

Prevalence and Risk of Alcohol Use among Palliative Care Patients in Kenya: Case Study of Coast Region

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Abstract

Alcoholism is a health concern in the general public, which is likely to affect special populations including those in palliative care settings. Alcohol use among Persons Living with Palliative Care Needs (PLWPCNs) can pose a major challenge in pain and symptom management. However, the frequency of alcohol use in this population is under-recognized and has not been adequately addressed in Kenya. The study aims to assess the risk factors and frequency of alcohol consumption among PLWPCNs; as well as determine the effects of alcohol use among patients and families in outpatient palliative care settings in Kenya. Information of 150 patients referred to the outpatient hospice facility in the Coast region of Kenya was retrospectively reviewed. Additionally, an interview schedule was administered to the hospice care providers to determine the prevalence and risk factors of alcohol use among the patients. The results indicated that the majority of the participants were using alcohol. The study recommends appropriate assessment

for risk of current or past alcoholism as well as the use of comprehensive interventions to improve the quality of life of these patients and their families.

Keywords: Alcoholism, Alcohol Use, and Abuse, Hospice, Palliative Care, Persons Living with Palliative Care Needs (PLWPCDs)

Introduction

Global trends indicate that alcohol is the most widely abused substance in most countries, including African countries such as Kenya. Alcohol use disorder (AUD) continues to be a major global burden. According to the Diagnostic and Statistical Manual for Mental Disorders (DSM 5), 3.6% of the world population suffers AUD (American Psychiatric Association, 2013), while over 80% of adults in the United States of America (USA) report having consumed alcohol at some point in their lifetime (SAMHSA, 2015). About 25% of all the alcohol consumed globally is unrecorded (World Health Organization, 2018). The increasing trend has also been observed in Africa, within the late twentieth century (Mungai & Midigo, 2019). In Kenya, alcohol consumption has increased tremendously among the younger and older population. According to the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), alcohol abuse is high compared to other substances. Statistics indicate that 16% of the persons between 15-65 years of age have been reported to be either moderate users, abusers, or dependent on alcohol (Kiemo, 2016). Additionally, Bali Beginnings Rehab (2018) indicates that although most drug abusers in Kenya use various substances, the most commonly abused is alcohol.

In the recent past, there has been a growing concern about alcohol and substance abuse in special populations. A study in Kenya reported that about 28.2% of persons with disabilities (PWDs) have used alcoholic beverages (Kathungu, Mwaura, & Wambugu, 2015). There is a likelihood that alcoholism and other substance use is also affecting clinical settings such as Hospices and Palliative Care Units (H&PCU)

facilities. In their interactions with patients, palliative care providers encounter multiple issues including drug and alcohol-related problems. However, the prevalence of alcohol dependence in H&PCUs is not very clear with various studies showing inconsistent results. Some statistics in the United States show base rates of 6-15% of alcohol and substance abuse in palliative care while others show a range of alcohol dependence as 3-19% (Webber, Davies, Leach & Bradley, 2020). Other estimates indicate 28% of alcohol use in palliative care (MacCormac, 2017). In addition, some of the studies conducted on the prevalence of alcohol dependence in patients with advanced cancer have reported varying results depending on the type of tools used. For instance, a study carried out in the UK using the CAGE questionnaires showed that 11% of the cancer patients screened positively for alcohol dependence while Alcohol Use Disorders Identification Test (AUDIT) showed a prevalence of 5% (Webber, et al., 2020). Alcohol use and abuse in palliative care have been attributed to some specific needs associated with the distress that comes with terminal conditions, comorbidities as well as inadequate social support networks (MacCormac, 2017).

Despite all these statistics, alcoholism is unrecognized, underdiagnosed, and therefore undertreated among patients in palliative care settings in Kenya. This may be attributed to the fact that alcohol drinking has a socio-cultural significance attached to it particularly in Africa making it difficult to see or question the negative effects in increasing the disease burden (Ferreira-Borges, Parry & Babor, 2017). In addition, although substantial documented palliative care research has been conducted in Kenya, most of it has focused mainly on issues related to patient care, palliative guidelines, and symptom management. As a result, not much has been done in the area of alcohol use and abuse in H&PCUs. The purpose of this study is to find out the prevalence and risks of alcohol abuse in palliative care settings and determine the need for screening and appropriate interventions.

The main focus of palliative and hospice care is to offer a holistic approach that provides patients

with relief from symptoms, pain, and stress of life-threatening conditions. In Kenya, palliative care is offered mainly in stand-alone hospice facilities and other palliative care units which are commonly found within main hospitals. This study focused on an outpatient hospice facility in the coastal region of Kenya which supports mainly patients and their families facing life-limiting illnesses. The majority of the patients seen in Kenyan hospices suffer from either cancer (78%) or HIV/AIDS (30%) related conditions (Ministry of Health, 2021). To offer quality services to its clients, the hospice employs a holistic approach using a multidisciplinary team. The main challenge is that majority (80%) of the patients visiting the hospice present with advanced incurable disease conditions (Ali, 2016). Consequently, they suffer a myriad of symptoms with about 75% experiencing intense pain (Ministry of Health, 2021) which may call for a constant increase in medication dosage to control the pain. Hence, the use of alcohol and other substances in terminally ill patients within the hospice can result in numerous challenges. This may become more complex given that most hospices in Kenya operate with very limited resources.

A major challenge posed by alcohol use in palliative care relates to pain and symptom management. Alcoholism has been associated with poor pain control. Most of the medication used to manage pain includes opioids. Some of the patients with a history of alcohol use may tend to fear using opioids even though they may be experiencing intense pain, making it more difficult for the care providers to effectively control their pain (Ebenau, Dijkstra, Ter Huurne, Hasselaar, Vissers, & Groot, 2020). Literature reveals that sometimes use of opioids does not adequately control pain and that half of the patients do not respond at all (Ebenau et al., 2020). Therefore, most of these patients become frustrated and unable to cope with the unbearable pain. To manage the pain and cope with these frustrations, they may resort to increased consumption of alcohol which can lead to other risks such as alcoholism and increase the disease burden.

Persistent alcohol use can result in several consequences including nausea, bloating,

gastritis, liver cirrhosis as well as adverse emotional effects like feelings of sadness, irritability among others (APA, 2013). Alcohol use has been reported to be a major cause of morbidity and mortality worldwide (Rehm & Shield, 2019). The WHO Report (2018) estimates that 7.2% of all premature global deaths in the year 2016 resulted from alcohol consumption. It also contributes to more than 200 diseases and injury-related health conditions such as alcohol dependence, liver cirrhosis, cancers, and injuries (Rehm & Shield, 2019). Moreover, alcohol consumption has been identified as carcinogenic for the majority of categories of cancer including but not limited to oral cancers, colon, liver, breast as well as pancreatic cancer (National Cancer Institute, 2015). Other possible complications that could result from excessive consumption of alcohol include a variety of conditions such as vascular and Alzheimer's disease (Rehm, Hasan, Black, Shield, & Schwarzingler, 2019). This implies that alcohol use or abuse can expose these patients who are already suffering from cancer-related complications to more risks, thus reducing their quality of life.

Patients who have a history of alcoholism may be more susceptible to addiction and are poorly compliant with treatments. Findings from a study on the frequency of alcoholism in patients with advanced cancer admitted in a palliative care unit and home care program revealed that 3.83% were high alcohol consumers or had a history of alcoholism and expressed symptoms of distress (Mercadante, Porzio, Caruselli, & Aielli, 2015). Due to the psychological distress that comes with the diagnosis and treatment of cancer, some patients may start consuming alcohol to relieve the pain and stress or increase the intake which becomes more detrimental and affects the pain management process. For instance, a study on alcohol consumption and survival of colorectal cancer patients in Germany indicated that 10% of the patients who were still alive five years after diagnosis increased their alcohol consumption (Walter, Jansen, & Brenner, 2016). This could also be attributed to the fact that alcoholism is likely to affect their social support system like the relatives and the community at large and it may weaken their coping mechanisms.

The Kenya Hospices and Palliative Care Association (KEHPCA) focuses on promoting and supporting affordable quality palliative care all over the country (KEHPCA, 2015). The goal is to enhance the quality of life for this population. This is in line with Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) 3. Alcohol consumption is targeted in the health SDG 3 which emphasizes the prevention and treatment of substance use, narcotic drug abuse, and harmful use of alcohol (WHO, 2018). These goals may not be realized if alcohol abuse in HPCs is not adequately assessed and addressed. The Government of Kenya has documented alcohol and other drug abuse as a major threat to the lives of her citizens (Ministry of Interior and Coordination of National Government, 2018). This includes persons living with life-threatening conditions such as the patients seeking services in hospices. This, therefore, calls for more attention in matters relating to alcohol consumption among patients in palliative care.

Objective of the Study

The study aimed at assessing the prevalence, risk factors, and frequency of alcohol consumption among patients in hospice care settings in Kenya; and to determine the strategies that can be used to address alcohol abuse in hospice care settings.

Methodology

This study adopted a cross-sectional descriptive design and was conducted at the outpatient Hospice care facility located in Mombasa County which is within the coastal region of Kenya. Data of 112 patients who were purposively sampled; and had visited the facility between 2017 and 2019 was reviewed and summarized. Only information of patients with a history of alcohol and other substance use was selected and included in the analysis of the study. The research instruments used a questionnaire, for demographic information, medical history as well as individual and family history of substance use. Assessment of alcohol use was done using the CAGE questionnaire by Mayfield, McLeod, and Hall (1974). It contains four questions about lifetime alcohol consumption. A cut off score of 2 or more positive answers was used to determine

alcohol dependence. Additionally, an interview schedule was purposively administered to all the nine hospice care providers to determine the risks for alcohol use among the patients. The collected data were analyzed using descriptive statistics in form of frequencies and percentages and presented in tables and pie charts.

Permission was sought from the facility administration and informed consent was included on the first page of the questionnaire with details of the procedure, possible risks, and benefits as well as the patients' willingness to participate. Only willing participants were included in the study.

Results

The purpose of the study was to assess the prevalence and risk of alcohol consumption among palliative care patients, with a focus on the coastal region. The demographic characteristics of the participants are presented in Table 1. Majority (58%) of the participants were males compared to their female counterparts (42%). With regards to age, those who were 61 years and above accounted for 34%, followed by 27% who were aged between 51 and 60 years. Only a small percentage of the participants (4%) were aged between 20 and 30 years. In terms of the type of cancer, a majority (39%) of the participants suffered from oral cancer, followed by cancer of the reproductive organs (21.4%) while 10% had gastrointestinal cancer. Abdominal and skin cancer accounted for 8% each and breast cancer was 6%. These findings suggest that there is a relatively high number of men suffering from various types of cancer as compared to women in Mombasa County, whether this is a reflection of the situation in the country is a matter of further study. Additionally, the findings reveal that older persons are more affected by cancer than young people. These findings suggest that the risk of getting cancer increases with age as mentioned by past researchers like Trabert, Tworoger, and O'Brien (2020). This may be the reason medics advocate for regular screening beginning at an early age.

Prevalence of Alcohol Use among Patients

The study results showing the trends of alcohol use as well as other substances were presented in Figure 1. In the general prevalence of substance use, the study found that the majority (64%) used alcohol while 36% used other substances such as tobacco, bhang, khat, betel nuts, and artane. It is worth noting that the study findings showed that the majority of the respondents who used alcohol also used tobacco. These findings reveal a trend that should give concern to the medics and caregivers of these patients. The use of drugs and substances can interfere with treatment measures offered to these patients hence their overall wellbeing. The findings might be an indication of psychological issues the patients are trying to handle like; anxiety, fear of the unknown or even depression brought about by cancer.

Gender Differences in Alcohol Use

Alcohol use according to gender was analyzed and summarized in table 2. Out of the total participants who used alcohol (N=70), the findings showed that a higher percentage of male patients (62%) used alcohol compared to their female counterparts (38%) respectively. These findings confirm the existing fact that there is a high alcohol use among males than females. However, in regards to the current study, it might mean that women have better ways of handling stress, anxiety, fear, and other issues that come with cancer than men, and hence more men turn to alcohol and drugs to deal with their feelings.

Age and Alcohol Use

Analysis of alcohol use was done based on age and results were summarized in figure 2. The results showed that alcohol use was more dominant in patients of 51-60 years of age accounting for 31.3%, followed by patients who are 61 & above years (28.1%) and 18.8% for patients aged 31-40 respectively. 6.3% of patients aged 20-30 used alcohol while 15.6% were between ages 41-50. These results indicate that there is a higher alcohol use among the aged patients compared to the younger ones. These findings may be attributed to a number of factors. It is possible that older individuals are overburdened in terms

of the stress that comes with the disease, worrying about family, hospital bills and other related expenses, hence turning to alcohol as a way of self-medication. There is a likelihood that the older persons were already using drugs and substances before the illnesses. The younger people may be cushioned to some extent because they rely on their parents or relatives for support.

Type of Cancer and Alcohol Use

Alcohol use was found to be more predominant among patients with oral (31%) and reproductive organs (23%) cancers as shown in Table 3. The findings also indicated that 14% suffered from gastrointestinal-related cancer while 9% had abdominal and the other 9% suffered from skin cancer respectively. Additionally, 6% of the patients had breast cancer while 3% were suffering from cancer of the pulmonary region. Only 1% of the participants who suffered from cancer of the eye, and blood cancer (1%) consumed alcohol.

Risk Factors of Alcohol Use in Hospice Patients

An interview schedule was administered to nine care providers working within the hospice facility to determine the possible risk factors for alcohol use among patients. From the perspectives of the care providers, several factors put the patients at risk for continued use of alcohol. History of alcoholism among patients was cited as a major risk for alcohol dependence among patients. Moreover, seven out of the nine care providers interviewed; reported that most patients who experienced difficulties in controlling alcohol consumption included: those who were dependent before they were diagnosed with the disease; and patients living with family members who struggle with alcoholism. This made it more challenging for them to reduce or stop taking alcohol, thus exposing them to further risks. According to the DSM 5, the rate of alcohol use disorder is three or four times higher in close relatives of individuals with the same disorder (Gowin, Sloan, Stangl, Vatsalya, & Ramchandani, 2017).

Anxiety and fear of the unknown, as well as fear of death, were also cited as factors that predispose patients to risks for consumption of alcohol and

other substances. According to the patients, the nature of the illness created some uncertainties especially when they received the news of the cancer diagnosis. To deal with these anxieties and fears, individuals resort to alcohol consumption without considering the risks involved.

This notwithstanding, the stress associated with the illness is immense not only to the individual patient but also to the significant others. The physical, psychological, and emotional distress that comes with life-threatening illnesses such as cancer, may weigh down the coping mechanisms of these patients as well as their caregivers. Consequently, this could pose a risk for maladaptive coping including increased use of alcohol or other substances to relieve the stress.

In addition, inadequate management of pain and symptoms was cited as a risk factor for alcohol use. When patients suffer prolonged pain, they are likely to use alcohol or other substances as a way of self-medication to try and relax their pain. Subsequently, there is a risk for developing tolerance which may result in dependence on alcohol for pain management.

Discussion

The findings of the study have shown that alcohol consumption is a concern among patients in hospice and palliative care. The results established that a higher percentage of patients used alcohol. Of major concern is the fact that many of these patients suffer life-limiting conditions with heavy symptoms, and thus alcohol use may increase the disease burden. Consequently, this makes them more vulnerable to other alcohol-related health hazards such as liver diseases, accidents, injuries, higher death tolls, increased risk of cancers of the mouth, liver, and breast (Rehm & Shield, 2019); as well as subsequent cancer incidence among cancer survivors (KEHPCA, 2015).

The study found that more males (62%) used alcohol compared to females (38%) which is similar to the global trends. Regarding alcohol intake, the current results concur with past studies which have shown that men are more likely to develop alcoholism than women (National Cancer Institute, 2015). Moreover, several studies

also show that women are more likely to experience lifetime abstinence as compared to men (Li, Chen, & Ye, 2019). This tendency has been attributed to various factors ranging from sociocultural to biological factors. In some cultures, including the African communities, alcohol consumption among women is more restricted; this probably explains why more men rather than women could be using alcohol. In these cultures, there is a general view of women as homemakers or caregivers and their role of rearing children is key, and therefore they may spend more time in these roles leaving no time for fun which is more associated with alcohol drinking. However, some studies have shown that there is a gradual shift from these social norms that view women as homemakers leading to the narrowing of the gender gap difference in alcohol consumption and the resultant consequences (Tabuchi, Ozaki, Loka, & Miyashiro, 2015). This new trend is likely to be seen within the African cultures as well.

With regards to age, the study results indicated that alcohol use was predominant (80%) in patients aged above 41 years. The majority (65%) of these patients have been consuming alcohol since their young adulthood period. This implies that there exists more alcohol users in older patients, a trend that may cause concerns given the higher chances of negative health consequences due to alcohol consumption in this age group (Tabuchi et al., 2015; Trabert et al., 2020). The study findings showed that alcohol consumption was more among patients with oral and reproductive organs cancer. The American cancer society has linked most oral cancers such as cancer of the mouth, throat, voice box, and esophagus with alcohol use (Delker, Brown, & Hasin, 2016). However, several studies have shown inconsistent findings on the link between alcohol use and cancer of the reproductive organs (Aryal et al., 2015). Nonetheless, high consumption of wine may lead to ovarian cancer (American Cancer Society, 2017).

The results indicate a relatively high prevalence (64%) of alcohol consumption among patients in hospice care, an indication that this may be an issue of concern. Consequently, this calls for appropriate measures to be put in place to curb

the problem as part of the holistic care that HPCs aim to achieve. These strategies may probably help in the enhancement of the patients' quality of life; a goal that is part and parcel of hospice care. Appropriate policies could be formulated as well as practical intervention programs tailored to suit this vulnerable population.

Recommendations

During the interview, all the care providers gave their perspectives of the possible strategies that could address the issue of alcohol use and possible abuse by the patients under their care. These include:

- Interventions such as detoxification, encouraging controlled alcohol use, as well as treating patients experiencing alcohol withdrawal.
- Good practice in the management of patients who were cited as critical in hospice care. This could involve offering quality services, a holistic approach in treatment interventions as well as comprehensive assessment.
- The need to use a biopsychosocial approach which ensures that the physical, psychological, emotional, and social needs of the patients are adequately addressed.
- Mental health and additional counseling could be incorporated in caring for both patients and their families suffering from alcoholism.
- Support from the family which is viewed as necessary and a vital component of care and enhancing of quality of life of the patients.

Conclusion

In conclusion, alcoholism is a challenge among PLWPCNs and has a negative physical, social and psychological impact on both the patient and the family. Health care workers should evaluate misuse of alcohol among their patients and address it using a multidisciplinary approach. PLWPCNs should be empowered to have better coping mechanisms to reduce cases of alcoholism. Palliative care is a unique field and patients in need of palliative care have a myriad of challenges, therefore there is a need to

undertake interventional research to identify which approaches are suitable for this field. The research should focus mostly on Low and Middle-Income Countries where there are limited resources and diverse cultural factors that affect conventional interventions.

Study limitations

This study was conducted in Mombasa County and therefore the findings of this study might not reflect the situations in other parts of the county. The sample size was limited and the use of the self-report tool raises the possibility of bias. Therefore, future studies should incorporate more regions and have a bigger sample population for the generalizability of results. In addition, the researchers were unable to continue collecting data in the year 2020 due to COVID-19 restrictions and fewer patients were accessing the hospice facility for care.

TABLES

Table 1: Demographic characteristics of respondents

Characteristic	Frequency	Percentage
Gender:		
Male	65	58
Female	47	42
Age in years:		
20-30	5	4
31-40	12	11
41-50	27	24
51-60	30	27
61 and above	38	34
Types of Cancer		
Abdominal	9	8
Bone\Muscle	2	1.8
Breast	7	6
Eye	1	0.9

Gastrointestinal	11	10
Oral	44	39
Pulmonary	4	4
Reproductive organs	24	21.4
Skin	9	8
Blood	1	0.9
TOTAL	N=112	100

Table 2: Gender and Alcohol Use

Gender	Frequency	Percentage
Male	47	67
Female	23	33
Total	70	100

Table 3: Type of Cancer and alcohol Use

Type of Cancer	Frequency	Percentage
Abdominal	6	9
Bone/muscle	2	3
Breast	4	6
Eye	1	1
Gastrointestinal	10	14
Oral	22	31
Pulmonary	2	3
Reproductive organs	16	23
Blood	1	1
Skin	6	9
Total	70	100

FIGURES

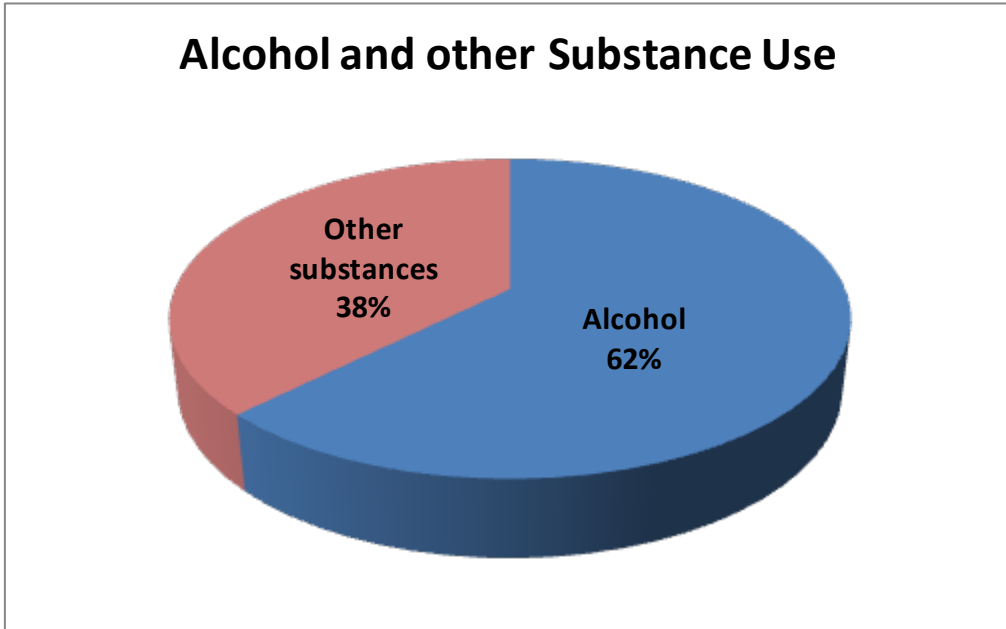


Figure 1: Alcohol and Other Substance Use among Patients

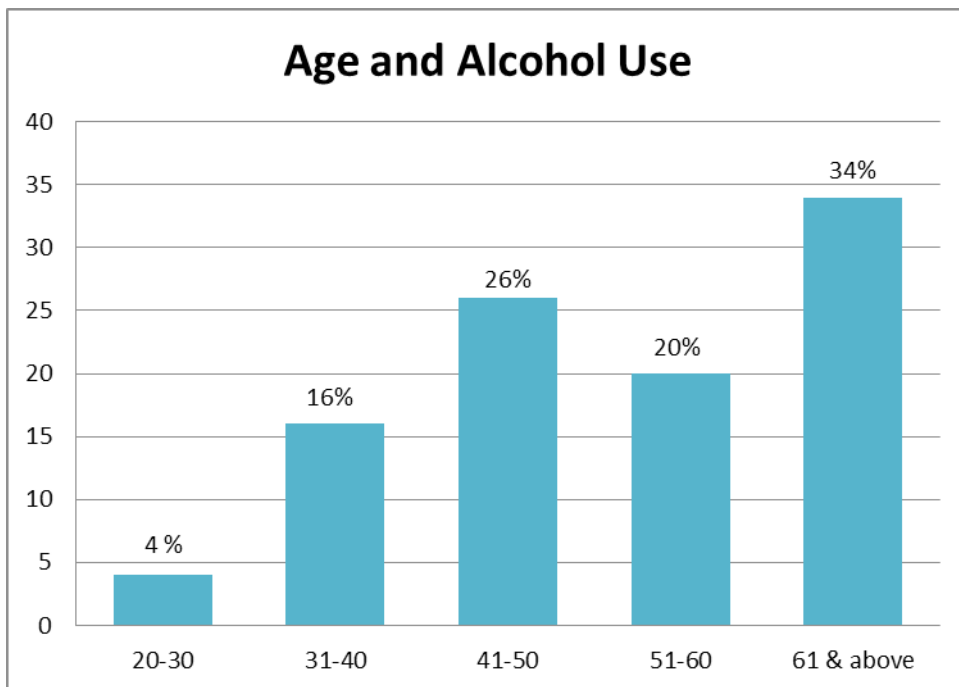


Figure 2: Age and Alcohol Use

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