributed to high level of liver cirrhosis mortality in Central and Eastern Europe (Adany, Szics, Sarvary and McKee, 2005). Restrictions on supply and sale of alcohol from illicit sources are thus needed urgently to significantly reduce the mortality from chronic liver disease in this region.

Popova *et al.,* (2007) also identified a 'Central European pattern.' that can be distinguished specifically as beer-drinking countries, very similar in style to Germany. This could be identified with increased spirits consumption (often based on fruits) in Slovakia in recent decades. Another pattern identified was the 'Northern European pattern' in which traditional illicit spirit drinking cultures constitute the northern part of Central and Eastern Europe (Estonia, Latvia, Lithuania, Poland)and which was alsofound in the Ukraine and Russian countries that were used as eastern comparator countries in this report (Denmark, Finland, Iceland, Norway and Sweden).

With regard to the consumption of unrecorded alcohol (illicit brews) in Europe, a study in Ukraine found that majority of unrecorded alcohol was homemade *samohon* with alcoholic strength averaging close to 40% alcohol by volume. A limited number of samples, advertised for medicinal purposes, were identified with high alcoholic strengths (above 60% alcohol by volume). Single samples showed contamination with acetaldehyde and ethyl carbamate above the levels of toxicological concern. Metal contamination was frequent, with copper levels above 2 mg/l in 33 samples, and zinc above 5 mg/l in 10 samples. Overall, however, the composition of unrecorded samples did not raise major public health concerns other than those for ethanol (Lachenmeiera, *et al*., 2010).

In Russia, illicit brew is known as *samogon*. A new alcohol policy was enacted in Russia in 2006, when tax stamps were introduced together with electronic movement and surveillance systems to track the alcohol market and alcohol movement, as a part of efforts to curb *samogon* consumption as well as other forms of unrecorded alcohol. This policy centered on the creation of the Federal Service for Alcohol Market Regulation (*Rosalkogolregulirovanie*). Subsequently, a wide range of new regulations was imposed on the manufacture and sale of alcoholic beverages (Levintova, 2007). A study on the effects of this new policy direction on *samogon* production revealed that consumption decreased together with that of recorded and unrecorded manufactured spirits since 2000. The consumption of spirits was partially replaced by the consumption of beer and wine. These trends in alcohol consumption were interrupted in 2008–2013, more likely due to economic

crisis and recession rather than by the new alcohol policy. Social networks and availability of unrecorded alcohol were more important predictors of homemade alcohol consumption and purchasing than was a recorded alcohol price increase (Radaev, 2015).

In Western European Countries such as the United Kingdom (Great Britain and Northern Ireland) one in ten bottles or cans of beer sold has no duty paid on them and there are growing reports of counterfeit spirits being sold by licit and illicit retailers. In addition Her Majesty's Revenue and Customs (The UK's revenue collection authority) seized almost ten million liters of non-duty paid alcohol in 2010/11, a rise of 30 per cent in two years (Snowdon, 2012).

On therelationship between alcohol and health in Europe, a 14 nation comparative study found a positive and statistically significant effect of changes in per capita consumption on changes in cirrhosis mortality in 13 countries for males and in 9 countries for females due to alcohol consumption. The strongest effect was found in northern Europe, mainly in Sweden. Moreover, when different age groups were analyzed significant estimates were obtained in 29 of 42 cases for males and in 20 of 42 cases for females. Most of the non-significant estimates were found in older age groups (Ramstedt, 2001 cited in Landberg, 2010).

Additionally, in many Eastern European countries excessive alcohol consumption leads to high mortality rates among men and has a negative effect on labor productivity. Various regulatory measures, such as taxation, sales restrictions, licensing, advertisement control and drinking age limits have been effective in lowering alcohol consumption. Over-regulation, however, may lead to a rise in the consumption of homemade and surrogate (any substance containing ethanol that is intentionally consumed by humans but is not meant for human consumption) alcohol. When there are political constraints to regulation, policies that encourage the substitution of spirits for safer drinks have been effective. Policies that target the younger generationwhen habits are formed can also have beneficial long-term consequences as a result of peer influence and other spillover effects (Yakovlev, 2015).

2.2.3 Alcohol Consumption in Asia and Oceania

In Asia, consumption levels are partially influenced by nations in which predominance of Islamic law means that alcohol is prohibited outright. However, there are a number of Asian nations where alcohol consumption is high. In Indonesia for instance, the national consumption is only 2.7 per cent. On the other hand, Balinese showed a high consumption prevalence of 40 percent of locally produced palm wine. In Nepal, while the per capita consumption is 2.5 liters, there is a substantial amount of home production but there is no

data on consumption of smuggled or informally produced alcohol. Alcohol is considered an integral part of most social occasions among many ethnic groups (Assunta, 2013).

In Japan, alcohol abuse has become a major social issue driven by the fact that drinking is normal even when conducting business. Alcoholism and alcohol abuse statistics show that major business decisions in the country are made in bars. A person who declines an invitation to an after work alcoholic drink runs the risk of being passed over for advancement or promotion within the company (Alcohol Abuse Essentials, 2014).

There are several contributing factors that may lead to increase in alcohol consumption in Asia including advertising. In Asia, advertising of alcoholis not restricted and targets both adults and children from the big commercial brands such as Guinness, Carlsberg, Heineken, and Anchor beer adverts. Alcoholic drinks are also advertised as products thatwould bring sexual prowess, success and power. In Malaysian coffee shops, beer and stout are sold and consumed without a license whilein supermarkets, beer and stout cans are lined up beside soft drinks, thus deceitfully equating the two products. This situation is reflected in many other parts of the continent of Asia (Ahlstrom and Österberg, 2015). Alcohol drinking is amplified by the increasing presence of large beer manufacturers in Asia's growing economies (Syed, 2012). Economic liberalization in India has seen joint ventures between Multi National Corporations (MNCs) and Indian brewers (Bureau of Economic, Energy and Business Affairs, 2011). An example is Anheuser-Busch entering the market through a joint venture with Shaw Wallace and Co Ltd, the India's third largest brewer that is based in Bombay (Filimonov and Bazhinova, 2016).

This results in increased poverty in households where alcohol consumption takes place. In Sri Lanka and Malaysia alcohol consumption is higher among poor families (Makimoto, 2008). In the rural areas in both countries, those who drink mainly locally produced alcohol do so heavily. Poor households thus tend to spend a greater percentage of their income on alcohol. A study on the urban poor in Sri Lanka showed that families which consumed alcohol spend more than 30 per cent of their total expenditure on alcohol (Romeshun & Mayadunne, 2011). With regard to unrecorded alcoholic (illicit brew) beverage consumption, a survey carried out in rural Malaysia uncovered that *Montoku* (a local distilled beverage), was the most widely consumed unrecorded alcohol type. The study further found that *Montoku* was more likely to be drunk by problem drinkers and that overall only 3.1% of alcohol drunk was believed by respondents to be taxed (Shoesmith, Tha, Naing, Abbas and Abdullah, 2016).

A study titled Drinking Contexts and Alcohol Consumption: How Much Alcohol Is Consumed in Different Australian Locations; by (Callinan, Livingston, Room and Dietze, 2016) revealed that in Australia sixty-three percent of all alcohol consumption reported by respondents was consumed in the drinker's own home, with much less consumed at pubs, bars, and nightclubs (12%). This was driven primarily by the number of people who drink at home and the frequency of these events, with the amount consumed per occasion at home being no more than in other people's homes or pubs, and significantly less than at special events. The average consumption on a usual occasion at each of these locations was more than five Australian standard drinks (above the Australian low-risk guideline for episodic drinking). Short-term risky drinkers had the highest proportion of consumption in pubs (19%), but they still consumed 41% of their units in their own homes.

2.2.4 Alcohol Consumption in Africa

Alcohol consumption in Africa varies widely depending on region, and predominant cultural expectations. According to a study by Obot (2006), levels of alcohol consumption range from less than one liter of pure alcohol in some (mostly Muslim) countries to more than 10 liters in a couple of others. Furthermore,in all countries in Africa, a pattern of increasing per capita consumption emerged in the 1960s, continued throughout the 70s, and peaked around 1979 at about 4.5 liters. The steady rise in consumption paralleled post-independence economic boom in many countries, just as the slight decline in per capita consumption in the past two decades might be associated with worsening economic conditions.

With regards to consumption habits the tendency among drinkers is to consume large quantities in short time, to drink outside meals and to drink frequently. This pattern of drinking is not peculiar to Africa; it is also common in other parts of the developing world (Wilsnack, Wilsnack, Kristianson, Vogeltanz and Gmel, 2009). A four nation study of teen alcoholism, carried out in Burkina Faso, Uganda, Malawi and Ghana found that overall, 9% of adolescents reported that they had been drunk in the 12 months preceding the survey. In general, respondents who had experienced an adverse event during childhood were more likely to report drunkenness. In the multivariate analysis, only two adverse childhood events emerged as significant predictors of self-reported past-year drunkenness among males living in a household with a problem drinker before age 10, and being physically abused before age 10. For females, exposure to family-alcoholism, experience of physical abuse, and coerced sex increased the likelihood of reporting drunkenness in the last 12 months. The association between adverse events and reported drunkenness was more pronounced for females. For

both males and females there was a graded relationship between the number of adverse events experienced and the proportion reporting drunkenness (Kabiru, Beguy, Crichton and Ezeh, 2010).

In a Nigerian survey by Ibanga *et al.,* (2005), 32.5% of the people interviewed were drinkers (41.5% of men and 22% of women), less than reported in an earlier study conducted in some of the areas covered by this survey. In South Africa, beer halls have always been at the center of the waves of political turmoil in Johannesburg's African townships. When the Johannesburg City Council opened a beer hall in Western Native Township in 1939, Basotho women staged demonstrations and called upon the residents to boycott beer halls. This was informed by their awareness that their illicit beer trade would be undermined. Though initially residents supported the boycott, as the women along with their clients got harassed and prosecuted for illicit beer brewing, the boycott petered out (Government of South Africa, 2013).

South African adult per capita alcohol consumption in 2005 equaled 9.5 liters of pure alcohol. Of this consumption, 26.3% or 2.5 liters per person was homemade and illegal or unrecorded alcohol. The consumption of homemade or illegally produced alcohol may be associated with an increased risk of harm because of potentially dangerous impurities or contaminants contained in these beverages since they do not undergo quality control(Department of Trade and Industry, 2016).

In most of Africa, illicit brews are inexpensive and thus are especially consumed by low income individuals and in the process wreak untold havoc to many families and lives (Teaka, 2015;Okoth, 2016). Studies in several African countries have shown an association between harmful consumption of illicit alcohol on one hand and health and social consequences on the other including death from traffic accidents, domestic violence, HIV infection, and disorders that requires treatment (Teaka, 2015; Zawaira, 2016; Atwoli, 2011). This is confirmed by studies conducted in Kenya, Zambia, South Africa, Uganda, Ghana, Nigeria and other countries that point to a close association between alcohol and several categories of social problems, including domestic violence, family disruption and workplace problems (World Health Organization, 2005). Furthermore, consumption of these brews is expected to rise in the coming years as populations continue to increase (Obot, 2006).

In Kenya, consumption of alcohol dates back to prehistoric timesthough the abuse was not as pronounced as it is today(Birech, Kabiru, Misaro and Kariuki, 2013). By then, most village beer parties were held soon after harvest seasons to celebrate bountiful harvests. In

addition, special occasions such as weddings, initiation ceremonies and meetings of elders were celebrated by drinking beer. Alcohol was not consumed as an everyday occupation (Okungu, 2010). This is similar to other parts of Africa in the pre-colonial era. For instance, in Nigeria alcohol was consumed immediately after production, or few hours after production. This is because some of these beverages served as the staple food in some communities and were not meant for sale; and also because they were not produced in large quantities since there were no means of preservation. Where trade in alcohol did exist, it was on a remarkably low scale (Willis, 2006). In contrast, drinking currently starts early in the day (Simiyu, 2011), meaning drinkers are not engaged in constructive or productive work. In addition, illicit brews are adulterated with harmful chemicals such as methanol. As a consequence, consumption of illicit brews results in poisoning of body organs such as the liver resulting in deaths and blindness that have become a common phenomenon in Kenya.

The World Health Organization (WHO, 2010) report shows that while 85% of alcohol consumed in Kenya is illicit, over 2 million people are addicted to drug and alcohol. The alcohol drinking leads to social problems such as violence, family breakdown, poverty and even death. Alcohol is the most commonly abused substance in the country and poses the greatest harm to Kenyans as evidenced by the numerous calamities associated with excessive consumption and adulteration of illicit brews (NACADA, 2013).Recent community studies by NACADA indicated that 4 million Kenyans countrywide are consuming illicit brews (Chelagat, 2014). The unrecorded alcohol constitutes traditional and illegal beverages like *chang'aa, busaa* and *kumi kumi* that are poorly monitored for quality and strength and are usually contaminated with methanol. In addition there has been the rise of so called 'second generation' alcoholic beverages. Second generation alcohol is a street name for alcoholic drinks produced through simply mixing neutral spirit (food grade ethanol), water and flavors. The alcoholic drinks do not go through fermentation and/ or distillation processes at the premises of the bottling companies (Otieno, 2015).

The state of alcohol consumption in rural villages and urban slums of Kenya reveals damage that illicit alcohol consumption has caused in terms of number of young and productive lives (Okungu, 2010) where scenes of youth and potential individuals dying due to drinking irresponsibly is commonplace (Ndung'u, 2013). There is need to put corrective measures in place to save the youth from early self destruction. A quantity equal to 50 ml (10 teaspoons) of methanol can lead to permanent blindness, coma and death (Weiner, 2011). Despite the fact that consumption of illicit brews that are lethal cause blindness and blurred

vision, stomach aches and abdominal pain, and put some consumers into a coma (Menge, 2014), abuse of such brews has increased in the recent past. This has made Kenya be termed as a drinking nation (Craig, 2012).

Reportedly, though the local administration is aware of the illegal brewing points in their areas of jurisdiction, they rarely take any firm or deterrent action due to corruption in form of protection fee paid to them weekly by the brewers (Njung'e, 2014). Furthermore, the police who are the law enforcers appear to have never contained excessive brewing of dangerous liquids that pass for alcohol. More often, the law enforcers target legally operating bars with valid licenses while turning a blind eye on the illicit brews (Njung'e, 2014). Consequently, the alcohol consumption regulations meant to control these drinks are not enforceable. Evidently, though local brews have been banned, people continue manufacturing and selling them even at cheap prices to low-income earners.

Unemployment contributes to illicit brews consumption by the youth since they lack income-generating activities to earn a living (Ndung'u, 2013). This is evidencedbyfindings of a study of homemade brews in Kibera, in Nairobi. The study revealed that despite passing of the alcohol licensing legislation in 2010 and its amendment in 2013, the enforcement of the Liquor Licensing Act is not yielding the expected results. Not only are individuals able to produce and sell illicit brews without obtaining a license, but those who are not licensed also disobey the law. In addition the study found that there are still issues regarding the operating hours of these home breweries, further clouding the administration of alcohol consumption in Kenya (Jackson, 2015). Persistence of alcohol abuse connotes that legislation alone cannot solve the menace of illicit brews. For that matter other approaches may be needed to combat this menace.

2.3. Strategies Used in Curbing Consumption of Illicit Brews

According to the World Health Organization (WHO) the global burden of alcohol both in terms of morbidity and mortality is substantial: alcohol consumption is responsible for 3.4% of deaths worldwide and is a well-known reason for increased risk of more than 60 diseases and strongly related to mortality from cirrhosis, chronic pancreatitis and hypertension (World Health Organization, 2010). In gender-specific terms high-risk drinking is defined as drinking 20 grams per day or more of pure alcohol on average for females and 40 grams per day or more of pure alcohol on average for males (a bottle of table wine contains about 70 grams of pure alcohol) (Rehm, Chisholm, Room and Lopez, 2006).

2.3.1 An Overview of Contemporary Strategies Used in Curbing Consumption of Illicit Brews

Overall, alcohol abuse treatment strategies are grouped into four main categories. Firstly there is the policy and legislative interventions, including taxation of alcohol sales, laws on drunken driving, restrictions on retail outlets, and controls on advertising. The second level is measures to better enforce these interventions, such as random breath testing of drivers. The third step involves mass media and other awareness creation campaigns while the fourth involves brief interventions with individual high-risk drinkers (Rehm, *et al*, 2006).

In Alcoholic Anonymous' (A.A.) literature, "alcoholism" is defined as "a progressive illness that can never be cured." Members describe themselves as being "in recovery," which translates to lifelong abstinence and adherence to the 12 steps mapped out in the Big Book, published four years after the organization was founded in 1935(Glaser, 2014).. The twelve steps are:

i. Step 1: Obligation for members to admit their "powerlessness" over alcohol. They rely heavily on faith; God is mentioned in five of the 12 steps
ii. Step 2: Coming to believe that a Power (that is God) greater than the consumers could restore them to sanity
iii. Step 3: Making a decision to turn one's will and life over to the care of God as we understand Him
iv. Step 4: Making a searching and fearless moral inventory of one self
v. Step 5: Admitting to God, to ourselves, and to another human being the exact nature of our wrongs
vi. Step 6: We are entirely ready to have God remove all these defects of character.
vii. Step 7: Humbly asks Him to remove our shortcomings.
viii. Step 8: Make a list of all persons we have harmed and are willing to make amends to them all.
ix. Step 9: Make direct amends to such people wherever possible except when to do so would injure us or others.
x. Step 10: Continue to take personal inventory and when we are wrong we promptly admit it.
xi. Step 11: Seek through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

xii. Step 12: Having had a spiritual awakening as the result of these steps, we try to carry this message to alcoholics, and to practice these principles in all our affairs.

The self-help and peer-support approach of 12-step recovery is perhaps the most well-known "philosophy" of substance abuse treatment, and is the dominant approach to alcoholism treatment in the United States. It is certainly among the most commonly-used outpatient services among homeless clients. Its popularity is related to the low cost of its implementation (American Addiction Centers, 2017). In this study, the 12-step principles were regarded as a technique that counselors could borrow as they applied all the techniques.

Many problems related to alcohol abuse (and dependence) are associated with trauma and injury. As a result, for many individuals suffering from these consequences, the emergency room and trauma departments at hospitals are a point of first contact with health care providers. Thus, emergency rooms offer an important point of access to patients and opportunity for treatment (Hungerford and Pollock, 2005). Another approach is putting addicts in rehabilitation centers. The center's approach is able to bring together different counseling approaches that would include motivational interviewing, a goal-oriented form of counseling; cognitive behavioral therapy, a short-term form of psychotherapy; and harm reduction, which seeks to limit the negative consequences of substance abuse. Psychologists also support the use of anti-craving medications like *Naltrexone*, which block the brain's ability to release endorphins and the high of using the substance (Glaser, 2014).

In recent times, trends in substance abuse treatment in the USA have partly moved away from specialist treatment settings because of the effects of managed care and because people with substance abuse issues do fall through in treatment (i.e. they often end up in jails or hospitals). One result of this trend has been increased emphasis on brief interventions. While research on brief interventions with non-homeless individuals has concluded that they are feasible in primary health care settings and can be equally or more effective than more extensive treatment, no such evidence has been identified for homeless persons (Zerger, 2002).

With regards to preferred intervention strategies, a study of 35 European countries' approach to alcoholism treatment found that there exist diverse provisions of alcohol interventions in the key informant study, with devolved responsibility for alcohol treatment policy and significant private health insurance involvement being important contributors to this diversity. Considerable variation existed in the demographics of general practitioners, and in their knowledge of screening and intervention tools, although attitudes to working with

alcohol mis-users were similar and largely positive. Prevalence of alcohol dependence varied greatly; Italy and Spain having the lowest, and Switzerland the highest. England had the highest number of people accessing specialist treatment and Switzerland had the lowest (Drummond, Wolstenholme, Deluca, Davey, Donoghue, Elzerbi and Scafato, 2009)

In terms of effectiveness of implementation of alcohol treatment strategies, Drummond, *et al,* (2009) identified considerable variation betweencountries in the provision of alcohol interventions. Countries that had more developed national alcohol strategies in relation to individually directed alcohol interventions appeared to achieve higher levels of implementation of both Solution-focused Brief Therapy (SBT) and specialist treatment than countries without such strategies. The devolution of health care management and funding to a local level appeared to hamper implementation of effective public health strategies, although they may be more effective for other types of health care delivery for other disease conditions.

Apart from the risks associated with alcohol consumption, in Africa, studies show that there is a consistent association between alcohol use and sexual risks for HIV infection. Among people who drink, greater quantities of alcohol consumption predict greater sexual risks than does frequency of drinking. In addition, there are clear gender differences in alcohol use and sexual risks; men are more likely to drink and engage in higher risk behavior whereas women's risks are often associated with their male sex partners' drinking (Kalichman, Simbayi, Kaufman, Cain and Jooste, 2007).

In South Africa, the colonial and apartheid legal frameworks, which were heavily influenced by racial segregation, created distinctions in access to health care for alcoholism, trading and distribution of various alcoholic beverages and social standing of consumers of different alcoholic beverages that were defined through the lens of race, rather than ethical or even commercial concerns. For instance in apartheid South Africa, the linking of drinking habits to ‘race’ and by locating ‘race’ in a social hierarchy, state institutions determined access to liquor and welfare services. By placing ‘colored’ closer to ‘white’ in its racial order, the apartheid state found cause to extend limited rehabilitation services to those designated ‘colored’. By naturalizing Africans as heavy drinkers, the state justified sale of liquor to African men while denying the need for rehabilitation in the event of alcoholic dependence. By tying liquor revenues to apartheid administration, the ruling regime exonerated its policy of excluding blacks from the retail liquor trade even after lifting prohibition in 1962. This policy encouraged rampant selling of illicit liquor, created a social environment in which

alcoholic excess, particularly after 1976, reached new proportions and generated new and dangerous meanings of socially acceptable drinking (Mager, 2004).

A study conducted in Zambia, Rwanda and Kenya (Morris, Levine, Goodridge, Luo and Ashley, 2006) observed that legislation-wise traditional alcohol is regulated in Zambia and certain forms of traditional alcohol are outlawed in Rwanda and Kenya. No country has an integrated alcohol policy that incorporates the various sectors involved in its consumption, regulation and consequences.

Similar findings were made in a three country study of Alcohol and HIV related policy in Kenya, Zambia and Rwanda. In this study, key findings emerging from these countries include: the importance of youth as a risk group for harmful use of alcohol and increased HIV risk; the lack of enforcement of laws relating to alcohol leading to increased HIV risk; the central role of traditional and informal alcohol production in alcohol use; the lack of alcohol screening tools in antiretroviral therapy (ART); and the lack of alcohol treatment availability especially linked to voluntary HIV Testing Services (HTS) and ART (Morris, *et al*, 2006).In spite of this, few interventions to decrease alcohol consumption and alcohol-related sexual risk behaviors have been developed or implemented in Sub Saharan Africa, and few HIV or health policies or services in Sub Saharan Africa address alcohol consumption. Structural interventions such as regulating the availability, price, and advertising of alcohol are difficult to implement due to the preponderance of homemade alcohol and beverage industry resistance (Hahn, Woolf-King and Muyindike, 2011).

These risks are especially high for older single women. The above study found that the FGDs in the three countries link female headed households, the promotion of transactional sex, trans-generational sex and the selling of traditional alcohol or home brews. Older single women in the three countries are often in desperate economic situations where the only option open to them is to brew traditional alcohol (home brews). When this occurs in their homes male customers may engage in trans-generational sex with their daughters. These informal drinking venues are also areas where Casual Sex Workers (CSWs) trade sex for money (Morris, *et al.,* 2006).

Prevention efforts in schools are designed to serve universal (the general population), selective (those identified as at risk), or indicated (those already exhibiting signs of problem behavior) groups of students. Depending on the targeted population, prevention messages range in intensity. For example, Life Skills Training, a universal program, teaches personal, social, and drug resistance skills in weekly 45-minute sessions. In contrast, Reconnecting

Youth, designed for indicated high school students, involves participants in a daily class focused on reducing or controlling drug use (Reno, Marcus, Leary and Holder, 2000).

Studies on dealing with alcohol abuse show that there are evidence-based preventive measures that are available at both the individual and population levels, with alcohol taxes, restrictions on alcohol availability, and drinking-driving countermeasures among the most effective policy options (Room, Baborb and Rehm, 2005). However, with the taxation approach to curbing alcohol consumption, regions with rates of unrecorded consumption already greater than 50 percent (South Asia and Sub-Saharan Africa), tax increases can actually have a regressive impact on incidence if accompanied by a rise in the already high level of unrecorded (and therefore untaxed) consumption (Rehm, *et al.*, 2006). Therefore such approaches may not work.

Unrecorded or informal alcohol refers to alcohol that is not taxed and is outside the usual system of governmental control, because it is produced, distributed and sold outside formal channels. Unrecorded alcohol in a country includes consumption of homemade or informally produced alcohol (legal or illegal), smuggled alcohol, alcohol intended for industrial or medical uses, alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction), as well as consumption of alcohol by tourists. Homemade or informally produced alcoholic beverages are mostly fermented beverages made from sorghum, millet, maize, rice, wheat or fruits (World Health Organization, 2011).

With the medical approach to drug addiction treatment, studies show that drug dependence produces significant and lasting changes in brain chemistry and function. Effective medications are available for treating nicotine, alcohol, and opiate dependence but not stimulant or marijuana dependence. Medication adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses (McLellan, Lewis, O'Brien and Kleber, 2000).

A study on several interventions designed to tackle alcohol abuse in the European Union found varying levels of success amongst interventions examined. The interventions were: pharmacotherapy, cognitive behavioral therapy, motivational interviewing, and two types of brief intervention. The findings demonstrate that expanding coverage of treatment with the overall most effective intervention (pharmacotherapy) to 40% of all people with alcohol

dependence in the EU would result in a reduction of 11,700 deaths (10,000 men and 1,700 women) within the first year (Rehm and Shield, 2012).

In South Africa, a study on the utility of drug abuse treatment as an HIV prevention strategy has focused primarily on methadone maintenance treatment (MMT) rather than other modalities such as residential or outpatient drug-free treatment. Recent research provides clear evidence that MMT reduces HIV risk behaviors, particularly needle-use, and strong evidence that MMT prevents HIV infection. There is less definitive evidence that MMT reduces needle-sharing and unsafe sexual behavior, or that other treatment modalities prevent HIV infection. Future research should take into account patient self-selection processes and investigate other treatment modalities for heroin and stimulant abuse to determine their effects on HIV risk behaviors and HIV infection (Sorensen and Copeland, 2000).

The Government of Kenya has a facilitative role in curbing widespread consumption of illicit brews through appropriate policies and enforcement. To solve alcohol abuse on the national scale, there is need for sustained political commitment, entrenched effective coordination, sustainable funding and appropriate engagement of both National and County governments as well as civil society and economic operators. Interventions could be through establishment of rehabilitation centers in which those who abuse illicit brews can access psychosocial and medical support. Governments need to establish effective and permanent coordination machinery, such as a national alcohol council, comprising senior representatives of many ministries and other partners, in order to ensure a coherent approach to alcohol policies and a proper balance between policy goals in relation to harmful use of alcohol and other public policy goals (World Health Organization, 2010).

2.3.2 Counseling Strategies Used in Curbing the Consumption of Illicit Brews

Counselors use different modes of counseling therapies to handle patients. Studies have shown that the counselor is a critical player in the successful and sometimes unsuccessful therapy. Ivey, Ivey, and Zalaquett, (2013)contends that the need for counseling services today could be due to the ever- growing complexity of the society and people have to learn how to cope with the upcoming challenges. The complexities and challenges of everyday living are experienced by all persons, both adults and students, in developed and developing countries.

Role of a counselor is evinced in a study of counselors as an active ingredient in substance abuse therapy. The findings of this study indicated that there were statistically significant and clinically meaningful differences in the post-transfer performance of the four caseloads. One counselor significantly reduced the average methadone dose of his/her

caseload as well as the number of patients under prescribed ancillary medications, while concurrently reducing positive urine tests, unemployment and arrests. In contrast, another counselor significantly increased the average methadone dose in his/ her caseload but still showed increases in positive urine tests and unemployment. As has been found in prior studies, background and formal education differences among the counselors were not related to the observed performance differences. However, differences in the content and process of counseling among the counselors were associated with the differences in patient outcome. These process differences are discussed in relation to earlier studies of professional psychotherapy (Gaume, Gmel, Faouzi and Daeppen, 2009).

The measure of the effectiveness of illicit brew consumption counseling in particular can be derived from standards for establishment of effectiveness of counseling against use of 'psychoactive' substances in general. The measures of such treatment are to establish and maintain abstinence from the abuse of all psychoactive drugs, foster development of (nonchemical) coping and problem-solving skills to stop and ultimately eliminate impulses to "self-medicate" with psychoactive drugs, and to enhance and sustain client motivation for change (Santa Clara Valley Health and Hospital System Department of Alcohol and Drug Services, 2008).

In addition, for community support networks to manage alcohol and related problems, proper assessment is needed. Interventions should be designed for specific targeted groups, taking into consideration their socio-economic position. Multi-level and multidisciplinary collaboration and interventions should be considered and enhanced at all times. Continuous evaluation of policies and intervention strategies is critical to ensure that a dynamic situation is given attention and the challenges are addressed (Setlalentoa, Ryke and Strydom, 2015).

The importance of these socio-economic influences is highlighted by a study on adolescent alcohol consumption in which the adolescent consumers targeted by the study revealed the positive role of parental knowledge and sanction. Additionally, appropriate parental and family drinking seems important for the development of sensible adolescent alcohol use. Furthermore, the potential negative influence of poor family relationships was highlighted. The study concludes that family social learning and processes are important influences on adolescent alcohol use, and may provide an important base and focus for alcohol education, intervention and treatment strategies (Marsden, 2005).

In addition another study on curbing illicit alcohol in South Africa found that alcohol policy development in the country takes place in a piecemeal fashion and is the product of

various competing influences. Having a comprehensive national alcohol strategy cutting across different sectors may therefore be a better way for other developing countries to proceed (Parry, 2010).

Similarly, a review of substance abuse treatment in prisons in England indicated that the strongest impacts on alcohol consumption were seen in interventions based on cognitive-behavioral principles, particularly if this is understood to include motivational interviewing. On the other hand, the review further stated that the greatest threat to the success of prison-based treatment comes from the failure of through-care and aftercare arrangements, which are partly beyond the control of the prison authorities (Harrison, Cappello, Alaszewski, Appleton and Cooke, 2003).

Despite clear demonstration that counseling and psychotherapy is effective, pinning down specific reasons for effectiveness or identifying particularly effective approaches remains tricky. Proponents of person-centered theory suggest that different therapeutic orientations do not differ in terms of aggregate effectiveness. They suggest that only individual therapists who manifest the 'core conditions' of person-centered theory are effective. These 'core conditions' are- congruence with the client; the therapist must provide the client with unconditional positive regard (UPR); and a therapist should show empathetic understanding to the client. Anyone from any orientation could do a good job of offering the core conditions (Mulhauser, 2015).

The potency of empathy is shown in a study of the effects of positive empathy (expression of empathy towards positive emotions) versus negative empathy (expressing empathy towards negative emotions) in group counseling settings. In the study it was found that focusing on the group's negative emotions (and ignoring their positive emotions) resulted in increased levels of personal distress, while focusing on the group's positive emotions (and ignoring their negative emotions) led to greater levels of hopefulness (Andreychik and Migliaccio, 2015). Effective counseling is a two way traffic that requires cooperative effort by both the person receiving counseling and the counselor. It also takes a commitment to make difficult changes in behavior or thinking patterns (Ponton, 2013).

Nevertheless it is in the best interests of the clients involved that the community and the counselor are able to confront the client on their drinking habits. Studies show that labeling someone an alcoholic does not necessarily cause them to consume greater quantities of alcohol. The strongest predictor of all alcoholic labels was the total number of lifetime problems with alcohol; alcoholics did not tend to adopt self-labels in response to others'

labels of them. Follow-up drinking status was related to gender and lifetime alcohol problems, with women and those acknowledging fewer problems more likely to be drinking moderately. Race was not related to labeling or drinking status at follow-up. The results do not support the hypothesis that being labeled alcoholic results in poor drinking outcomes (Houben and Wiers, 2006).

Mulhauser (2015) observes that for over four decades, the message from psychotherapy outcome research has been getting clearer: the theories and techniques of professional therapy have very little to do with therapeutic success. Psychotherapy outcome variance is attributable to the following factors in discernible proportions: 40%: client and extra-therapeutic factors (such as ego strength and social support); 30%: therapeutic relationship (such as empathy, warmth, and encouragement of risk-taking); 15%: expectancy and placebo effects and 15%: techniques unique to specific therapies.

Though there are a number of strategies adopted to curb illicit brews, the problem is still prevalent. Through counseling, the youths are empowered to say 'no' to drug and substance abuse especially in the learning institutions (Hagembe and Simiyu, 2014). Through music, dance and drama festivities, awareness of the dangers of drug and substance abuse including illicit brews is created among the youth. Families have been urged to transmit societal norms and values to the youth that cautions them against anti-social behavior such as abusing drugs and substances like illicit alcohol. Parents should also check on their children's spending of pocket- money (Dennis, 2005).

On the side of schools, a study of strategies used to curb effects of drug abuse on academic performance in schools in Nyeri County revealed that commonly used strategies for curbing drug abuse included; expulsion, suspension, drug education and heavy punishment. The researcher found that the strategies used were not diversified to effectively improve academic performance although some participants acknowledged that they were meant to improve the performance. The findings revealed that students take drug for curiosity, since some of the teachers and parents also took drugs. The research found that school administration did not care much about the issue of drug abuse in the schools, to the point that majority did not have drug abuse policy hence little was done to arrest the situation (Njagi, 2014).

Although this monitoring could be difficult since parents are not always with their children who attend schools, they can do what is within their reach not withstanding that some parents abuse illicit brews. Organizing campaigns against drug and substance abuse

through agencies like NACADA and National Alcohol Beverage Association of Kenya (NABAK) is a strategy that could create awareness by educating the public on the dangers of illicit brew consumption. Introduction of alternative sources of income for those who rely on distilling and selling of illicit brews to earn a living could also help to curb the problem (Birech, Kabiru, Misaro and Kariuki, 2013).Such people need to be economically empowered so as to abandon illicit brews. Hagembe and Simiyu (2014) add that religious organizations like the Islamic groups and the Catholic Church need to network with NACADA in the struggle against illicit brews.

In addition, youth oriented alcohol treatment therapy has been found to be an effective means of reducing consumption of alcoholic drinks. This is evidenced by a study on an adolescent alcoholism treatment program, in which one hundred and ninety-five adolescents with substance dependency were directed by a court of law to residential treatment. The adolescents were assessed at intake and at discharge. The 6 months post treatment found that higher service to others predicated on reduced recidivism, reduced relapse, and greater character development. Experiencing divine love enhanced positive effect of service on recidivism. Greater attention to spiritual virtues might improve treatment for youth involved with alcohol, drugs, and certain forms of crime (Lee, Pagano, Johnsonand Post, 2016).

Creation of drug awareness centers coupled with counseling can equally be used to tackle the problem of illicit brew and consumption (Kyalo, 2010). Such centers can be of great use if managed by professional counselors. In addition, rehabilitation centers could be set up in various parts of the country to deal with addicts of drugs and alcohol who wish to change their behavior and lifestyle. An example is the Asumbi Rehabilitation Center in the former Nyanza Province established by the Catholic Church.The center also plays an important role in offering curative interventions to the addicts.

On the legal environment, the Government has enacted a number of legislations like the Alcoholic Drinks Control Act commonly referred to as the Mututho Laws 2010. Under Section 38 of the law, brewing and sale of illicit liquor is considered an offence and one is liable to a jail term of 10 years or a fine of 8 to 10 million Kenyashillings or both.

Communities can send a clear and consistent message by developing and implementing a broad, comprehensive approach to dealing with substance abuse. Schools can serve as a focal point for such a community-wide effort. Community agencies can partner with schools to help monitor illicit drug use patterns in the local region through directing specific educational and preventive programs. Substance abuse problems that are associated with other mental

health conditions can best be dealt with through comprehensive mental health programs that are capable of addressing prevention and intervention of both conditions (Taras, 2004). However, in spite of applying all these strategies in the fight against illicit brews, the problem still persists. People are still dying as a result of consuming illicit brews. The study therefore sought to establish the effectiveness of counseling strategies in curbing consumption of illicit brew in Laikipia County.

Examining the progress and outcome of clients undergoing therapy, the majority of clients improve, a minority remains unchanged, and still others actually deteriorate (Harmon, *et al.,* 2007). Analysis of data from patients who were followed up during the research showed that counseled patients are significantly more likely to recover than non-counseled patients. Client outcomes are most often determined by client variables such as chronicity, severity, motivation, defenses, acceptance of responsibility for change, and complexity of symptoms other than by counseling or individual counselor's variables (Rowland, Godfrey, Bower, Mellor-Clark, Heywood and Hardy, 2000).

A clinical trial of the exact impact of brief counseling sessions, that targeted college students affected by alcohol consumption in the USA showed a significant reduction in alcohol abuse. In the study researchers gave all enrolled students a booklet on general health issues. For a randomly selected half (the control group) this was the sole 'intervention,' and rather than focusing on drinking, they were told the trial included drinking along with other health-related behaviors, questions about which were included in all the assessments. They saw the same doctors as the other patients allocated to the brief intervention, but medical staffs were not told they were part of the trial. The other half of the students were allocated to the brief intervention. Appointments were made for them to see their doctors for two 15-minute consultations (the second to reinforce the first) a month apart, and each was phoned between the sessions and a month later to check progress and offer encouragement. The sessions were guided by a manual which instructed the clinician to offer or discuss with the student how their drinking compared to other young adults; a list of alcohol's adverse consequences relevant to college students; lists of personal likes and dislikes about drinking; worksheets on drinking cues; a blood alcohol level calculator; the impact of their drinking on achieving their goals; agreement to reduce alcohol-related risks in the form of a prescription signed by the student; and drinking diary cardsFleming, Balousek, Grossberg, Mundt, Brown, Wiegel and Saewyc (2010).

The clinical trials above showed that when condition set was consumption of 70 US standard drinks (a drink that contains about 14 grams of pure alcohol which is about 123 UK units) taken over four weeks before the intervention, a year later both sets of students had cut down to around 53 drinks (about 93 UK units). However, the reduction (by 27% v. 21%) was greater among students allocated to the brief counseling, and during the 12 months the extra reduction was statistically significant. Similarly, both sets of students reported substantial reductions in the number of days they drank heavily, a reduction which was on average slightly greater among intervention students (26% v. 23%), but this time not to a statistically significant degree. This was also narrowly the case in respect of the extra reduction (15.4% v. 12.6%) among intervention students in the number of days they drank at all. This trial provides some of the best evidence to date that spending time talking with students about their alcohol use is worth the time, effort, and resources required to do so, evidenced by the high proportion of students who on health grounds needed to cut down on their drinking, and the extra reductions seen after the brief alcohol advice sessions (Fleming, *et al.,* 2010). In an Australian study, (Heather *et al.,*1996 cited in (Kurt, Curtin, Kirkley and Jones, 2006)reported that, when the effects of the two interventions they investigated (brief motivational interviewing and skills-based counseling for 30-40 minutes) were combined; there was a significantly greater reduction in alcohol consumption than in an assessment-only control condition.

More emphatically, a similar trial of counseling in Northern California on alcohol and substance abuse program called the Early Start Model was piloted at Kaiser Permanente's Oakland Medical Center from 1991 to 1993. During the 15-month pilot project, 81 pregnant substance abusers were identified, 92% of whom agreed to see the Early Start counselor for intervention. Approximately 69% of the study group who delivered at Kaiser (n=51) stopped using drugs and alcohol before the 32nd week of gestation. This group was compared to study women who continued to use drug and alcohol throughout pregnancy with a group of pregnant women with no history of drug or alcohol abuse. The study found that babies born to the Early Start women who had stopped their substance abuse before the third trimester had statistically significant better birth outcomes and shorter hospital stays than their counterparts who continued drug use. Shorter hospital stays also translated into substantial cost savings (Ethen, 2009).

A supportive parent–child relationship and parental disapproval of adolescent alcohol use was correlated with a lower incidence of later adolescent drinking and reduced influence

by the drinking patterns of peers. However, this influence appears to have a greater effect on younger adolescents(DrugInfo Clearinghouse , 2008). A study titled 'Effectiveness of Early Interventions for Substance-using Adolescents: Findings from A Systematic and Meta-Analysis' showed that early interventions for adolescent substance use hold benefits for reducing substance use and associated behavioral outcomes(Carney and Myers, 2012). Study further showed that interventions are most promising if delivered in an individual format and over multiple sessions.The literature review showed that counseling can bring a desirable effect on the users both for prevention and to mitigate the effect. This suggests that counselors have a preventive role in curbing illicit brews.

In Kenya a study by Cheloti (2013) in Nairobi showed that administrative strategies adopted by head teachers to curb Drug and Substance Abuse (DSA) are not effective and that no one strategy can successfully curb drug abuse in secondary schools. Head teachers should use a combination of strategies on different DSA situations. The study recommends that content on DSA in the school curriculum should be beefed up to include causes, types and effects of DSA and additional time provided to teach drug abuse. Further, head teachers and teacher counselors should be in-serviced to equip them with skills for counseling drug abusers. Among students, expulsion and heavy punishment was highlighted by majority of head teachers and students as a possible strategy to curb DSA. The Ministry of Education could review its policy on punishment and expulsion especially as far as war against drug abuse in schools is concerned. In context, this suggests that curbing consumption of illicit brews cannot be done using only one strategy.

Counselors-in-training often begin their professional journeys with a certain degree of idealism and unrealistic expectations about their roles. Many assume that hard work and efforts will translate to meaningful work with clients who are eager to change and who are appreciative of the counselor's efforts (Thompson, Frick and Trice-Black, 2014). However, clients often have complex problems that are not always easily rectified and which contribute to diminished job-related self-efficacy for beginning counselors. In addition, counselor trainees often experience difficulties as they balance their own personal growth as counselors while working with clients with immense struggles and needs (Shallcross, 2011). Furthermore, elusive measures for success in counseling can undermine a new counselor's sense of professional competence (Fairburn and Cooper, 2011).

The counseling process involves a special dialog in which success depends upon a very specific relationship between counselor and client. An intimate, empathic connection between

the counselor and client is critical to helping clients achieve their individual goals (Rasmussen, 2005). The effects of counseling styles is dependent on the individual counselor who is the primary tool in the counseling process, and must therefore be in good psychological health in order to be effective in this dialog with clients (Zalaquett, 2011). This means that counselors' perception is an important determinant of whether the counseling activity will succeed. It has been reported that positive interpersonal relationships between the counselor and the patient results in fewer relapses and reduced alcohol consumption in the two years following conclusion of the therapy (Meire, Barrowclough and Donmall, 2005).

Successful counselors select their helping behaviors and choose specific strategies with a clear purpose and direction in what is referred to as counselor's level and degree of intentionality. Intentionality embraces the qualities of being "purposeful," "stretching toward," and "caring for" that encompasses truly helping relationships. As such, intentionality becomes synonymous with the ability to link one's inner thoughts with one's intentions and behaviors. Effective counselors tend to exhibit positive perception of self and others, are personally motivated and fully functioning, accurately assess the world around them, and are capable of using this assessment to facilitate beneficial helping relationships (Carlson, Portman and Bartlet, 2006). Successful counselors are able to form their behaviors and select helping strategies based on their understanding of client's experiences. This understanding is highly influenced by the counselor's perception of the client's world. It is the combined inner perception as well as conscious intentions of the counselor that produce successful relationships.

According to Meyers, (2016) most counselors have a particular theory, method or school of thought that they embrace. This can be either cognitive therapy, solution focused therapy, strength-based, holistic health, person-centered, Adlerian or others. All of these approaches and techniques have at least one thing in common; their potential effectiveness is likely to be squelched unless the counselor is successful in building a strong therapeutic alliance with the client. One of the most effective means of achieving this is generating rapport between the counselor and the person receiving counseling. The rapport between the patient and the counselor reflects the extent to which the two are on the same wavelength and caring for one another's well-being (Dubbin, Chang and Shim, 2013). According to LoFrisco (2012), since approximately 40% of client change is due to the quality of the counseling relationship, building rapport with the clients is one of the most important counseling skills to possess. Itshows that counselors must get clients to trust then and feel comfortable in the counseling

room. If they don't, then clients won't share important details with the counselors, won't trust what they say, and in general won't participate in the counseling process as needed. However the question that must be answered is how this rapport is built.

Theorists who advocate the importance of intentionality in the counseling process such as Carlson, *et al.*, (2006) have identified some specific behaviors and traits that contribute to and enhance a counselor's intentional functioning. The first of these includes the traditional "core conditions" of the helping relationship. The root meaning of intentionality is to tend to something which parallels the concepts of caring and empathy, so important to effective counseling. At the same time, intentionality suggests a definite direction and purpose in a relationship. Professional counselors must maintain a positive, beneficial direction in their relationships and simultaneously understand why this direction is being taken (Carlson, *etal.*, 2006).

Another important aspect of counselor intentionality is the ability to seek alternative solutions and choose from an array of strategies in helping people make decisions and solve problems. In summary the intentional counselor is one who learns many helping strategies, continues to accumulate knowledge of human development and related critical issues and offers clients a relationship in which all possibilities can be explored, examined and evaluated (Carlson, *et al.*, 2006).

The results of these studies indicate that interventions for adolescents with substance use disorders should include aftercare. The short-term gains of combination therapies should be used to jump-start aftercare programs that maximize and maintain these gains, particularly during the period when the adolescent is at the highest risk of relapse (University of Calgary's Children's Mental Health Project, 2007). This aftercare can be extended to all individuals who consume illicit brews but seek counseling.

Empirical evidence shows that in several contexts alcohol counseling is left in the hands of personnel without in-depth training in counseling psychology. A study by Moyer (2013) on U.S. Preventive Services Task Force which aimed at reviewing new evidence on the effectiveness of screening for alcohol misuse for improving health outcomes concluded that clinicians should screen adults aged 18 years or older for alcohol misuse and should also provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.

2.3.3 Illicit Brew Consumers' Perspectives on Efforts to Curb Illicit Brews

Thesuccess of counseling processes highly depends on the kind of relationship that develops between the counselor and client. An intimate, empathic connection between the counselor and client is critical to helping clients achieve their individual goals (Rasmussen, 2005). In retrospect, alcohol addicts think, act, believe and feel, based on distorted perceptions of themselves and the world around them. They live at the extremes of all or nothing. There is no moderation, no middle ground, no compromise, and no gray area in their worldview. To varying degrees, alcoholics live in denial of their destructiveness (self and others) and this further distorts what they are able to make sense of (LaPierre, 2013).

The perception of addicts is an important consideration in the rehabilitation process. Perception is a process where we find meaning in our observed environment. There are several factors that influence how we perceive the people around us. These include the contextual factors displayed within physical context in which we meet anyone. There is also the social context that influences which cultural norms apply to interactions. This means that our perception of other people varies with the situation we are in. A drug addict has often been excluded from polite social gatherings and may need to learn the skills required to handle such situations gracefully (We Do Recover. org, 2014).

Before seeking counseling, individuals who have concerns about the counseling process may need additional information, support, or awareness of what the process is like. Information designed to increase public awareness about the benefits of seeking professional services may be more efficient if it is focused on these anticipatedconcerns (Vogel, Wester and Larson, 2007).

The perception of alcohol addictsand those who abuse other addictive substances is a significant contributor to the effectiveness of treatments of whatever kind that they may be subjected to. In a study of perceptions towards mandatory treatment of substance addiction in Queensland, Australia, a number of findings were made. Firstly, respondents with severe drug abuse problems are more likely to appreciate their condition when compared to those with less severe drug abuse problems. However, they are not more likely to seek treatment voluntarily or perform better in treatment. Secondly, the study's findings do not support the current treatment philosophy in most of Australia where the study was conducted, of waiting for people with drug and/or alcohol abuse problems to get themselves psychologically motivated and prove their readiness to receive treatment. On the contrary, the findings indicate that mandatory treatment seems a promising option to help offenders with drug and

alcohol abuse problems. Thirdly, this study also found relatively high rates overall of self-reported satisfaction with drug and/ or alcohol treatment programs. Finally, the study found that the self-reported treatment outcomes of respondents who had undergone mandatory treatment and those who had undertaken voluntary treatment did not differ significantly (Ip, Legosz, Ellerman, Carr and Seifert., 2008). Contrastingly, in an earlier study on perception of the public, probationers and judges it was found that compulsory substance abuse treatment is (a) less effective than voluntary treatment and (b) was mostly justified only for individuals whose substance use was associated with serious crimes and impaired job performance (Wild, Newton-Taylor, Ogborne, Mann, Erickson and MacDonald, 2001 cited in (Chandler, Fletcher and Volkov, 2009).

Substance abuse counseling might also have an effect on the general world view of the substance abuse patient receiving counseling. A study on the effect of counseling services on the feeling of hopelessness of clients, as determined using the Beck Hopelessness Scale, found that Counselor Active Rehabilitation Services did show a significant difference in the reduction of the feeling of hopelessness of the respondents of that study (Ferdinandi and Bethea, 2006).

Studies show that attitudes towards alcohol and drug abuse are formed relatively early in a person's life. A study on clustering of smoking, alcohol drinking and cannabis use in adolescents concluded that smoking, drinking and cannabis use are common among adolescents of a rapidly developing country and that these risk behaviors are adopted at an early age (Faeh, Viswanathan, Chiolero, Warren and Bovet, 2006). A similar study on substance abuse and risk taking among youths recommended that the adolescents being seen for substance-related problems should be evaluated for engagement in other risk-taking behaviors, and school, peer, and social functioning (Feldstein and Miller, 2006). In addition, Exposure to alcohol advertising and ownership of alcohol promotional items, such as t-shirts, lighters, matches, hats, or sunglasses with an alcohol brand name on it, increase the risk of alcohol use among adolescents (Hurtz, Henriksen, Wang, Feighery and Fortmenn, 2007).

In addition, a study of alcohol marketing and problem drinking in Zambia's youth found that with respect to alcohol marketing exposure, 24% of students reached in the study reported seeing alcohol through media, 33% reported exposure to alcohol marketing through billboards, and 30% reported that they had been offered a free drink through an alcohol company representative. These findings show that many students are exposed to alcohol, and

even offered free alcohol as a marketing strategy, which should be of grave concern given that these students are very young, and vulnerable (Swahn, Ali, Palmier, Sikazwe and Mayeya, 2011). Similar findings were made in a baseline survey of alcohol consumption in Malawi. The survey noted that marketing is believed to play a critical role in escalating both initial and irresponsible alcohol use especially amongst young people. Branding alcohol products as "Kings Beer", "Officers'", "Mafia," "Tyson," "Rider" and "Boss" were particularly identified as inducing young people and other inexperienced consumers. Young people tend to identify themselves with such impression-filled products to enhance their self esteem (Committee on Alcoho lPolicy Processes in Malawi, 2010). These findings stress the need to initiate prevention interventions at an early age and using integrated approaches.

Mass media also has an effect on the perceived level of alcohol abuse in the communities they operate by way of exaggerating the consumption of alcohol. Cultural media reaffirm and amplify these exaggerations. Music and film entertainment for youth and young adults frequently depicts and often glamorizes substance use, making it appear to be more common than it is among most youths. News media and community forums give headline attention to the problem behaviors among youths, rather than highlighting the healthy majority who are typically not seen as newsworthy (Perkins, 2003).

In Kenya, studies show that perceptions towards alcohol consumption begin to be shaped at very early age, through exposure to media and peer pressure. Findings from a study revealed that perception of the students on drugs and substance abuse contributed considerably to their behavior towards drugs and substance abuse. This perception was formed through their immediate environment that is peers, parents, media and neighbors. The study recommends that parents, schools and government should address the issue of drugs and substance abuse at all levels of child development. This is because perception starts to be formed at a very early age (Kyalo, 2010).

In addition, physiological factors affect perceptions of an addict. If the addict has a sensory deficiency (for example deaf, blind), this was impact on the way they perceive other people. In the same light a very attractive person is generally viewed more favorably. Psychological factors are also important, and these are linked to motivation and predisposition. Everybody has predispositions which are preformed ideas (stereotypes) about themselves and those around them. For illustration, when individuals are very motivated to attend to the social interaction, they take more care in their perception. There are certain types of people one likes automatically and others that one finds somewhat harder to like.

Other factors that influence perception are past experiences and resemblance, open versus closed minds, role relations, saliency and social values (We Do Recover. org, 2014).

In counseling context, it seems to be a common experience for addicts to feel socially isolated and somehow unacceptable. Drug abuse definitely leads to a sense of living on the periphery of a society. On the other hand, addiction recovery implies a full return to health in all spheres of life and being restored to healthy social functioning is an important part of the job of a rehabilitation center. Many of the support mechanisms that an addict builds while under rehabilitation require that he/she be able to "reach out" and ask for help (Eden Recovery Centre, 2014).

In a study of the willingness of alcoholics to receive counseling carried out in Germany, a total of 66 % of all participants agreed to receive information on professional help and on how they could help themselves. Among these were 77 % of the alcohol dependent participants and 56 % of the non-dependent participants. Motivation to change and motivation to seek help were identified as the most significant predictors for agreement to counseling. However, 63 % of the participants ready for counseling were not yet ready to change their habits and 62 % were not yet ready to seek professional help (Freyer, *et al.,* 2006). The study concluded that a majority of hospital patients with less severe alcohol problems as well as the majority of hospital patients not ready to seek more intensive professional help were open for alcohol-related counseling. Given a systematic screening, this opens up the opportunity for addiction counselors, hospital physicians or nurses to actively offer counseling and showed the perception of the addict is important.

A study on drinking culture and alcohol management in Kenya notes that parents are supposed to be role models to their children, by passing good societal values and morals. The researcher argues that children will learn from their parents such that when a parent is a problem drinker, then his children are likely to be problem drinkers. Thus according to virtue ethics, parents play a significant role in imparting good values and virtues in their children (Githui, 2011).

Another key feature in the perception of the client to counseling is the relationship between the counselor and the client. In some cases, as with guidance and counseling in general, when clients interact with other persons, they are likely to respond in ways that repeat old patterns from their past. Clients bring the everyday responses and distortions of life into the relationship with the counselor, who, as a professional, can recognize these problems

that are interfering with clients' daily functioning (Windy Dryden, 2008). This is known as transference.

The relations between the client and the counselor may also lead to counter-transference. This is refers to the range of reactions and responses that the counselor has toward clients (including the clients' transference reactions) based on the counselor's own background and personal issues. Although counter transference occurs in all therapy and can be a useful tool, an unhealthy counter transference occurs when the counselor projects onto the clients his/her own unresolved feelings or issues that may be stirred up in the course of working with the client (Center for Substance Abuse Treatment, 2000).

2.4 Effectiveness of Psychoanalytic Therapy in Curbing Consumption of Illicit Brews

An approach that is applied to drug and alcohol counseling is Psychoanalytic Analysis. This method is based upon the theories and work of Sigmund Freud, who founded the school of thought known as psychoanalysis. Psychoanalytic therapy looks at how the unconscious mind influences thoughts and behaviors. Psychoanalysis frequently involves looking at early childhood experiences in order to discover how these events might have shaped the individual and how they contribute to current actions. People undergoing psychoanalytic therapy often meet with their therapist at least once a week and may remain in therapy for a number of weeks, months, or years (Cherry, 2015). It differs from other therapy types in that psychoanalytic therapy aims to make deep-seated changes in personality and emotional development (Counseling Directory, 2015).

Psychodynamic counseling is an approach that takes time and great professional skill. It is derived from psychoanalysis and the work of Freud. Subsequently psychoanalytic theorists use the therapeutic relationship to gain insight into unconscious relationship patterns that evolved since childhood (Vaughan Centre for Lifelong Learning, 2016). In this approach, therapist must be able to safely guide the client through an examination of painful past experience. The theory works by understanding and acknowledging that most emotional problems originate in a client's childhood, and that all experiences was have some kind of subsequent subconscious effect on the individual (Martin, 2016). Through this approach, the counselor encourages the client to talk about childhood relationships and experiences with parents and other significant people such as guardians and siblings.

Contextually, the therapist focuses on the client/therapist relationship (the dynamics) with a particular interest on the transference. Transference denotes the client projection onto the therapist feelings experienced in previous significant relationships (British Association for Counselling and Psychotherapy, 2010). Through the psychotherapy process a therapist is able to resolve problematic behaviors, beliefs, feelings, relationship issues, and/or somatic responses (sensations in the body).

Failure to apply psychodynamic counseling with knowledge can be harmful. In addition, counseling and other psychological therapies can do more harm than good if they are of poor quality or the wrong type (Boseley, 2014).A psychodynamic therapy is generally thought more suitable for clients that have coexisting psychopathology with their substance abuse disorder: those who do not need or who have completed inpatient hospitalization or detoxification; those whose recovery is stable and those who do not have organic brain damage or other limitations due to their mental capacity (National Center for Biotechnology Information, 2016). Another problem is that counselors who do not have strong training and experience in psychodynamic therapy may not know how to help clients move through. Subsequently, clients could get stuck in a long cycle of repeated painful emotions and descriptions of the past. In groups, clients can trigger unsafe exploration and emotional cycles in each other (Korhonen, 2004). These experiences can hinder the therapeutic process and the desired change in behavior of the client. It therefore calls for careful application of the psychodynamic counseling.

2.5 Effectiveness of Cognitive Therapy (CT)in Curbing Consumption of Illicit Brews

Cognitive therapy is another psychotherapeutic treatment that helps patients to understand the thoughts and feelings that influence behaviors. This approach is defined as any therapy that is based on the belief that our thoughts are directly connected to how we feel. It is commonly used to treat various disorders such as phobias, addictions, depression, and anxiety. It is generally short-term and focused on helping clients deal with a very specific problem (Cherry, 2015). The cognitive therapies include Rational-Emotive, Cognitive-Behavioral, Reality and Transactional Analysis (All About Counseling, 2015). The principal methodology of cognitive therapy involves client centered motivational interviewing, and is a directive treatment originally developed in the addictions domain whose goal is to enhance motivation for change by understanding and resolving ambivalence. This method has

consistently received support for enhancing outcomes in the addictions domain, particularly when used as an adjunct to further treatment (Westra, 2004).

In its application to substance abuse therapy (for instance alcohol and hard drugs addiction) cognitive behavioral therapy consists of two components; the functional analysis and the skills training (Hofmann S. G., Asnaani, Vonk, Sawyer and Fang, 2012). While using the specific example of cocaine addiction, Hofmann, *et al* (2012)explains that the functional analysis component involves the therapist and the patient identifying the patient's thoughts, feelings and circumstances before and after the cocaine use. Early in treatment, the functional analysis plays a critical role in helping the patient and therapist assess the determinants, or high-risk situations, that are likely to lead to cocaine use and provides insights into some of the reasons the individual may be using cocaine (for instance to cope with interpersonal difficulties, to experience risk or euphoria not otherwise available in the patient's life). Later in treatment, functional analysis of episodes of cocaine use may identify those situations or states in which the individual still has difficulty coping with.

According to Dutra, Stathopoulou, Basden, Leyro, Powers and Otto, (2008) and Magill and Ray (2009) evidence from numerous large scale trials and quantitative reviews supports the efficacy of cognitive for alcohol and drug use disorders (SUDs). In practice cognitive-behavioral therapist can teach a patient to recognize the triggers that cause his or her craving for drugs, alcohol or nicotine, then avoid or manage those triggers (Winerman, 2013). There is evidence for the efficacy of CT for cannabis dependence, in which many sessions (repeated) of CT have better effect on the client than a single session or other briefer interventions (Hofmann,*et al.*, 2012). On the skills components The skill training component can be thought of as a highly individualized training program that helps cocaine abusers unlearn old habits associated with cocaine abuse and learn or relearn healthier skills and habits (National Institute on Drug Abuse, 2017) and that can also be used in encouraging illicit brews abusers to overcome the urge of continuous consumption.

Beck (2012) also shows that cognitive therapy has fulfilled the criteria of a system of psychotherapy by providing a coherent, testable theory of personality, psychopathology, and therapeutic change; a teachable, testable set of therapeutic principles, strategies, and techniques that articulate with the theory; and a body of clinical and empirical data that support the theory and the efficacy of the theory. When examining its effects specifically to alcoholism, numerous studies and reviews have ranked CBT among the most effective approaches for treating alcoholic patients. Nevertheless, a recent analysis of nine studies

failed to identify specific CBT components that could account for the treatment's effectiveness. Furthermore, a similar analysis of 26 studies suggested that CBT's superior effectiveness was limited to specific treatment contexts (i.e., when delivered as part of a comprehensive treatment program) and to specific patient subgroups (e.g., patients with less severe alcohol dependence). Several measures may help broaden CBT's focus and effectiveness, such as incorporating components of other treatment approaches (Arch and Craske, 2008).

Furthermore, when applied in a residential counseling setting, Cognitive Behavioral Therapy has been found to be highly effective in addressing alcoholism. In a naturalistic, multi-site evaluation of 168 adults with substance uses disorders who received Twelve-Step, in which assessments were administered pre-intervention, post-intervention, and 2 and 4 months post-intervention, all three treatments were found to be equally effective in reducing substance use and psychological symptoms. They were also equally effective at reducing post-treatment arrests and imprisonment (Bowen, *et al.,* 2009).

According to Roes (2016), CBT has been proven to be effective for treating substance abuse problems. When combined with pharmacologic interventions, the result is better than that that seen with either medication or CBT alone. However, CBT can backfire with certain clients especially those that hear cognitive approaches as judgmental, and attribute their "inappropriate" or "distorted" thinking to a basic flaw in their humanity. In other instances CBT could be confused by clients with a moral model, where clients conclude that bad things happen to them because they are bad people with bad thoughts and feelings. The counselor is therefore to help the client understand the aims of CBT and remove the confusion.

In addition, CBT is problematic for clients with anxiety, especially if a focus on their thoughts is part of their troubles to begin with. It could give contemplative and reflective thinkers (ruminators) another thing to worry about. Such an outcome could increase anxiety rather than alleviate it. CBT might also keep depressed clients in their dark places for so long that it could feel like a punishment. Some clients might be at a point in their lives where they can't handle their most suppressed thoughts, and in these instances it is not wise to rip the lid off them using the CBT therapy (Roes, 2016).

In addition some cognitive techniques are not helpful when low self-efficacy (rather than low interest in change) constitutes the obstacle. For example, decisional balance sheets, which record the risks and rewards of client choices, can be helpful if a client's ambivalence is based on not really knowing which choice is best. However, they can be counter-

therapeutic when the client already knows which choice is best, but keeps having trouble making it. In these cases, the decisional balance sheet might reinforce clients' opinions of themselves as losers or failures that are incapable of correctly making even the most obvious choices (Kennard, 2016).

In Summary CBT for SUDs captures a broad range of behavioral treatments. It encapsulates operant learning processes (OLP), motivational barriers to improvement and traditional variety of other cognitive-behavioral interventions. According McHugh, Hearon, and Otto (2010) these interventions have demonstrated efficacy in controlled trials and may be combined with each other or with pharmacotherapy to provide more robust outcomes. Despite this heterogeneity, there are particular challenges in the use of CBT including the determination of the most effective combination of treatment strategies and improving the dissemination of CBT to service provision settings.

Another CBT approach is Behavioral therapy. Behavioral therapy is based on the premise that primary learning comes from experience. It is also known variously as behavioral modification or cognitive behavioral therapy (Cherney, 2015).The initial concern in therapy is to help the client analyze behavior, define problems, and select goals. This therapy often includes homework, behavioral experiments, role-playing, assertiveness training and self management training. Like cognitive therapy, behavioral therapy utilizes collaboration between client and therapist, and is usually of short duration (All About Counseling, 2015). Behavioral therapy focuses on human behavior and aims at eradicating unwanted and maladaptive behavior. This therapy is used for those with behavioral problems or mental health conditions that are displayed through unwanted behavior. Examples of these behaviors include addictions, anxiety, phobias and obsessive-compulsive disorder (OCD) (Counselling Directory, 2016).

Though it leads to increased quality of life, specific benefits of behavioral therapy often vary depending on what condition is being treated. These can include reduced incidents of self-harm, improved social skills, better functioning in unfamiliar situations, improved emotional expressions, less outbursts, better pain management and ability to recognize the need for medical help (Cherney, 2015). For some people with phobias the behavioral therapy encourages avoidance. This can become extreme, subsequently affecting day-to-day life. In this situation a type of behavioral therapy called exposure therapy that entails the patient being gradually exposed more and more to feared situations may be used (Kenny, 2014).

2.6 Effectiveness of Gestalt Therapy in Treating Alcohol Abuse

Another approach is Gestalt Therapy which is guided by the relational theory principle that every individual is a whole (mind, body and soul), and that they are best understood in relation to their current situation as he or she experiences it. The approach combines this relational theory with present state - focusing strongly on self-awareness and the 'here and now' (what is happening from one moment to the next) (Counseling Directory, 2015). This therapy is a powerful experiential psychotherapy that focuses on contact and awareness in the here and now. A Gestalt therapist follows their client's ongoing process, with special attention to both the therapeutic relationship and the client's style of interrupting that process. This way the client is helped to both work through and move beyond their painful emotional blocks (Stone, 2015).

In contrast to psychoanalysis, Gestalt therapy focus is not about the client's past. However, in practical terms the importance of the past, including that of one's childhood is not neglected. The emphasis is not in what happened then, but is on how it affects ‘now’. What individuals experienced as they developed, and how they have adapted to that experience, comes into the present as both their "unfinished business" and their character styles, or ways of being in the world. Gestalt therapists deal directly with these elements in the "here and now", working with contact styles and focused awareness to help their clients complete and work through unfinished business, and learn to experience and appreciate their full being-ness (Stone, 2015).

There are severel variarions of Gestalty therapy. One is the two chair dialogue approach, in which, the client is asked to alternately assume the two sides of an intrapsychic conflict. A client may say "I want to do this, but then, I'm not really sure it's a good idea," at which point the counselor guides the client in a dialogue between both sides (Greenberg, 2001)While most therapy approaches have developed short term versions (often in response to the demands of managed care), one specific model is called solution-focused brief therapy. This approach is short-term and work-based and focuses on solutions instead of problems. The approach recognizes that small change leads to large changing and that cooperation is inevitable between therapist and client. It also posits that people have all they need to solve their problems. The premise is that if one does a step by step process, the client can find quick solutions to whatever may be facing them. Like the cognitive-behavioral therapies, this is short term therapy usually involving homework and clearly defined goals (All About Counseling, 2015).

A number of studies show the effectiveness of Gestalt therapy. In one study results showed that depth of experiencing and shifts in awareness were higher following the Gestalt intervention. Reported conflict resolution after the session and in a one-week follow-up was also greater for the Gestalt treatment. The reported behavior changes after a week and progress over a week were also significantly greater for the Gestalt treatment. Level of discomfort after the session was not significantly different for the two treatments (Greenberg and Dompierre, 1981 cited in González-Ramíreza, Carrillo-Montoyaa, García-Vegab, Hart, Zavala-Norzagaray & Ley-Quiñónez,, 2016).

In another study, comparing Gestalt two-chair dialog conflict resolution performances with 14 non-resolution performances on structural analysis, pattern of results within the resolution group supported the three phase model of conflict resolution. It was found that the degree of affiliation in the previously harsh critic in the dialog clearly distinguished resolvers from non-resolvers. In addition, in all the resolution performances, the two sides of the conflict appeared to first go through a stage of opposition and then entered a merging phase, in which the critic softened his/her attitude as measured by degree of affiliation, voice, and depth of experiencing. The final integration phase, in which the two chairs become more autonomous and affiliative and engage in a negotiation, marked the resolution of the conflict. An example of a dialog is provided to indicate some of the processes discussed (Greenberg, 1981 cited in (González-Ramíreza, *et al.,* 2016).

A specific illustration of how such a strategy can be applied in alcohol abuse therapy is provided by White, (2007). In this example, two chairs are placed facing each other. The counselor observes and provides assistance from the side. In one chair is the healthiest part of the client, or the part that wants to recover from the addiction. In the other chair is the resistant part of the self, or the part of the client that wants to maintain the addiction and the status quo. The client sits in the chair that represents the part of the self that is currently the strongest (probably the resistant part). He or she speaks from that part using "I" statements. It might go something like this: "I like to drink. I like getting high. I like being with my friends when I'm high. We have a good time. I look forward to these times. I: think life would be boring without drinking. All my friends drink." The client should express all that comes to mind when experiencing that part of himself or herself.

Then the client takes the opposite chair and speaks from the weaker, less conscious part of the self. It might go something like this: "I know I drink too much sometimes. I've had two DUIs in the past five years. I'm late to work from time to time. My wife complaints about my

drinking. We don't spend a lot of time together unless we're drinking. I spend a lot of money on booze." The counselor encourages an in-depth exploration of these two polarities of the self. The client's awareness of the opposing sides is increased and the client determines which polarity is stronger. From this exploration, the client can make choices that are more informed and aware. The counselor has encouraged the resistant part of the self to speak rather than to push against the resistance with a mandate for what the client "should" do. Thus the impetus for change comes from within the client (White, 2007).

A study of Gestalt two chair approaches also noted that resolvers were significantly less undecided and less anxious after treatment and reported greater improvement on target complaints and behavior change. In addition, after the session in which the "critic" softened, resolvers reported greater conflict resolution, less discomfort, greater mood change, and greater goal attainment than non- resolvers (Greenberg and Webster, 1982).

However, Gestalt therapy has a very big range of styles and modalities. Although this is the case, the emphasis of Gestalt therapy is not on the techniques or what has been discussed in therapy, but on what is done, the process itself. The emphasis is rather on direct experience and experiments, a healing relationship, true presence, real contact and working on what and how in the present. The process rather focuses on work than on talking about things. “Techniques are just techniques: the overall method, relationship and attitude are the vital aspects (Woldt & Toman, 2005).

With regards to use of Gestalt therapy in alcohol abuse therapy, it is observed that since alcohol dependence affects all areas of one's life, it is not infrequent that an alcohol-dependent person would seek counseling for other issues such as problems with a significant relationship, employment or career concerns, depression, self-esteem, codependency, finances, or any number of other concerns (Kinney and Leaton, 2009).

However, as a weakness, for Gestalt therapy to be effective, the therapist must have a high level of personal development. In addition, effectiveness of the confrontative and theatrical techniques of Gestalt therapy is limited and has not been well established. It also poses a potential danger for therapists to abuse the power they have with clients (Corey, 2005). Furthermore, while Gestalt therapy has been considered to be a self-centered approach which is concerned with just individual development, it arguably lacks a strong theoretical base. It also deals only with the here and now but does not deal with diagnosis and testing (Australian Institute of Professional Counselors, 2007).

Contextual understanding is important in counseling. For example, to deal with stress, one needs to remove the stressor but not to overlook or ignore it. Counselors can help those people who are undergoing stressful experiences as a result of the economic conditions in a country instead of these people resulting to abuse of illicit brews. Counselors can inform the public especially in the rural villages and urban slums of the dangers posed by illicit brews and other alcoholic drinks in order to help them make wise decisions as far as drinking behavior is concerned (Hagembe and Simiyu, 2014).

Patients may present to community counseling services a variety of complaints that may be related to their alcohol or other drug use, including financial, relationship, employment or parenting problems. Brief interventions may be appropriate for those drinking at risky levels(O'Connor and Whaley, 2007). Counselors also organize individual and group counseling in the rural villages and urban slums. They do visit learning institutions like secondary schools to talk to the students on the dangers of abusing drugs and substances like alcoholic beverages and illicit brews. They offer cognitive-behavioral teaching which encompasses specific drug use instructions such as alcohol expectancy (Ondieki, Simiyu and Kodero, 2014). Apart from creating awareness, counselors play a vital role in intervention measures through guiding and counseling those that are already addicted to drug and substance abuse. They can manage drug abuse centers where they carry out counseling services (Kyalo, 2010).

In summary there is empirical research that supports Gestalt therapy and its techniques (Corsini and Wedding, 2000). In this respect, it is regarded to be equal to or greater than other therapies in treating various disorders. It has a beneficial impact with personality disorders, and the effects of therapy are stable. This therapy focuses on the integration between the "whole" person and his or her environment. It views a healthy individual as being someone who has awareness of his or her life and lives in the here and now rather than focusing on the past or future. Gestalt therapy, however, has a number of successful techniques that are applicable in therapy today (Australian Institute of Professional Counselors, 2007).

2.7 Eclectic Therapy

Another approach that counselors use is the eclectic therapy. This is a counseling approach that incorporates a variety of therapeutic principles and philosophies in order to create the ideal treatment program to meet the specific needs of the patient (Roy, 2016;Howse, 2016). It enables thetherapist to develop an ideal treatment program to meet the patient's specific needs (CRC Health, 2016).

Eclectic therapy has resulted from changes that have taken place in counseling and psychotherapy. This was triggered by the awareness that there is little evidence to show that any one therapeutic method is superior to all others for all types of problems and all types of clients or patients. This led to a growing interest in flexibility response and bringing together ideas from disparate schools. Ultimately, the term integrative and eclectic came to be used increasingly to describe this process (Palmer and Woolfe, 2000).

An eclectic theoretical approach does not follow any one theoretical formula. According to Grohol (2015) eclectics use techniques from all schools of therapy. They may have a favorite theory or therapeutic technique that they tend to use more often or fall back on, but they are willing and often use all that are available to them. After all, the key here is to help the patient as quickly and as effectively as possible.

In Kenya NACADA has adopted intervention measures that encompass comprehensive education for long-term empowerment of youth and the general public to counter drug abuse. This collaborative intervention is to include relevant professionals and spiritual leaders among others. Counselors can provide this education to the youth and young adults in the rural villages and in urban slums, as well as learning institutions to help them change in behavior and attitudes, through creating awareness.

Counselors have a preventive role in curbing illicit brews. Dennis-Antwi (2003)and Mbaabu (2013) suggest that counselors must be placed in youth institutions or groups as peer educators to act as support and positive pressure for those people who would like to keep off from drugs (including illicit brews). These peers could serve as role models, mentors and motivating force to encourage those who want to quit drinking but find it impossible to do so. This can also be helpful in working places (Mbaabu, 2013).

Counseling professionals can use several strategies in a counseling situation. Approaches can be classified as individual based, group based or family based. Example of individual focused counseling is the Person-Centerd (Rogerian) that was founded by Carl Rogers in the 1940's. Its basic premise is that we are all "becoming" or we are all moving towards self-actualization. Rogers believed that each one of us has the innate ability to reach our full potential. As infants we are born with it, but because of early experiences, we may lose our connection to it. The self concept we develop in response to our early experiences may tend to alienate us from our true self. In this theory there is no such a thing as mental illness. It is just a matter of being disconnected from our self-potential. This therapy is often considered the most optimistic approach to human potential (All About Counseling, 2015).

The effectiveness of individual therapy in cessation of harmful substance abuse was tested in a study that compared it with minimal behavioral intervention. This study carried out 30 trials with over 7,000 participants. Twenty-two trials compared individual counseling to a minimal behavioral intervention. Individual counseling was more effective than control. The relative risk (RR) for smoking cessation on long-term follow up was 1.39, 95% confidence interval (CI) 1.24 to 1.57. In a subgroup of four trials where all participants received nicotine replacement therapy the point estimate of effect for counseling was smaller but just reached significance (RR 1.27; 95% CI 1.02 to 1.59). Greater effect of intensive counseling compared to brief counseling was not detected (5 trials, RR 0.96, 95% CI 0.74 to 1.25). None of the three other trials that compared different counseling models of similar intensity detected significant differences (Lancaster and Stead, 2005).

Group therapy is a kind of psychological therapy that deals with a group of people rather than with an individual during a one-on-one session. It is most commonly associated with a specific therapy type that makes use of the group dynamics (Counseling Directory, 2015). Having therapy in a group environment may have many benefits as it offers a support network and provides the opportunity to meet others experiencing similar concerns.

Family based counseling is a branch of psychotherapy that works with families to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasizes family relationships as an important factor in psychological health. Munira (2000) asserts that family counseling should be encouraged since family members are ‘co-dependents’ who go through trauma when the addicts are intoxicated. Addiction is considered as a ‘family disease’ since addicts distort the dynamics of the whole family. Focus on addicts’ communication and dependency needs addiction counseling which can help both addicts recover while supporting their families to re-build their lives and lead normal lives again.

The different schools of family therapy have in common a belief that regardless of the origin of the problem and regardless of whether the clients consider it an "individual" or "family" issue, involving families in solutions often benefits clients. Research shows that the more often parents talk with their children about the dangers of alcohol and other drugs, the lesser the likelihood of the children experimenting with them. Parental disapproval of delinquency and drug use can counteract the peer pressure youngsters experience to engage in these activities. Substance abuse prevention programs have been traditionally part of

school and community efforts but a new trend is towards family based prevention programs (Griffin and Botvin, 2011).

The second approach, family-in-home support, provides crisis intervention (such as food, shelter and clothing) and training that addresses the root causes of the crisis. Thirdly, family therapy helps family members improve communication, manage family life and solve problems. It is integrated with other prevention efforts such as in home support and school based counseling (US Deparment of Justice, 2014). This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include the ability to influence conversations in a way that catalyses the strengths, wisdom, and support of the wider system.

A study by Cheloti (2013) in Nairobi titled Effectiveness of the Strategies used by Head Teachers' Used to Curb Drug and Substance Abuse in Public Secondary schools In Nairobi County, Kenya, showed that school curriculum is used to curb Drug and Substance Abuse (DSA). However content on DSA in the curriculum was inadequate. Co-curricular activities (sports, drama, music and poems) were more effective in curbing DSA. Guidance and Counseling was the most preferred strategy for curbing drug abuse and all schools visited had a guidance and counseling teacher. The findings show that majority of the head teachers and teacher counselors lacked the counseling skills while teacher counselors who also doubled as subject teachers lacked time for counseling students (Cheloti, 2013). On school community, lack of cooperation especially from parents frustrated the head teachers' strategies to curb DSA while the community protected drug dealers and sometimes sold drugs to students.

In summary, counselors have several strategies at their disposal that can either be individual based, group based or family based. Specifically they can use cognitive method, behavioral, psychoanalytic, Gestalt or brief therapy. The extent to which each of these methods can be used is dependent on issues such as age of clients, ego strength, the therapeutic relationship with the client, clients' expectancy and placebo effects or the techniques unique to specific therapies.

2.8 Effectiveness of Rehabilitation Centers in Curbing Illicit Alcohol Consumption

One of the best options to get rid of alcohol abuse is to undergo alcohol rehabilitation treatment from a rehabilitation center with an aim of helping the patient avoid or reduce the intake of alcohol (Rehabilitations.org, 2015). Struggling with the abuse of alcohol is difficult for everyone including the addict, friends and relatives. It is worse if the addict is violent and

unpredictable or uses the family's resources to support this habit. More often, a stay at an addiction rehabilitation facility is the best option for such an addict as it offers the best chance of recovery. This is mostly an overwhelming thought and choice since most people don't like leaving their own homes, and may worry about what happens at an addiction rehabilitation facility. They may see it as a jail sentence or wonder about the other patients in such a place (Eden Recovery Centre, 2014).

Rehabilitation centers offer counseling services aimed at restoring the patient back to his/her normal self prior to the illness through therapies, counseling and medication to help the patient. The centers have approaches while giving their services; either through inpatient rehabilitation or through outpatient rehabilitation. Under inpatient rehabilitation, the patient is taken in the center for treatment for a specific period of time, a period in which the patient gives his/her entire time to treatment as he/she is admitted in the center. Under outpatient rehabilitation the patients attend counseling sessions and therapies in the evenings, weekends or any other time as per their suitable time. They undergo treatment as they carry out their usual responsibilities (Rehabilitations.org, 2015).

Alcohol rehabilitation centers offer both inpatient and outpatient treatment. Outpatient treatment is good for people who have developed a drinking problem but are not yet addicted to alcohol. These people may be social drinkers who drink more than they should and have difficulty stopping. They have more of an emotional attachment to alcohol. Alcoholics should seek treatment from an inpatient treatment facility. They have developed a physical addiction to alcohol. If they go for a short time without drinking, they experience alcohol withdrawal symptoms, making it hard for them to properly function (Rehabs.com, 2015).

One of the principal arguments for the use of rehabilitation centers as a means of curbing alcohol abuse is that it is a more cost effective means than imprisonment of the offenders. For instance, in the USA, The Drug Treatment Alternative to Prison (DTAP) program in Brooklyn, New York, enables alcohol or drug addicted defendants to plead guilty to an offense, and then enter a residential, therapeutic community treatment system that can last up to 2 years as an alternative to a prison sentence. A recent evaluation of DTAP by the National Center on Addiction and Substance Abuse at Columbia University found that the program achieved significant results in reducing recidivism and drug use, increased the likelihood of finding employment, and saved money over the cost of incarceration (McVay, Schiraldi and Ziedenberg, 2004).

In addition, Maryland's Alcohol and Drug Abuse Administration (ADAA) reports that people discharged from the programs they fund, particularly those that completed treatment successfully, had substantially lower substance use than they did at admission. The percentage of people using drugs after they were discharged from ADAA funded programs was substantially lower than the percentages of those who used drugs at admission; while completion of treatment and length of time spent in treatment were correlated with reduced use of drugs. Between 40 % and 50 % of ADAA program admissions successfully completed their treatment programs (Alcohol and Drug Abuse Administration Leadership, 2003).

Another known approach used by the State of Maryland, based on rehabilitation centers as a more cost effective way than imprisonment to address drug abuse criminal offenders, was the Correctional Options Program (COP). Adopted in 1994, COP is "a comprehensive program of graduated sanctions and services that was established as a tool to divert carefully screened low-risk, drug-involved offenders from prison. It was designed to safeguard the public; ensures that offenders are accountable for their actions provide educational, vocational, and employment services; andstrengthen participants' parenting, daily living, and social skills (Maryland Dept. of Public Safety and Correctional Services, 1997). In its years of operation, participants in COP were 22 percent less likely to return to prison during the 12 months following their release than offenders not participating in COP; and non- participants were twice as likely to recidivate as the result of a new offense. Furthermore, experimental group (COP participants) spent 143 fewer days in prison than the control group. Accordingly, they estimated that with an average COP population of 1,593 each year that COP is in operation, the State saves 624 inmate years (McVay, Schiraldi and Ziedenberg, 2004, Jones & Connelly, 2010). When translated to financial savings, the current average COP population of 2,100, the savings amount to 823 inmate years annually. Based on saving 624 inmate years, NCCD determined the State avoided over $32 million in construction costs and $9.7 million in annual operating costs. The current average COP population of 2,100 increases the avoided construction costs to $50 million and annual operating savings to $12.8 million (McVay, Schiraldi and Ziedenberg, 2004).

Finally, in the State of California, the Substance Abuse and Crime Prevention Act, of 2000 established a program where, subject to certain qualifications, drug offenders would be subjected to inpatient rehabilitation, rather than direct imprisonment. In its first year of implementation 12,000 offenders qualified for SACPA services, and entered treatment at an average cost of about $4,500 each. The program has the potential of saving the costs of

incarceration that can run as high as $27,000 per inmate per year (National Research Council, 2001).

In addition, in the American penal system, alcohol counseling is made available to persons serving time in prison in the form of Therapeutic Communities. This Therapeutic Communities (TC) in American prisons has claimed consistent reductions in reconviction rates and relapse into drug use. The existing US research is methodologically flawed, however; and even if success rates were higher than claimed, TCs could be the least cost-effective option for treating drug and alcohol dependence. The forthcoming expansion of TCs within the English prison system was to provide an opportunity for rigorous evaluation research (Harrison, *et al*, 2003).

In terms of effectiveness of rehabilitation centers, studies show that patients with high psychiatric severity and/or a poor social support system are predicted to have a better outcome in inpatient treatment, while patients with low psychiatric severity and/or a good social support system may do well as outpatients without incurring the higher costs of inpatient treatment (Pettinati, Meyers, Jensen, Kaplan, & Evans, 1993 cited in Weber, 2017).

However, a vast majority of people in need of addiction treatment do not receive anything that approximates evidence-based care. Only a small fraction of individuals receive interventions or treatment consistent with scientific knowledge about what works (Brody, 2013). Typically those who spend time in an addiction rehabilitation facility report that it was one of the best decisions they've ever made, albeit a difficult one. The time spent there may not be a vacation but it is an opportunity for someone to get the professional help they need to finally break free from their habits (Eden Recovery Centre, 2014).

The World Health Organization report shows that the problem of alcohol abuse in Kenya is acute. However, the high cost of private in-patient rehabilitation, which range from about $535 to $2,140 (about Ksh. 57,000 to Ksh. 225,000) for a three-month program is prohibitive. In addition, the scarcity of public facilities and the social stigma attached to seeking help for an alcohol problem complicates the matter. It is estimated that the current efforts in terms of Government support and the available infrastructure, are not able to attend even to five percent of what is required to start addressing the problem. NACADA operates a free 24-hour hotline for Kenyans struggling with alcohol and drug abuse. The number for those calling within the country is 1192 daily (Craig, 2012). Therefore, this study looked at the role played by rehabilitation centers in curbing consumption of illicit brewsin Laikipia County.

In addition local communities and family members of the alcohol addicts may not always be supportive of the use of rehabilitation centers to address their addiction problems. A study established that most respondents were not for the idea of treatment through rehabilitation of their family members. They cited cases in which addicts who had been taken for rehabilitation relapsed after their families had spent a lot of money. Others felt that taking a family member to a rehab center isolated them from their family; hence the measure is a punitive one (Simiyu, Wakhungu, and Kassily, 2014).

Empirical studies also show that confinement in inpatient rehabilitation center based programmes can have a significant trigger of isolation and loneliness on the part of the patients. A study on factors contributing to a sense of loneliness in rehabilitation centers found significant differences between the loneliness scores of men and women, between individuals who had different familial histories of alcoholism, and between subjects who indicated various degrees of happiness during the previous year. A significant negative relationship was also found between loneliness and the following variables: self-esteem, self-rated marital satisfaction, self-rated job satisfaction, and number of years alcohol was consumed (Medora and Woodward, 1991cited in Straus, 2007).

In addition, a study of Malaysia's compulsory drug rehabilitation center programme noted that by concentrating exclusively on alcohol and drug addiction, the centers fail to address other problems that the patients may be facing, apart from alcohol and drug addiction. The study findings, which focused on HIV and related illnesses in drug rehab centers, indicated that a lack of access to antiretroviral therapy in two of the six compulsory drug detention and rehabilitation centers in Malaysia designated to hold HIV-infected drug addicts resulted in significant, unmet health needs among detainees with HIV. Individuals confined under such conditions are placed at considerably high risk for morbidity and mortality (Fu, Bazazi, Altice, Mohamed and Kamarulzaman, 2012).

2.9 Theoretical Framework

This study was grounded on two theories- the Attachment Theory developed by Bowlby (1999) and the Rational Choice Theory developed by George Homans (1961).

2.9.1 Attachment Theory

The attachment theory postulates that the fear of strangers represents an important survival mechanism built in by nature. Bowlby found that babies are born with the tendency to display certain innate behaviors (called social releasers) which help ensure proximity and

contact with the mother or mother figure (for example crying, smiling and crawling) – these are species-specific behaviors, known as attachments, while at the same time retreating, or withdrawing from 'strangers' (Bowlby, 1999).

According to Alcoholics Guide (2015), the quality of these early attachment experiences can be associated with subsequent adult attachment styles, and therefore behaviors which are associated with alcoholism. Adult attachment styles influence attitudes, emotions, affect regulation and behavioral strategies in relationships. Association's extremes are between insecure attachments that produce fear of intimacy and subsequent difficulties in emotion regulation on one hand and on the other hand a connection of a secure attachment with a higher capacity for intimacy, emotional awareness and empathy. Substance (such as alcohol) abuse has been proposed to be a consequence of emotion regulation difficulties. In context, individuals using alcohol/drugs avoid intimacy or rejection, to ease pain, anger and ambivalence and possibly establish a "secure base" (Alcoholics Guide UK, 2015).

In this study the theory helped positthelink between alcoholism and social and emotional management skills of abusers that counselors are conscious of during the counseling therapeutic process. In this regard and in the context of this theoryinstead of just focusing on the abuse, a counselorshould focus on underlying issues which are indicative of a person who is abusing illicit brews due to his/her personal growth experiences.

This is confirmed by drug abuse studies which show that clients (who were undergoing treatment for alcoholism, heroin addiction, amphetamine/cocaine addiction or cannabis abuse) reported higher levels of insecure attachment and fear of intimacy, and lower levels of secure attachment and differentiation of self, compared to controls. Insecure attachment, high fear of intimacy and low self-differentiation appear to characterize clients enrolled in addiction treatment programs. Such characteristics may reflect a predisposition to substance problems, an effect of chronic substance problems, or conceivably both (Thorberg and Lyvers, 2006).

However, the theory is presumptive that childhood experiences are a factor that contributes to abuse of alcohol. In the context of this study, this means that it could only fit with the psychoanalytic therapy only, since this counseling therapeutic process helps patients understand and resolve their problems by looking at experiences from early childhood to see if these events have affected the individual's life, or potentially contributed to current concerns, which is not the same for the other two approaches (cognitive and gestalt therapies)

that were also focused in this study. This necessitated an inclusion of rational choice theory discussed below.

2.9.2 Rational Choice Theory

The study was also grounded on the Rational Choice Theory pioneered by George Homans (1961). The rational choice theory explains that since people cannot achieve all the things they want, they have to work within their limits and the information they have. People have to make choices depending on what drives them, their objectives and the means to meet those objectives. This theory has been advanced by sociologists and political scientists basing on the idea that all action is basically sensible in character and 'that people calculate the likely costs and benefits of any action before deciding what to do. The rational choice theory explains that since people cannot achieve all the things they want and have to work within their limits and the information they have, they have to make choices depending on what drives them and their objectives and the means to meet those objectives. In addition, they must foresee the results of different courses of action and determine what works best for them.Rational people choose what brings utmost contentment to them (Scott, 2007).

The primary proponents of Rational Choice theory advocate for it because it explains the actors' procedures by starting from their mental states. Rational choice is the choice in which actors choose the best available alternative, based on their desires and beliefs. The theory is individualistic because it is applied to the behavior of individual actors. Finally, rational choice theory is reductionistic or deterministic because the explanations of the differentiated aspects of a complex process are reduced to a series of fundamental causes (actors) or to a single social subsystem (that is, the economic one) (Krstić and Krstić, 2013).

When addressed specifically to addictions in general, Rational Choice theory is further defined as the Theory of Rational Addiction (TRA). This form of addiction is manifested as an increase in consumption of a 'good' (as in 'goods', for example drugs, gambling or anything that costs resources) as a result of past consumption. Thus an increase in the present consumption leads to an increase in future consumption. The model is supposedly able to explain patterns of consumption that include bingeing and temporary and permanent abstention. According to this theory, addiction is a term that can be applied to a wide range of 'goods' such as gambling, watching TV, sex, and other people. In addictions to things that cost money, it predicts that addicts would respond more strongly to permanent than temporary price changes and that increased tension precipitates addiction (DiNitto and McNeece, 2007).

There are five principal themes through which the rational choice theory can be used to examine alcohol and similar addictions. These are: structure of the motivational system, moment-to-moment control of behavior, plasticity of the motivational system, identity and the unstable mind. In the first theme, the theory posits that structure of motivation systems has responses, impulses/inhibitory forces, motives (desires), evaluations (beliefs) and overarching plans that are all continuously subject to direct influence from our internal environment (emotional states, drives, arousal levels and thoughts) and external environment (stimuli and information).The impulses/inhibitory forces are the final common pathway through which all higher level motivation operates. On the second theme, the theory posits that beliefs and wants have a fleeting existence and, like memories, only occur when they are generated by whatever conditions they operate in at the time. On the third theme, plasticity of motivational systems, attention is drawn to the various ways in which past experiences influence our motivational system. The theory seeks to show how habit mechanisms interact with conscious analytical processes to influence our responses On the fourth theme, the theory posits that it is essential for us to have a sense of ourselves and what we want to be in order for self- control to operate On the fifth and final theme, theory posits that a balancing input in the human mind is responsible for many phenomena observed from effects of sensory deprivation to 'groupthink', and in many cases, addiction (West and Hardy, 2005).

In this study, the Rational Choice theory takes a look at the illicit brew consumers' behavior and deals with theirresulting unhappiness as the cause of their use and reliance on alcohol to deal with stress and unwanted emotions. Furthermore, in the context of this study, the rational choice theory was regarded as an attempt to understand the choices that counselors make on strategies. It implied that it is at the discretion of the counselor to make a rational choice based on costs and benefits, both to the counselor and the consumers of illicit brews. This theory explains the reason why counselors would opt to use either psychoanalytic, cognitive or Gestalt therapies. In summary, the two theories should be the guiding approaches when making choices of the appropriate counseling strategies.

2.10 Knowledge Gap

Literature review showed that some of the strategies used in curbing consumption of illicit brews included cognitive therapies such as Rational-Emotive, Cognitive-Behavioral, Reality, and Transactional Analysis. Cognitive therapies are generally short-term and focused on helping clients deal with a very specific problem. The other approach is Behavioral therapy which is based on the premise that primary learning comes from experience.

Psychoanalytic therapy is another approach founded on the school of thought known as psychoanalysis that looks at how the unconscious mind influences thoughts and behaviors. Another approach is Gestalt Therapy which is guided by the relational theory principle that every individual is a whole (mind, body and soul), and that they are best understood in relation to their current situation as he or she experiences it. The literature review showed that contextual understanding is important in counseling. Counseling professionals can use several strategies in a counseling situation that can either be individual based, group based or family based.

Despite clear demonstration that counseling and psychotherapy is effective, pinpointing specific reasons for effectiveness or identifying particularly effective approaches remains tricky. Individual therapists who manifest the 'core conditions' of person-centered theory are more effective. The therapist must provide the client with unconditional positive regard (UPR) and should show empathetic understanding to the client. In addition literature review showed that the effects of counseling styles is dependent on the individual counselor who is the primary tool in the counseling process, and must therefore be in good psychological health in order to be effective in this dialog with a client.

Literature review also showed that psychotherapy outcome variance is attributable to the following factors in discernible proportions: 40% client and extra-therapeutic factors (such as ego strength and social support); 30% therapeutic relationship (such as empathy, warmth, and encouragement of risk-taking); 15% expectancy and placebo effects and 15% techniques unique to specific therapies. In addition, the literature review showed that rehabilitation centers are vital places for chronic addicts since more often a stay at an addiction rehabilitation facility offers the best chance of recovery. It is an overwhelming decision to make due to factors such as the aspect of leaving their own home and worry about what happens at an addiction rehabilitation facility. In addition the literature review shows that perception of the addicts is an important consideration in the rehabilitation process. This means perception is an important determinant of whether the counseling activity will succeed or not. Many of the support mechanisms that an addict builds while under rehabilitation require that he/she be able to "reach out" and ask for help. This capacity to reach out is heavily influenced by their perception of the surrounding.

The study sought to establish the counseling strategies that are used by counselors in Laikipia County in their attempt to curb consumption of illicit brews. Similarly, the study was to establish whether the strategies are individual based, group based or family based. In

addition the study would establish the contribution of rehabilitation centers on the strategies used to curb consumption of illicit brews as well as the perception of illicit alcohol consumers on the curbing of consumption of illicit brews.

2.11 Conceptual Framework

The conceptual framework illustrates the relationship between the independent variables, (effectiveness of psychoanalytic therapy, effectiveness of cognitive therapy, effectiveness of Gestalt therapy, prevalence of different counseling strategies and the effectiveness of rehabilitation Centers in curbing consumption of illicit brews in Laikipia County. In the context of the study, changes in the independent variables will result in the resultant change in the dependent variable which is to curb consumption of illicit brews. The research variables are explained using the conceptual framework in Figure 2:1.

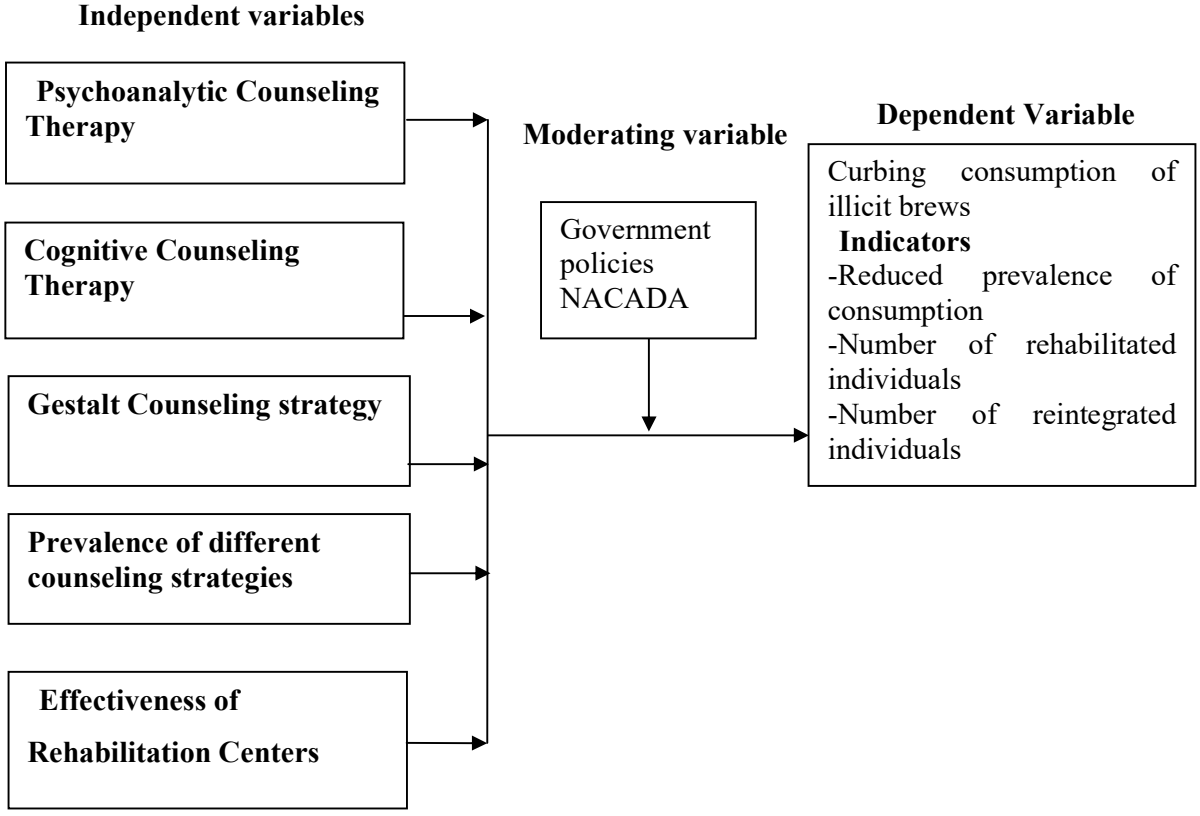

Figure 1: Conceptual Framework
Source: Researcher (2017)

CHAPTER THREE:

RESEARCH METHODOLOGY

3.1 Introduction

This chapter addressed the research design, location of the study, target population, sampling procedure, research instruments, as well as data collection procedure and data analysis.

3.2 Research Design

The study used the descriptive survey research design. A descriptive survey design involves description of the phenomenon under study. According to Cresswell, (2013) descriptive survey research studies enable the researcher to obtain information about the current state of a phenomenon and whenever possible make general conclusions from the facts discovered. Descriptive research is used to obtain information concerning the current status of the phenomenon to describe "what exists" with respect to variables or conditions in a situation. A survey basically describes the status quo (Nardi, 2014). This research design was appropriate because it enabled the study to expose facts as they are on the ground in order to explain the situation without any manipulation from the researcher. The researcher set out to explain the phenomenon under study both quantitatively and qualitatively. Quantitative research generates numerical data or information that can be converted into numbers, meaning measurable data was gathered and analyzed in this research. After statistical analysis of the results, a comprehensive answer was reached, and the results discussed. Quantitative studies enable filtering out external factors, and therefore results gained are unbiased (Shuttleworth, 2008).

3.3 The Location of the Study

The study covered the major urban centers of Laikipia County. The County is one of the 14 counties within the Rift Valley region and one of the 47 counties in the Republic of Kenya. It comprises of three administrative sub-counties (the Constituencies) namely: Laikipia East, Laikipia North and Laikipia West. The Laikipia East Sub- County lies to the east, Laikipia north to the North and Laikipia West to the west of the County. The sub-County headquarters are at Nanyuki, Dol Dol and Rumuruti respectively. Laikipia County comprises of four former Local Authorities namely: County council of Laikipia; Municipal council of Nanyuki; Municipal council of Nyahururu; and Town council of Rumuruti.

Laikipia County has not established structures that will define what a village is. However, the County is further sub-divided into 15 divisions, 51 locations and 96 sub-locations. Laikipia County borders Samburu County to the North, Isiolo County to the North

East, Meru County to the East, Nyeri County to the South East, Nyandarua and Nakuru Counties to the South West and Baringo County to the West (Laikipia County Government, 2014). The researcher chose Laikipia since it is highly rural and also cosmopolitan in terms of ethnic group mix. The County has the Samburu, Kikuyu and Kalenjin as major communities. The researcher sought to establish the prevalence of illicit brews in these communities and the role of counseling in curbing consumption of these brews. The County is also accessible to the researcher because the researcher resides there.

3.4 Population of the Study

The study involved counselors that operate in the County either as private practitioners, school counselors, religious leaders, as well as consumers of illicit brews. The estimated number of counselors is 548 broken down as indicated in the Table 1 below; while the estimated number of consumers is an infinite population of more than 10,000.

Table 1: Target Population

Category	Number
Private Practitioners	12
Primary School Counselors	340
Secondary School Counselors	91
Mainstream Churches	27
Pentecostal Churches	33
Community Based Christian Organizations	11
Catholic Churches	34
Consumers of illicit brews	>10000
Total	>10548

Source: County Commissioner office, Laikipia (2015), NACADA County office, Laikipia (2015).

3.5 Sampling Procedure and Sample Size

The study used both stratified, purposive sampling and snowballing sampling. Stratified sampling is appropriate where the target population comprises of different sub-population. In the study, the population strata included the private practitioners, primary school counselors, secondary school counselors, mainstream churches, Pentecostal churches; community based Christian organizations, Catholic churches and the consumers of illicit brews. Under stratified sampling each sub-population was sampled separately using an accurate statistical technique. Purposive sampling was used to identify members who participated in the focus group

discussion. Purposive sampling method was based upon the criteria of deep insight and knowledge of the research topic and the capacity to give accurate information during the discussions.

Snowball sampling is a type of non-probability sampling technique. Non-probability sampling focuses on sampling techniques that are based on the judgment of the researcher. In this case, snowballing was used to identify consumers of illicit brews using various points of contacts, mainly the counselors in the study and the institutions that were targeted in the study. These included the churches and the schools. Existing rehabilitation homes and Alcoholic Anonymous branch was also used in identifying the recovering addicts. The sample size was determined by Table for Determining Sample Size from a Given Population by Krejcie and Morgan as quoted from Chuan (2006). The table is included as Appendix 1.

The researcher used a sample of 721 respondents made up of 351 counselors and 370 consumers of illicit brews all selected through stratified sampling technique as shown in the Table 2.

Table 2: Sample Size

Category	N (Population)	n (Sample)
Private Practitioners	12	12
Primary Schools' Counselors	340	181
Secondary Schools' Counselors	91	75
Christian Religious bodies	105	83
Consumers of illicit brews (including those Recovering)	>10000	370
Total	548	721

Source: Department of Cultural and Social Services (2015), Laikipia County Commissioner Records (2015)

3.6 Instruments

The study used a questionnaire, interview schedule and focus group discussion to obtain primary data.

3.6.1 Questionnaires

There were two questionnaires, one for the counselors and the other for consumers of illicit brews. Each was made up of questions that were both open and close ended. Questionnaires reduce biases which might result from the personal characteristics of

interviews (Kothari, 2004). The great strength of this tool as a primary data collecting approach is its versatility. They are also practical and large amounts of information can be collected from a large number of people in a short period of time and in a relatively cost effective way. The other advantage of questionnaire is that they can be administered by the researcher or by any number of people with limited effect to its validity and reliability while the results of a questionnaire can be quickly and easily quantified by either a researcher or through the use of a software package. The data obtained was quantified to enable statistical analysis. The closed ended questions allowed the respondents to choose from a list of pre-selected options using the Likert scale. On the other hand the open ended questions collected qualitative data that was be used to supplement interpretation of quantitative data. The respondents had adequate time to answer the questions, and also since it was not be necessary for the respondents to indicate their names, they most likely gave honest answers.

3.6.2. A Focus Group Discussion (FGD)

More qualitative data was obtained from the two focused group discussions: one predominately for counselors and a few alcoholic users and the other for administrators, recovering users and active abusers. The strength of FGD relies on allowing the participants to agree or disagree with each other so that it provides an insight into how a group thinks about an issue, about the range of opinion and ideas, and the inconsistencies and variation that exists in a particular community in terms of beliefs, experiences and practices. The group of participants was guided by the researcher who was a moderator and introduced the topics for discussion. The group members participated in a lively and natural discussion amongst themselves.

3.7 Validity and Reliability of the Instruments

3.7.1 Validity

Validity is concerned with establishing whether the content of the instrument is measuring what it is supposed to measure. Content validity is a non statistical method which is used to validate the content employed in the questionnaire (Weihrich, 2000). The content validity of the instrument was obtained through the expert judgment of the supervisors. The supervisors read through the questionnaire items in the draft and then suggested necessary changes before the questionnaire was used for data collection. The issues included capacity to incorporate relationship measures that would allow inferential statistics to be done in the study. This meant capturing data from both the independent and the dependent variables. Furthermore, to

increase validity of the instruments the researcher attended to issues of duration of data collection, participants' language and selection of interviewers.

3.7.2 Reliability

Reliability is the extent to which research instrument yields consistent results when administered at different periods of time. It is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. The reliability was ensured by testing the instruments during pilot study.

3.7.2.1 Pilot Study

Reliability enhances dependability, accuracy and adequacy of the instruments through piloting. Reliability measures the degree to which a research instrument yields consistent results or data after repeated trials. An instrument is reliable when it can measure a variable accurately and consistently and obtaining the same results under the same conditions over a period of time. A pilot study was carried out among 10 counselors and 37 consumers of illicit brews in the neighboring Nyandarua County before the actual survey.

There are two types of tests through which the reliability of research instrument can be established; test-retest approach where same result can be obtained over time and the internal consistency approach that test whether various items on a test are measures of the same thing. In this study internal consistency was tested through Split half reliability test method. In this test items were divided into two separate tests. Scores on the two halves were correlated to see how closely various individuals' scores agreed on both halves (good test - high split-half correlation) through Pearson's correlation coefficient method.

3.7.2.2 Split Half Reliability Test

The instrument was pre-tested amongst two groups (which are not part of the study) to help in knowing whether it measures what it was intended to measure. A split half reliability test was done (Gay and Airasian, 2004), as shown below.

i) Administering the test to a group
ii) Dividing the test into two comparable halves having odd and even items on either side
iii) Correlating the two sets of scores
iv) Appling Spearman Brown's correlation formula
v) Evaluating the results for split half reliability e.g. $\text{coefficient} = \frac{2 \times \text{reliability for} \frac{1}{2} \text{test}}{1 + \text{ reliability for} \frac{1}{2} \text{test}}$

A reliability coefficient of above 0.67 was to be acceptable (Oluwatayo, 2012). The results were used by the researcher to make necessary corrections and enhance the reliability

of the instruments. During the pilot study, a reliability coefficient of .0712 was attained, which was well above the required threshold.

3.8 Data Collection Procedure

The researcher secured a letter of introduction from Kabarak University which stated the purpose of the study and then obtained a research permit from the National Commission of Science, Innovation and Technology (NACOSTI). The researcher then made a reconnaissance visit to the targeted individuals and institutions for introduction, obtained their consent and set dates for data collection. The researcher administered the questionnaires to the respondents in selected learning institutions, rehabilitation centers, private firms, and churches in Laikipia County. The researcher expected that all questionnaires would be filled and collected after one week. Questionnaires provided the researcher with a relatively easy accumulation of data. According to Kothari (2004), questionnaires give a relatively objective data which is relatively easy to analyze. Therefore, the questionnaires were delivered to the respondents by hand to ensure that they were well distributed according to the population size. The respondents were requested to complete the questionnaires for a reliable and accurate data. Information collected from the respondents would be kept confidential and only used for the purpose of the study.

3.9 Data analysis

Data analysis was based on the research questions. Before data analysis was done, the questionnaires/responses were fully edited, coded, tabulated and processed by means of a computer for completeness and consistency.Descriptive statistics were used to analyze the data. These were: percentages, frequency distribution tables and other descriptive statistics with the help of the Statistical Package for Social Sciences (SPSS) version 22.

3.10 Ethical Considerations

The study upheld high ethical considerations. For example, the researcher obtained a research permit to carry the research from the relevant authorities. Consent was also sought from the respondents before the questionnaires were issued. In this research all the respondents' information and identity was kept confidential and information gathered was only used for the purposes of the study. A copy of findings would be made available to any willing institution on request. The researcher also acknowledged all literature cited in the study to avoid cases of plagiarism. All respondents were informed of their rights and the confidentiality of the information related to their participation.

CHAPTER FOUR:

DATA INTERPRETATION, ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter interprets and analyzes data gathered by the study, in line with the objectives of the study. The chapter presents the data in form of tables, charts and discussion.

4.2 Response rate

The study was able to retrieve data from 336 of the 351 targeted counselors and 352 of the targeted 370 illicit brew consumers, as shown in the Table 3. The overall response rate was 95.42%.

Table 3: Response Rate

Sub Population	Received Responses	Sample Size	Response Rate
Counselors	336	351	95.73%
Illicit brew consumers	352	370	95.14%
Total	688	721	**95.42%**

4.3 General Information

The study sought general information on the respondents in the study and presented the findings in the section below.

4.3.1 Age of the Respondents

The study sought data on the age of the respondents and made the findings shown in the Table 4.

Table 4: Age of the Respondents

Respondents	Parameters	Frequency	Percentage
Counselors	25-35 years old	183	54.5%
	46-55 years old	121	36.0%
	56 years and above	32	9.5%
Illicit Brew Consumers	Below 25 years old	185	52.7%
	25-35 years old	147	41.6%
	36-45 years old	17	4.8%
	46-55 years old	3	.9%

The findings in Table 4 indicate that among the counselors, slightly more than half (54.5%) were aged between 25 and 35 years old, while an additional 36% were aged

between 46 and 55 years old. Among the illicit brew consumers, more than half of the respondents (52.7%) were aged below 25 years old; while an additional 41.6%. were between 25 and 35 years. This shows that while the counselors reached in the study were reasonably middle aged, the consumers of illicit brews were considerably young. This suggests that most of the individuals who consume illicit brews are youthful. The youth is the most productive phase of an individual. Theyouth who consumed illicit brews were significantly younger than those in a similar study carried out in India, which found that Mean age of participants was 37.5 ± 11.4 years (Chakrabarti, Rai, Sharmac and Raid, 2015). A study by DeWitt, Adlaf, Offord and Ogborne (2000) titled *The Age of First Alcohol Use* revealed a rapid progression to alcohol-related harm among those who reported having their first drink at ages 11–14.

A study that aimed at describing the natural course of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM- 5) (Hasin, 2016)showed that alcohol disorders are a function of age at first alcohol use. The study further showed that after 10 years, 13.5% of the subjects who began to drink at ages 11 and 12 met the criteria for a diagnosis of alcohol abuse, and 15.9% had a diagnosis of dependency. Rates for subjects who began to drink at ages 13 and 14 were 13.7% and 9.0%, respectively. In contrast, rates for those who started drinking at ages 19 and older were 2.0% and 1.0%. Unexpectedly, a delay in progression to harm was observed for the youngest drinkers (ages 10 and under). This study concluded that first use of alcohol at ages 11–14 greatly heightens the risk of progression to the development of alcohol disorders and therefore is a reasonable target for intervention strategies that seek to delay first use as a means of averting problems later in life (DeWitt, Adlaf, Offord and Ogborne, 2000). This study implies age is an important factor that contributes to alcohol abuse. It implies that there is a likelihood of those below 25 years becoming dependants on alcohol. By implication, counseling strategies should therefore come early in the development of individuals.

According to a report by Were (2011) illicit brew consumption affects the user and non user and contributes to the social and economic problems in the household and is indicated by low level of education, lack of employment and low income. This suggests that a substantial number of the youth in the area of study have low education, lack employment and got low income. It also suggests social and economic problems in the households where the youth come from.

4.3.2 Gender of the Respondents

The study sought information on the gender of the respondents and presented the findings in Table 5.

Table 5 Gender of the Respondents

Counselor Responses	Frequency	Percentage
Male	170	50.6**%**
Female	166	49.4**%**
Total	336	100.0

The findings in Table 5 show that majority (50.6%) of counselors were males, while 49.6% were females. This shows an even balance between genders among the respondents in Laikipia County. A study by Wilsnack, Vogeltanz, Wilsnack and Harris, (2002) titled Gender *Differences in Alcohol Consumption and Adverse Drinking Consequences: Cross-cultural Patterns*, showed that women and men differed little in the probability of currently drinking versus abstaining, but men consistently exceeded women in typical drinking frequencies and quantities and in rates of heavy drinking episodes as well as adverse drinking consequences, while women were consistently more likely than men to be life-time abstainers. In older age groups, both men and women drank smaller quantities of alcohol and were more likely to stop drinking altogether, but drinking frequencies did not change consistently with age. In conclusion, a theoretical synthesis proposed that gender roles may amplify biological differences in reactions to alcohol, and that gender differences in drinking behavior may be modified by macrosocial factors that modify gender role contrasts. Evidence of this is shown in the study of Gender Role Confusion and its roles in affecting likelihood of men to consume alcohol in an undelthy manner. The study found that Gender Role Confusion was significantly related to: a decrease in psychological well-being, including scores for trait anger and the angry temperament subtype of trait anger. In addition, the study found that the Restricted Emotionality variable of Gender Role Confusion was significantly related to a decrease in psychological well-being, including scores for trait anger and trait anxiety, as well as negative attitudes toward help-seeking; and an increased similarity in personality style to alcohol abusers (Pederson and Vogel, 2007). With regrads to alcoholism in women, a study from Lesotho found that married women encounter social censure if they drink, and termination of their marriages if they abuse alcohol. In Lesotho's cultural setting women are regarded as minors and depend on their husbands for economic survival; therefore alcohol

abuse can cause great hardship to them. Due to a lack of trained and specialized medical staff, women's particular and multi-faceted treatment needs are largely unmet and no research is done on problems of female alcoholism in the country(Mphi, 1994 cited in (Morojele, et al., 2006).

4.3.3 Marital Status

The study sought to find out the marital status of the respondents. The findings are presented in Table 6.

Table 6: Marital Status

Category	Parameter	Frequency	Percentage
Counselors	Single	66	19.6%
	Married	255	75.9%
	Divorced	15	4.5%
Illicit Brew Consumers	Single	239	67.7%
	Married	62	17.6%
	Divorced	18	5.1%
	Widowed	6	1.7%
	Separated	28	7.9%

The findings in the Table 6 show that a significant majority of the counselors (75.9%) were married. The findings also show that more than two thirds of the illicit brew consumers, (67.7%) were single. This shows that a majority of the counselors in Laikipia County are married, while most of the illicit brew consumers are single. This suggests that single individuals are more likely to consume illicit brews than those married. This implies that there is a direct relationship between marital status and consumption of illicit brews. This corroborates a study by Power, Rodgers and Hope (2002) on Heavy alcohol consumption and marital status: disentangling the relationship in a national study of young adults; that showed that the divorced had the highest consumption levels at both ages, while the married had the lowest. Selection effects were minimal in both sexes. Overall, heavy drinking declined between ages 23 and 33 (21.4-13.0% in men, 6.4-3.4% in women), but increased among individuals who divorced, compared to the continuously married (adjusted OR = 2.05, 95% CI = 1.49,2.83 for men; OR = 2.61, 95% CI = 1.67,4.09 for women), most strikingly for recent divorces (adjusted OR = 4.97, 95% CI = 2.86,8.57 and OR = 5.25, 95% CI = 2.60,10.65). High rates of heavy drinking persisted for never married men (19.1%) and

women (5.2%). The study concluded that heavy drinking level of divorced young adults was not due to selection. Marital separation was accompanied by increases in heavy drinking, with pronounced short-term effects. Adverse alcohol-related health consequences may occur in the immediate period around divorce. Individuals who never marry appear to have a chronic heavy consumption pattern that may contribute to their increased mortality. Furthermore, a study by the American Sociological Association (2012) titled the relationship between marriage and alcohol examined revealed that married men reported consuming the lowest number of drinks, compared with single, divorced, and widowed men. That's in part because of their wives' lower levels of drinking. Men were also more likely than women to turn to drinking after a divorce. On the other hand, the study revealedthat married women consumed more drinks than long-term divorced or recently widowed women, in part because they lived with men who had higher levels of alcohol use. These studies imply that there is a relationship between marriage status and consumption of illicit brews.

4.3.4 Education Levels

The study sought to find out the education levels of the respondents in the study area. The findings are presented in Table 7.

Table 7: Education Levels of Respondents

Respondents	Parameter	Frequency	Percentage
Counselor Responses	Primary level	1	.3%
	Secondary level	19	5.7%
	Graduate	175	52.0%
	Post graduate	141	42.0%
Illicit Brew Consumers	Primary level	112	31.7%
	Secondary Level	205	58.1%
	Graduate level	36	10.2%

The findings in Table 7 show that slightly more than half of the counselors in the study (52.0%) were educated up to the graduate level, while another 42% had been educated up to post graduate level. The findings further show that among illicit brew consumers, more than half (58.1%) had received a secondary school education, while another 31.7% had only received primary school education. This shows that the counselors in the study are fairly well educated while most of the illicit brew consumers had a basic education. This suggests there is a relationship between levels of education and consumption of illicit brews whereby those

with low levels of education tend to consume illicit brews when compared to those well educated. A study that explored the relationship between education and alcohol consumption and the probability of alcohol abusing differing across educational groups showed that higher educational attainment is associated with increased odds of daily alcohol consumption and problem drinking. The relationship was stronger for females than males. Individuals who achieved high test scores in childhood are at a significantly higher risk of abusing alcohol across all dimensions. These results suggested that educational qualifications are associated with the probability of belonging to different typologies of alcohol consumers among women while this association is not present in the case of educational qualifications among men (Huerta and Bargonovi, 2010).

4.3.5 Occupation of the Respondents

The study sought to find out the occupation, or place of work of the respondents in the study. The findings are in Table 8.

Table 8: Occupation of the Respondents

Respondents	Parameter	Frequency	Percentage
Counselor	School Counselor	246	73.1%
	Church Minister	61	18.2%
	Private Practitioner	10	3.0%
	Government Officer (NACADA)	19	5.7%
Illicit Brew	Casual Labourer	69	19.5%
	House Girl	13	3.7%
	Jua kali	19	5.4%
	Student	68	19.3%
	Teacher	13	3.7%
	Unemployed	120	34.0%
	Watchman	51	14.4%

Findings in Table 8 shows that majority (73.1%) of the counselors in the study were school counselors while 18.2% were church ministers. The table also shows that among the illicit brew consumers, unemployed people represented the largest group of people at 34% while casual laborers were 19.5% and students were 19.3% of the respondents. This suggests there is a direct relationship between employment and consumption of illicit brews. These

findings corroborate findings by (Popovici and French, 2013) that estimated gender-specific effects of changes in employment status on overall alcohol consumption, binge drinking episodes, and a diagnosis of alcohol abuse and/or dependence. The study employed various fixed-effects models to address potential bias from unobserved and time-invariant individual heterogeneity. All results showed a positive and significant effect of unemployment on drinking behaviors and the findings are robust to numerous sensitivity tests. Qualitative data from the focused group discussion one (FG1) showed that unemployment is not always a contributing factor to consumption of illicit brews. This is arguably based on the fact that there are some instances those consuming illicit brews earn well enough to cover their drinking habits.

Another study that looked into the relationship between employment and alcohol abuse showed that during economic downturns, increased stress and heavy drinking are important pathways through which recession-related job loss can lead to greater Alcohol Use Disorder (AUD) among African Americans relative to Whites. The study by (Jones-Webb, Karriker-Jaffe, Zemore and Mulia, 2016) revealed that Recession-related job loss was significantly associated with AUD through its effects on increased drunkenness, and the associations were positive for Whites, stronger for African Americans than Whites, and nonexistent for Hispanics. Job loss was associated with distress in the overall sample, and distress was positively associated with drunkenness among African Americans only, suggesting that distress is another pathway by which job loss affects AUD among African Americans. Higher levels of family social support mitigated the effects of job loss on psychological distress, and this relationship did not differ by race/ethnicity. This suggests that alcohol abuse could be more among those who have lost employment.

4.3.6 Method Used to Introduce Consumer to Counseling

The study sought to find out the method through which the illicit brew consumers were brought into contact with counseling services. The findings are in the Table 9.

Table 9: The Way Consumers Were Introduced to Guidance Counseling

Parameters	Frequency	Percentage
Brought by Family	109	30.9%
Brought by Friends	215	60.9%
Brought Self	29	8.2%
None	0	0%
Total	353	100.0

The findings in Table 9 show that 60.9% of the respondents were brought by friends to substance addiction counseling. 30.9% were brought to substance abuse counseling by their families. Only 8.2% of the respondents began alcohol addiction counseling completely on their own volition. This shows that there is an important role for friends and family in getting illicit brew consumers to engage in guidance and counseling. It is also evidence of the importance of preparation, on the part of the illicit brew consumer before making a commitment to seeking counseling. Preparation is defined as the stage in alcohol abuse counseling strategy where by the counselor (or in the case of this study family and friends with connections to counselors) help the client gather information, review options and consider the positive and negative consequences of each option. This is an important stage because this is the beginning of a plan. The plan must be based on enough information and on the client's needs (Korhonen, 2004).

4.4 Effectiveness of Psychoanalytic Therapy in Curbing Consumption of Illicit Brews in Laikipia County

The **first objective** of the study aimed at assessing the effectiveness of psychoanalytic therapy in curbing consumption of illicit brews. The study did descriptive analysis and presented the findings in the section below.

4.4.1 The Counselor Allows the Client to talk his Mind out without Interruption

The study sought data on whether the counselor allows the client to talk his mind out without censor. The results are presented in Figure 2.

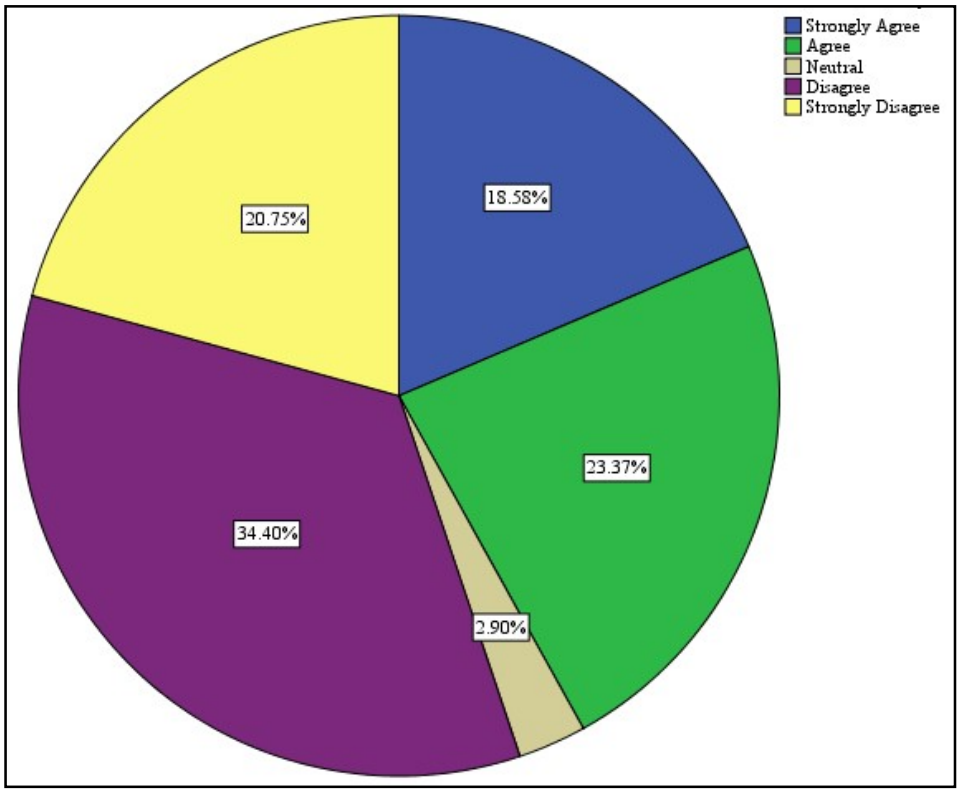

Figure 2: Client Talks without Interruption

Figure 2 above shows that majority (55.15%) of the respondents either disagreed (34.4%) or strongly disagreed (20.75%) that the counselor allows the client to talk his mind out without interruption. This indicates that majority of the respondents do not support that the counselor allows the client to talk his mind out without interruption.

4.4.2 The Counselor intensely listens to the Client with an Aim of Understanding what is in the Unconscious Mind

The study sought to find out whether the counselor intensely listens to the client with an aim of understanding what is in the unconscious mind. The findings are presented in the Figure 3.

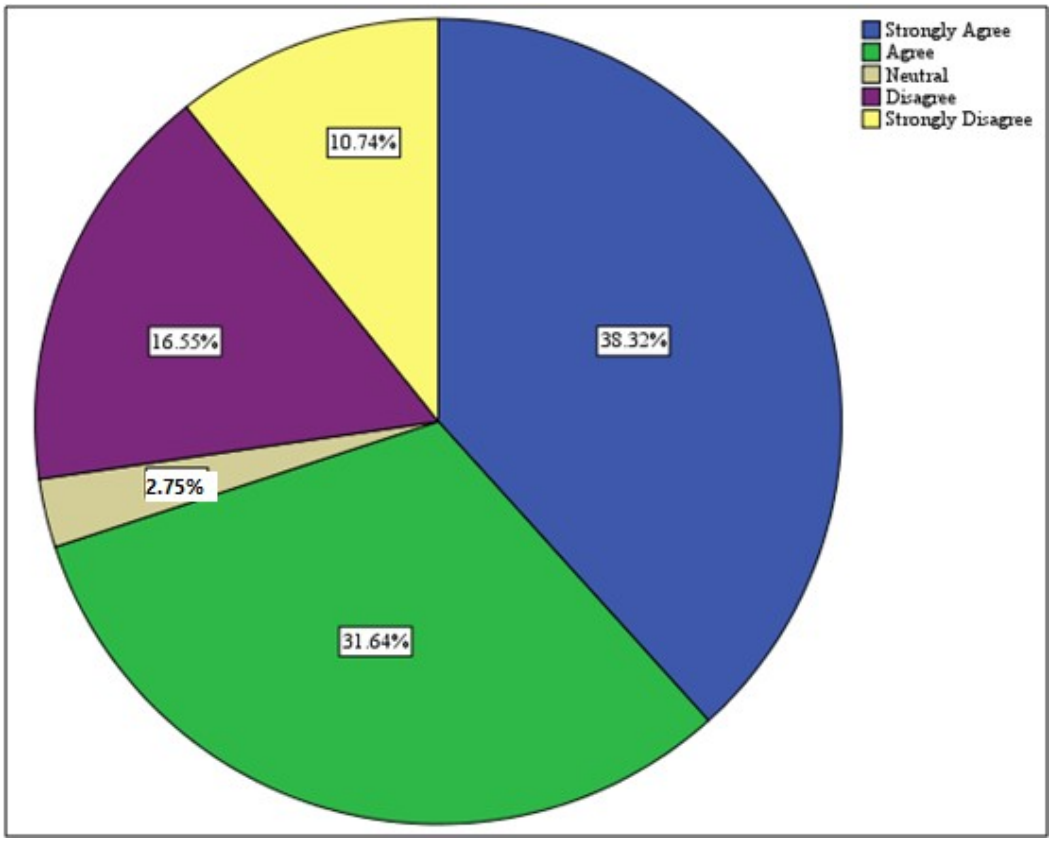

Figure 3: Counselor Listens to Client

The findings in Figure 3 above shows that majority (38.32%) of the respondents strongly agreed while 31.64% agreed that the counselor intensely listens to the client with an aim of understanding what is in the unconscious mind. This implies that majority (69.96%) of counselors intensely listens to the client with an aim of understanding what is in their unconscious mind.

4.4.3 The Counselor Encourages the Client to Speak about Childhood Experiences

The study sought data on whether the counselor encourages the client to speak about childhood experiences. The results are presented in Figure 4.

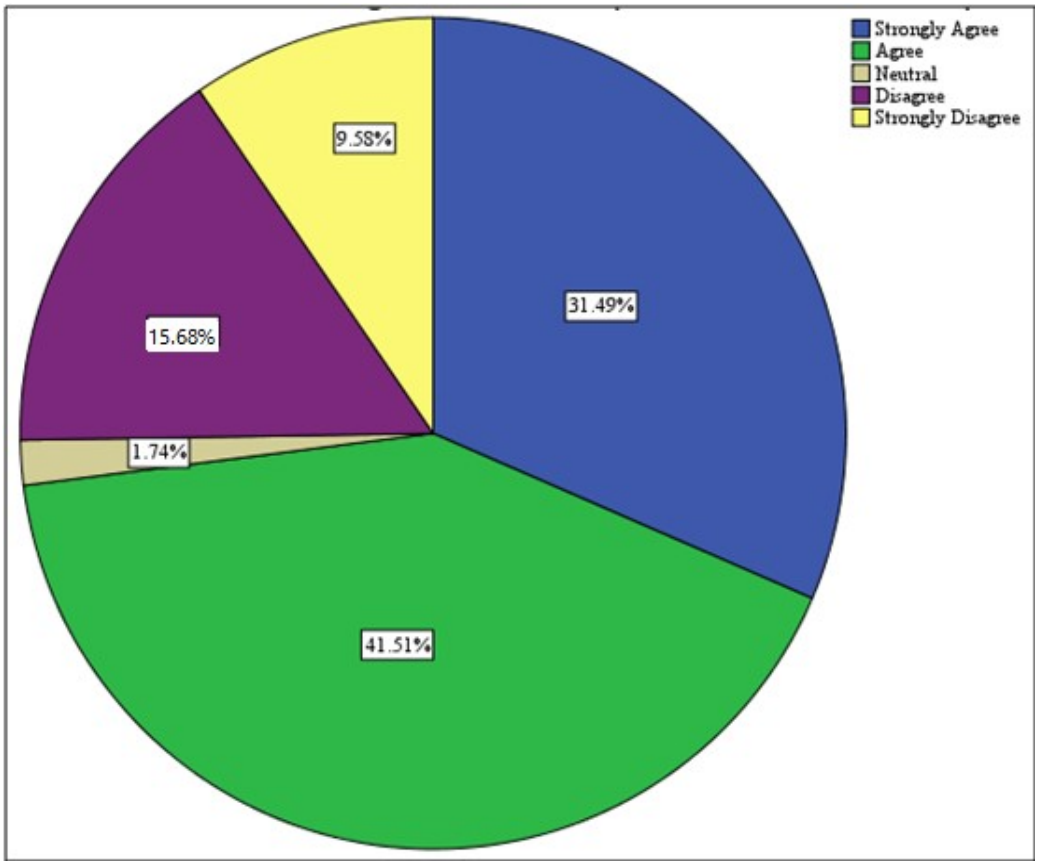

Figure 4: Client Speaks about Childhood

Figure 4 shows that while majority (41.51%) of the respondents agreed that the counselor encourages the client to speak about childhood experiences, 31.49% strongly agreed. This shows that cumulatively 73% agreed. This means that majority of counselors encourage the client to speak about childhood experiences.

4.4.4The Counselor Links Childhood Experiences to the Drinking Habits of the Client

The study sought data on whether the counselor links childhood experiences to the drinking habits of the client. The results are presented in the Figure 5.

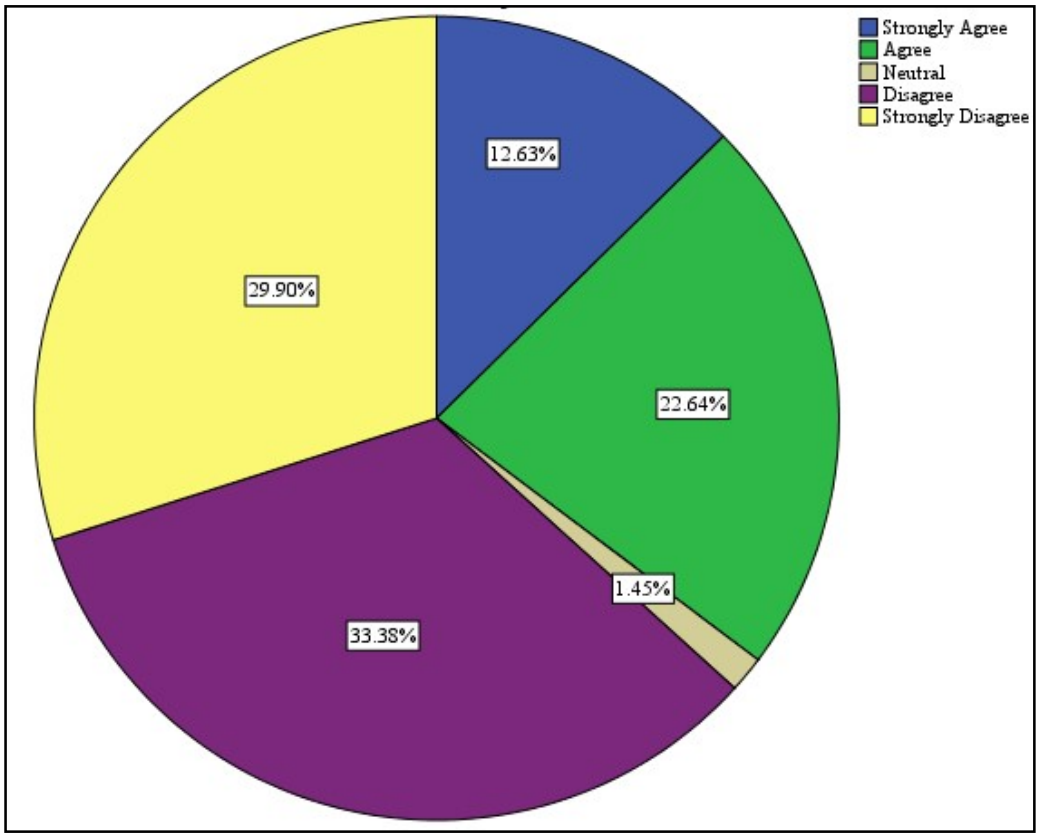

Figure 5: Childhood Experiences Linked to the Drinking Habits

The findings in Figure 5 shows that majority (33.38%) of the respondents disagreed while 29.90% strongly disagree that the counselor links childhood experiences to the drinking habits of the client. Cumulatively this shows that 63.28% disagreed. This shows that majority of counselor's do not link childhood experiences to the drinking habits of the client.

4.4.5 The Counselor Encourages the Client to Talk about his/her Dreams

The study sought to find out whether the counselor encourages the client to talk about what they dream about when they are asleep with an aim of relating the dreams to drinking of illicit brews. The findings are presented in the Figure 6.

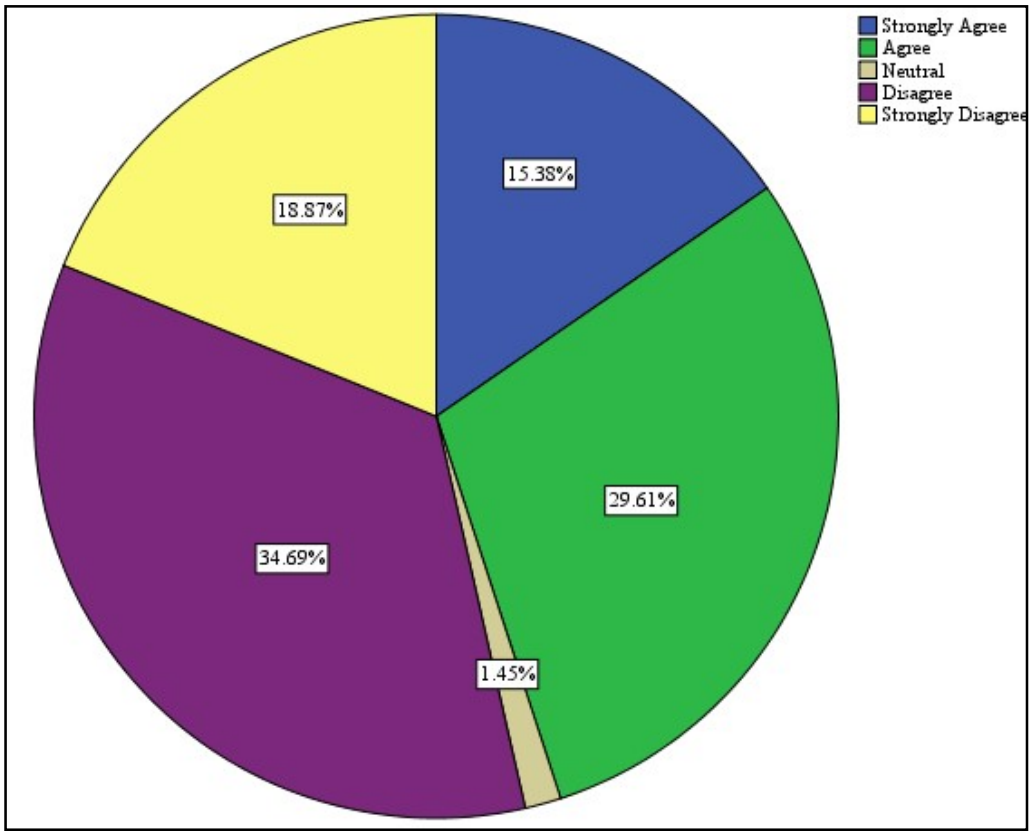

Figure 6 : Client Talks about Dreams

The findings in Figure 6 show that majority (34.69%) of the respondents disagreed while 18.87% strongly disagreed that the counselor encourages the client to talk about what they dream when asleep with an aim of relating the dreams to their drinking of illicit brews. Cumulatively, this means that 53.56% disagreed. This indicates that majority of counselors do not encourage the client to talk about what they dream about when they are asleep with an aim of relating the dreams to drinking of illicit brews.

4.4.6 The Counselor Identifies the Client's Feelings Directed to Other Significant Persons in his/her Life

The study also sought data on whether the counselor encourages the client to express positive or negative feelings that were previously directed to a parent or any other person in the life of the client. The findings are presented in the Figure 7.

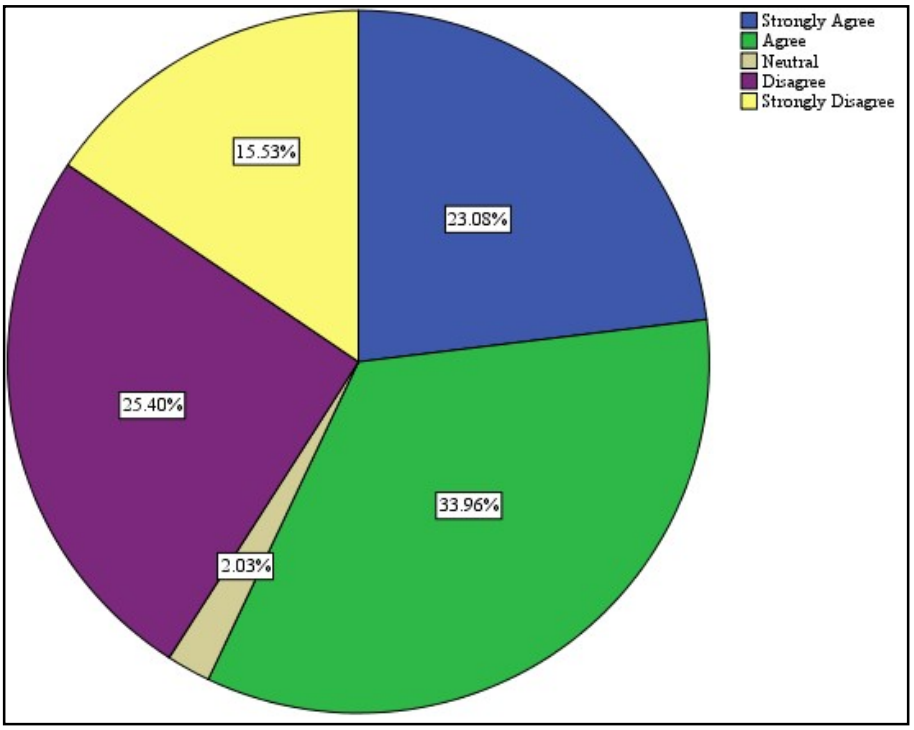

Figure 7Client's Feelings Directed to Other Persons

The findings in Figure 7 show that majority (33.96%) of the respondents agreed while 23.08% strongly agreed that the counselor encourages the client to express positive or negative feelings that were previously directed to a parent or any other person in the client's life. Cumulatively this means that 57.04% agreed. This implies that counselors encourage clients to express positive or negative feelings that were previously directed to others such as a parent or any other person in the life of the client. According to Kahn, (1997) during psychoanalytic therapy, clients bring the everyday responses and distortions of life into the relationship with the counselor, who, as a professional, can recognize these problems that are interfering with clients' daily functioning. These transference reactions have specific implications for survivors of childhood abuse who may perceive the counselor as threatening or abandoning in the same way as the perpetrator of the abuse. Conversely, clients may idealize the counselor, seeing him as the warm and loving parent they always wanted.

4.4.7 The Counselor Encourages the Client to take Full Responsibility over his/her Drinking Habits Instead of Blaming Others

The study also sought data on whether the counselor enables the client to deviate from attachment to prior positive or negative feelings with an aim of enabling the client to take full responsibility of his/her situation. The results are presented in the Figure 8.

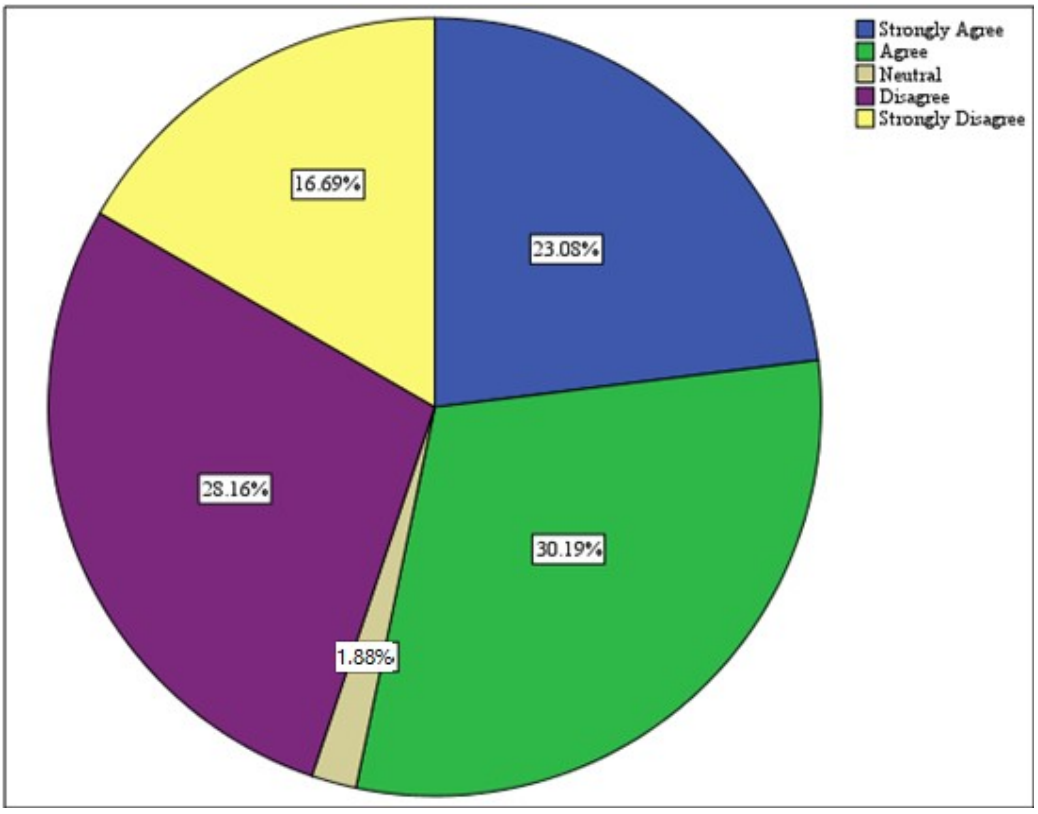

Figure 8: Client's Responsibility over Drinking Habits

The results in Figure 8 show that majority (53.3%) of the respondents either agreed (30.19%) or strongly agreed (23.08%) that the counselor enables the client to deviate from attachment to prior positive or negative feelings with an aim of enabling the client to take full responsibility of his/her situation. This indicates that majority of counselorsencourage the client to deviate from attachment to negative feelings such as blaming others with an aim of enabling the client to take full responsibility of his/her drinking habit. Although counter-transference occurs in all therapy and can be a useful tool, an unhealthy counter-transference occurs when the counselor projects onto clients her own unresolved feelings or issues that may be stirred up in the course of working with the client. If the counselor's own boundaries are not firm, s/he is more likely to have difficulty remaining objective and may respond to a client's transference reaction with counter-transference. This is not the same thing as the counselor's subjective feelings toward the client, which may be positive (if the client is a friendly and attractive person) or negative (if the client has an unpleasant appearance and temperament) (Clarkson and Nutall, 2000).

4.4.8 The Counselor Encourages the Client to Identify Situations that are Likely to Trigger Relapse

The study sought data on whether the counselor encourages the client to identify situations that are likely to trigger relapse. The findings are presented in Figure 9.

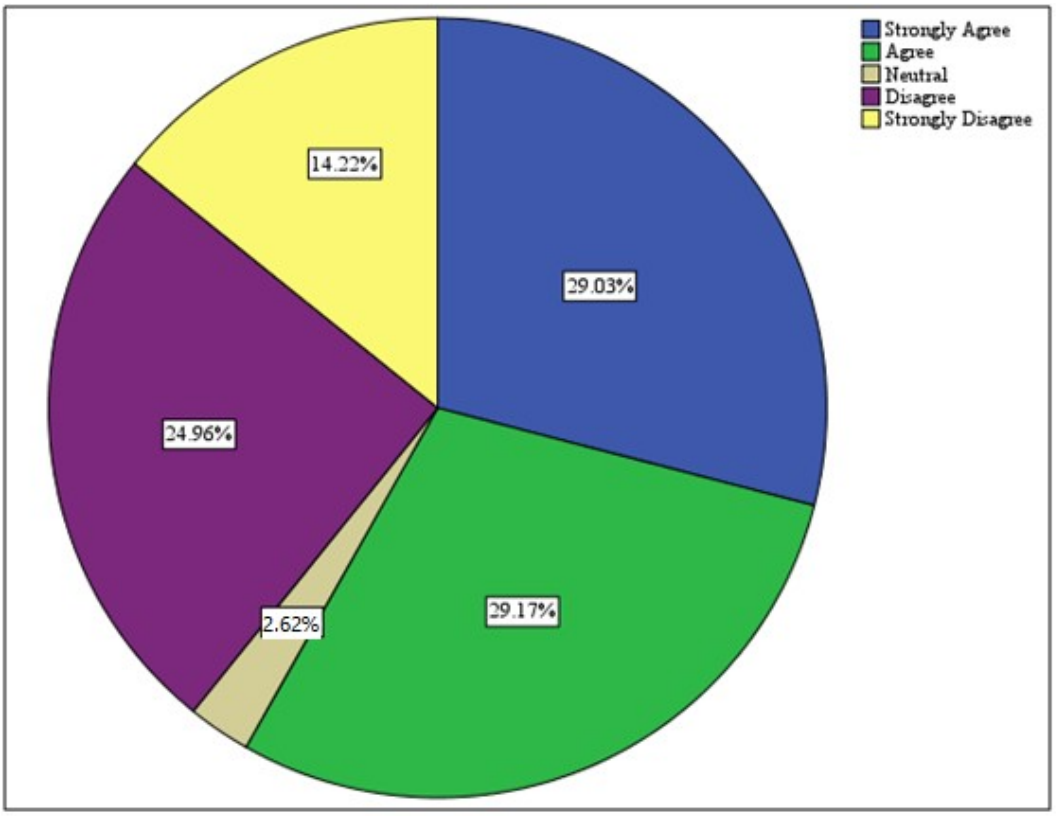

Figure 9: Client to Identify Triggers to Relapse

The findings in Figure 9 show that majority (29.17%) of the respondents agreed while 29.03% strongly agree that the counselor encourages the client to identify situations that are likely to trigger relapse e.g. having friends that drink alcohol or walking near where there is alcohol. Cumulatively, this shows that 58.2 % agree. This means that majority of counselors encourage the client to identify situations that are likely to trigger relapse for example having friends that drink alcohol or walking near where there is alcohol. The rationale of this approach to counseling is that emotional factors are also important, for example stress, fear, frustration, depression, anxiety, and other emotions can lead to a relapse because using drugs or alcohol represents a coping mechanism (Goldenberg, 2014).

4.4.9 The Counselor Identifies When the Client is avoiding the Counseling Strategy

The study sought data on whether the counselor identifies when the client is avoiding the therapy and responds appropriately. The findings are presented in Figure 10.

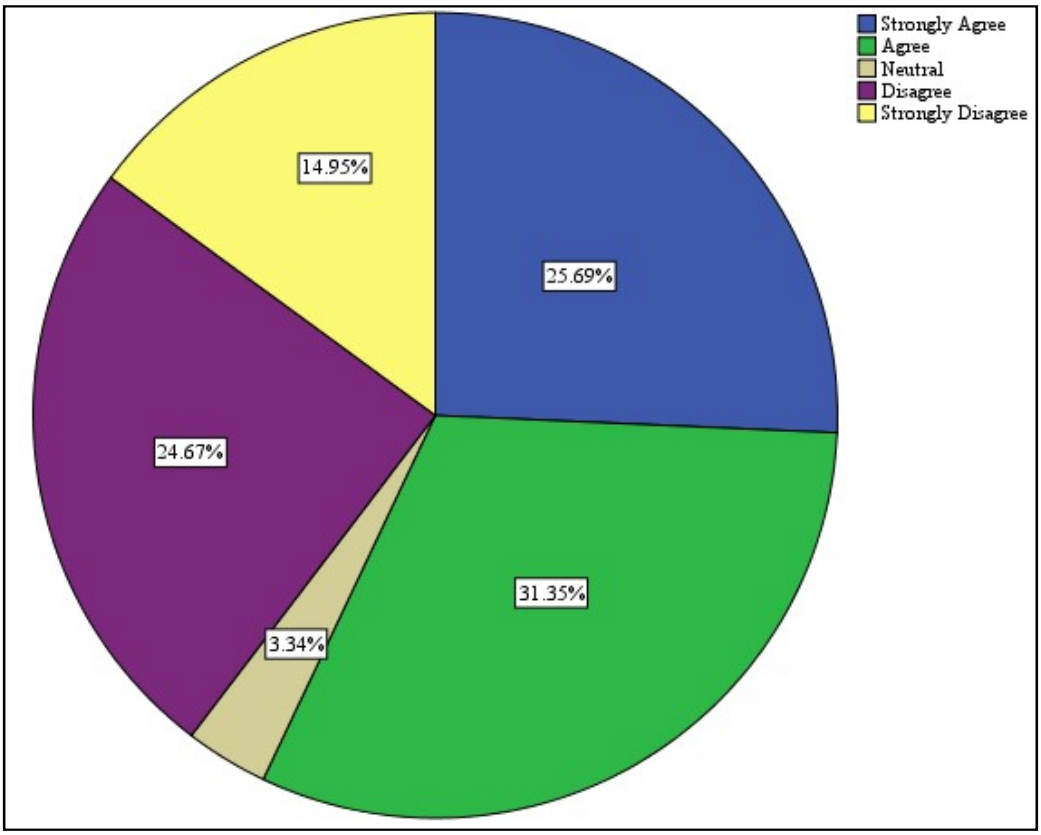

Figure 10: Client Avoiding Therapy

The findings in Figure 10 show that 25.69% strongly agree while 31.35% agree that the counselor identifies when the client is avoiding the therapy and responds appropriately. Cumulatively, 57.04% agree. This indicates that majority of the counselors identify when the client is avoiding the therapy (for instance getting late for appointments, being silent during the counseling session, failure to undertake assignments and missing appointments) and responds appropriately. According to Lavoie, (2016) resistance is loosely defined as a client's unwillingness to discuss a particular topic in therapy. For example, if a client in psychotherapy is uncomfortable talking about his or her father, they may show resistance around this topic. While the client may be comfortable talking about other family members, they might change the subject every time their father comes into the conversation. If the therapist continues to probe this topic, the client may even show resistance by missing therapy appointments or discontinuing therapy. Therapists consider it important to detect

resistance to psychotherapy and interpret why it is occurring and if the therapist can detect and deal with resistance they can use it to diffuse the resistance.

4.4.10 Inferential Statistics

The study did inferential statistics based on independent variable against the dependent variable. The results are presented in the section below.

Regression Analysis of the Effectiveness of Psychoanalytic Counseling Strategy on Curbing Consumption of Illicit Brews

Model Summary

The study obtained a model summary and presented in Table 10 below.

Table 10 Model Summary[b]

Model1	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.194[a]	.038	.025	.919

a. Predictors: (Constant), Use of Psychoanalytic Therapy
b. a. Dependent Variable: Curbing Consumption of Illicit Brews

Table 10 provides the R and R2 value. The R value is 0.194, which represents the simple correlation. It indicates a relatively low degree of correlation. The R2 value indicates how much of the dependent variable, “Curbing Consumption of Illicit Brews ", can be explained by the independent variable, “Use of Psychoanalytic Therapy". In this case, 3.8% can be explained, which is weak.

ANOVA

The study did ANOVA on the use of psychoanalytic strategy against curbing the consumption of illicit brew and presented the findings in Table 11.

Table 11: ANOVA of Psychoanalytic Strategy

Model 1	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.466	9	2.496	2.955	.002[b]
Residual	573.548	679	0.845		
Total	596.015	688			

a. Dependent Variable: Curbing Consumption of Illicit Brews
b. Use of Psychoanalytic Therapy

ANOVA results in Table 11 indicate that the regression model predicts the outcome variable significantly. This indicates the statistical significance of the regression model that was applied. An F statistic of 2.955 indicated that the model was significant. This was supported by a probability value of 0.002 that is below 0.05, and indicates that on overall, the model applied can statistically significantly predict the outcome variable.

Coefficient

The study determined the coefficient of use of psychoanalytic strategy on curbing the consumption of illicit brews and presented the results in Table 12.

Table 12 Coefficients[a] of Psychoanalytic Strategy

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.421	.237		10.222	.000
Use of Psychoanalytic Counseling Strategy	.052	.024	.082	2.157	.031

a. Curbing the Consumption of Illicit Brews

Table 12 provides the information needed to predict curbing the consumption of illicit brews from Use of Psychoanalytic Counseling Strategy. Both the constant and use of psychoanalytic counseling strategy contribute significantly to the model. The regression equation is presented as follows; consumption of illicit brews = 2.421 +0.052 (Use of Psychoanalytic Counseling Strategy).

4.5 Effectiveness of Cognitive Counseling Strategy in Curbing Consumption of Illicit Brews

The **second objective** of the study aimed at assessing the effectiveness of cognitive therapy counseling strategy in curbing consumption of illicit brews. The study did descriptive analysis and presented the findings in the section below.

4.5.1 The Counselor Encourages the Client to Express his/her Thinking during Counseling Sessions`

The study sought to find out whether the counselor enables the client to express his thinking during counseling session. The findings are presented in the Table 13.

Table 13Client Expresses Thinking

Response	Frequency	Percent
Strongly Agree	92	26.1**%**
Agree	151	42.8**%**
Neutral	17	4.8**%**
Disagree	57	16.1**%**
Strongly Disagree	36	10.2**%**

The results in Table 13 show that majority (42.8%) of the respondents agreedwhile 26.1% of the respondents strongly agreed that the counselor enables the client to express his/her thinking during counseling sessions meaning cumulatively 68.9% agreed. This means that majority of counselors enable the client to express his/her thinking during counseling session. Relaxed clients seldom take risks in any way and have hard time saying no (they have equally hard time saying yes); they are slow to make decisions and don't like any arguments. To effectively communicate with this type of a client, the counselor should avoid sounding aggressive, overly excited or too enthusiastic but be gentle. (Friedman, 2012). The counselor will need to build rapport and appear to be in the process of forging an important relationship before this client will be convinced of the counselor's sincerity. This client must "feel right" (relax) before making a decision. The language to use with these clients includes phrases such as "just follow your gut feelings". "Do what your feelings tell you"; "you feel it when you have made the right the decision".

4.5.2 The Counselor Encourages the Client to Express His/her plans

The study sought to find out whether the counselor encourages the client to express his/her plans. The findings are presented in the Table 14.

Table 14: Client Expresses Plans

Response	Frequency	Percent
Strongly Agree	263	38.2%
Agree	246	35.7%
Neutral	16	2.3%
Disagree	93	13.5%
Strongly Disagree	71	10.3%

The findings in Table 14 show that majority (73.9%) of the respondents either strongly agreed (38.2%) or agreed (35.7%) that the counselors encourage the clients to express his/her plans. This suggests that majority of counselors encourage the client to express his/her plans.

4.5.3 The Counselor Makes Effort to Understand the Thinking Patterns of the Client

The study sought data on whether the counselor helps the client understand about his thoughts. The findings are presented in the Table 15.

Table 15: Counselor Understands Client's Thoughts

Response	Frequency	Percent
Strongly Agree	135	19.63%
Agree	234	34.01%
Neutral	21	3.05%
Disagree	212	30.81%
Strongly Disagree	86	12.50%
Total	688	100%

The findings in Table 15 show that majority (34.01%) agreed while 19.63% of the respondents strongly agreed that, the counselor makes efforts to understand the thinking patters of the client (e.g. functional or dysfunctional, making arbitrary inference). Cumulatively, 53.64% agreed. This implies that majority of the counselors do help the client understand about their thoughts. According to Beck, (2004) typically, individuals cope with any conditional acceptance offered to them by gradually and unconsciously incorporating

these conditions into their own self-image. Over time, a person's identity - their personal judgments, meanings and experiences - can become displaced with the ideals of others. It is for this reason that person-centered counseling aims to help individuals to self-actualize and achieve personal growth. This is cultivated through the provision of a supportive environment where clients can strengthen and expand on their own identity and begin to separate themselves from their developed notions of how they should be. The counselor can use the patterns to interpret life experiences, and to analyze the personality of the client.

4.5.4 The Counselor Helps the Client to Develop own Solutions to his/her Drinking Problem

The study also sought data on whether the counselor helps the client to develop their own solutions to the drinking problem. The findings are presented in the Table 16.

Table 16: Client to Develops Solutions

Response	Frequency	Percent
Strongly Agree	146	21.22%
Agree	292	42.44%
Neutral	30	4.36%
Disagree	137	19.92%
Strongly Disagree	83	12.06%
Total	688	100%

The findings in Table 16 show that majority (42.44%) of the respondents agreed that the counselor helps the client to develop their own solutions to drinking problem and 21.22% strongly agreed, cumulatively meaning 63.66% agreed. This indicates that majority of counselors help clients to develop their own solutions to the problem of drinking illicit brews.

4.5.5 The Counselor Assists the Client to Avoid Irrational and Over-Generalized Thought Patterns

The study sought to find out whether the counselor assists the client to avoid irrational and over-generalized thought patterns. The findings are presented in the Table 17.

Table 17: Clients Avoids Irrational and Over-Generalized Thought

Response	Frequency	Percent
Strongly Agree	141	20.49%
Agree	251	36.49%
Neutral	21	3.05%
Disagree	181	26.31%
Strongly Disagree	94	13.66%
Total	688	100%

Table 17 shows that majority (36.49%) agreed while 20.49% strongly agreed that the counselor assists the client to avoid irrational and over-generalized thought patterns. This shows that cumulatively, 56.98% agreed. This implies that majority of the respondents supported the views that counselors assist the clients to avoid irrational and over-generalized thought patterns.

4.5.6 The Counselor Encourages the Client to Work out the Solutions

The study sought data on whether the counselor encourages the client to work out the solutions. The findings are presented in the Table 18.

Table 18: Client Works out Solutions

Response	Frequency	Percent
Strongly Agree	143	20.78%
Agree	245	35.61%
Neutral	21	3.05%
Disagree	177	25.73%
Strongly Disagree	102	14.83%
Total	688	100.0%

Table 18 shows that majority (35.61%) agreedwhile 20.8% strongly agreed that the counselor encourages the client to work out the solutions using cognitive therapy. Cumulatively, 56.4 % agree. This means that majority of counselors in the study area encourage the client to work out the solutions.

4.5.7 The Counselor Motivates the Client to Make Rational Choices Regarding Drinking of Illicit Brew

The study sought to find out whether the counselor motivates the client to make rational choices regarding drinking of illicit brews. The results are presented in the Table 19.

Table 19: Client Makes Rational Decisions

Response	Frequency	Percent
Strongly Agree	155	22.53%
Agree	312	45.35%
Neutral	20	2.90%
Disagree	125	18.17%
Strongly Disagree	76	11.05%
Total	688	**100.0%**

Results in Table 19 show that while majority (45.35%) of the respondents agreed, 22.5% of the respondents strongly agreed that the counselor motivates the client to make rational decisions regarding drinking of illicit brews. Cumulatively, 67.88% of the respondents agreed. This shows that majority of counselors motivate the client to make rational choices regarding drinking of illicit brews.

4.5.8 The Counselor Encourages the Client to Solve Personal Problems

The study sought to find out whether the counselor encourages the client to solve personal problems. The findings are presented in the Table 20.

Table 20: Client Solves Problems

Response	Frequency	Percent
Strongly Agree	190	27.62%
Agree	226	32.85%
Neutral	21	3.05%
Disagree	161	23.40%
Strongly Disagree	90	13.08%
Total	688	100.0%

The findings in Table 20 show that majority (32.85%) of the respondents agreed while 27.62% strongly agreed that the counselor encourages the client to solve personal drinking problems meaning cumulatively, 60.47% agreed. This means that majority of counselors

encourage the client to solve personal problems. Illicit brew consumption can have adverse social and economic effects on the individual drinker, the drinker's immediate environment and society as a whole. Indeed, individuals other than the drinker can be affected, for example, by traffic accidents or violence. It has an impact on society as a whole in terms of resources required for criminal justice, health care and other social institutions (WHO, 2004). In the context of this reality, a counselor should encourage a client to understand the undesirable effect of the drinking habit with an aim of helping him/her stop consumption.

4.5.9 The Counselor Motivates the Client to Appreciate the Value of a Support Group

The study sought data on whether the counselor motivates the client to appreciate the value of support groups. The results are presented in the Table 21.

Table 21: Client Appreciate Support Group

Response	Frequency	Percent
Strongly Agree	142	20.6%
Agree	320	46.4%
Neutral	14	2.2%
Disagree	124	18.0%
Strongly Disagree	88	12.8%
Total	688	100.0%

The results in Table 21 that majority (46.4 %) agreed while 20.6% strongly agreed that the counselor motivates the client to appreciate the value of interacting with others as a support to recovery. Cumulatively, this shows that in total 67.1% agreed. This implies that majority of counselors enable the client to know the value of interacting with others as a support to recovery for example by associating with alcoholic anonymous. This helps the client since he/she tend to associate with peers who also seek solution to a shared problem (Humphreys, 2004).

4.5.10 The Counselor Encourages the Client to Adopt Social Behaviors That Do Not Promote Drinking

The study sought to find out whether the counselor enables the client to adopt social behaviors that do not promote drinking. The findings are presented in the Table 22.

Table 22:Client Adopts Social Behaviors

Response	Frequency	Percent
Strongly Agree	141	20.5%
Agree	239	34.7%
Neutral	8	1.3%
Disagree	187	27.1%
Strongly Disagree	113	16.4%
Total	688	100.0%

The findings in Table 22 shows that majority (55.2%) of the respondents agreed that the counselor encourages the client to adopt social behaviors that do not promote drinking. This indicates that majority of counselors enable the client to understand and acquire social norms and values that do not or promote drinking. The need of the client to change from taking illicit brew comes from his/her mind and therefore there is the need for him/her to think positively and decide to move away from the undesirable drinking behavior (Beck, 2004).

4.5.11 The Counselor Encourages the Client to Question Evidence

The study sought data on whether the counselor assists the client to question evidence. The findings are presented in the Table 23.

Table 23:Client Questions Evidence

Response	Frequency	Percent
Strongly Agree	165	23.9%
Agree	309	44.8%
Neutral	12	1.9%
Disagree	124	18.0%
Strongly Disagree	78	11.4%
Total	688	100.0%

Table 23 shows that majority (44.8%) agreed and 23.9% of the respondents strongly agreed that the counselor assists the client to question evidence. Cumulatively this shows that 68.8% agreed. This means that majority of counselors assist the clients to question evidence. Arbitrary inference involves the tendency to draw a negative conclusion without sufficient evidence to support it. For example: "This is the second time my friend has asked me to accompany him to the bar. He must think ‘I'm a really idle person to be given plans’." All

other possible interpretations are ignored under arbitrary reference (Evans, 2013). Under cognitive counseling, the counselor should encourage the client to look at all possible interpretations of a situation.

4.5.12 The Counselor Assigns Client's Homework and Grades It

The study sought to obtain data on whether the counselor assigns homework to the clients and grades it. The results are presented in the Table 24.

Table 24: Client's Homework

Response	Frequency	Percent
Strongly Agree	98	14.2%
Agree	188	27.4%
Neutral	15	2.3%
Disagree	240	34.8%
Strongly Disagree	147	21.3%
Total	688	100.0%

Table 24 shows that while majority (34.8%) disagreed, 21.3% of the respondents strongly disagreed that the counselor assigns client's homework and grades it. Cumulatively this means that 56.1% disagreed. This means that majority of the counselorsneither assigns clients' homework nor grades it. According toFefergrad and Zaretsky, (2013) it is important to give the client homework. The counselor may ask the client to keep a diary and encourage him/her to use the practical strategies. For example, the client may role-play difficult social situations or realistic self-talk (how the client talk to himself/herself in his/her head) to replace unhealthy or negative self-talk during the course of his/her daily life and report the results in order for the counselor to check the client's progress.

4.5.13 Inferential Statistics

The study did inferential statistics on the obtained data. Results of regression analysis of the effectiveness of Cognitive counseling Strategy on curbing Consumption of Illicit Brews is presented in the section below.

Model Summary

The study obtained a model summary and presented in Table 25 below.

Table 25 Model Summary[b]

Model1	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.196[a]	.038	.015	.924

c. Predictors: (Constant), Use of Cognitive Counseling strategy
d. a. Dependent Variable: Curbing Consumption of Illicit Brews

Table 25 provides the R and R2 value. The R value is 0.196, which represents the simple correlation. It indicates a positive correlation. The R2 value indicates how much of the dependent variable, "Curbing Consumption of Illicit Brews ", can be explained by the independent variable, "Use of Cognitive Counseling strategy ". In this case, 3.8% can be explained, which is weak.

ANOVA

The study did ANOVA on the use of Cognitive Counseling strategy against curbing the consumption of illicit brew and presented the findings in Table 26.

Table 26: ANOVA[a] of Cognitive Strategy

Model 1	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.793	16	1.425	1.670	.048[b]
Residual	573.221	672	.853		
Total	596.015	688			

a. Dependent Variable: Curbing Consumption of Illicit Brews
b. Use of Psychoanalytic Therapy

ANOVA results in Table 26 indicate that the regression model predicts the outcome variable significantly. This indicates the statistical significance of the regression model that was applied. An F statistic of 1.67 indicated that the model was significant. This was supported by a probability value of 0.048 that is below 0.05, and indicates that on overall, the model applied can statistically significantly predict the outcome variable.

Coefficient

The study determined the coefficient of use of cognitive counseling strategy on curbing the consumption of illicit brews and presented the results in Table 27.

Table 27: Coefficients[a] Determination of Psychoanalytic Strategy

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.992	.246		8.093	.000
Use of Psychoanalytic Counseling Strategy	.072	.025	.111	2.861	.004

a. Curbing the Consumption of Illicit Brews

Table 27 provides the information needed to predict curbing the consumption of illicit brews from Use of cognitive counseling strategy. Both the constant and use of psychoanalytic counseling strategy contribute significantly to the model. The regression equation is presented as follows; consumption of illicit brews = 1.992 +0.72 (Use of Cognitive Counseling Strategy)

4.6 Effectiveness of Gestalt Therapy Strategy in Curbing Consumption of Illicit Brews

The **third objective** of the study aimed at assessing the effectiveness of Gestalt therapy strategy in curbing consumption of illicit brews. The study did descriptive analysis and presented the findings in the section below.

4.6.1 The Counselor Encourages the Client to View him/herself within the Context of a Whole Being (body, soul and spirit)

The study sought data on whether the counselor enables the client to view himself within the context of whole being (body, soul and spirit). The findings are presented in Table 28.

Table 28: Client's View of Whole Being

Response	Frequency	Percent
Strongly Agree	143	20.75%
Agree	278	40.35%
Neutral	32	4.64%
Disagree	147	21.34%
Strongly Disagree	89	12.92%
Total	688	100%

The findings in Table 28 show that majority (40.3%) of the respondents agreed while 20.75 % strongly agreed that the counselor enables the client to view himself within the context of whole being (body, soul and spirit) meaning in total 61.1% agreed. This implies that majority of counselors encourage the clients to view themselves within the context of whole beings. According to Yontef , (2008), it is important for the client to put oneself as fully as possible into the experience of the other without judging, analyzing or interpreting while simultaneously retaining a sense of one's separate, autonomous presence. This is an existential and interpersonal application of the phenomenological trust in immediate experience. This provides an environment of safety for the patient's phenomenological work and, by communicating an understanding of the patient's experience, helps sharpen the patient's self-awareness.

4.6.2 The Counselor Encourages the Client to Understand the Negative Effects of Using Illicit Brews on Personal Health and Social/Family Health

The study also sought to find out whether the counselor enables the client to understand the negative effect of using illicit brews on personal health and social/family health. The findings are presented in the Figure 11.

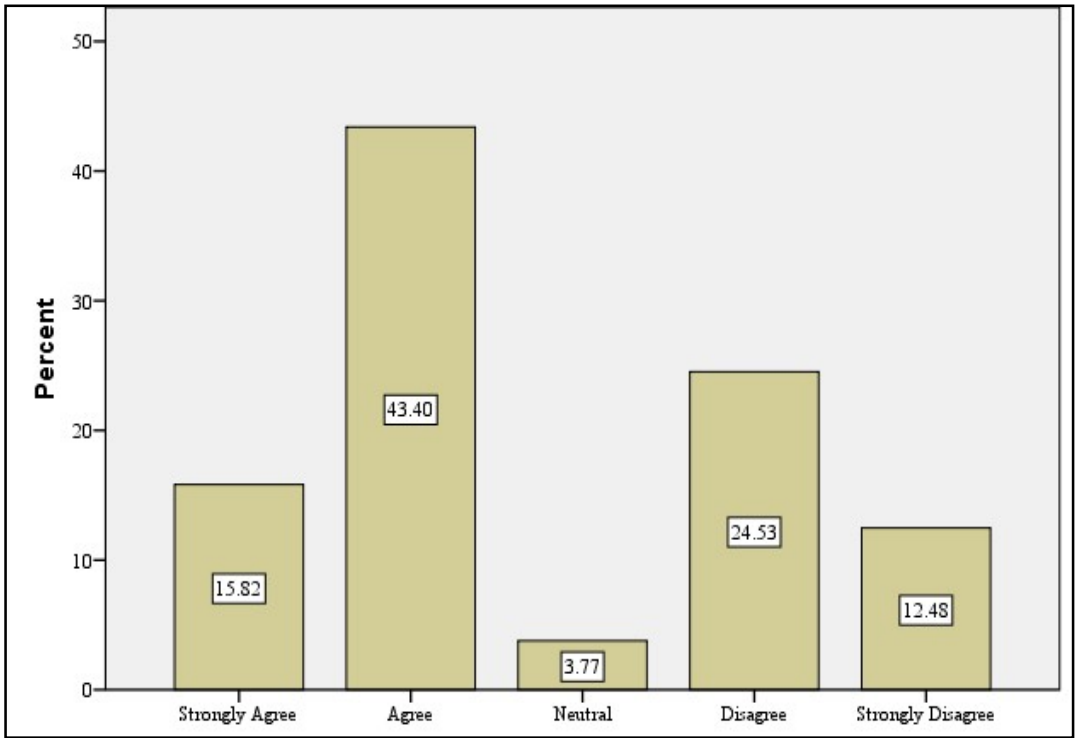

Figure 11: Negative Effects of Illicit Brews

Figure 11 shows that majority (43.40%) agreed while 15.82% strongly agreed that the counselor enables the client to understand the negative effect of using illicit brews on personal health and social/family health. Cumulatively, 59.22% agreed. This implies that majority of the respondents' support that the counselor enables the client to understand the negative effect of using illicit brews on personal health and social/family health. A study by Barret and Turner (2005) that examined the relationship between family structure and substance use problems in adolescence and early adulthood concluded that rather than representing a unique and independent predictor of substance use problems, the family structure can be viewed as a marker of the unequal distribution of factors influencing the risk of problematic substance use. Enabling the client to have an insight on the implications of present and future implication of alcohol abuse should be a goal of a counselor.

4.6.3 The Counselor Encourages the Client to Understand the Situation Right here and now

The study sought data on whether the counselor enables the client to understand the situation right now and here using Gestalt therapy. The findings are presented in the Figure 12.

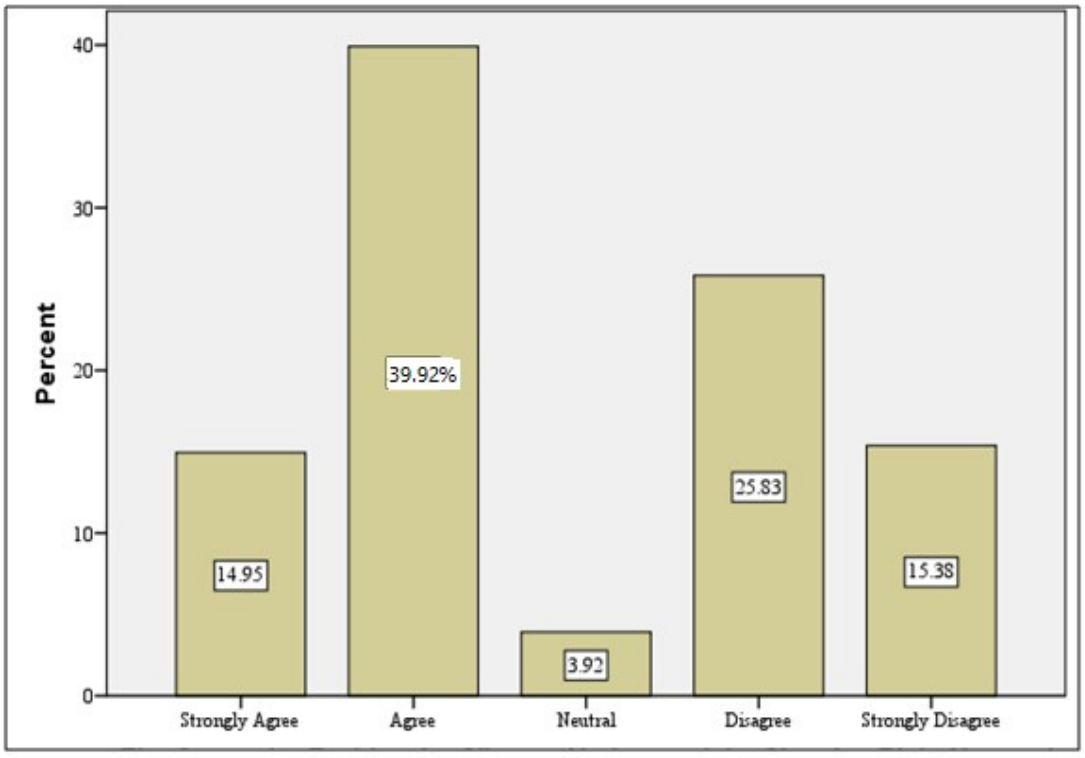

Figure 12: Situation of Hereand Now

The findings in Figure 12 show that majority (39.91%) agreed 14.95% strongly agreed that the counselor enables the client to understand the situation right here and now. Cumulatively, 54.86% agreed. This means that majority of counselors enable the client to understand the situation right now and here. *"Now"* starts with the present awareness of the patient. What happens first is not childhood, but what is experienced *now*. Awareness takes place now. Prior events may be the object of present awareness, but the awareness process (for instance remembering) is now. Not knowing the present, not remembering, or not anticipating are all disturbances. The present is an ever-moving transition between the past and future. Frequently, patients do not know their current behavior and in some cases patients live in the present as if they had no past. Most patients live in the future as if it were now. All these are disturbances of time awareness. Therefore, the client should accept that what is happening is not either in the past nor future (Corey, 2005) and this should be an aim of a counselor using Gestalt counseling strategy.

4.6.4 The Counselor Encourages the Client to Act in a Certain Direction that will Move him/ her away from Illicit Brews

The study also sought to find out whether the counselor encourages the client to act in a certain direction that will move him/her away from illicit brews. The results are presented in Figure 13.

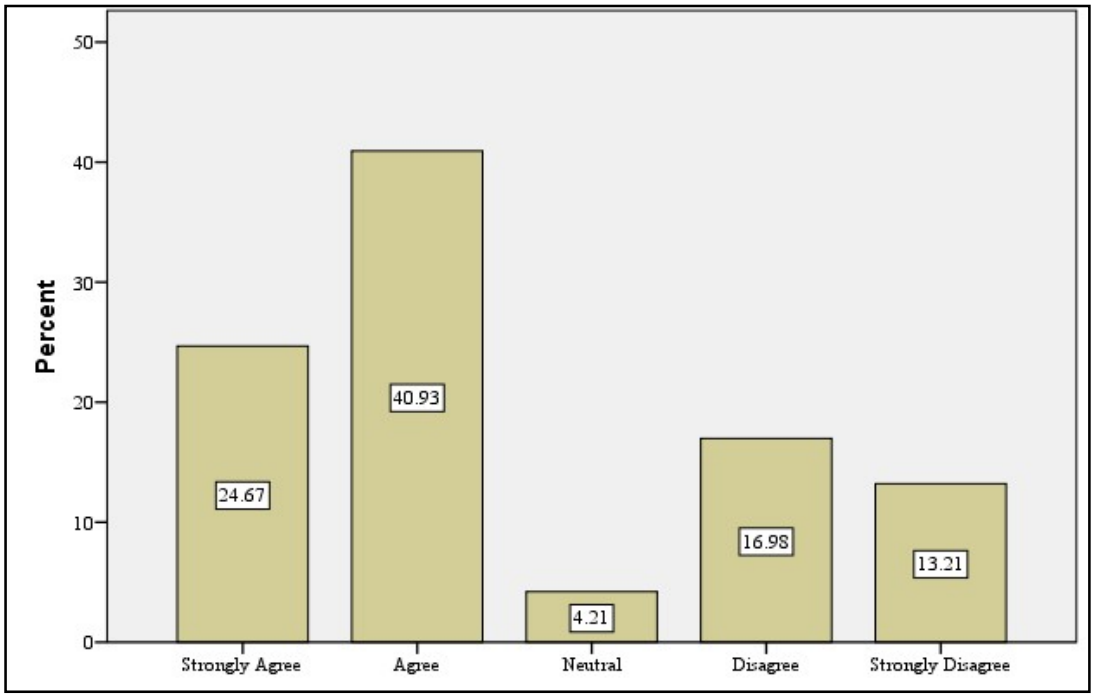

Figure 13: Client Moves Away From Illicit Brews

Figure 13 show that majority (40.93%) agreed while 24.67% of the respondents strongly agreed that the counselor encourages the client to act in a certain direction that will move him/her away from illicit brews. This shows that cumulatively, 65.60% of the respondents agreed. This implies that majority of counselors encourage the client to act in a certain direction that will move him/her away from illicit brews. Developing a relapse prevention plan immediately should be the concern of a counselor under Gestalt therapy. A relapse prevention plan should include coping strategies developed by the counselor and client, such as going to support group meetings, avoiding places where the client used substances in the past and identifying good things about a substance-free life (Center for Substance Abuse Treatment, 2004).

4.6.5 The Counselor Encourages the Client to develop Right Feelings towards him/herself

The study sought data on whether the counselor encourages the client to develop right feeling. The results are presented in the Figure 14.

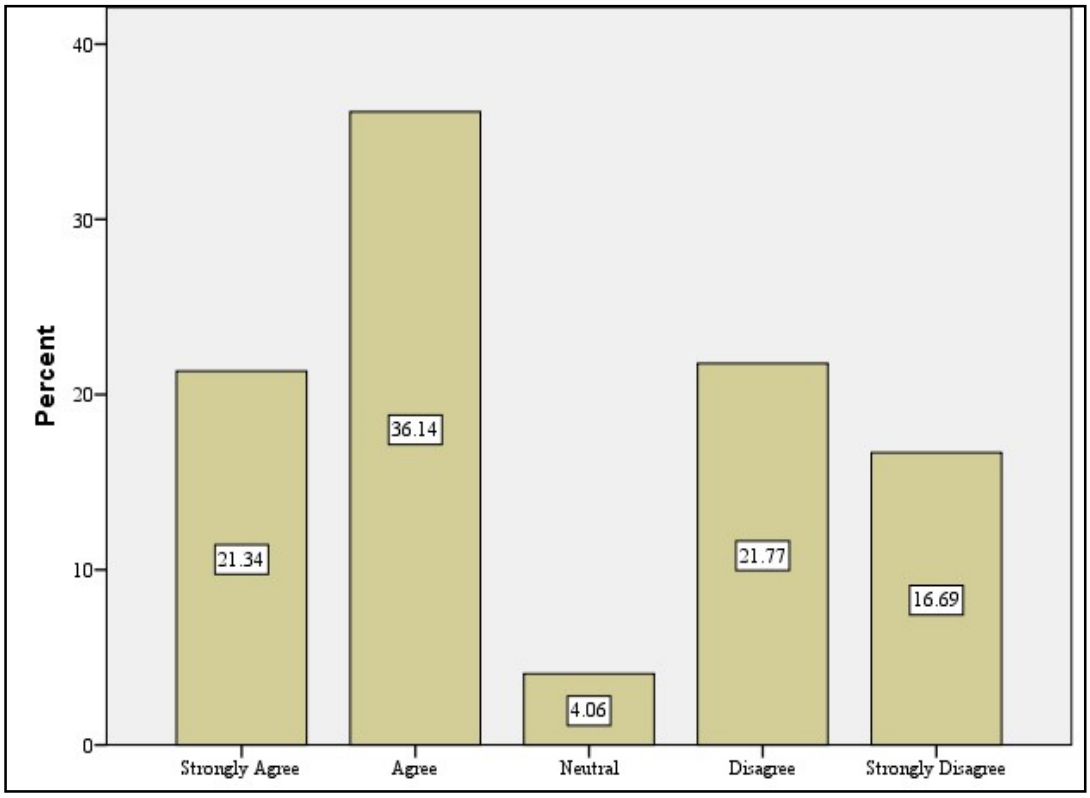

Figure 14: Client on Develops Right Feeling

The results in Figure 14 show that majority (36.14%) agreed while 21.34% strongly agreed that the counselor encourages the client on development of a right feeling. This cumulatively gave 57.48% agreed. This implies that majority of the counselors encourage the clients on development of right feelings. A core belief in counseling is that clients will more fully understand their own emotions and needs through a process of discovery, rather than through insight or interpretation. In counseling the counselor should help the client to see things more clearly, possibly from a different view-point. This can enable the client to focus on feelings, experiences or behavior, with a goal to facilitating positive change (Skills You Need, 2016).

4.6.6 The Counselor Encourages the Client to determine what is Right and what is Wrong

The study sought data on whether the counselor encourages the client to determine what is right and what is wrong.The findings are presented in the Figure 15.

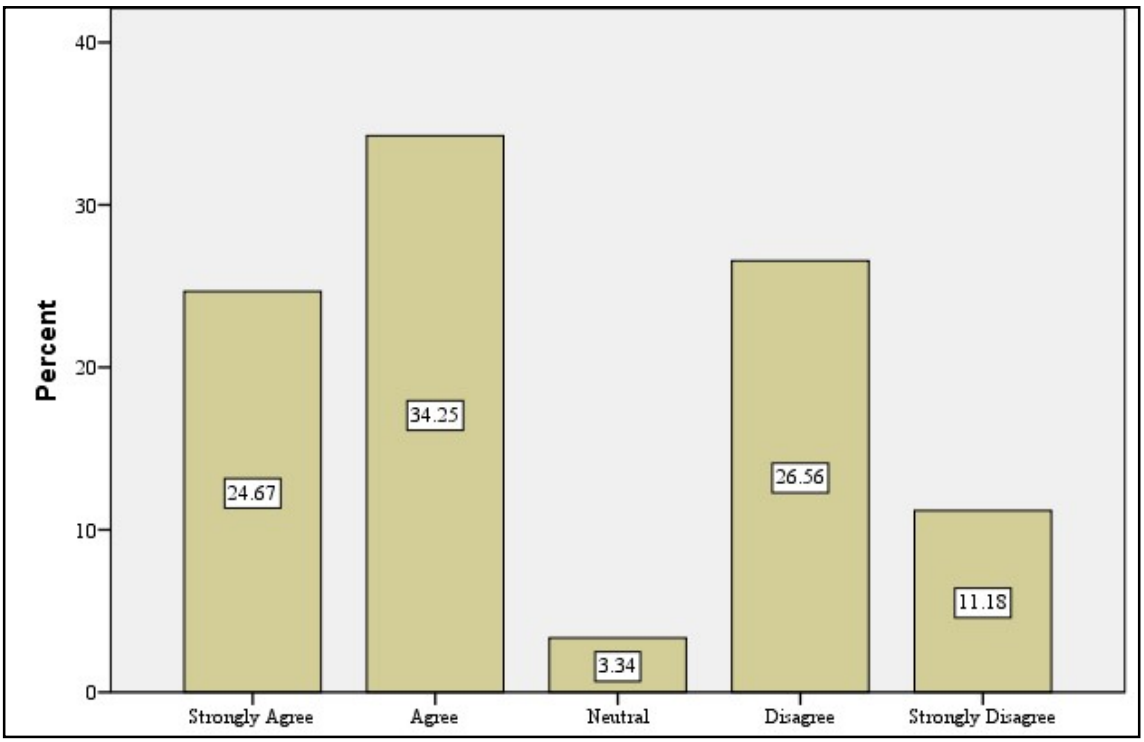

Figure 15: Client Determines Right and Wrong

The findings in Figure 15 show that majority (33.23%) agreed while 25.69% strongly agreed that the counselor encourages the client to determine what is right and what is wrong. Cumulatively, 58.92 % agreed. This implies that majority of the respondents believe that the counselor encourages the client to determine what is right and what is wrong.

4.6.7 The Counselor Promotes Rationality in Client's Life Management

The study also sought to find out whether the counselor promotes rationality in the client's life management. The findings are presented in the Figure 16.

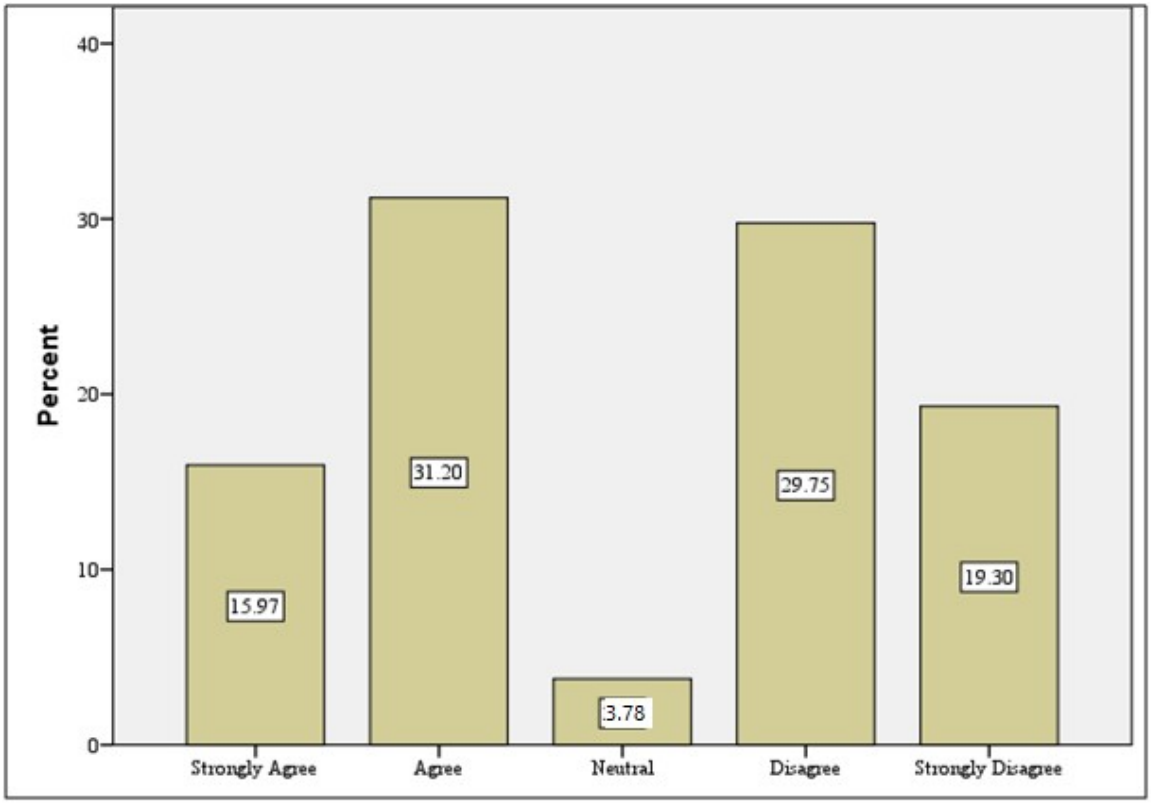

Figure 16: Client's Rationality in Life

The findings in Figure 16 show that 29.75% disagreed while 19.30% strongly disagreed that the counselor promotes rationality in the client's life management which cumulatively, showed that 49.05% of the respondents disagreed. This suggests that majority of counselors do not promote rationality in the client's life management. Gestalt therapy places emphasis on gaining awareness of the present moment and the present context. Through therapy, people learn to discover feelings that may have been suppressed or masked by other feelings and to accept and trust their emotions. Needs and emotions that were previously suppressed or unacknowledged are likely to surface as well. Through this process, a person gains a new sense of self as overall awareness increases,Pearls (1940 (cited in Roda, 2016).

4.6.8 Counselor Promotes Counseling of Clients by the Use of an Empty Chair Technique

The study sought data on whether the counselor promotes counseling of the clients by the use of an empty chair. The findings are presented in the Figure 17.

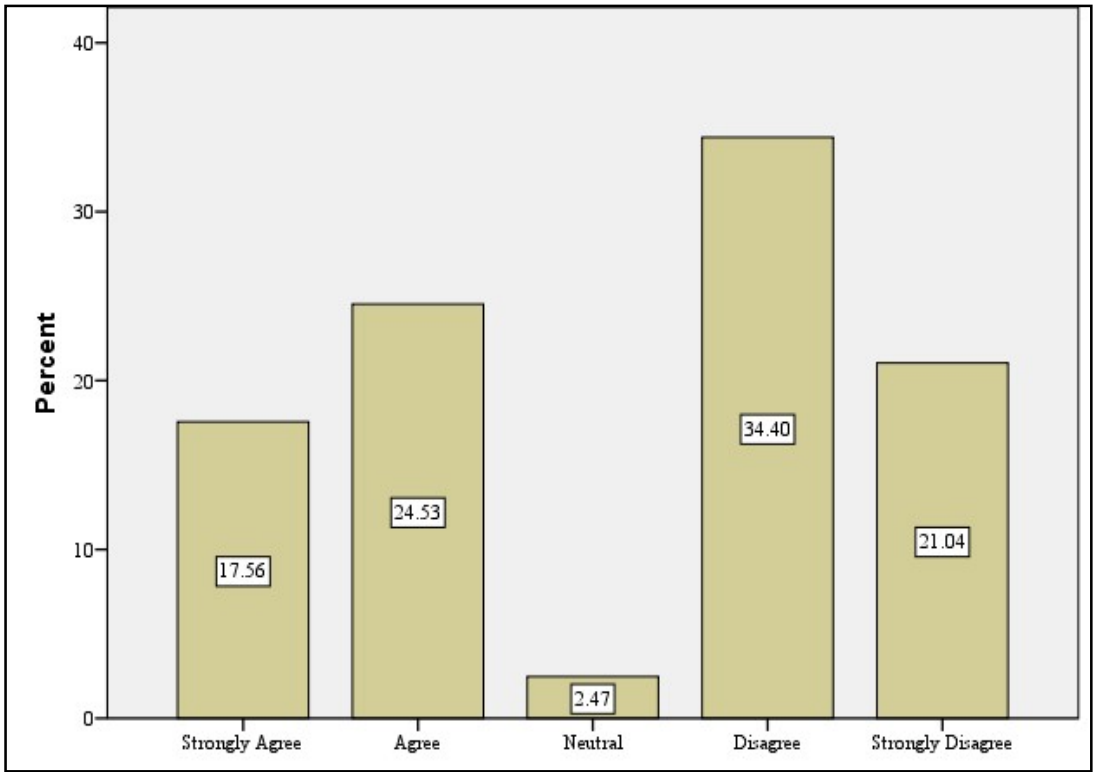

Figure 17: Empty Chair Technique

Figure 17 shows that majority (34.40%) of the respondents disagreed that the counselor promotes counseling of the clients by the use of an empty chair while 21.04% strongly disagreed. Cumulatively this means 55.44% disagreed. This means that majority of the respondents did not think that the counselors practice counseling by the use of an empty chair. One exercise used in Gestalt therapy involves the client's use of two chairs in role playing. The therapist asks the client to sit in one chair and play one "part" of his or her problem, and then switch to the other chair to play the role of the "other" in order to further understand the struggle. With the empty chair method, clients may locate a feeling or a side of themselves they had previously been denying; Corey (2009) notes that, rather than just talking about a conflicted feeling, clients are able to intensify the feeling and experience it wholly. The goal of this technique is acceptance of polarities and acknowledgment of conflicts that exist in everyone.

4.6.9The Counselor Draws the Client to an Experience with an Aim of Encouraging Change

The study sought to find out whether the counselor draws the client to an experience with an aim of encouraging change. The findings are presented in the Figure 18.

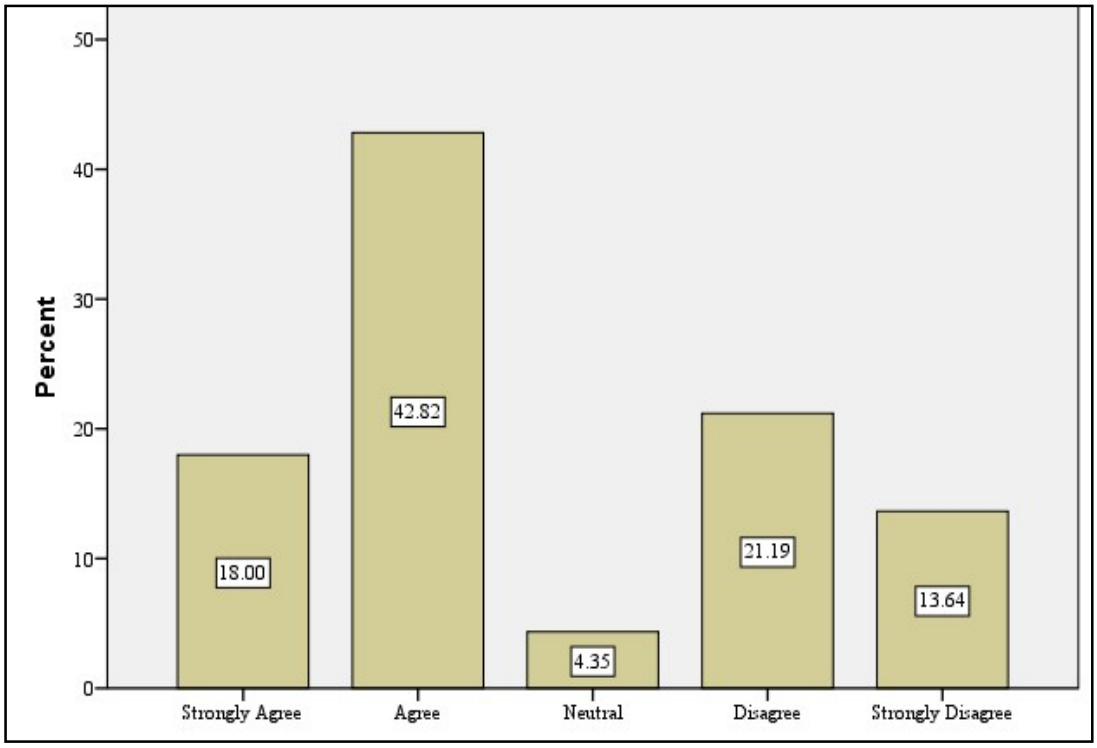

Figure 18: Client's Experience

The findings in Figure 18 show that majority (42.82%) agreed while 18% strongly agreed that the counselor draws the client to an experience with an aim of encouraging change. Cumulatively this shows a majority 60.82% agreed. This means that majority of counselors draw the clients to an experience with an aim of encouraging change. In Gestalt therapy, the patient learns the difference between "well-worn obsession pathways and new thoughts, between a statement of experience and a statement of a statement". Gestalt therapyuses active techniques that clarify experience, and responsibility for the present is assigned to the patient. When new patterns of thinking are introduced and practiced, healthy changes are possible(Yontef and Jacobs, 2008).

4.6.10 Inferential Statistics

The study did inferential statistics on obtained data. Regression Analysis of the effectiveness of Gestalt counseling strategy on in curbing Consumption of Illicit Brews is presented in the section below.

Model Summary

The study obtained a model summary and presented in Table 29 below.

Table 29 Model Summary[b]

Model1	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.194[a]	.038	.023	.920

a. Predictors: (Constant), Use of Gestalt Counseling strategy
b. a. Dependent Variable: Curbing Consumption of Illicit Brews

Table 29 provides the R and R2 value. The R value is 0.194, which represents the simple correlation. It indicates a positive correlation. The R2 value indicates how much of the dependent variable, “Curbing Consumption of Illicit Brews", can be explained by the independent variable,“Use of Gestalt counseling strategy". In this case, 3.8% can be explained, which is weak.

ANOVA

The study did ANOVA on the use of Gestalt counseling strategyagainst curbing the consumption of illicit brew and presented the findings in Table 30.

Table 30: ANOVA[a] of Gestalt Therapy

Model 1	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.456	10	2.246	2.654	.003[b]
Residual	573.559	678	.846		
Total	596.015	688			

a. Dependent Variable: Curbing Consumption of Illicit Brews
b. Use of Gestalt counseling strategy

ANOVA results in Table 30 indicate that the regression model predicts the outcome variable significantly. This indicates the statistical significance of the regression model that was applied. An F statistic of2.654 indicated that the model was significant. This was supported by a probability value of .003 that is below 0.05, and indicates that on overall, the model applied can significantly predict the outcome variable.

Coefficient

The study determined the coefficient of use of cognitive counseling strategy on curbing the consumption of illicit brews and presented the results in Table 31.

Table 31: Coefficients[a] of Gestalt Therapy

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.709	.223		7.669	.000
Use of Gestalt Counseling Strategy	.071	.027	.105	2.689	.007

a. Curbing the Consumption of Illicit Brews

Table 31 provides the information needed to predict curbing the consumption of illicit brews from Use of Gestalt counseling strategy. Both the constant and use of Gestalt counseling strategy contribute significantly to the model. The regression equation is presented as follows; consumption of illicit brews = 1.709 +0.71 (Use of Gestalt Counseling Strategy).

4.7The Prevalence of Counseling Strategies used in Curbing Illicit Brew Consumption

The **fourth objective** of the study sought to analyze the prevalence of different counseling strategies used in curbing consumption of illicit brews in Laikipia County. The responses were obtained from the counselors and analyzed. The results are presented in the section below.

4.7.1 The Extent of Effectiveness of Psychoanalytic, Cognitive and Gestalt Therapies

The study sought to find out the extent to which counselors used psychoanalytic therapy in counseling individuals who consume illicit brews. The findings are presented in Figure19.

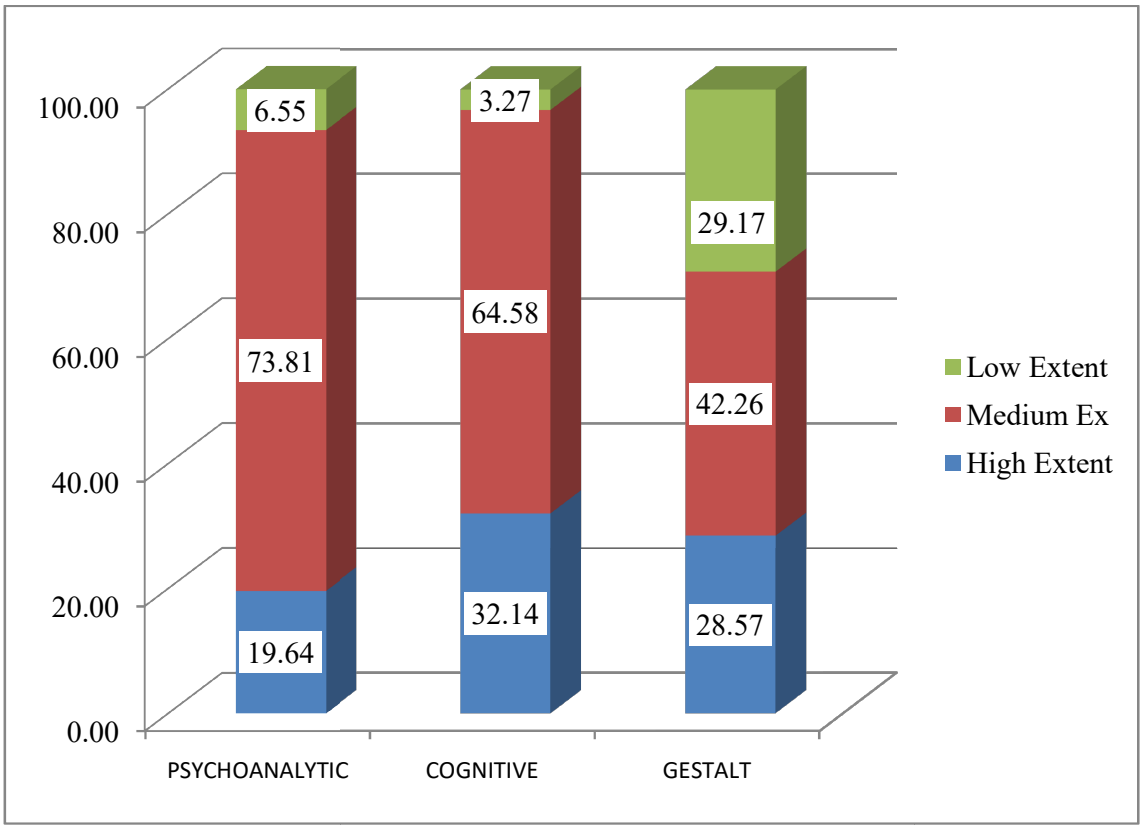

Figure 19: Extent of Effectiveness of Different Therapies

The findings in Figure 19 show that on the medium extent, majority (73.81%) of the counselors use Psychoanalytic therapy, Cognitive therapy at (64.58%) and Gestalt therapy at (42.26%). On the high extent, the study revealed majority (32.14%) used Cognitive therapy, 28.57% used Gestalt therapy while 19.64% used Psychoanalytic therapy. The study further showed that on low extent, majority (29.17%) used Gestalt therapy, 6.55% used Psychoanalytic therapy and 3.27% used Cognitive therapy.

The findings demonstrate a high use of Cognitive therapy in curbing consumption of illicit brews. Cognitive therapy is a psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression. The finding corroborates a report by Papas, *et al.,* (2012) that shows that treatment outcomes of a Stage 1 cognitive trial are able to reduce illicit brew consumption. Cognitive therapy is an essential psychosocial intervention used to prevent and treat a number of MNS (Mental, Neurological and Substance Use Disorders) disorders (Jamison, *et al.,* 2015). A study by McHugh, Hearon, and Otto, (2011) onCognitive therapy for substance use disorders has demonstrated efficacy as both a monotherapy and

aspart of combination treatment strategies. According to the study, although Cognitive therapy for substance abuse is characterized by heterogeneous treatment elements—such as operant learning strategies, cognitive and motivational elements, and skills building interventions—across protocols, several core elements emerge that focus on overcoming the powerfully reinforcing effects of psychoactive substances. Cognitive therapy for Substance Use Disorders (SUDs) encompasses a variety of interventions that emphasize different targets. The individual and group treatments include motivational interventions, contingency management strategies, and relapse prevention and related interventions with a focus on functional analysis. The findings suggest that Cognitive therapy is fairly frequently used in curbing consumption of illicit brews in Laikipia County.

The study further revealed that Psychoanalytic therapy and the Gestalt therapy tend to be on the medium to low rating. This evinces that majority (73.81%) of counselors use psychoanalytic therapy to a medium extent. Psychoanalytic method is a therapeutic process in which a patient understands and resolves his/her problems by looking at experiences from early childhood to see if these events have affected the individual's life, or potentially contributed to current concerns, particularly related to illicit brew consumption. In The FGD with counselors, it was further elaborated that where Psychoanalytic therapy is used it is not applied in the pure form. This is to say that what is communicated by the client when 'lost in thought' is taken seriously by the therapist.

Findings by a study by the British Psychoanalytic Council (2015) showed that psychoanalytic method yields impressive effect that typically increases on long-term follow up. The findings suggested that patients who undergo psychoanalytic psychotherapy experienced continued psychological benefits long after therapy has ended. Furthermore, the study showed that; longer-term psychoanalytic therapy (one year's treatment or more) is more effective than shorter forms of therapy for the treatment of complex mental disorders. The study further showed that mentalization based therapy (a form of psychoanalytic psychotherapy) yielded the most positive results for personality pathology. The role of psychoanalytic therapy is further corroborated by Sirera and Mwenje (2014) who found that alcohol abuse leads to negative self assessment that works against the role of parents as models and nurturers hence their inability in guiding children to grow into desirable persons for individual development and functioning in the society. This suggests that children brought up by parents who consumed illicit brews are likely to consume such illicit brews. In the context of this study psychoanalytic strategy could contribute to enabling the patients

understand how their past is influencing their present. However, that the strategy is being used only to a moderate extent suggests that counselors do not deem it as a major counseling strategy in curbing consumption of illicit brews in Laikipia County.

On the use of Gestalt therapy, the study revealed that the extent of its use is second to Cognitive therapy and in the medium scale it is lower than that of Psychoanalytic. The study further reveals it is used to the least extent when compared to the rest of the two therapies. Overall, the study suggests that Gestalt therapy is used to a moderate extent in Laikipia County. Gestalt therapy is a form of psychotherapy that is derived from the Gestalt school of thought and that is guided by the relational theory principle that every individual is a whole (mind, body and soul), and is best understood in relation to his/her current situation as he or she experiences it (Yontef and Jacobs, 2008). The term Gestalt was formulated by Fritz Perls (1893-1970)and refers to a whole that is greater than the sum of its parts (Howes, 2016). According to Palmer (2011), Gestalt therapy is an empowering germane framework for psychotherapy that uplifts both the practitioners and patients. Its objective is to bring about new awareness so that transition and problem-solving is possible.

Clients are immediately equipped and responsible for doing real work, inspired and motivated to reach their own solutions. This approach entails moving in creativity from talk to action and experience. Some of the most basic interventions in Gestalt counseling include repeating significant statements, exaggerating gestures for clarification, focusing on the relationship between the client's verbal and nonverbal behavior, and acting out both sides of a dialogue ("Empty Chair"), to help the client learn more effective means of coping as well as assuming more responsibility for the activities of their life (Myrick, 2003). The empty chair technique is characteristic of some styles of Gestalt therapy that are often effective at facilitating clients' integration of different aspects or "disowned parts" of their personality in order to further psychotherapeutic insight (Bloom, 2016). The results from this study imply that Gestalt is not used on its own in Laikipia but in combination with other strategies.

4.7.2 Prevalence of Individual-Based Counseling

The study sought to find out the prevalence of individual-based counseling in curbing consumption of illicit brews in Laikipia County. The findings are in Figure 20.

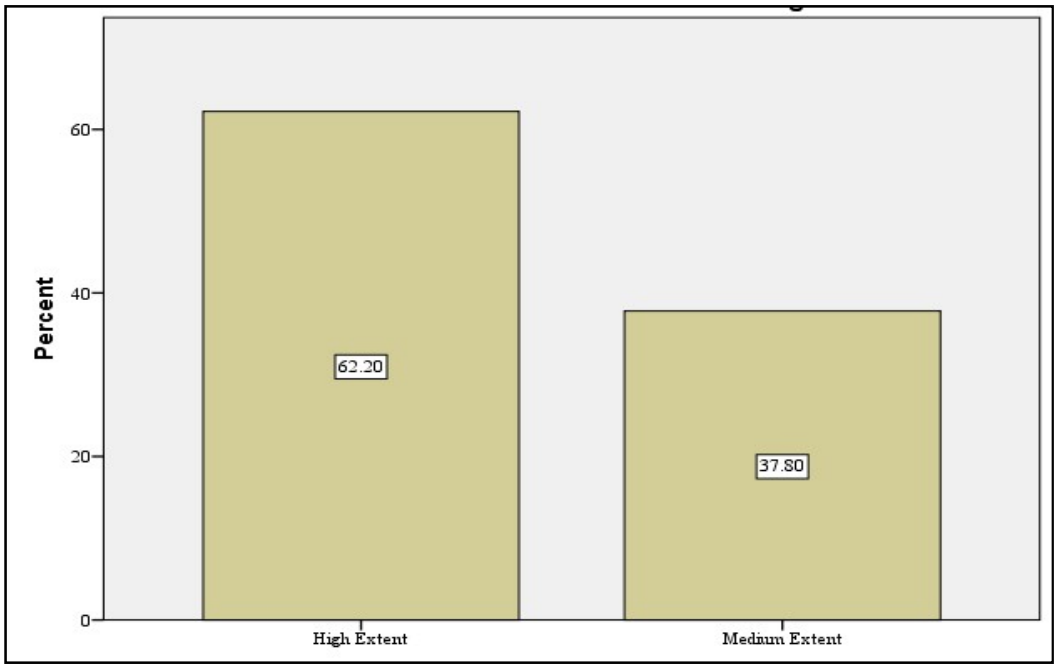

Figure 20: Prevalence of Individual Counseling

The data in Figure 20 shows that majority (62.3%) of respondents indicated that individual based counseling is used in Laikipia County to a high extent, while the remaining 37.8% indicated that individual counseling is prevalent to a medium extent. This implies that individual-based counseling is a highly popular method for counselors in their efforts to curb consumption of illicit brews in Laikipia County and that it's almost ubiquitous. This corroborates a study by Burnham and Marie (2000) that presents information on counseling roles and discrepancies in role implementation that revealed that school counselors continue to meet student needs through individual counseling.

4.7.3 Prevalence of Family-Based Counseling

The study sought to find out the prevalence of family-based counseling among counselors involved in curbing consumption of illicit brews in Laikipia County. The findings are presented in Figure 21.

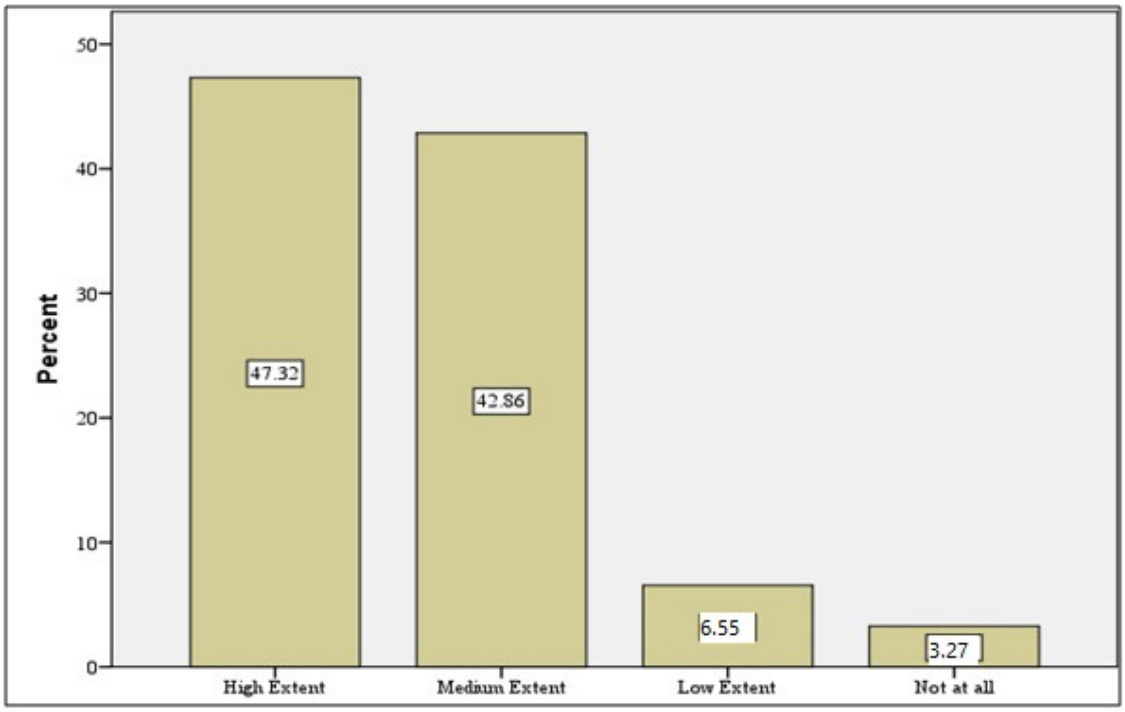

Figure21: Prevalence of Family-Based Counseling

The findings in Figure 21 show that 47.32% of the respondents indicated family-based counseling was used to a high extent while 42.86% indicated that it was used to a medium extent. The Counselors FGD further elaborated that family based therapy helps those around the abuser to; understand, accommodate and support the counseling efforts that the abuser is undergoing in their therapy. This is a concern that was raised in the counseling beneficiary FGD, in which participants noted that it is vital to make the members understand the need to offer respect to the addict as he/she is taken as a sick person. This is because it was stated in the counseling beneficiary FGDs, family level of counseling may not be as much favorable to individual as most may feel condemned and may not be free to open up over the issues and challenges they are facing. The Structural Family Therapy (SFT) that was developed by Salvador Minuchin during the 1960s is a way of thinking about and operating in three related areas: (a) the family, (b) the presenting problem, and (c) the process of change (cited in Evans, Turner & Trotter, 2012). The principal aim of structural therapists is to achieve organizational changes in a dysfunctional family (Goldernberg & Goldenberg, 2000). Evans *et al* (2012) opines that there are few studies exclusively using an SFT model. However, elements of SFT can be found in other family therapy modalities, particularly within psycho-educational family therapies. Furthermore SFT concepts have been built on and amalgamated

into newer therapies. For example Family-Directed Structural Therapy (FDST) that is based on similar definitions of the family unit, while the structural component of Brief Strategic Family Therapy (BSFT) draws on the work of McClendon, McClendon and Peter, (2005) and Minuchin (1974) (cited in Evans, Turner, & Trotter, 2012). The finding of the study implies that family based counseling is a widely used method in curbing consumption of illicit brew in Laikipia County.

4.7.4 Prevalence of Group Based Counseling

The study sought to find out the prevalence of group-based counseling in Laikipia County. The findings are presented in Figure22.

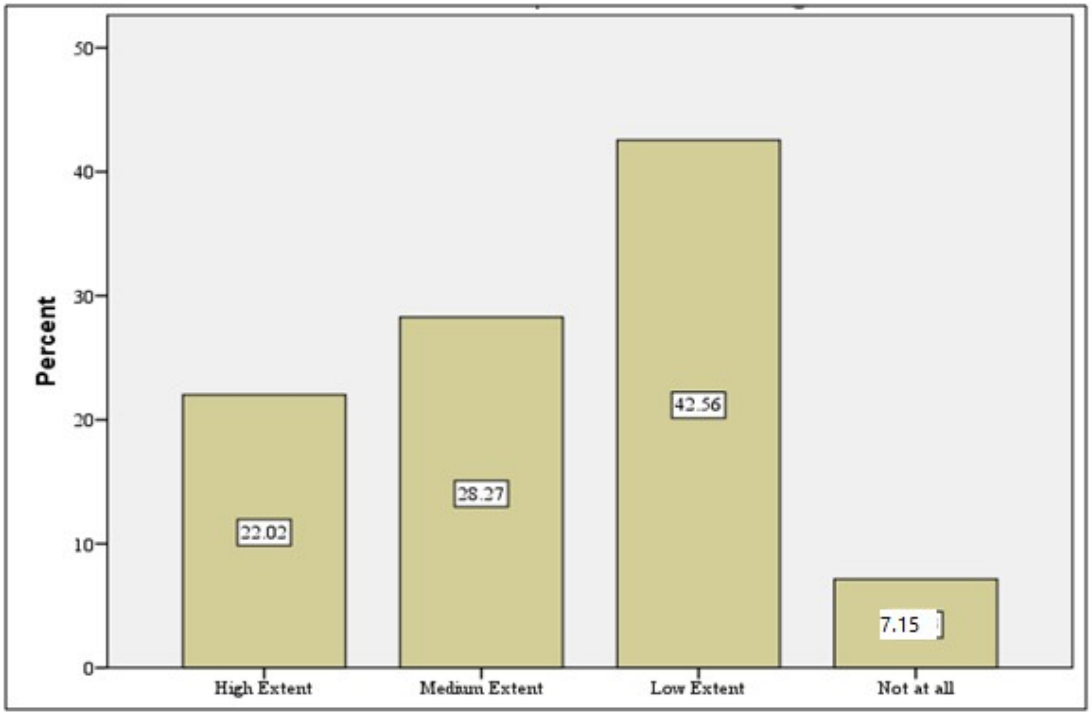

Figure 22: Prevalence of Group-Based Counseling

According to the findings in Figure 22, majority (42.56%) of the counselors used group-based counseling to a low extent, while 38.57% indicated that they used group based counseling to a medium extent. This implies that group based counseling is used moderately in curbing consumption of illicit brews in Laikipia County. From the counseling beneficiary Focus Group Discussion, it was revealed that group counseling gives individuals a platform to sharing and opening up of individuals as many people are able to learn from the experiences of those recovering from the same problems. They are able to have a second

thought and focus on changing. This indicates that beneficiaries have a favorable view to group therapy. For FGD among the counselors, an example was cited in which a client was referred to the institution by his colleagues, who turned out to also have substance abuse problems; therefore it did not make sense for the client to receive therapy on their own and was therefore enrolled for group therapy. A study that systematically reviewed effectiveness of group versus individual treatments for adult obesity revealed that group-based interventions were more effective than individual-based interventions among a predominantly female participant pool receiving psychologist-led interventions(Paul-Ebhohimhen & Avenell (2009); meaning that group based counseling can have a considerable effect on treatment of certain psychological conditions.

4.7.5 Establishments where Psychoanalytic Strategy is used

The study sought to find out the establishment in which counselors use psychoanalytic strategy as an approach of curbing consumption of illicit brews. The findings are presented in Figure 23.

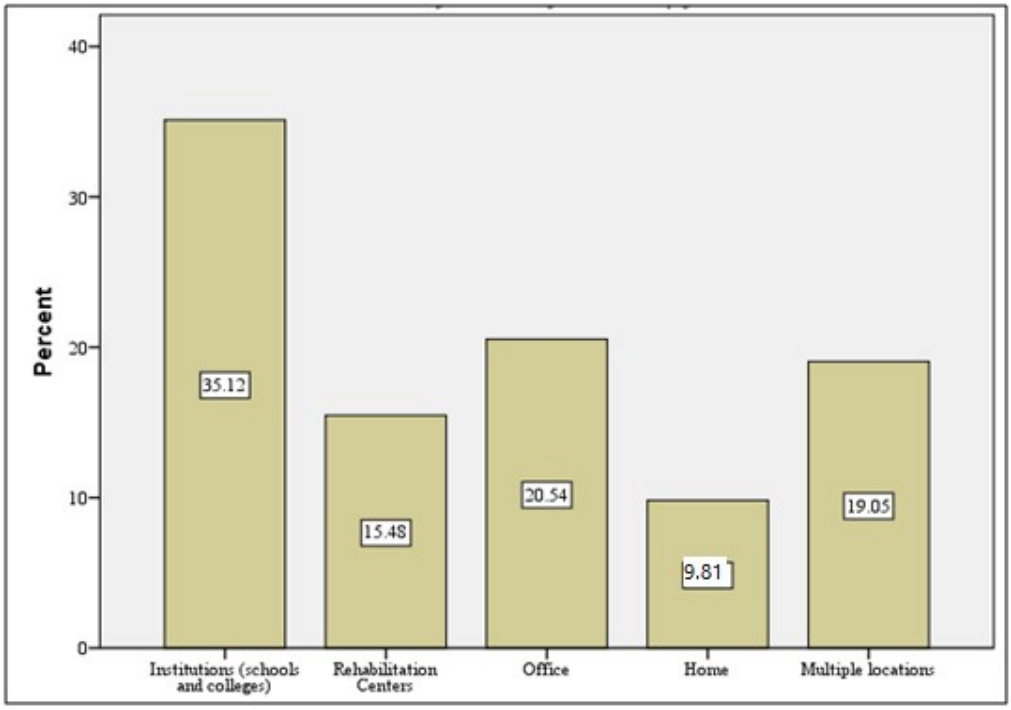

Figure 23: Establishments where Psychoanalytic Therapy is used

The findings in Figure 23 show that majority (35.12%) of counselors used psycho-analytic therapy in institutions such as schools and colleges. An additional 30.54% of the respondents stated that they used psychoanalytic therapy in offices, while 19.05% indicated

that they used psychoanalytic therapy in multiple establishments. This shows that the psychoanalytic strategy of counseling is preferred in closed environments such as schools and offices where individual-based therapy is applied(Burnham and Marie, 2000). Sigmund Freud, when laying the foundations of psychodynamic theory, acknowledged the importance of family in human development. Even though Freud did not advocate working with the family group but preferred individual-based counseling, subsequent theorists and family therapists have used the principles of psychoanalysis in the development of family therapy (Evans, Turner, and Trotter, 2012).

4.7.6 Establishments where Cognitive Therapy is used

The study sought to find out establishments in which counselors use cognitive therapy as an approach of curbing consumption of illicit brews. The findings are presented in Figure 24.

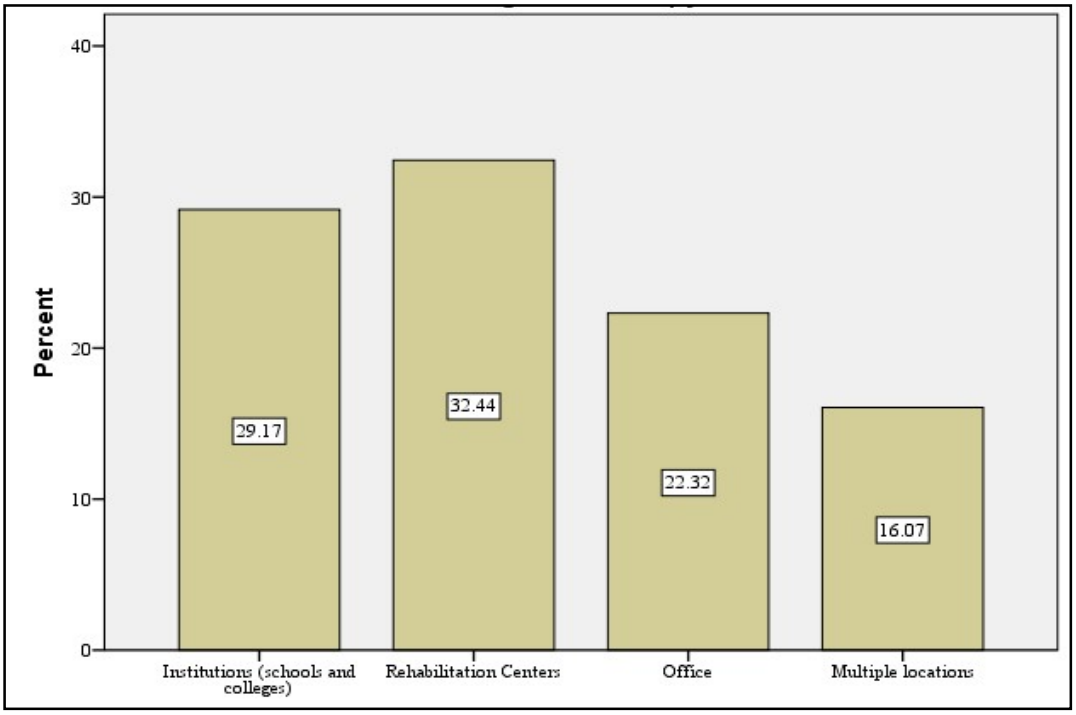

Figure 24: Establishments where Cognitive Therapy is used

The findings in Figure 24 show that almost one third (32.44%) of the respondents stated that they used cognitive therapy most commonly in rehabilitation centers while 29.17% stated that they mostly applied cognitive therapy in schools and colleges. This shows that cognitive therapy is preferred by counselors in closed environments like schools and rehabilitation centers. This also implies that cognitive therapy is more likely to be used in controlled environment such as a rehabilitation center and learning institutions. This is based on the fact

that cognitive therapy is more about the thinking patterns of an illicit brew consumer and it is therefore much more effective in an environment in which the issues that trigger undesirable behavior are controlled. The preference for cognitive therapy as an effective therapy in controlled environments is confirmed by a study comparing it with multidimensional family therapy in treating drug abuse. Cognitive therapy produced significant decreases in cannabis' consumption and slightly significant reductions in alcohol use (Liddle, Dakof, Turner, Henderson, and Greenbaum, 2008).

4.7.7 Establishments where Gestalt therapy is used

The study sought to find out establishment in which counselors use Gestalt therapy as an approach to curb consumption of illicit brews. The findings are presented in Figure 25.

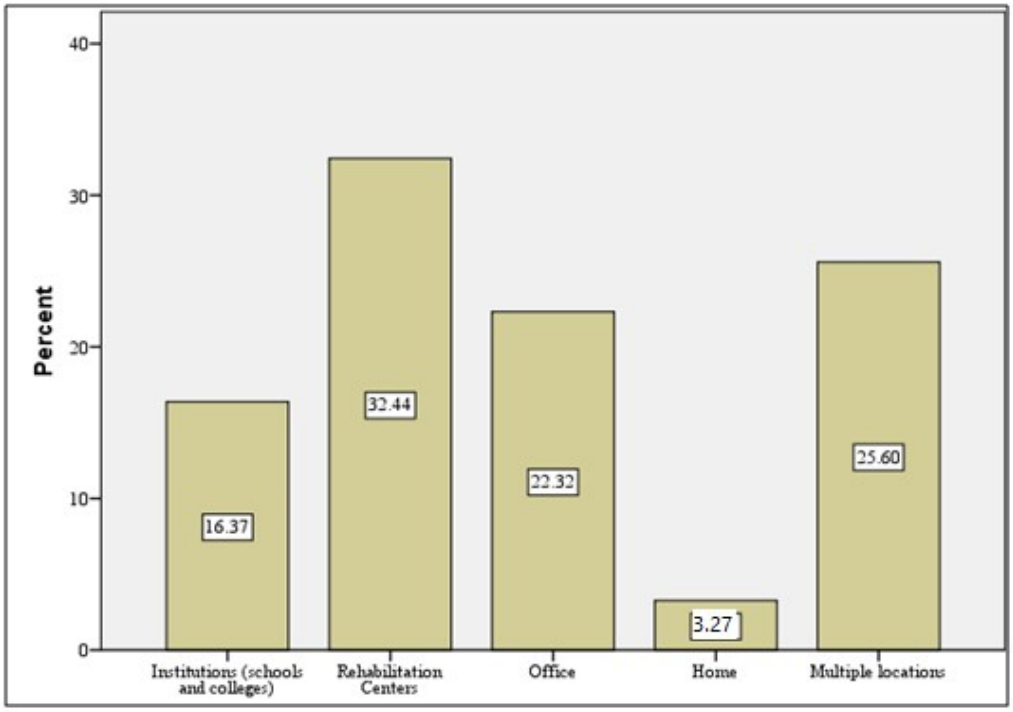

Figure 25: Establishments where Gestalt Strategy is most commonly used

The findings in Figure 25 show that majority (32.44%) of the respondents used Gestalt approach in rehabilitation centers, while another 25.65% reported using it in multiple establishments while 22.32% of the respondents indicated that they used the therapy in their office. Corey (2005) postulates that for the effective use of Gestalt therapy, therapists are charged with maintaining a therapeutic atmosphere that encourages mental work on the client's part. This is a requirement that is easier to achieve in the controlled setting of

rehabilitation centers and in the therapist's office. In the counselors' FGD, and in particular where the FGD was hosted,it was noted that counselors focused on the 5th theory of addiction which touches on multiple vulnerabilities i.e. bio-psycho-social-spiritual-moral-financial and so on. This could be considered a variation of the Gestalt approach. This implies that Gestalt is a flexible strategy that is usable in different scenarios and establishments.

4.7.8Consumers Appreciation of the Role of Counseling in Reducing Illicit Brew Consumption

The study sought to find out if consumers of illicit brews appreciated the role that counseling had in reducing alcohol abuse. The findings are in Table 32.

Table 32: Consumers Appreciation of Counseling

Consumer Responses	Frequency	Percentage
Strongly Agree	56	15.86%
Agree	178	50.42%
Not Sure/Neutral	40	11.32%
Disagree	58	16.43%
Strongly Disagree	21	5.97%
Total	353	100%

The findings in Table 32 show that majority (50.42%) of the respondents agreed that they appreciate the role of counseling in reduction of illicit brew consumption. Another 15.86% of the respondents strongly agreed. This gives a total of 66.3% of the consumers who indicated that they appreciate the role of counseling in curbing consumption of illicit brews. Similarly, a study on the perceptions of consumers to Alcohol, Drugs and Substance (ADS)abuse counseling services in the UK found that almost two-thirds of clients interviewed viewed the goal of their counseling as helping them to become abstinent (16) while just over a quarter wished to reduce their drinking to safe levels (7), with reasons cited beingthe relaxed, non-judgmental ethos of the service in a non-clinical environment where they felt listened to, and that this aspect of the service was one of the most important aspects of the service that helped them to engage with the service and relate to their counselor (Bitel and Gross, 2013).

4.7.9 Desire for All Addicts to Receive Counseling

The study sought to find out if the illicit brew consumers in the study would like all illicit brew consumers to undertake counseling. The findings are in the Table 33.

Table 33: Would like All Addicts to Undertake Counseling

Consumer Responses	Frequency	Percentage
Strongly Agree	104	29.46%
Agree	135	38.24%
Not Sure/Neutral	39	11.05%
Disagree	52	14.73%
Strongly Disagree	23	6.52%
Total	353	100.0%

The findings in Table 33 show that 38.24% of the respondents agreed that they would like all consumers of illicit brews to receive counseling. An additional 29.46% strongly agreed. This gives a majority (67.7%) of the total respondents who indicated that they supported all consumers of illicit brews to receive counseling. This shows that there is strong support among consumers of illicit brews for counseling as a strategy to quit the consumption of illicit brews. This implies that the consumers are aware of the need to seek for help. In addition the FGD for counseling beneficiaries noted that counselors should involve themselves with those who were alcoholic before as addicts will have someone to look up to. This helps the addicts to improve as the service given by experienced people is of more quality as the saying goes, ”no one can beat you on your own experience”. However that many do not seek help suggests there is need for further studies to understand the reasons that make them not seek help in terms of counseling.

4.7.10 Illicit Brew Consumer Counseling Preferences

The study sought to find out which counseling methods were preferred by illicit brew consumers. The findings are presented in Table 34.

Table 34: Prefers Individual to Group Counseling

Preferred Counseling	Parameter	Frequency	Percentage

Method			
Individual better than Group Counseling	Strongly Agree	20	5.67%
	Agree	61	17.28%
	Not Sure/Neutral	97	27.48%
	Disagree	126	35.69%
	Strongly Disagree	49	13.88%
Family counseling better than Rehabilitation center	Strongly Agree	63	17.85%
	Agree	137	38.81%
	Not Sure/Neutral	85	24.08%
	Disagree	49	13.88%
	Strongly Disagree	19	5.38%

The findings in Table 34 show that 35.69% of the respondents disagreed, while 13.88% strongly disagreed that individual counseling was preferable to groups counseling. This gives a total of 49.57% of the consumers who preferred group counseling to individual counseling. The findings in Table34 alsoshow that 38.81% of the respondents agreed, while another 17.85% strongly agreed that they preferred family based counseling over rehabilitation center based counseling. This gives a total of 56.66% of the respondents who preferred receiving their counseling through family based counselingto getting it through rehabilitation centers. In terms of effectiveness, this is consistent with a study on comparative effectiveness of various substance abuse therapies for adolescents which found that firstly, family therapy programs were more effective than their comparisons in the study and secondly, that the greatest improvements in reduced substance usage among teenage substance abusers in the study were found for family therapy and mixed and group counseling (Tanner-Smith, Wilson and Mark W. Lipsey, 2013).

These results contrast with those of Wayman (2013) which indicate that clients receiving individual therapy only in both the seven challenges program and the eclectic counseling category had greater decreases in substance use and had more successful discharges in fewer overall treatment sessions. This study's findings nevertheless show that among illicit alcohol consumers, family based counseling is preferable to rehabilitation center

rehabilitation. These findings suggests that consumers of illicit brews would prefer group based counseling but not in a rehabilitation center. This shows that 'out-patient' counseling is more preferred by consumers of illicit brews than 'in-patient.' Reasons for this are seen in a study on outpatient versus inpatient therapy for detoxification. This study observed that outpatients can continue to function relatively normally and maintain employment as well as family and social relationships. Compared with inpatients, those in outpatient treatment retain greater freedom, continue to work and maintain day-to-day activities with fewer disruptions, and incur fewer treatment costs (Day and Strang, 2011).

4.7.11Perception on Relations between Counselor and Illicit Brew Consumer

The study sought to find out if the illicit brew consumers had a favorable view towards their counselor. The findings are presented in Table 35.

Table 35: Relations between Counselor and Illicit Brew Consumer

Measure	Parameter	Frequency	Percentage
Consumer likes Counselor	Strongly Agree	84	23.8%4
	Agree	160	45.47%
	Not Sure/Neutral	88	24.98%
	Disagree	18	5.7%
	Strongly Disagree	3	0.01%
Consumer copes well with Counselor	Strongly Agree	74	20.96%
	Agree	161	45.62%
	Not Sure/Neutral	86	24.36%
	Disagree	25	7.08%
	Strongly Disagree	7	1.98%

The findings in Table 35 show that 45.47% of the respondents agreed, while another 23.84% strongly agreed, that they liked their guidance counselor. This gives a total of 68.31% of the respondents who indicated that they liked their counselor. This shows that illicit brew consumers who were receiving counseling had a favorable opinion of their counselors. The findings in Table 35 further show that majority 45.62% of the respondents agreed that they coped well with their counselor while 20.96% strongly agreed. This gives a total of 66.58%

of the consumers who stated that they coped well with their counselor. This shows that there is good relationship between the counselors and consumers of illicit brews in LaikipiaCounty.

This is consistent with the findings of Hall *et al.,*(2010)'s study on influence of counselor -therapist relations on the outcomes of rehabilitation. The study concluded that the alliance between therapist and patient appears to have a positive effect on treatment outcome in physical rehabilitation settings (Hall, Ferreira, Maher, Latimer and Ferreira, 2010). It should be noted that a study by Ritter *et al*., (2002) on the influence of the therapeutic relationship in treatment for alcohol dependency observed thatclients who were more anxious and those with poorer cognitive functioning appeared to perceive therapists as showing less unconditional regard, empathy and congruence. Self-efficacy and coping skills acquisition measured at the end of treatment correlated significantly with clients' perceptions of the therapist as empathic, congruent and displaying high regard for them. This could be contributor to the effectiveness of the therapy that they received.

4.7.12Perceptions on Counseling Environment

The study sought to find out if the consumers of illicit brews found the counseling environment conducive for their recovery process. The findings are presented in Table 36.

Table 36: Counseling Environment is Conducive

Consumer Responses	Frequency	Percentage
Strongly Agree	70	19.83%
Agree	152	43.06%
Not Sure/Neutral	86	24.36%
Disagree	32	9.07%
Strongly Disagree	13	3.68%
Total	353	100.0%

The findings in Table 36 show that 43.06% of the respondents agreed, and another 19.83% strongly agreed, that the counseling environment was conducive for their recovery needs. This gives a total of 62.89% of the respondents who were satisfied with the conduciveness of their counseling environment. This shows that counseling environments in Laikipia County are conducive and favorable for recovery of illicit brews consumers. From the counselor perspective, a study examining the perceptions of institution based counselors on the compatibility of their work environments found that majority of workers viewed their

agencies as facilitating substance abuse-related work through support from supervisors and administrators, availability of substance abuse training, workers' freedom to choose clients, and opportunities to supervise others on substance abuse-related issues (Amodeo and Fassler, 2001).

4.7.13Illicit Brew Consumer Perceptions on Effectiveness of Counseling

The study sought to find out if the illicit brew consumers believed that the counseling they received was effective. The findings are presented in Table 37.

Table 37: Counseling Undertaken so far has been Effective

Consumer responses	Frequency	Percentage
Strongly Agree	59	16.71%
Agree	157	44.48%
Not Sure/Neutral	88	24.93%
Disagree	35	9.92%
Strongly Disagree	14	3.96%
Total	353	100.0%

The findings in Table 37 show that nearly half (44.48%) of the respondents agreed that counseling that they received had been effective while 16.71% strongly agreed. This gives a majority (61.19%) of the respondents who believed that counseling they received was effective. This shows that the counseling that illicit brew consumers in Laikipia County are receiving is effective in curbing consumption of illicit brews. Other studies have examined the effectiveness of alcohol counseling but in terms of comparing effectiveness in different settings, rather than overall effectiveness. One study on the efficacy of inpatient versus outpatient counseling found that clients high in alcohol involvement benefited more from inpatient than outpatient care; the opposite was true at low alcohol involvement levels. Network drinking support did not moderate setting effects. Clients low in cognitive functioning also appeared to benefit more from inpatient than outpatient care. The study recommended that improved outcomes might be achieved by matching degree of alcohol involvement and cognitive functioning to level of care (Rychtarik, *et al.,* 2000).

Another study focusing on the effects of brief counseling specifically on the alcohol consumption of male clients found that patients who received counseling showed a significantly greater mean reduction in a quantity-frequency measure of weekly alcohol

consumption than controls but there were no significant differences in reduced consumption between the two intervention groups. However, patients who were deemed “not ready to change” showed greater reductions after receiving motivational interviewing against skills-based counseling(Heather, Rollnick, Bell and Richmond, 2009). Finally, a study on the effectiveness of brief lifestyle counseling in particular, as a primary intervention for excessive alcohol consumption found that brief lifestyle counseling significantly increased patients’ motivation to reduce their drinking through a positive shift in readiness to change compared to those who received the patient information leaflet. Moreover, these patients also reported greater satisfaction with the brief intervention process than those in the patient information leaflet group. However, no significant differences between the brief interventions were found for alcohol related problems or health related quality of life issues(Kaner, *et al.,* 2013).

4.8 Effectiveness of Rehabilitation Centers

The **fifth objective** of the study aimed at determining the effectiveness of rehabilitation Centers in curbing consumption of illicit brews in Laikipia County.The findings are presented in the section below.

4.8.1 Contribution of Rehabilitation Centers inCurbing Consumption of Illicit Brews

The study sought to find out if the rehabilitation centers had made a significant contribution in the curbing of consumption of illicit brews in Laikipia County. The findings are presented in a pie chart in Figure 26.

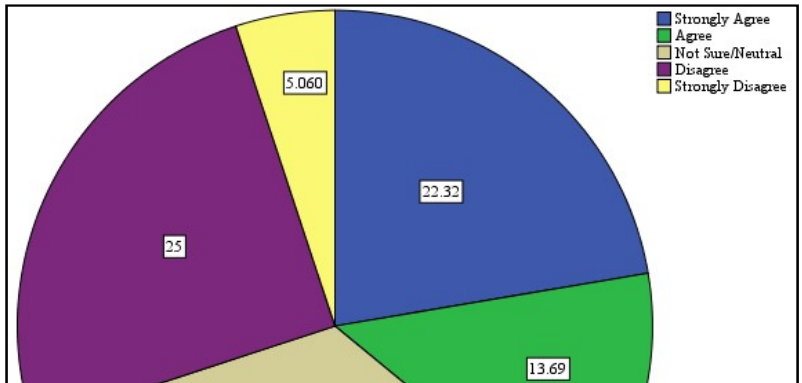

Figure 26: Contribution of Rehabilitation Centers

The findings in Figure 26 show that 22.32% of the respondents agreed, while another 13.69% strongly agreed. This gives a total of 36.01% of the respondents who indicated that rehabilitation centers were making a significant contribution in curbing the consumption of illicit brews in Laikipia County. However, 33.93% of the respondents were not sure whether or not rehabilitation centers were making a significant contribution to the curbing of consumption of illicit brews in Laikipia County. This shows that the contribution of rehabilitation centers in curbing consumption of illicit brews can be described as modest. This is corroborated by a study of cost effectiveness of rehabilitation centers whose findings indicate that total cost of care was negatively related to effectiveness. The study, however, was deemed to have insufficient evidence of effectiveness (that is, lacking three or more clinical trials) (Polsky, Doshi, Bauer and Glick, 2016). According to Rehabs.com, (2015) Rehabilitation facilities are designed to help addiction sufferers not only cleanse their bodies of the addictive substance but also help them learn how to cope and live with addiction. Overcoming an alcohol addiction starts with a qualified treatment center that can help address underlying and co-occurring disorders. Since alcohol is prevalence throughout many cultures, recovering alcoholics are constantly bombarded with triggers. Consequently, treatment centers have to be equipped to help the recovering user find effective ways to manage triggers and cravings (Smith, 2016).

4.8.2 Cost of Rehabilitation Centers Relative to Family Incomes

The study sought to find out whether the cost of rehabilitation centers was beyond what families with individuals that consume illicit brews could afford. The findings are presented in Figure 27.

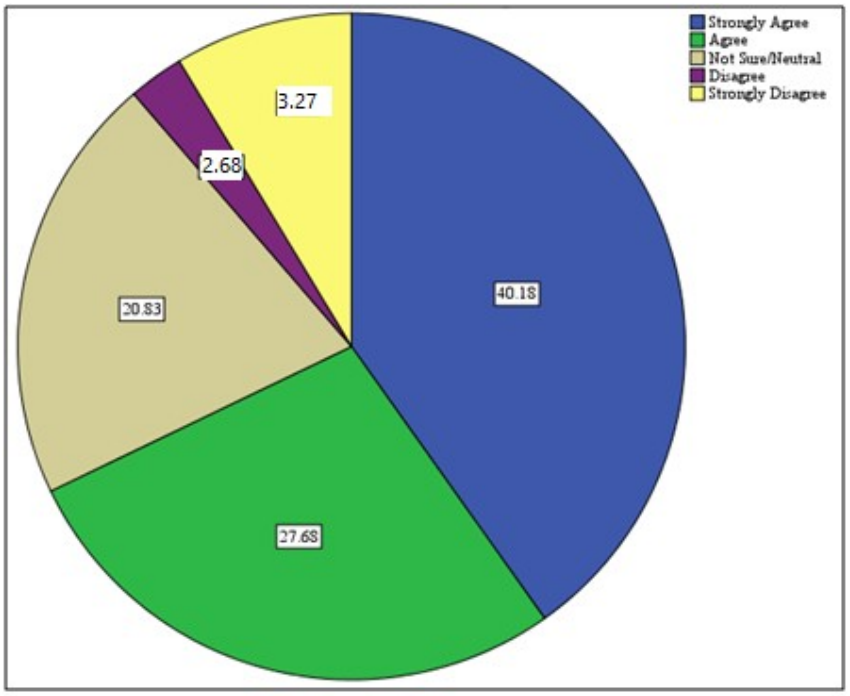

Figure 27Rehabilitation Centers too Costly for most Families

The findings in Figure 27 show that 40.18% of the respondents agreed, while 27.68% strongly agreed that rehabilitation centers' cost was beyond what families with individuals that consumed illicit brews could afford. This gives a total of 67.86% of the respondents who indicated that rehabilitation centers' costs were beyond the means of most families with illicit brew consumers. In the counseling beneficiary FGD, it was reported that rehabilitation homes are expensive with charges ranging from 25,000 to 40,000 for 90 days to 120 days. These charges are too high for a common citizen who is an addict. For this reason most of the addicts would not prefer to be in a rehabilitation home. This shows that the costs of rehabilitation centers in Laikipia County are too high for most families with illicit brew consumers. In the U.S, the cost of a rehabilitation center is considered to be a 'standard' drug rehab center that costs between $10,000 and $20,000 per month, whereas luxury and ultra-luxury centers charge from$20,000 to $80,000 monthly. However, lower cost treatment is available in private facilities that accept private insurance. These areneighborhood health departments that offer free healthcare to individuals with no insurance andchurch groups, charities and non-profit organizations which often offer free services to drug- or alcohol-addicted individuals (Recovery Brands, 2016).

4.8.3 Numbers of Rehabilitation Centers in Laikipia County

The study sought to find out if the number of rehabilitation centers in Laikipia County is sufficient to meet the need for illicit brew consumers. The findings are shown in the Figure 28.

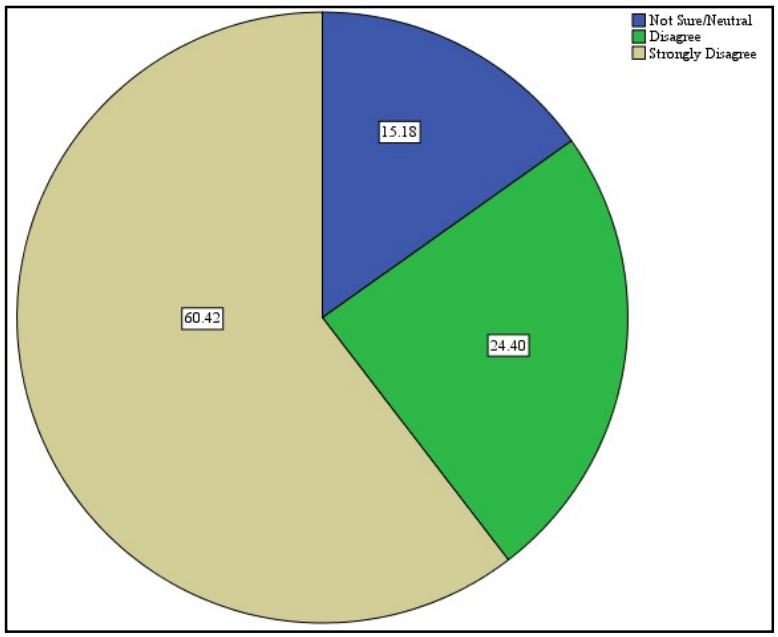

Figure 28Sufficiency of Rehabilitation Centers

The findings in Figure 28 indicate that majority (60.42%) of the respondents strongly disagreed, while another 24.4% disagreed, that the number of rehabilitation centers in Laikipia County is sufficient. This gives a total of 84.82% of the respondents who felt that the number of rehabilitation centers in Laikipia County is insufficient. This shows that the number of rehabilitation centers in Laikipia County is too small for the illicit brew counseling needs. The American Counseling Association recommends a maximum client-to-counselor ratio of 250:1 (American Counseling Association, 2011).

4.8.4 Quality of Rehabilitation Center Facilities

The study sought to find out if the rehabilitation centers had sufficient facilities. The findings are presented in a pie chart in Figure 29.

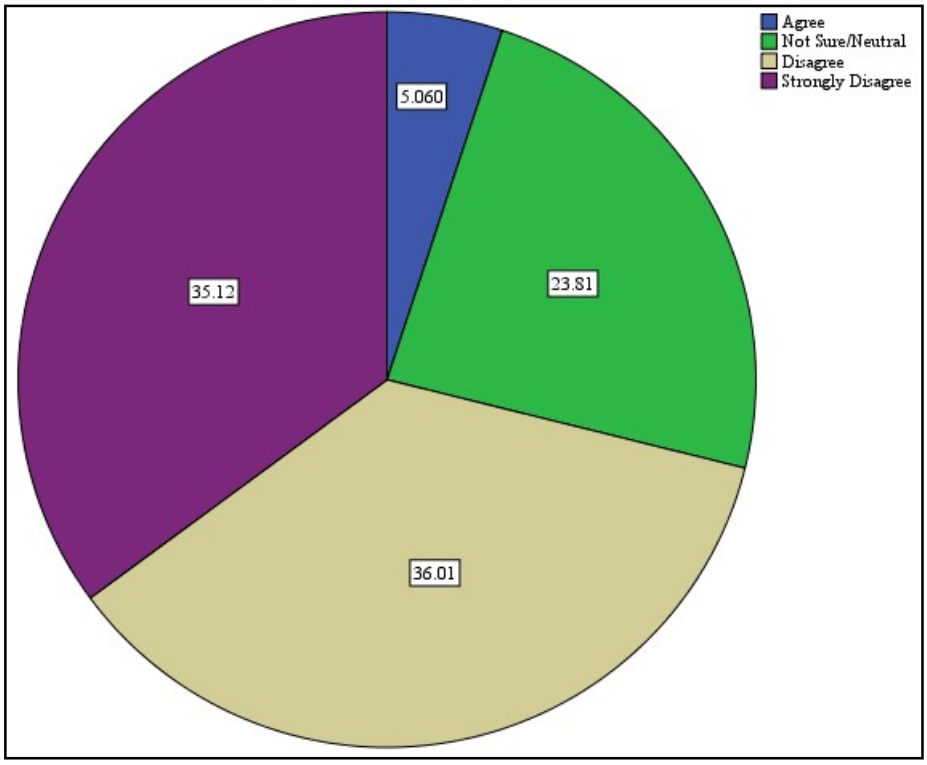

Figure 29Rehabilitation Center Facilities are Sufficient

The findings in Figure 29 show that 36.01% of the respondents disagreed, while 35.12% strongly disagreed, that the facilities in rehabilitation centers were sufficient. This gives a majority of 71.13% of the respondents who thought that rehabilitation centers in Laikipia County had insufficient facilities. In addition, feedback from the counseling beneficiary FGD noted that some rehabilitation centers that have been built focus on money rather than the impact they have on the addicts. This leads to low output as the desire to maximize fees leads the centers to admit many addicts at the same time relative to the number of counselors, and not all addicts are attended to. This shows that the facilities in Laikipia County are insufficient to meet the needs for counseling consumers of illicit brews in Laikipia County. According to NACADA (2016) addiction treatment and rehabilitation in Kenya is largely a private sector and none governmental organizations (NGO) affair dating back to 1978. Treatment and rehabilitation centers are few, operate in a policy vacuum and are expensive for the majority of Kenyans. However a Draft policy provides that alcohol consumption counselors must be professionals who are holders of a bachelor's degree in psychology guidance and counseling or counseling psychology, or post graduate diploma in counseling substance abuse, masters degree in either psychology, guidance and counseling, clinical psychology or the equivalent from a recognized institution and be members of professional

bodies that monitor and facilitate their personal and professional development(Kenya National Bureau Statistics, 2006).

4.8.5 Recovery time in Rehabilitation Center

The study sought to find out whether recovery period of individuals who attended rehabilitation centers was shorter compared to those receiving counseling under other arrangements such as 'outpatient' approach and home-based. The findings are presented in a pie chart in Figure 30 below.

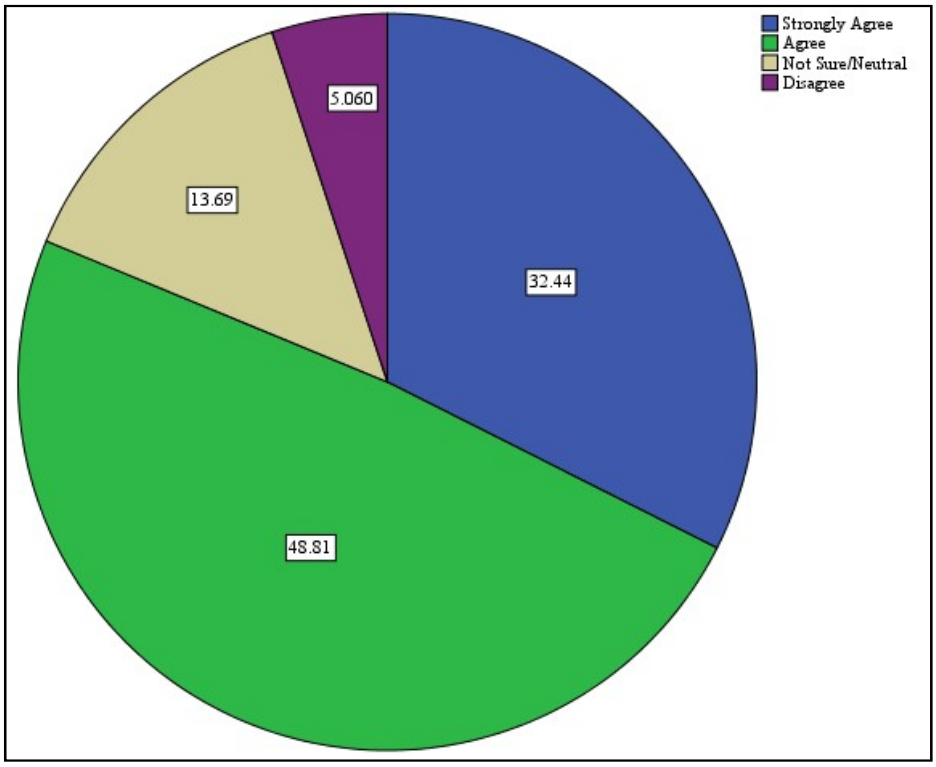

Figure 30: Recovery Time for Addicts Shorter in Center than at Home

The findings inFigure 30 show that 48.81% of the respondents agreed, while another 32.44% strongly agreed, that recovery time for consumers of illicit brews was shorter in rehabilitation centers than alternate approaches such as home-based counseling. This gives a total of 81.25% of the respondents who believed that rehabilitating consumers of illicit brews is faster in a rehabilitation center than at home. The FGD for counselors noted that centers' group counseling is beneficial because it allows mentorship within the groups to develop. In addition, it was pointed out that there is a gap with regard to provision of day care services in Laikipia County. This implies that recovery period in rehabilitation centers are better in these aspects when compared to home based counseling This contradicts the findings of a study on

the effectiveness of intense 12 step day treatment of alcoholics in the UK. The study found that intensive, 12-Step, nonresidential programs such as the one studied here offers a promising approach for those wishing to become abstinent but the intensity of structured day programs can pose problems for people when they leave treatment (Parkman and Lloyd, 2016).

4.9 Consumption Trends of illicit Brews

The study sought to find out the level of consumption of selected illicit brews in Laikipia Countyfor which counseling strategies are supposed to make intervention on. The data was obtained from both the counselors and the alcohol addicts. This was accomplished by requesting the respondents to determine on a likert scale that measured whether the consumption was to a great Extent, Moderate Extent, low extent or not at all. The results of data analysis from the responses are presented in Table 38:

Table 38: Extent of Consumption of selected Illicit Brews

Illicit Brew	Parameter	Frequency	Percentage
Chang'aa Consumption	Great Extent	115	34.2%
	Moderate Extent	113	33.6%
	Low extent	29	8.6%
	not at all	79	23.6%
Muratina Consumption	Great Extent	2	0.59%
	Moderate Extent	97	28.87%
	Low Extent	121	36.01%
	not at all	116	34.53%
Busaa Consumption	Great Extent	15	4.5%
	Moderate Extent	57	17.0%
	Low extent	90	26.8%
	not at all	174	51.7%
	Great Extent	162	48.2%
Unlicensed wines/spirit	Moderate Extent	96	28.6%
consumption	Low extent	43	12.8%
	not at all	35	10.4%

The findings in Table 38, shows that 34.2% of the respondents reported that *chang'aa* is consumed to a great extent in their area, while 33.6% indicated that it is consumed to a moderate extent. This shows that *chang'aa* is a widely abused illicit brew in Laikipia County. The findings in the Table38 show that 36% of the respondents reported that *muratina* is consumed to a low extent, while another 34.5% reported that *muratina* is not consumed at all in Laikipia County. This indicates that *muratina* is not a widely consumed illicit brew in Laikipia County. The findings in Table38 also show that more than half of the respondents (51.7%) indicated that *busaa* is not consumed at all in their area, while another 26.8% indicated it was only consumed to a low extent. This shows that *busaa* is relatively uncommon illicit in Laikipia County. Table38 further shows that 48.2% of the respondents indicated that unlicensed wines and spirits (2^{nd} generation alcohol) were consumed to a high extent, while another 28.6% indicated that these illicit brews are consumed to a moderate extent. This shows that unlicensed wines and spirits are consumed widely in Laikipia County. This corroborates a study by Kinoti, Jason and Harper (2011) on Determinants of Alcohol, Khat, and Bhang Use in Rural Kenya. The study investigated local determinants of substance use in rural Kenya. The study investigated community members' social status in areas of gender, education, employment, self–esteem, and availability of substances. The study revealed high levels of substance use particularly involving the locally available substances that included local brews. The study further revealed that males were more likely to drink alcohol in comparison to females. The study further revealed that women compared to men reported higher education and employment status, which were associated with less substance use. In addition, females had higher self-esteem when they did not use alcohol (particularly bottled beer) whereas males had higher self-esteem when they use bottled beer.

Furthermore, according to NACADA many Kenyans are drinking very cheap alcohol which is dangerous for their health. The cheap, home brew called *chang'aa* often contains methanol, a toxic, non-drinking type of alcohol that can cause blindness and even death. Drinkers in poverty-stricken rural and slum areas are particularly vulnerable to its effects. Kenyans are also drinking brand-name spirits and beer, though, in addition to traditional liquors and cheap manufactured alcohol (Craig, 2012). The findings further compares with a study done in Western Kenya on Alcohol use, drunkenness and tobacco smoking in rural Western Kenya in which the prevalence of ever drinking, was 20.7% and in which 7.3% reported drinking alcohol within the past 30 days. Of these, 60.3% reported being drunk on half or more of all drinking occasions. In this study alcohol use increased with decreasing

socio-economic status and amongst women in the oldest age group ($P < 0.0001$). The study thus revealed that alcohol use is prevalent in this rural region of Kenya. The study further showed that that abuse of alcohol is common and likely influenced by the availability of cheap, home-manufactured alcohol. The study suggested that appropriate evidence-based policies should be put in place to reduce alcohol use. The policies should be widely implemented and complemented by public health efforts to increase awareness of the harmful effect of alcohol (Lo, *et al.,* 2013). The findings in this study reveal that *chang'aa* and second generation brews are widely used illicit brews in Laikipia County.

4.9.1 Numbers of Illicit Brew Consumers by Location

The study obtained data from counselors on the estimated number of individuals who take illicit brews within their location. The findings are presented in Table 39.

Table 39: Number of Illicit Alcohol Consumers

Counselor Responses	Frequency	Percentage
0	34	10.12%
1-10	47	13.99%
21-30	9	2.68%
31-40	51	15.18%
41-50	7	2.08%
above 50	188	55.95%
Total	336	100.0%

The findings in Table 39 show that majority (55.95%) of the respondents reported that there were more than 50 illicit brew consumers in their location. Another 15.18% indicated that there were between 31 and 40 illicit brew consumers. This shows that there were significant numbers of illicit brews consumers in the vicinity of counselors. These figures are also indicative of high prevalence of illicit brew consumption in Laikipia County. At the national level, a NACADA rapid assessment report from 2012 indicates that in general there was a reduction in the use of alcohol, from 14.2% in 2007, to 13.6% in 2012. Although there is a reduction in those reporting current use of packaged/legal alcohol and traditional liquor, there is an increase in those reporting use of *chang'aa* from 3.8% in 2007, to 4.2% in 2012 (NACADA, 2012).

4.9.2 Contribution of Counseling Strategies in Lowering Illicit Brew Consumption

The study sought to find out how much counseling had contributed to the reduction of illicit brew consumption in Laikipia County. The findings are in the Table 40.

Table 40: Contribution of Counseling on Reduction of Illicit Brews Consumption

Counselor responses	Frequency	Percentage
High Extent	62	18.5%
Moderate Extent	219	65.2%
Low Extent	55	16.3%
Total	336	100.0%

The findings in Table 40 show that majority (65.2%) of the respondents believed that counseling has contributed to reduction of illicit brews consumption in Laikipia County to a moderate extent while 18.5% thought that it had contributed to a high extent. In addition 16.3% reported counseling has contributed to the reduction of illicit brew consumption to a low extent. In the counseling beneficiary FGD, it was noted that NACADA is not working enough to create awareness on the need to eliminate the use of illicit brews and also the need to undergo counseling for addicts. This has become a challenge to the counselors as they lack the support of NACADA. This awareness challenge mirrors findings on the public understanding of counseling in Hong Kong. In that study findings showed that whilst the public recognize the benefits of counseling and identify a need for it, there is limited understanding on the benefits of counseling. This confirms the tough reality that the counseling profession in Hong Kong is still in an early stage of development and faces a number of challenges (Yua, Fua, Zhaoa and Daveya, 2010). In the FGD for counselors, it was noted that there is need for co-operation among police, churches, and hospitals to stop addiction.

These findings imply that counseling strategies have had moderate success in limiting consumption of illicit alcohol consumption. This corroborates Drug and Alcohol Rehab Asia (DARA) (2016)report that opines that the various treatments abusers of alcohol are subjected to do not have equal efficacy with all individuals since some patients respond much better to alternative treatments than to mainstream approaches. DARA (2016) further claims that existing data do not provide incontrovertible evidence that any one treatment is better than another, for all patients. For illustration, figures compiled by Alcoholics Anonymous, reveal that 64% of their members drop out in the first year. They also reveal that 84% of AA

members do not exclusively rely on the AA's 12-Step Program promoted in its group sessions, but supplement this with outside help from various sources. In fact, 31% of AA members have been referred to AA by other treatment centers. The many people who have been cured of their alcohol addiction through AA tend to be zealous in their support for the organization, but this cannot mask the fact that, for most people, it has not worked.

4.9.3 Number of Consumers Counseled Out of Illicit Brew Consumption

The study sought to find out the number of consumers that the counselors believed had been counseled out of illicit brew consumption within one year. The findings are shown in Table 41.

Table 41: Number Counseled out of Illicit Brew Consumption within Last Year

Counselor Responses	Frequency	Percentage
None	52	15.5%
1-5	119	35.4%
6-10	53	15.8%
16-20	78	23.2%
26-30	3	0.9%
36-40	1	0.3%
41-45	1	0.3%
46-50	1	0.3%
More than 50	28	8.3%
Total	336	100.0%

The findings in Table 41 show that more than a third 35.4% of the respondents stated that they had counseled 1-5 persons out of illicit brew consumption in the past one year. 23.2% indicated that they had counseled between 16 and 20 persons out of illicit brew consumption in the past one year. The findings further show that 15.5% of the respondents had not counseled anyone out of illicit brew consumption in the past one year. This corroborates the assertion that counseling against illicit brew consumption is being done to a moderate extent in Laikipia County. In the counselors' FGD it was observed that during operations against illicit alcohol there was a drop in consumption, but overall the number of consumers fluctuates. The FGD for counseling beneficiaries noted that counselors should also have out of office follow-up programs for addicts.. This helps addicts feel the concern of the counselors and gives them a feeling of belonging. This helps them meet their target and hence reduce the consumption of illicit brews. The level of success shows shown in Table 4.39 corroborates Taras (2004) who notes that substance abuse problems that are associated with

other mental health conditions can best be dealt with through comprehensive mental health programs that are capable of addressing prevention and intervention of both conditions.

In summary, different strategies have different outcome on rehabilitation of alcoholics. A review of 384 studies of psychologically oriented alcoholism treatment showed that differences in treatment methods did not significantly affect long-term outcome. Mean abstinence rates did not differ between treated and untreated alcoholics, but more treated than non-treated alcoholics improved, suggesting that formal treatment at least increases an alcoholic's chances of reducing his/her drinking problem (Emrick, 2014).

CHAPTER FIVE:

SUMMARY OF FINDINGS RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

This chapter summarizes the results gathered in the course of the study. The chapter also draws conclusions and recommendations in line with the study objectives. The chapter finally suggests topics for further studies.

5.2. Summary of Results

5.2.1 Background Information

The study sought background information of the respondents and found the following. 54.5% of the counselors were aged between 25 and 35 years, while 36% were between 46 and 55 years. 52.7% of illicit brew consumers were aged below 25 years, while 41.6% were between 25 and 35 years. This shows that counselors were middle aged while consumers of illicit brew were considerably young. The study found that 50.6% of the counselors were males while 49.6% were females thus reflecting an even balance between the genders among the counselors in Laikipia County. On the marital status of the respondents, the study found that 75.9% of the counselors were married, while 67.7% of illicit brew consumers were single. This suggests a direct relationship between marriage status and consumption of illicit brews.

On the education levels of the respondents, the study found that 52.1% of the counselors were educated up to graduate level while 42% were post graduates. The findings revealed that 58.1% of the illicit brew consumers had secondary school level of education while 31.7% had primary school level of education. This shows that counselors in the study were fairly well educated while most of the illicit brew consumers had basic education. This suggests that there is a relationship between levels of education and consumption of illicit brews whereby most of those with low levels of education tend to consume illicit brews when compared to those who are well educated. On the occupation of the respondents, the study found that 73.2% of the counselors worked in schools while 18.2% were church ministers. The study also showed that among illicit brew consumers, 34% were unemployed, while 19.5% were casual labourers and 19.3% were students. This suggests that there is a direct relationship between unemployment and consumption of illicit brews. However qualitative data showed that unemployment may not always be a contributing factor to consumption of illicit brews. In some instances, those consuming illicit brew earn enough to meet their

drinking expenses. The study further established that 60.9% of the respondents were introduced to counseling by friends, 30.9% by their families while 8.2% came on their own volition. This shows that friends and family members have an important role to play in getting illicit brew consumers involved in substance addiction guidance and counseling.

5.2.2 Effectiveness of Psychoanalytic Therapy in Curbing Consumption of Illicit Brews

With regards to the effectiveness of psychoanalytic therapy in curbing consumption of illicit brews, the study came up with the following findings. 55.15% of the respondents disagreed that the counselor allows the client to talk his/her mind out without interruption. Perhaps the counselor interjects in order to get clarification of some points or more details from the client. The results further revealed that 69.96% of the respondents agreed that the counselor intensely listens to the client to understand what is in the unconscious mind. In addition, 73% agreed that the counselor encourages the client to speak about childhood experiences. The unconscious mind and childhood experiences may reveal some underlying factors behind consumption of illicit brews. However, 63.28% of the respondents disagreed that the counselor links childhood experiences with drinking habits of client. Similarly, 53.56% of the respondents disagreed that the counselor encourages the client to talk about dreams in order to relate them to drinking illicit brews.

The study further revealed that 57.04% of the respondents agreed that the counselor encourages the client to express positive or negative feelings previously directed to a significant person in his/her life, such as a patient, to establish whether they could encourage the client to consume illicit brews. In addition, 53.3% of the respondents agreed that the counselor encouraged the client to take full responsibility of his/her drinking habit instead of blaming others. 58.2% agreed that the counselor encouraged the client to identify situations that are likely to trigger relapse such as friends or places where illicit brew is sold and avoid them. Finally, the study revealed that 57.7% agreed that the counselor identifies when the client is avoiding therapy and responds appropriately such as getting late for appointments or missing them, being silent during counseling session and failure to undertake assignments.

5.2.3 Effectiveness of Cognitive Counseling Strategy in Curbing Consumption of Illicit Brews

The study revealed that 68.9% of the respondents agreed that the counselor encouraged the client to express his/her thoughts during counseling sessions and 73.9% agreed that the

client is allowed to disclose his/her plans. The counselor is able to help the client understand his/her thoughts and plans that may lead to drinking illicit brews so as to abandon them (for example functional or dysfunctional and making arbitrary inference). The study found that 63.7% of the respondents agreed that the counselor helps that client develop own solutions to drinking problem. 57.0% of the respondents agreed that the client is assisted to avoid irrational and over-generalized thought patterns. Additionally, it was found that 77.3% agreed that the counselor encourages the client to work out the solutions using cognitive therapy. The study further found that 67.8% of the respondents agreed that the counselor motivates the client to make rational decisions regarding drinking of illicit brews. The study also revealed that 60.4% of the respondents agreed that the counselor encourages the client to solve personal drinking problems. 67.1% of the respondents agreed that the counselor enables the client to appreciate the value of associating with others such as alcoholic anonymous, for support to recovery. 55.2% of the respondents agreed that the counselor encourages the client to adopt social behaviors that do not promote drinking. The study established that 56.1% of the respondents strongly disagreed that the counselor designs client homework and grades it.

5.2.4 Effectiveness of Gestalt Therapy Strategy in Curbing Consumption of Illicit Brews

With regard to the effectiveness of Gestalt therapy in curbing consumption of illicit brews, the study had the following revelations. 61.1% of the respondents agreed that the counselor encourages the client to view him/herself within the context of a whole being (body, soul and spirit). It also showed that 59.22% agreed that the counselor encourages the client to understand the negative effect of drinking illicit brews on personal and social/family health. The study further showed that 54.86% of the respondents agreed that the counselor enables the client to understand the situation right here and now. The concept of here and now is central to Gestalt therapy and can create awareness of one's actions to facilitate change. The study revealed that 65.60% of the respondents agreed that the counselor encouraged the client to move away from illicit brews. Moreover, the study found that 57.48% agreed that the counselor encourages the client on development of right feelings towards themselves. Additionally, 58.92% agreed that the counselor encourages the client to determine what is right and what is wrong. It also revealed that 49.05% of the respondents suggested that counselors do not promote rationality in the client's life. Rationality is necessary in decision making, especially concerning illicit brew consumption thus making Gestalt therapy effective. The study also showed that 55.44% of the respondents disagreed

that counselors used an empty chair technique in counseling. This technique enables the client to role play which may promote change. Finally, 60.82% of the respondents agreed that the counselor draws the client to an experience to encourage change.

5.2.5 Prevalence of Counseling Strategies

The study sought information on the counseling strategies used in Laikipia County. The findings are as follows. On the extent that counselors use Psychoanalytic therapy, the study found that 73.81% of the respondents used it to a medium extent, while another 19.64% use it to a high extent. This shows that Psychoanalytic therapy is used in Laikipia County to a reasonable extent. On the extent to which counselors use Cognitive therapy, the study found that almost two thirds of the respondents (64.58%) used this therapy to a medium extent, while another 32.14% stated that they used the therapy to a high extent. This suggests a higher preference of Cognitive therapy used by counselors to curb consumption of illicit brews in Laikipia County. Cognitive therapy is a psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression. On the use of Gestalt therapy, the study found that majority (41.96%) of counselors in Laikipia County use this therapy to a medium extent, 29.17% use it to a high extent, while 28.87% use it to a low extent. This suggests that Gestalt therapy is used to a moderate extent in Laikipia County to curb consumption of illicit brews.

On the prevalence of individual based counseling the study found that majority (62.3%) of respondents indicated that this counseling is used in Laikipia County to a high extent, while the remaining 37.8% indicated that it is prevalent to a medium extent. This implies that individual-based counseling is a highly popular method for counselors in their efforts to curb consumption of illicit brews in Laikipia County.

As far as family based counseling is concerned, the study found that 47.32% of the respondents indicated that they used it to a high extent while 42.86% indicated that they used it to a medium extent. On the prevalence of group based counseling, the study found that majority (42.56%) of the respondents used it to a low extent, while 38.57% indicated that they used group based counseling to a medium extent. This implies that group based counseling is used moderately to curb consumption of illicit brews in Laikipia County.

On the establishments where psychoanalytic theory is used, the study found that majority (35.12%) of counselors used it in institutions such as schools and colleges. An additional 30.54% of the respondents stated that they used Psychoanalytic therapy in offices,

while 19.05% indicated that they used Psychoanalytic therapy in multiple establishments. On the establishments where cognitive therapy is used, the study found that nearly one third (32.44%) of the respondents stated that they used the approach most commonly in rehabilitation centers while 29.17% stated that they mostly used it in schools and colleges. This shows that Cognitive therapy is preferred by counselors in closed environments like schools and rehabilitation centers. This also implies that Cognitive therapy is more likely to be used in controlled environments such as rehabilitation center and learning institutions. On the establishments in which counselors used Gestalt therapy, the study found that majority (32.44%) used the approach in rehabilitation centers, 25.65% used it in multiple establishments while 22.32% used it in their offices. This shows that Ggestalt approach is preferred in rehabilitation centers and in multiple establishments. This implies that Gestalt therapy is a flexible strategy that can be adapted to different scenarios and establishments.

On consumers' appreciation of the role of counseling, the study found that majority (50.4%) of the respondents agreed that they appreciated the role of counseling in curbing consumption of illicit brew. Another 15.9% of the respondents strongly agreed. This gives a total of 66.3% of the respondents who indicated that they appreciate the role of counseling in curbing consumption of illicit brew. On the desire that illicit brew consumers receive counseling, the study found that 38.2% of the respondents agreed that they would like all consumers of illicit brew to receive counseling. An additional 29.5% strongly agreed. This cumulatively gives 67.7% of the total respondents who indicated that they supported all consumers of illicit brews to receive counseling. This shows strong support among consumers of illicit brew for counseling as a strategy to help them quit the consumption of illicit brew. On the preferred counseling methods amongst illicit brew consumers, the study revealed that 49.6% of the consumers preferred group counseling to individual counseling. The study further found that 56.6% of the respondents preferred receiving their counseling through family based counselingtoobtaining it through rehabilitation centers. This shows that among illicit brews consumers, family based counseling is more preferable to therapy at a rehabilitation center. These findings suggest that consumers of illicit brews would prefer group based counseling but not in a rehabilitation center. This shows that 'out-patient' counseling is more preferred by consumers of illicit brewto 'in-patient.'

On relations between counselors and the illicit brew consumers, the study revealed that 45.47% of the respondents agreed, while 23.84% strongly agreed that they liked their counselors. This gives a total of 69.31% of the respondents who indicated that they liked their

counselors. This implies that the illicit brew consumers who were receiving counseling had a favorable opinion of their counselors. The study further found that majority (45.62%) of the respondents agreed that they coped well with their counselor while 20.96% strongly agreed. This gives a total of 66.6% of the respondents who stated that they coped well with their counselor. This shows that there is good relationship between the counselors and consumers of illicit brews in Laikipia County. On counseling environment, the study found that 62.1% of the respondents were satisfied with the conduciveness of their counseling environment. This shows that counseling environments in Laikipia County are conducive and are favorable for recovery of illicit brew consumers. On effectiveness of counseling, the study found that nearly half (44.5%) of the respondents agreed that counseling that they received had been effective while 16.7% strongly agreed. This gives a majority (61.2%) of the respondents who believed that counseling they received was effective. This shows that the counseling that illicit brew consumers in Laikipia County receive is effective in curbing consumption of illicit brew (African Insight, 2010, Alcohol Abuse Essentials, 2014)

5.2.6 Effectiveness of Rehabilitation Centers

The study sought information on the effectiveness of rehabilitation centers and made the following findings. On whether or not counseling was making a significant contribution to curbing consumption of illicit brews, the study revealed that 22.32% of the respondents agreed, while another 13.69% strongly agreed. This gives a total of 36.01% of the respondents who indicated that rehabilitation centers play a significant role in curbing the consumption of illicit brews in Laikipia County. In addition 33.93% of the respondents were not sure whether or not rehabilitation centers were making a significant contribution to the curbing of consumption of illicit brews in Laikipia County. This shows that the contribution of rehabilitation centers to curbing consumption of illicit brews can be described as modest. On the affordability of rehabilitation centers, the study revealed that 40.18% of the respondents agreed, while 27.68% strongly agreed that rehabilitation centers' costs were beyond what families with individuals that consumed illicit brews could afford. This gives a total of 67.86% of the respondents who indicated that rehabilitation centers costs were beyond the means of most families with illicit brew consumers. This shows that the costs of rehabilitation centers in Laikipia County are high for most families with illicit brew consumers, thus lowering the effect of rehabilitation centers in illicit brew consumption.

On the adequacy of number of rehabilitation centers in Laikipia County, the study revealed that majority (60.42%) of the respondents strongly disagreed, while another 24.4%

disagreed, that the number of rehabilitation centers in Laikipia County is sufficient. This gives a total of 84.82% of the respondents who felt that the number of rehabilitation centers in Laikipia County is insufficient. This shows that the number of rehabilitation centers in Laikipia County is too small for the illicit brew counseling needs. On the quality of care in rehabilitation centers the study revealed that 36.01% of the respondents disagreed, while 35.12% strongly disagreed, that the facilities in rehabilitation centers were sufficient. This gives a majority of 71.13% of the respondents who thought that rehabilitation centers in Laikipia County had insufficient facilities. This shows that the facilities in terms of rehabilitation homes in Laikipia County are inadequate in meeting the counseling needs of illicit brew consumers. Furthermore, the study revealed that 48.81% of the respondents agreed, while 32.44% strongly agreed, that recovery time for consumers of illicit brews was shorter in rehabilitation centers than in alternate approaches such as home-based counseling. This gives a total of 81.25% of the respondents who believed that rehabilitating consumers of illicit brews is faster in a rehabilitation center than at home.

5.3 Conclusions

The study makes the following conclusions based on the objectives of the study

i. That most widely consumed illicit brews are the unlicensed wines and spirits (2^{nd} generation alcohol) followed by *chang'aa*, *busaa* and the least is *muratina*.
ii. Psychoanalytic therapy is used to a significant extent in the area though the counselors do not encourage clients to talk their mind out without interruption
iii. Cognitive counseling strategy is used to a significant extent though counselors do not assign clients' homework neither do they grade it
iv. Gestalt counseling strategy is used to a moderate extent though counselors do not promote rationality in the client's life management, neither do they promotes counseling of clients by the use of an empty chair
v. Psychoanalytic counseling strategyis more prevalent followed by Cognitive therapy then Gestalt counseling strategy
vi. Psychoanalytic counseling strategyis mainly used in institutions such as schools and colleges while both Cognitiveand Gestalt counseling therapies are mainly used in rehabilitation centers
vii. Individual-based counseling is a more popular method for counselors followed by family based counseling then group based counseling

viii. Clients like thecounselors and would like other consumers of illicit brews to receive counseling.

ix. Clients prefer group counseling to individual counseling, while most would rather have family based counseling than through rehabilitation centers.

x. Rehabilitation centers play a modest role in curbing the consumption of illicit brews in Laikipia County

xi. Facilities in terms of rehabilitation homes in Laikipia County are inadequate in meeting the counseling needs of illicit brew consumers.

xii. Rehabilitating consumers of illicit brews is faster in a rehabilitation center than at home

xiii. Counseling has contributed to reduction of illicit brews consumption in Laikipia County to a moderate extent

5.4 Recommendations

The study makes the following recommendations:

i. Counselors should improve their counseling skills and practices in order to increase effectiveness in reducing consumption of illicit brews in the target area.

ii. Counselors that use Psychoanalytic counseling strategy should encourage clients to talk their mind out without interruption, those using cognitive counseling strategy should improve on assigning clients' homework and grade it, while those using Gestalt should promote both rationality in the client's life management, as well as the use of an empty chair

iii. Both the government and counselors should embark on a sensitization programmes to increase the use of counseling strategies in curbing consumption of illicit brews.

iv. The County government shouldincrease the number of rehabilitation homes by investing in low cost community based rehabilitation centers, in order to make the services available and affordable to low income alcoholics.

v. The national government should establish standards for management of rehabilitation centers.

vi. Recovered illicit brew addicts should be co-opted into rehabilitation programs to encourage other illicit brew consumers to get counseling.

5.5 Suggestions for Further Research

The study would like to suggest the following topics as areas for further research.

i) The contribution of illicit brew crackdowns on curbing of illicit brew consumption in the country.

ii) An assessment of the contribution of NACADA to counseling against drugs and substance abuse.

iii) Factors that influence the propensity of alcohol addicts to seek counseling

iv) A replica of this study in another part of the country.

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Appendix 1: Krejcie and Morgan's Sample Size table

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Source: (Chuan, 2006)

Note.—*N* is population size.

s is sample size.

Appendix 2: Questionnaire for Counselors

SECTION A: General Information

Kindly answer the questions in the following section, about your background information, and tick the box [√] which applies to you.

What is your age group?

i) Below 25 years old ( ) ii) 26-35 yrs old ( )

iii) 36-45 yrs old ( ) iv) 46-55 yrs old ( )

v) 56 yrs and above ( )

What is your gender?

i) Male ( ) ii) Female ( )

3. What is your marital status?

i) Single [ ] ii) Married [ ] iii) Divorced [ ] iv) Widowed [ ]

v) Separated [ ]

4. What is your level of education?

i) Primary level [ ] ii) Secondary level [ ] iii) Post graduate level [ ]

iv) Graduate level [ ]

5. Where do you work?

i) School Counselor [ ] ii) Church Minister [ ] Private Practitioner [ ]

iii) With Government (e.g. NACADA, Chief etc.) [ ] At rehabilitation Home [ ]

iv) Other [ ].....

Section B: Effectiveness of Psychoanalytic Therapy on Curbing Consumption on Illicit Brews

STATEMENT	1	2	3	4	5
The counselor allows the client to talk his mind out without interruption					
The counselor intensely listens to the clients with an aim of understanding what is in the unconscious mind					
The counselor encourages the client to speak about childhood experiences					
The counselor links childhood experiences to the drinking habits of the client					
The counselor encourages the client to talk about what they dream when asleep with an aim of relating them to drinking illicit					
The counselor encourages the client to express either positive or negative feelings that were previously directed to					

a parent or any other person in the life of the client					
The counselor enables the client to deviate from attachment to prior positive or negative feelings with an aim of enabling the client to take full responsibility of his/her situation					
The counselor encourages the client to identify situations that are likely to trigger relapse e.g. having friends that drink alcohol or walking near where there is alcohol.					
The counselor identifies when the client is avoiding the therapy (e.g. getting late for appointments, being silent) and responds appropriately					

Section C: Effectiveness Cognitive Therapy counseling skill in illicit brew

STATEMENT	1	2	3	4	5
The counselor helps the client understand about his/her thoughts					
The counselor helps the client to develop their own solutions to the problem					
The counselor assists the clients to avoid irrational and over-generalized thought processing.					
The counselor encourage the client to share with his/her evidence based decision making					
The counselor assist the client to relax					
The counselor assist the client to attain thought processing that is directed towards right thinking					
The counselor assist the client to question evidence					
The counselor encourages the client to practice appropriate behaviors					
The counselor signs clients homework and grades it					
The counselor enables the client to work out the solutions					
The counselor supports the client to make good decisions regarding drinking of illicit brew					
The counselor encourages the client to solve personal problems					
The counselor encourages the client to take self support initiative through gathering of knowledge and understanding					
The counselor enables the client to know the value of interacting with others as a support to recovery					
The counselor enables the client to understand and acquire social norms and values that do not or promote drinking e.g. associating with alcoholic anonymous					
The counselor enables the client express his thinking during counseling session					
The counselor encourages the client to express his/her plans					

Section D; Effectiveness of Gestalt Therapy counseling skill on illicit brew

STATEMENT	1	2	3	4	5
The counselor enables the client to view himself within the context of whole being (body, soul and spirit)					
The counselor enables the client to be brought to self awareness					
The counselor enables the client to understand the negative effect of using illicit brews on personal health and social/family health					
The counselor enables the client to understand the situation right now and here.					
The counselor encourage the client to act in a certain direction that will move him/her away from illicit brews					
The counselor draws the client to an experience with an aim of encouraging change					
The counselor encourages the client on development of a right feeling					
The counselor encourages the client to determine what is right and what is wrong					
The counselor promotes rationality in client's life management					
The counselor promotes counseling of the clients by the use of an empty chair					

Section E: Prevalence of Counseling Strategies

i. Kindly tick (√) in the box on extent to which you use the following counseling strategies

Statement	**Measure**	**Response (√)**
I use Psychoanalytic therapy to (that is a therapeutic process which helps patients understand and resolve their problems by looking at experiences from early childhood to see if these events have affected the individual's life, or potentially contributed to current concerns.)	High Extent	
	Medium Extent	
	Low Extent	
	Never use	
I use Cognitive therapy to (that a therapeutic process in which negative patterns of thought about the self and	High Extent	
	Medium Extent	
	Low Extent	

the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression	Never use	
I use Gestalt approach to (that is a therapeutic that derives from the gestalt school of thought and that is guided by the relational theory principle that every individual is a whole (mind, body and soul), and is best understood in relation to his/her current situation as he or she experiences it)	High Extent	
	Medium Extent	
	Low Extent	
	Never use	

ii. Kindly tick (√) in the box on extent to which you use counseling in context (either individual based, family based or group based) below

Statement	**High Extent**	**Medium Extent**	**Low Extent**	**Never use**
In my counseling activities Individual Based counseling is prevalent to a				
In my counseling activities Family Based counseling is prevalent to a				
In my counseling activities Group Based counseling is prevalent to a				

iii. Kindly tick (√) next to where you use the listed counseling strategies

Mode	**Institutions such as schools or colleges**	**Rehabilitation centers**	**Office**	**Religious institutions**	**Home**
I use Psychoanalytic therapy at					
I use Cognitive therapy at					
I use Gestalt approach at					

Section F: Effectiveness of Rehabilitation Centers

Kindly consider the statements that follow regarding the effectiveness of rehabilitation centers in curbing illicit brew consumption in Laikipia County and tick the box which indicates how much you agree or disagree with them.

KEY: 1= Strongly Agree, 2= Agree, 3= Not Sure, 4= Disagree, 5= Strongly Disagree

STATEMENT	1	2	3	4	5
The contribution of rehabilitation centers in curbing consumption of illicit brews in Laikipia is significant					
The costs are too high for most affected individuals and families					
The number of rehabilitation centers in Laikipia is sufficient to meet the need.					
Available rehabilitation centers have enough facilities					
It takes an alcohol addict shorter period of recovery when in a rehabilitation center than at home					

Section G: Consumption Trends of illicit Brews

To what extent is each of the following brews consumed in your area?

Key

1=Great Extent. 2 = Moderate Extent 3= Low Extent 4= Not at all

Category				
Chang'aa				
Muratina				
Busaa				
Unlicensed or contaminated bottled 'wines and spirits'				
Any other (please write it down)				

ii. Please respond to these statements by indicating the one you agree with.

How many people consume illicit brews in your area	0	
	1-10	
	11-20	
	21-30	
	31-40	
	41-50	
	Above 50	

To what extent are counseling strategies assisting in lowering prevalence of illicit brews abuse in the County	High	
	Moderate	
	Low	
By estimation, how many have you counseled out of illicit brews in the last one year	0	
	1-5	
	6-10	
	11-15	
	16-20	
	21-25	
	26-30	
	31-35	
	36-40	
	41-45	
	45-50	
	More than 50	

iii. What other counseling modes do you use (please briefly tell why you use them)

_____

_____

iv. Do you think more should be done to improve the contribution of counseling in curbing consumption of illicit brews in Kenya? Please explain

_____

_____

_____

_____

Thank you for taking your time to respond to this questionnaire

Appendix 3: Consumers of illicit brews' questionnaire

SECTION A: General Information

Kindly answer the questions in the following section, about your background information, and tick the box [√] which applies to you.

What is your age group?

i) Below 25 years old ( ) ii) 26-35 yrs old ( )

iii) 36-45 yrs old ( ) iv) 46-55 yrs old ( )

v) 56 yrs and above ( )

What is your gender?

i) Male ( ) ii) Female ( )

3. What is your marital status?

i) Single [ ] ii) Married [ ] iii) Divorced [ ] iv) Widowed [ ]

v) Separated [ ]

4. What is your level of education?

i) Primary level [ ] ii) Secondary level [ ] iii) Post graduate level [ ]

iv) Graduate level [ ]

5. What is your occupation?

.....

6. How did you get to start counseling?

i) Family brought me [ ] ii) My friends brought me [ ]

iii) I brought myself [ ]

iv) Other ways (please indicate here)…….

Section B: Effectiveness of Psychoanalytic Therapy on Curbing Consumption on Illicit Brews

STATEMENT					
The counselor allows me to talk his mind out without interruption					
The counselor intensely listens to me with an aim of understanding what is in the unconscious mind					
The counselor encourages me to speak about childhood experiences					
The counselor make efforts to link childhood experiences to my drinking habits					
The counselor encourages me to talk about what I dream about when asleep with an aim of relating them to					

drinking illicit					
The counselor encourages me to express my positive or negative feelings that were previously directed to a parent or any other person in my life					
The counselor enables me to deviate from attachment to prior positive or negative feelings with an aim of enabling me to take full responsibility of my situation					
The counselor encourages me to identify situations that are likely to trigger relapse such as having friends that drink alcohol or walking near where there is alcohol.					
The counselor identifies when I am avoiding the therapy such as getting late for appointments, being silent and responds appropriately					

Section C: Effectiveness Cognitive Therapy counseling skill in illicit brew

STATEMENT					
The counselor helps me to understand about his thoughts					
The counselor helps me to develop my own solutions to the problem					
The counselor assists me to avoid irrational and over-generalized thought processing.					
The counselor encourage me to share with my evidence based decision making					
The counselor assists me to relax					
The counselor assist me to attain thought processing that is directed towards right thinking					
The counselor assist me to question evidence					
The counselor encourages me to practice appropriate behaviors					
The counselor assigns me homework and grades it					
The counselor enables me to work out the solutions					
The counselor supports me to make good decisions regarding drinking of illicit brew					
The counselor encourages me to solve personal problems					
The counselor encourages me to take self support initiative through gathering of knowledge and understanding					
The counselor enables me to know the value of interacting with others as a support to recovery					
The counselor enables me to understand and acquire social norms and values that do not or promote drinking e.g. associating with alcoholic anonymous					
The counselor encourages me to express my thinking during counseling session					
The counselor encourages me to express his/her plans					

Section D; Effectiveness of Gestalt Therapy counseling skill on illicit brew

STATEMENT					
The counselor enables me to view myself within the context of whole being (body, soul and spirit)					
The counselor encourages me to come to self awareness					
The counselor encourages me to understand the negative effect of using illicit brews on personal health and social/family health					
The counselor encourages me to understand the situation right now and here.					
The counselor encourages me to act in a certain direction that will move me away from illicit brews					
The counselor draws me to an experience with an aim of encouraging change					
The counselor encourages the client on development of a right feeling					
The counselor encourages me to determine what is right and what is wrong					
The counselor promotes rationality in my life's management					
The counselor uses empty chair when counseling me.					

Section E: Effectiveness of Rehabilitation Centers

Kindly consider the statements that follow regarding the effectiveness of rehabilitation centers in curbing illicit brew consumption in Laikipia County and tick the box which indicates how much you agree or disagree with them.

KEY: 1= Strongly Agree, 2= Agree, 3= Not Sure, 4= Disagree, 5= Strongly Disagree

STATEMENT	1	2	3	4	5
The contribution of rehabilitation centers in curbing consumption of illicit brews in Laikipia is significant					
The costs are too high for most affected individuals and families					
The number of rehabilitation centers in Laikipia is sufficient to meet the need.					
Available rehabilitation centers have enough facilities					
It takes an alcohol addict shorter period of recovery when in a rehabilitation center than at home					

Section F: Consumption Trends of illicit Brews

To what extent is each of the following brews consumed in your area?

Key

1=Great Extent. 2 = Moderate Extent 3= Low Extent 4= Not at all

Category				
Chang'aa				
Muratina				
Busaa				
Unlicensed or contaminated bottled 'wines and spirits'				
Any other (please write it down)				

Kindly consider the statements that follow regarding your perceptions of illicit alcohol brew consumptionandcounseling in Laikipia County and tick the box which indicates how much you agree or disagree with them.

KEY: 1= Strongly Agree, 2= Agree, 3= Not Sure, 4= Disagree, 5= Strongly Disagree

STATEMENT	1	2	3	4	5
I appreciate counseling is helping me get out of alcohol addiction					
I would like all those addicted to undertake counseling therapies					
I prefer to be counseled alone rather than in a group					
Family based counseling is better than being taken to a rehabilitation center					
I like my counselor					
I cope well with my counselor					
The counseling environment is conducive for counseling					
I participated in determining what method was be used in my rehabilitation process.					
This far the counseling I have gone through has been effective					

What would you like changed to improve on the counseling

_____

_____

_____

Thank you for taking your time to respond to this questionnaire

Appendix 4: Schedule for the Focus Group Discussion for Counselors

Topic: The Impact of Counseling Strategies Used In Curbing Consumption of Illicit Brews in Laikipia County

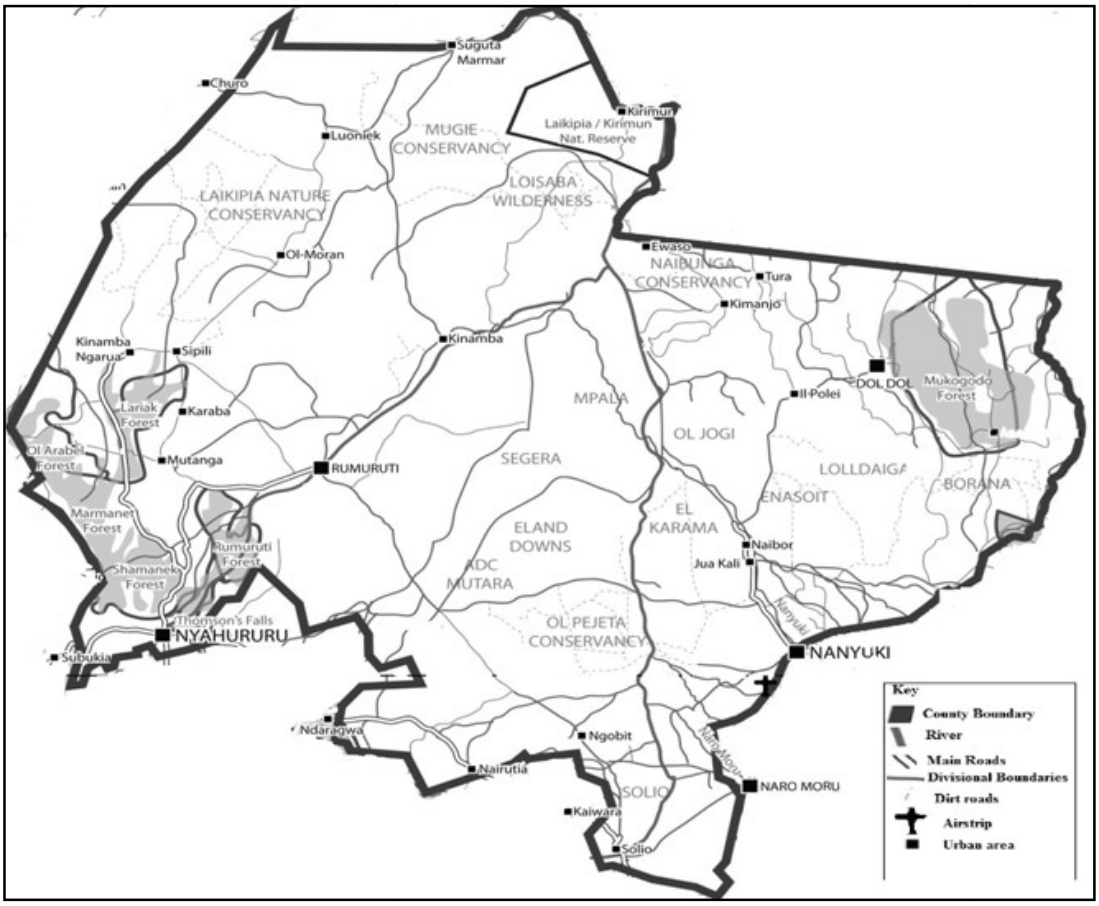
1. Based on your experience what do you think is the efficacy of the following strategies used by counselors in curbing consumption of illicit brews in Laikipia County?
   -Psychoanalytic Therapy
   -Cognitive Therapy
   -Gestalt Therapy
   -Any other?
2. In case you use more than one which one do you combine and why?
3. Counseling may be either done at an individual, at family or a group level. What is your opinion regarding these different modes? Please support your answer.
4. Is counseling assisting curbing of consumption of illicit brews in Laikipia County?
5. What is the role of rehabilitation homes in curbing consumption of illicit brews?
6. Do you think enough is being done to curb consumption of illicit brews through counseling in Laikipia County?
7. What would you suggest counselors should do to improve the situation?

Appendix 5: Interview Schedule for the Focus Group Discussion: Beneficiaries

Topic: The Impact of Counseling Strategies Used in Curbing Consumption of Illicit Brews in Laikipia County.

8. Counseling may be either done to an individual, at family level or in a group. What is your opinion regarding these different modes. What has the highest impact on you according to your opinion and why?
9. Is counseling assisting you quit consumption of illicit brews?
10. What is the role of rehabilitation homes in curbing consumption of illicit brews?
11. Would you prefer to be admitted in a rehabilitation home?
12. Do you think enough is being done to curb consumption of illicit brews through counseling in Laikipia County?
13. What would you suggest counselors should do to improve the situation?

Appendix 6: Map of Area



Source: (Mapcarta, 2014)

APPENDIX 7: LIST OF PUBLICATIONS AND PRESENTATIONS

1. Gikonyo, R. W., & Njagi, k. (2016). The Influence of Demographic Factors on Peer Pressure Among Secondary School Adolescents in Nyahururu Laikipia County. *The Journal of Research on Humaniities and Social Sciences*.
2. Gikonyo, R. W., & Njagi, K. (2016). The Influence of Peer Pressure On Irresponsible Sexual Behavior Among Secondary School Adolescents In Nyahururu Sub-County, Laikipia County, Kenya. *The Journal of Research on Humanities and Social Sciences*.
3. Gikonyo, R. W. (2016). Assesssing Whether Demographic Factors Influence Peer Pressure Among Secondary School Adolescents in Nyahururu. *Kabarak University 6th Annual International Conferencen Held on 13th-15th July 2016* (pp. 1-10). Nakuru: Kabarak University.
4. Gikonyo, R. W. (2016). Does Peer Pressure Influence Irresponsible Sexual Behaviors among Secondary School Adolescents in Nyahururu Division, Laikipia County, Kenya. *Kabarak University 6th Annual International Research Conference Held on 13th -15tj July 2016* (pp. 1-9). Nakuru: Kabarak University.

Appendix 8: University Letter

INSTITUTE OF POST GRADUATE STUDIES AND RESEARCH

Private Bag - 20157
KABARAK, KENYA
E-mail: directorpostgraduate@kabarak.ac.ke

Tel: 0773265999
Fax: 254-51-343012
www.kabarak.ac.ke

10th December, 2015

Ministry of Education, Science and Technology,
National Commission for Science, Technology and Innovation,
9th Floor, Utalii House,
P.O. Box 30623 – 00100,
NAIROBI.

Dear Sir/Madam,

RE: RESEARCH BY GDE/M/1050/09/13– REBECCA W. GIKONYO

The above named is a Doctoral student at Kabarak University in the School of Education. She is carrying out research entitled "The Impact of Counselling Strategies used in Curbing Consumption of Illicit Brews in Laikipia County"

The information obtained in the course of this research will be used for academic purposes only and will be treated with utmost confidentiality.

Please provide the necessary assistance.

Thank you.

Yours faithfully,

KABARAK UNIVERSITY
POSTGRADUATE STUDIES & RESEARCH DEPT
10 DEC 2015
PRIVATE BAG - 20157, KABARAK

Dr. Betty Tikoko
DIRECTOR POST GRADUATE STUDIES & RESEARCH

Appendix 9: Research Authorization Letter

NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax:+254-20-318245,318249
Email:dg@nacosti.go.ke
Website: www.nacosti.go.ke
when replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.
NACOSTI/P/16/19491/9110

Date:
29th April, 2016

Rebecca Wangari Gikonyo
Kabarak University
Private Bag - 20157
KABARAK.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"The impact of counseling strategies used in curbing consumption of illicit brews in Laikipia County,"*** I am pleased to inform you that you have been authorized to undertake research in **Laikipia County** for the period ending **29th April, 2017.**

You are advised to report **the County Commissioner and the County Director of Education, Laikipia County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Laikipia County.

The County Director of Education
Laikipia County.

Appendix 10: Research Permit

THIS IS TO CERTIFY THAT:
MS. REBECCA WANGARI GIKONYO
of KABARAK UNIVERSITY, 0-20300
NYAHURURU,has been permitted to
conduct research in *Laikipia County*
on the topic: *THE IMPACT OF COUNSELING STRATEGIES USED IN CURBING CONSUMPTION OF ILLICIT BREWS IN LAIKIPIA COUNTY*
for the period ending:
29th April,2017

Permit No : NACOSTI/P/16/19491/9110
Date Of Issue : 29th April,2016
Fee Recieved :Ksh 2000

.....
Applicant's Signature

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA

National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No. A 8859

CONDITIONS: see back page