



NACADA
FOR A DRUG FREE NATION



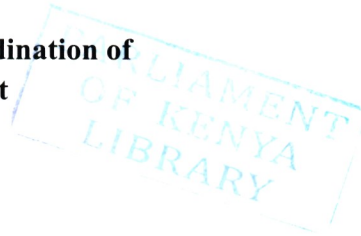
**Republic of Kenya
Ministry of Interior and Coordination of
National Government**

**REPORT ON STATUS OF THE CONTROL
OF ALCOHOL AND DRUG ABUSE IN
KENYA**

November 2012 – April 2013



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**Dr. William N. Okedi, HSC
Chief Executive Officer
National Authority for the Campaign against
Alcohol and Drug Abuse**

Forward

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is pleased to deliver the first biannual report to Parliament and Senate on the status of the control of alcohol and drug abuse in Kenya. The report follows the enactment of the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012 which established NACADA. The Act was signed into Law on 24th July 2012 and came into effect in November 2012. Among others, the Act mandates the Authority to present biannual reports to both houses of Parliament on the status of alcohol and drug abuse in the country.

During the period November 2012 to April 2013, NACADA has continued to coordinate a multi sectoral campaign against alcohol and drug abuse and valuable progress has been made towards reducing the incidences of alcohol and drug abuse, controlling the use and abuse of alcohol and, provision of treatment and rehabilitation services.

Among the main achievements during the period under review is the development of several policy documents to guide the campaign and collaboration with key institutions both in private and public sector. In particular, NACADA provided financial support to over 150 Civil Society Organizations to undertake community based programs through the Alcoholic Drinks Control Fund. Further, the Authority provided funds to District alcoholic Drinks Regulation Committees to enable them enforce the Alcoholic Drinks Control Act, 2010. This is a major stride in the country's response to the alcohol and drug abuse menace as it facilitates public participation in the prevention, control and mitigation of alcohol and drug abuse.

In addition, the Authority opened four regional offices in Nairobi, Kisumu, Nyeri and Mombasa as a first step towards decentralizing its services in support of the devolved Governments and ensuring access to its services by stakeholders.

The campaign against alcohol and drug abuse continues to experience numerous challenges that are a major setback to the reduction of the drug dependent population. This includes limited financial resources, a complacent society and inadequate enforcement of laws. Despite the challenges, NACADA remains committed to the war on alcohol and drug abuse thereby, saving the lives of many who would otherwise be lost to 'intoxication'.

With the coming of the devolved governance system, NACADA is working towards a structured partnership with the County Governments, providing them with all the necessary support particularly technical support in formulation of county government legislation, policies and programmes.

Dr. William N. Okedi, HSC
Chief Executive Officer

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List of Abbreviations

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act, 2010
AIDS	Acquired Immunodeficiency Syndrome
FBOs	Faith Based Organizations
GoK	Government of Kenya
GPO	General Post Office (Nairobi)
HIV	Human Immunodeficiency Virus
HR	Human Resource
IDADA	International Day against Drug Abuse and Illicit Trafficking
IDUs	Intravenous Drug Users
IEC	Information, Education and Communication
IP	Internet Protocol
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NCPD	National Council for Persons with Disabilities
NGOs	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
NSSF	National Social Security Fund
PCSC	Public Complaints Steering Committee
SMS	Short Message Service
SUD	Substance Use Disorder
T&R	Treatment and Rehabilitation
TCT	Teacher Counselors Training
TOT	Training of Trainers
VAT	Value Added Tax

EXECUTIVE SUMMARY

Alcohol and drug abuse is a major socio-economic challenge that inhibits the attainment of major development blueprints including Kenya's vision 2030 and the Millennium Development Goals.

The harmful use of alcohol is a global problem that results in approximately 2.5 million deaths each year, thereby becoming the world's third largest risk factor for premature morbidity and mortality. Additionally, tobacco use, and in particular cigarette smoking, is the leading preventable cause of mortality around the world, responsible for a death toll in excess of 5 million people per year (more than HIV/AIDS, tuberculosis and malaria combined). Statistics from a national rapid situation assessment on alcohol and drug abuse conducted by NACADA in 2012 indicate that alcohol is the most commonly abused substance in the country with the current usage standing at 13.6%. The report also shows that 5.5% of Kenyans are dependent on alcohol use, 4.5% are dependent on tobacco use, 1.5% are dependent on *miraa* use and another 0.4% are dependent on *bhang* use.

The campaign against alcohol and drug abuse is two pronged, that is, demand reduction and supply suppression. Demand reduction, which is a core mandate of NACADA focuses on preventive education, public awareness, life skills, treatment and rehabilitation, and psycho-social support to the general public. Supply suppression on the other hand is the formulation, enactment and enforcement of policy, legislation and other means to control the production, trafficking and sale of alcohol and intoxicating drugs.

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is mandated to coordinate a multi-sectoral campaign aimed at preventing, controlling and mitigating the impact of alcohol and drug abuse in the country. In collaboration with other lead agencies, NACADA is required to prepare, publish and submit an alcohol and drug abuse control status report bi-annually to both Houses of Parliament through the Cabinet Secretary. Among the key stakeholders in the campaign against alcohol and drug abuse in the country includes the Ministry of Health, Pharmacy and Poisons Board, Kenya Police Service, the Judiciary, Customs and Excise Department, Ministry of Education and the National Technical Committee on Drug Trafficking and Abuse.

During the reporting period, progress has been made in execution of the mandate stipulated in the NACADA Act, 2012. In public education and advocacy, NACADA conducted preventive education and life skills sensitization for youth with special needs in various regions of the country where a total of 400 youth with physical, visual and hearing impairments were reached. Further, 50 service providers and care givers who work in institutions for children and youth with mental impairments have also been sensitized. About 60 youth leaders from Nyanza, Western and Rift Valley Regions have also been sensitized on life-skills and scaling up anti-drug abuse initiatives. The Authority has partnered with media houses, including the Kenya Broadcasting Corporation and carried out road-shows in Western, Central Nyanza and the larger Eastern regions.

To support public sector institutions to undertake drug abuse prevention and management, two training sessions were conducted for persons nominated by Ministries, State Corporations, Local Authorities, Universities and Tertiary Institutions. A training of resource persons from public institutions of higher learning on alcohol and drug abuse prevention and management was conducted. Further, 20 resource persons in 20 private universities and tertiary institutions were trained on ADA prevention and management.

NACADA facilitated the development of a schools radio broadcast program on alcohol and drug abuse targeting primary schools. Under community outreach, the public has been sensitized directly on drug abuse prevention in six national Agricultural Society of Kenya (ASK) Shows. Further, seven community forums were conducted in all regions of the country, except North Eastern where this was not done due to security concerns. Through partnership with the Kenya National Drama Festival and the Kenya Music Festival Secretariats NACADA supported the inclusion of anti-alcohol and drug abuse themes in the schools and colleges music and drama competitions from grassroots to national level.

Under treatment and rehabilitation, NACADA approved a grant of Kshs. 3,935,000 for renovation of a female addiction rehabilitation centre at Coast Provincial General Hospital. Towards introduction of certification regime for addiction counselors, a substantive committee was constituted and inaugurated to be known as the Kenya Certification Council.

In policy development, guidelines on Alcoholic Drinks Control Act, 2010 fund management were developed and operationalized. In addition, guidelines to vet alcoholic drinks promotions and advertisements were also developed and operationalized. Towards facilitating the Civil Society Organizations undertake anti-drug abuse interventions, proposals from 153 organizations were recommended for funding.

On strengthening of human resource capacities of the Anti-Narcotics Unit (ANU) in supply suppression, 30 officers were trained in “Basic Anti-narcotics Investigation” course and 5 Inspectors have attended “Advanced Investigation” course. ANU seized 14,867.3 grams of heroin, 3008.5 grams of cocaine, 6,133.2 grams of amphetamine, 11 Rohypnol tablets and 3,433.7 kgs of cannabis.

Towards strengthening mechanisms for promoting international cooperation and collaboration in drugs control, a Memorandum of Understanding (MOU) between the National Police Service and Drug Enforcement Administration (DEA) of the United States of America has been finalized pending signing.

The campaign against alcohol and drug abuse is often hampered by a myriad of challenges. These are: magnitude of drug supply and abuse, parental negative role modelling, negative effects of drug abuse, insufficient institutional capacity, limited treatment and rehabilitation services, insufficient funding and litigations. Towards addressing these challenges the following recommendations are made:

- (i) There is need for the National Technical Committee to enhance inter-agency collaboration for effective surveillance for quality control of alcohol products.
- (ii) Relevant agencies need to install modern technology for effective vetting and screening on transits and border points for supply suppression.
- (iii) Scale up of prevention, treatment and rehabilitation services in all regions of the country is recommended
- (iv) Programs in pre-primary, primary, secondary and tertiary institutions of learning should be prioritized by the relevant agencies.
- (v) Security organs, community policing and deterrent measures including execution of tougher sentences for those caught trading with drugs should be strengthened
- (vi) Alcohol and drug abuse should be declared a national disaster to facilitate mobilization of the necessary resources.

CHAPTER 1: SITUATION ANALYSIS

1.1. Global Situation

The discourse on alcohol and drug abuse as a global threat to development has gained prominence the world over including Kenya. Alcohol and drug abuse represent a severe impediment to the achievement of the Millennium Development Goals worldwide and is a significant threat to the attainment of Kenya's Vision 2030.

According to United Nations Office on Drugs and Crime (UNODC World Drug Report, 2012) about 230 million people, or 5 per cent of the world's adult population, are estimated to have used an illicit drug at least once in 2010.

Further, the World Health Organization (WHO 2012) indicate that the harmful use of alcohol is a global problem that results in approximately 2.5 million deaths each year, thereby becoming the world's third largest risk factor for premature mortality, disability and poor of health. Additionally, tobacco use, and in particular cigarette smoking, is the leading preventable cause of mortality around the world, responsible for a death toll in excess of 5 million people per year (more than HIV/AIDS, tuberculosis and malaria combined).

With annual world prevalence of cannabis use in 2010 ranging between 119 million and 224 million estimated users aged 15-64 (UNODC 2012), cannabis remains the world's most widely used illicit substance. Global prevalence of opioid use in 2010 is estimated at between 26.4 million and 36 million users; of which nearly half or between 13 million and 21 million, use opiates, particularly heroin. Although global figures are not available for the non-medical use of prescription drugs other than opioids, the use of such drugs, including tranquillizers and sedatives is reportedly a growing health problem, with the prevalence of these substances reported to be higher than those of several controlled substances in some population groups and countries where data are available (UNODC, 2012).

One of the main impacts of illicit drug use on society is the negative health consequences. Drug use also puts a heavy financial burden on society. Estimates (UNODC 2012) indicate that US\$ 200 - 250 billion or 0.3-0.4 per cent of global GDP would be needed to cover all costs related to drug treatment worldwide.

The impact of illicit drug use on a society's productivity in monetary terms is even larger. The costs associated with drug-related crime are also substantial. According to the Reference Group to the United Nations on HIV, (UNODC 2012) there were an estimated 16 million people globally who injected drugs out of whom about 3 million are living with HIV accounting for approximately one third of all new HIV infections reported globally in 2010. The use and/or sharing of contaminated needles and syringes is an important mode of transmission for HIV infections among drug users as well as other blood borne viruses such as hepatitis C and hepatitis B.

Drug use and criminality go hand in hand where illicit drugs serve as crime-multiplier. Illicit drug trafficking is also linked to increased corruption along transit routes and has become the main source of revenue for organized crime, as well as terrorists and insurgents. Drug-related crime has become a threat to security and even the sovereignty of states.

Notwithstanding the fact that comprehensive data on drug use in Africa are limited, the continent is both an illicit drug market and a redistribution point for other destinations with experts from many African countries reporting perceived increase in the use of illicit drugs. Apart from alcohol being the biggest and number one problem; cannabis is the second largest problem faced by the Eastern Africa region. Though the history of drug abuse in East Africa is relatively short, the problem is nevertheless escalating rapidly to the more dangerous drugs and from limited groups of drug users to a wider range of people abusing drugs.

1.2. National Situation

Statistics from a nationwide rapid situation assessment on alcohol and drug abuse conducted by NACADA in 2012 indicated a marginal decline in the proportion of respondents aged 15-65 years who reported to have ever used (lifetime use) at least one intoxicating substance prior to the survey; from 48.3% in 2007 to 37.1% in 2012. About 30% of these respondents had ever used an alcoholic drink. Among the 10-14 years age group, there was a significant decline in the ever use of alcohol from 7.8% in 2007 to 3.0% in 2012.

Results of the study further show a general decline in the lifetime use of tobacco products in the past five years for both respondents aged 15-65 years and 10-14 years. The prevalence levels for *miraa* use among those aged 15-65 years also dropped from 11.3% in 2007 to 8.9% in 2012. The disaggregated data for use of *miraa* and *muguka amongst those aged 15-65 years* shows the lifetime use at 8.1% and 2.3% respectively. Similarly, for those between 10-14 years, their lifetime use of *miraa* dropped from 2.4% in 2007 to 0.5% in 2012.

Cannabis or *bhang* remains the most abused narcotic drug in Kenya though there was a slight reduction among those aged 15-65 years who reported ever use (from 6.5% in 2007 to 5.4% in 2012). Data for those aged 10-14 years show an increase from 0.3% in 2007 to 1.1% in 2012 for those reporting ever use of *bhang*. For the other narcotics there is a slight increase. Among those in the 15-65 years group who reported that they have never used drugs, there is an improvement from 51.7% who report not using drugs in 2007 to 62.9% in 2012. Similarly, among those aged 10-14 years, there is an improvement on those reporting that they have never used any drugs. Thus, the proportion of those reporting use of drugs has dropped between the 2007 and 2012 surveys.

Current use taken as those that had used a drug 30 days prior to the survey, those aged 15-65 years who reported current use of at least one intoxicating substance reduced from 22.2% in 2007 to 19.8% in 2012. In general, there is a reduction in the use of any alcohol from 14.2% in 2007 to 13.3% 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*.

On the basis of regions, Nairobi reported the highest proportion of those who use alcohol (22%), followed by Rift Valley (15.6%) and Eastern (13.1%). Worth noting is North Eastern region which recorded 5.4% in 2012 against insignificant levels of alcohol use in 2007. This is shown in table 1.

Table 1: Current Alcohol Use by Region

Region	Packaged / legal alcohol		Chang'aa		Traditional liquor		2 nd generation alcohol	Total alcohol ¹		N
	2007	2012	2007	2012	2007	2012	2012	2007	2012	
Nairobi	16.8	15.7	1.8	7.2	1.3	2.3	1.3	18.6	22.0	305
N. Eastern	0	4.3	0	0	0	1.1	0	0	5.4	93
Coast	7.9	7.5	0.8	1.3	13.2	4.4	0.9	18.6	10.2	226
Central	16.3	9.2	0.9	0.5	2.9	1.4	1.1	17.7	9.2	371
Eastern	11.0	9.0	1.7	2.1	6.9	4.6	1.0	14.8	13.1	391
R. Valley	6.4	8.7	5.6	5.5	6.2	6.0	2.0	12.5	15.6	636
Nyanza	7.6	6.2	9.8	6.2	7.3	5.1	1.0	17.0	11.6	292
Western	1.3	3.8	3.7	7.1	3.4	3.8	0	6.8	10.2	266
Total	9.1	8.6	3.8	4.2	5.5	4.0	1.2	14.2	13.3	2580

Current use of tobacco products for 15-65 years respondents reveals a reduction in the proportion of those reporting cigarettes use (from 16.1% in 2007 to 8.6% in 2012) as well as in the use of sniffed/chewed/piped tobacco (from 1.5% in 2007 to 0.7% in 2012). North Eastern has the highest reported current use of tobacco (16.1%) followed by Nairobi (14.4%) and Central and Eastern (10%).

Table 2 : Current Tobacco Use by Region

Region	Cigarette		Sniffed / chewed / piped tobacco		Kuber	Shisha	All total tobacco products	N
	2007	2012	2007	2012	2012	2012	2012	
Nairobi	15.3	13.4	0.2	1.0	0.3	0.3	14.4	305
N. Eastern	15.1	14.0	1.2	1.1	2.2	1.1	16.1	93
Coast	14.4	9.7	5.0	1.3	0	0.4	9.7	226
Central	16.9	10.5	0	0	0	0	10.2	371
Eastern	12.5	9.0	3.8	1.0	0	0	10.0	391
R. Valley	7.4	8.2	1.2	1.3	0.8	0.2	9.1	636

¹ Total alcohol takes into consideration legal alcohol, chang'aa and traditional liquor as was the case in the 2007 survey. However, when the second generation alcohol is factored in the total (average) becomes 13.6% from the current 13.3%

		Cigarette		Sniffed / chewed / piped tobacco		<i>Kuber</i>	Shisha	All total tobacco products	N
	Nyanza	7.6	3.8	0.6	0	0	0	3.8	292
	Western	3.6	3.0	1.2	0	0	0	3.1	266
Total		10.9	8.6	1.5	0.7	0.3	0.2	9.1	2580

Reported current usage of *miraa* has reduced from 5.5% in 2007 to 4.2% in 2012. In terms of regions, highest use of *miraa* is reported in North Eastern (28%) followed by Nairobi (7.2%), Coast (6.2%) and Eastern (5.4%). Lowest current use is recorded in Western.

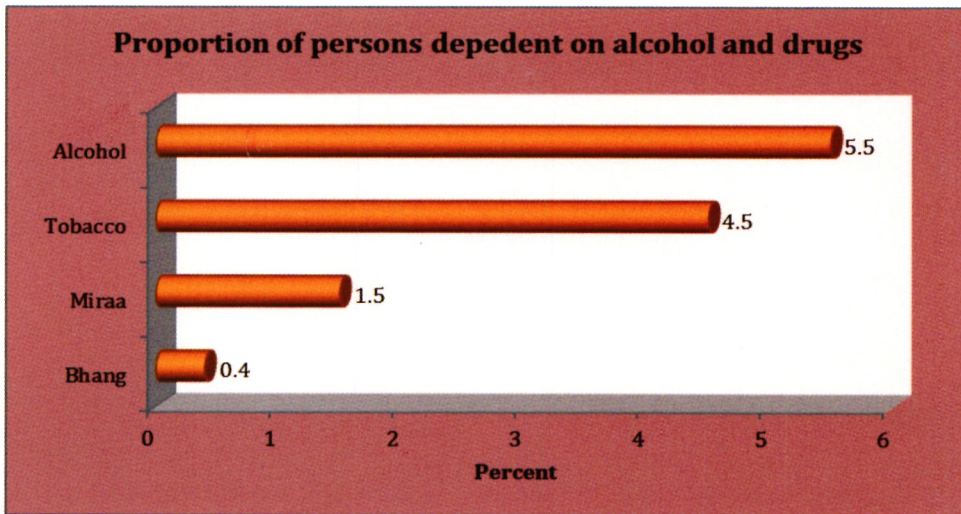
Table 3: Current *Miraa/ Khat* Use by Region

		<i>Khat/ Miraa</i>		N
		2007	2012	
Region	Nairobi	7.6	7.2	305
	N. Eastern	18.7	28.0	93
	Coast	7.8	6.2	226
	Central	2.3	0.8	371
	Eastern	13.9	5.4	391
	R. Valley	1.4	2.2	636
	Nyanza	1.5	2.1	292
	Western	0	0.4	266
	Total	5.5	4.2	2580

Current use of narcotic drugs compared to other intoxicating substances is low. In terms of reported current use, *bhang* has a higher reported use compared to *hashish (cannabis resin)*, heroin and cocaine. Furthermore, the differences between 2007 and 2012 for current use of narcotics are insignificant.

Data also shows that 5.5% of Kenyans are dependent on alcohol use, 4.5% are dependent on tobacco use, 1.5 are dependent on *miraa* use and 0.4% are dependent on *bhang* use. Overall, the data supports a gradual shift towards a reduced incidence of alcohol and drug abuse.

Figure 1: Dependence Levels on ADA among Kenyans



1.3. Legal Framework

1.3.1. *The Constitution of Kenya, 2010*

In August 2010, Kenya promulgated a new constitution, the Constitution of Kenya, 2010. The provisions of articles 2(5) and 2(6) of the Constitution are to the effect that all principles of international law as well as all treaties and conventions ratified by Kenya become part of the Kenyan law. Kenya has ratified all three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances. These are:

- a) The 1961 Convention on Narcotic Drugs
- b) The 1971 Convention on Psychotropic substances
- c) The 1988 Convention against illicit Traffic in Narcotic Drugs and Psychotropic Substances.

In effect, therefore, these conventions are part of Kenyan law.

1.3.2. *Narcotic Drugs and Psychotropic Substances (Control) Act, 1994*

The Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 was enacted in 1994. It makes provision in respect to the control of the possession and trafficking in narcotic drugs and psychotropic substances and cultivation of certain plants. It also provides for the forfeiture of property derived from or used in, illicit traffic in narcotic drugs and psychotropic substance.

Sections 52, 53 and 56 of the said Act recommends establishment of rehabilitation centers for drug addicts, a rehabilitation fund as well as an advisory council for drug addicts.

Currently, amendments to the Act have been suggested especially in the areas of pre-trial destruction of the drugs and control of precursors and essential chemicals, which are often diverted for manufacture of illicit drugs.

1.3.3. The Alcoholic Drinks Control Act, 2010

This is an Act of Parliament which provides for the control of the production, sale and consumption of alcoholic drinks in order to:

- (i) Protect the health of individuals
- (ii) Protect consumers of alcoholic drinks from misleading and deceptive inducement
- (iii) Protect the health of persons under the age of 18 years
- (iv) Inform and educate the public on the health effects of alcohol abuse
- (v) Adopt and implement measures to eliminate illicit trade in alcohol like smuggling
- (vi) Promote and provide for treatment and rehabilitation programmes
- (vii) Promote research and dissemination of relevant information.

1.3.4. Proceeds of Crime and Anti-Money Laundering Act

This Proceeds of Crime and Anti-Money Laundering Act, 2009 creates a comprehensive legislative framework to combat the offence of money laundering in Kenya as well as provide for the identification, tracing, freezing, seizure and confiscation of the proceeds of crime among other things.

Prior to its enactment, money laundering was primarily being dealt with under the Narcotic Drugs and Psychotropic Substances Control Act, 1994 that only dealt with proceeds of drug trafficking and the Central Bank of Kenya Guideline on Proceeds of Crime and Money Laundering Prevention (2006 that only applied to banking institutions licensed under the Banking Act, 2009. The Act repealed the anti-money laundering provision in the Narcotics Act and applies to all persons whether individual or corporate, and to the proceeds from any criminal activity.

1.3.5. Tobacco Control Act, 2007

The Tobacco Control Act (2007) came into operation in July 2008 and provides for:

- (i) Control of manufacture and production of tobacco products especially in regard to standards;
- (ii) Promotion and advertisement especially targeting the under 18 year olds, a total ban on electronic and print media adverts, as well as promotion through items associated with the youth and children;
- (iii) Labelling, packing and packaging materials and sizes;
- (iv) Banning of smoking in public places and creation of designated smoking and non-smoking areas to protect the health of non-smokers.

1.3.6. Other enabling legislation

Other laws in operation in Kenya that contain provisions for the protection of consumers against harm associated with intoxicating substances include:

- (i) The Industrial Alcohol (Possession) Act (Cap 119)
- (ii) The Compounding of Potable Spirits Act (Cap 123)
- (iii) The Public Health Act (Cap 242)

- (iv) The Use of Poisonous Substances Act (Cap 245)
- (v) The Food, Drugs and Chemical Substances Act (Cap 254)
- (vi) The Standards Act (Cap 496)
- (vii) The Weights and Measures Act (Cap 513)

CHAPTER 2: INSTITUTIONAL FRAMEWORK

2.1. Introduction

The campaign against alcohol and drug abuse is two pronged, that is, demand reduction and supply suppression. Demand reduction undertaken by NACADA involves providing preventive education, public awareness, life skills, treatment and rehabilitation, and psycho-social support to the general public. The aim of demand reduction initiatives is to empower the general public with sufficient information to facilitate informed decisions against the debut and/or continuation of consumption of intoxicating substances.

Players in demand reduction include NACADA, public sector institutions, learning institutions, youth groups, civil society organizations, faith-based institutions as well as treatment and rehabilitation service providers.

Supply suppression on the other hand is the formulation, enactment and enforcement of policy, legislation and other measures to control the production, trafficking and sale of alcohol and intoxicating drugs. The aim of supply suppression measures is to control, limit or otherwise curtail access to intoxicating substances by the general public especially the vulnerable populations.

Players in supply suppression include Parliament, County Governments, the Police Service, Customs and Immigration Services, the Judiciary and criminal justice system, as well as Prisons and Probation Services.

The fight against alcohol and drug abuse requires joint and concerted effort aimed at limiting access to intoxicating substances as well as eradicating illicit drug production, trafficking and sale. The Government of Kenya has over the years put in place institutional, legislative and policy infrastructure to support both demand reduction and supply suppression measures against alcohol and drug abuse.

2.2. National Authority for the Campaign against Alcohol and Drug Abuse (NACADA)

In May 2012, Parliament passed the National Authority for the Campaign against Alcohol and Drug Abuse Bill 2012 and forwarded the same to the President for assent. On 24th July 2012, the Bill was signed by the President.

The functions of the National Authority for the Campaign against Alcohol and Drug Abuse as set out in the Act 2012 are to:

- (i) Carry out public education on alcohol and drug abuse directly and in collaboration with other public or private bodies and institutions;
- (ii) Coordinate and facilitate public participation in the control of alcohol and drug abuse;
- (iii) Coordinate and facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drug-demand reduction;
- (iv) In collaboration with other lead agencies, facilitate and promote the monitoring

and surveillance of national and international emerging trends and patterns in the production, manufacture, sale, consumption, trafficking and promotion of alcohol and drugs prone to abuse;

- (v) In collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders; regulate operations of rehabilitation facilities for persons suffering from substance use disorders;
- (vi) Coordinate and facilitate, in collaboration with other lead agencies and non-state actors, the formulation of national policies, laws and plans of action on control of alcohol and drug abuse and facilitate their implementation, enforcement, continuous review, monitoring and evaluation;
- (vii) Develop and maintain proactive co-operation with regional and, international institutions in areas relevant to achieving the authority's objectives;
- (viii) In collaboration with other public and private agencies, facilitate, conduct, promote and coordinate research and dissemination of findings on data on alcohol and drug abuse and serve as the repository of such data;
- (ix) In collaboration with other lead agencies, prepare, publish and submit an alcohol and drug abuse control status report bi-annually to both houses of parliament through the cabinet secretary;
- (x) Assist and support county governments in developing and implementing policies, laws and plans of action on control of drug abuse; and
- (xi) Carry out such other roles necessary for the implementation of the objects and purpose of this act and perform such other functions as may, from time to time, be assigned by the cabinet secretary.

2.3. Ministry of Health

The Ministry of Health plays an important role in the prevention, control and treatment of substance abuse disorders. It is responsible for the health sector based approaches that combines best practices in detoxification and addiction treatment with counseling. The Ministry also controls the importation, exportation and general trade in licit narcotic and psychotropic substances through the Pharmacy and Poisons Board.

2.4. Pharmacy and Poisons Board

The Pharmacy and Poisons Board was established under the Pharmacy and Poisons Act, Chapter 244 of the Laws of Kenya. The Board regulates the practice of pharmacy and the manufacture and trade in drugs and poisons. It thus controls chemicals that can be used in the illicit manufacture of narcotic drugs and psychotropic substances. These chemicals, known as 'precursors', also have legitimate commercial uses as they are legally used in a wide variety of industrial processes and consumer products, such as medicines, flavorings and fragrances.

The Board plays a crucial role in combating drug trafficking and drug abuse. It is necessary to recognize and protect the legal trade in these substances, while at the same time

balance between avoiding the restriction of legitimate trade and actions taken to prevent the illicit manufacture of drugs.

2.5. Anti-Narcotic Unit (ANU) of the Kenya Police Service

The Anti-Narcotics Unit (ANU) of the Kenya Police Service was formed in 1983 within the Criminal Investigations Department (CID) and charged with fighting drug trafficking and related crimes. The ANU's terms of reference are:

- Investigation of drug offences
- Detection and seizure of illicit drugs
- Apprehension and prosecution of drug offenders
- Gathering, analysis and dissemination of drug-related intelligence
- Maintenance of a database on drug-related cases
- Liaison with local and international drug enforcement agencies.

2.6. The Judiciary

The judicial system is responsible for trying and sentencing offenders, including drug offenders. The criminal justice system has been instrumental in reducing the supply of commonly abused substances, especially enforcement of alcohol control legislation as well as trying and sentencing persons accused of trafficking in narcotic drugs and psychotropic substances. It also incarcerates persons suffering substance use disorders thereby exacerbating the problem of drug use in penal institutions.

However, the Judiciary is beset by a number of challenges that specifically affects delivery of justice in drug-related cases. The interpretation of drug-related legislation by judicial officers often results into lenient sentences for illicit drug and alcohol merchants thereby defeating justice. Also, the backlog of cases in Kenyan courts delays dispensation of justice and in some cases suspects use the time lapse to escape or threaten prosecution witnesses.

2.7. Customs and Excise Department

The Customs and Excise Department is one of the four departments that constitute the Kenya Revenue Authority. The Customs Department is strategically positioned to counter drug smuggling through control of imports and exports and has been instrumental in drug detection. However, the Department puts more emphasis on revenue collection than on illicit drug control at land, air and sea entry and exit points.

2.8. Ministry of Education

The Ministry of Education provides, promotes and co-ordinates lifelong education, training and research for Kenya's sustainable development. It is responsible for educating youth and children who also form the largest vulnerable population for drug abuse. Whilst the Ministry has been a consistent partner in the campaign against drug abuse, its participation is limited by its core mandate, which is to provide access to quality primary and secondary education to all.

CHAPTER 3: PROGRESS REPORT NOVEMBER 2012 – APRIL 2013

3.1. Demand Reduction and Supply Suppression

3.1.1. Demand Reduction

The campaign against alcohol and drug abuse in Kenya has been undertaken under various thematic interventions. These are public education and advocacy, treatment and rehabilitation service provision, policy and strategy development, strategic partnership, research, monitoring and evaluation

3.1.1. Public Education and Advocacy

Public Education and Advocacy for demand reduction thematic area responds to the mandate “to carry out public education on alcohol and drug abuse as well as coordinate and facilitate public participation in the control of alcohol and drug abuse”.

3.1.2. Youth Programs

During the reporting period, the Authority partnered with the National Council for Persons with Disabilities (NCPWD) and conducted preventive education and life skills sensitization for youth with special needs in Nairobi, Nyanza and Rift Valley regions. A total of 400 youths with physical, visual and hearing impairments were reached. Further, the Authority sensitized service providers and care givers who work in institutions for children and youth with mental impairments at a session held in November 2012 in Nairobi with 50 participants in attendance.

The Authority also trained youth leaders from Nyanza, Western and North Rift regions on life skills and scaling up of anti-drug abuse initiatives. The session was held in Kisumu with 60 participants in attendance.

3.1.3. Information Education Communication (IEC) Strategy

Towards ensuring effectiveness in dissemination of anti-drug abuse and life skills messages, the Authority conducted a baseline survey to assess the appropriateness, availability and sustainability of existing IEC materials. Results of the baseline survey has been utilized to revise existing and develop new IEC materials, as well as to inform dissemination of existing ones. Further, the Authority procured and disseminated the IEC materials through various forums including road-shows; ASK shows, sensitization forums and community outreach sessions.

3.1.4. Media Campaigns

The Authority engaged print and electronic media to disseminate anti-drug abuse messages during the reporting period. In print media, the Authority secured space in 15 publications and placed articles on various aspects of alcohol and drug abuse prevention, control and management.

In electronic media, the Authority obtained 10 radio and 2 television studio interview slots where management, staff and facilitators attended and gave insights on ADA issues to the public.

In order to improve and scale up reporting on alcohol and drug abuse, the Authority conducted sensitization for journalists in Nairobi Region in February 14th, 2013 attended by 42 media personalities.

3.1.5. Public Sector ADA Mainstreaming

To support public sector institutions to undertake drug abuse prevention and management, the Authority conducted two training sessions for persons nominated by Ministries, State Corporations, Local Authorities, Universities and Tertiary Institutions. The first training was conducted in November 2012 in Nakuru whilst the second training was conducted in February 2013 in Nairobi. A total of 207 public sector employees were trained.

Further, the Authority supported 18 public sector institutions to carry out baseline surveys to determine prevalence of alcohol and drug abuse at the workplace, to undertake sensitization of staff members on alcohol and drug abuse prevention, and to set up workplace employee assistance programs.

3.1.6. Campaign through learning institutions

The Authority conducted a training of resource persons from public institutions on alcohol and drug abuse prevention and management. The training was held in Nairobi in January 2013 and had the participation of 97 institutions of higher learning.

Further, the Authority facilitated the development of a schools radio broadcast program on alcohol and drug abuse for primary schools by the Kenya Institute of Curriculum Development.

3.1.7. Community outreach and advocacy

The Authority sensitized the public directly on drug abuse prevention and disseminated IEC materials through outreach sessions conducted at ASK Shows and other public forums. During the reporting period, the Authority participated in the following public events:

- Kitale ASK Show – November 2012
- World AIDS Day – December 2012

The Authority also conducted community outreach and advocacy sessions in various parts of the country. In November 2012, the Authority partnered with the Provincial Administration and sensitized 162 youth leaders in Murang'a County on ADA prevention and management. In February 2013, the Authority held ADA sensitization sessions with 891 community members in Naivasha District. In January 2013, the Authority sensitized 3000 youth in learning institutions in Trans Nzoia County in partnership with the Kenya Scouts Association.

3.1.8. *Community leaders' forums*

During the reporting period, the Authority facilitated leaders community forums from the larger Eastern Region (November 2012). A total of 112 leaders attended the forum. The objective of the forum was to facilitate leaders' discussion of alcohol and drug abuse issues in their areas, identify local interventions and develop action plans.

3.1.9. *Training of trainers*

During the reporting period, the Authority facilitated development of a Training of Trainers Curriculum and Manual. The curriculum and manual were validated at a multi-stakeholder session held in Nairobi in January 2013.

The Authority supported training of resource persons in 20 private universities and tertiary institutions on ADA prevention and management. The resource persons will scale up the campaign against drug abuse within their institutions and the communities at large.

3.1.10. *Choir and music competitions*

During the reporting period, the Authority partnered with the Kenya National Drama Festival and the Kenya Music Festival Secretariats to support the inclusion of anti-alcohol and drug abuse themes in the schools and colleges festivals. This enabled training of scriptwriters and sponsorship anti-drug abuse theme in the competitions from grassroots to national level.

3.2. **Treatment and Rehabilitation**

This thematic area responds to the mandate that in “collaboration with other lead agencies, provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons suffering from substance use disorders and license and regulate operations of rehabilitation facilities for persons suffering from substance use disorders”.

The Authority's current Vision 2030 project is provision of technical and infrastructural development support to three (3) public national treatment and rehabilitation facilities towards becoming centers of excellence. This project aims contribute to the improvement of the health infrastructure network in the country under the Social Pillar projects. During the reporting period, the Authority approved a grant of Kshs 3,935,000 for renovation of a female addiction rehabilitation center at the Coast Provincial General Hospital. Further, the construction of a treatment and rehabilitation center at the Moi Teaching and Referral Hospital funded by the Authority was enhanced by release of Kshs. 3,247,155 being part payment. The total cost of the project is Ksh 4,463,295.

The Authority continues to operate the 24-hour toll free helpline number 1192. The helpline provides quick and free access to individual and family counseling on substance use disorders as well as referral to counseling, treatment and rehabilitation service providers. During the reporting period, over 19,548 calls were attended to at the NACADA helpline.

Within the Authority expanded mandate to license and regulate operations of rehabilitation facilities for persons suffering from substance use disorders, inspection was conducted of 23 rehabilitation centers at Coast, Nyanza, North Rift, Central and Nairobi regions. To bridge the capacity gap identified, the Authority partnered with the Kenya School of Government to train 52 managers and directors of rehabilitation centres on Corporate Governance from all over the country.

Towards introduction of a licensing regime for treatment and rehabilitation centers, the licensing regulations were developed and validated. These have been forwarded to the Principal Secretary-Ministry of Interior and Coordination of National Government for gazette. Three certification trainings for addiction professionals in Mombasa (March 10th – 16th 2013), Eldoret (March 18th – 23rd 2013) and Nairobi (March 25th – 31st, 2013) were further facilitated by the Authority. These were attended by 17, 34 and 67 participants respectively.

3.3. Policy and Strategy Development

During the reporting period, the Authority spearheaded the development and operationalization of the Fund Management Guidelines towards operationalization of the Alcoholic Drinks Control Fund. The guidelines have enabled disbursement of the funds for the operations of the District Alcoholic Drinks Committees countrywide.

Further, NACADA facilitated the development of Guidelines to vet alcoholic drinks promotions and advertisements as set out under the Alcoholic Drinks Control Act, 2010. The Guidelines have enabled the setting up of a multi-stakeholder Committee that reviews and advises on suitability of alcohol related advertisements before the same are broadcast or disseminated.

A number of other policy and strategy documents have been developed but are yet to be finalized and operationalized. These include:

(i) *National Alcohol Policy*: Provides overall guidance on the production, distribution, consumption and regulation of the alcohol industry and a framework for regulating interventions of state and non-state actors involved directly or indirectly in all aspects of misuse and abuse of alcohol. As required, the policy has been prepared through multi-sectoral consultations involving a wide range of government officials from relevant government ministries, industry and other private sector institutions and stakeholders. This policy provides the framework for the Alcoholic Drinks Control Act, 2010, which was enacted in the process of its development.

(ii) *Narcotic Drugs and Psychotropic Substances Control Policy*: Like the National Alcohol Policy, this policy has also been drafted to provide a framework for the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994. This policy provides a framework to guide the control of the narcotic drugs and psychotropic substances in Kenya.

(iii) *National Drug and Substance Abuse Control Policy*: Prepared to provide a coordinated, multi-sectoral and multi-dimensional framework to guide the coordination and

management of alcohol and drug and substance abuse in the country. It is the only policy that integrates all aspects of alcohol and drug abuse under one comprehensive framework. The policy has therefore undergone wide stakeholder consultations at the national and county levels to solicit for inputs from stakeholders and industry players.

(iv) National Strategy for the Prevention, Control and Mitigation of Alcohol, Drug and Substance Abuse 2012-2016: This strategy provides specific interventions to address all aspects of prevention, control and comprehensive management of alcohol, drug and substance abuse in the country over the next five years and estimates of the resources required to implement the strategies. This strategy will be implemented under the comprehensive framework of the National Drug and Substance Abuse Control Policy.

3.4. Partnerships

3.4.1 Introduction

In regard to development and maintenance of proactive co-operation with regional and international institutions in areas relevant to NACADA's objectives, the Authority continues to form partnerships with various institutions towards enhancing a concerted effort in the fight against alcohol and drug abuse across the country. As a strategy, the Authority formed partnerships with civil society organizations, public sector institutions and ensured regional and international liaisons.

During the period, the Authority engaged with three categories of partners as follows:

3.4.2 Support to civil society organizations

These include Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations, Learning institutions, Youth and other Special groups. The civil society actors play a critical role in fighting drug abuse across the globe and as such they make a substantial contribution to addressing the world drug problem through public

education on the dangers of drug abuse, advocacy, community-based prevention, treatment at the local level, health-care, social services and protection of vulnerable populations.

To facilitate Civil Society Organizations undertake their critical role, the Authority sought to fund viable programmes addressing alcohol related issues such as treatment, prevention, policy development and implementation. So far, 153 organizations have approval for funding to undertake programs countrywide to complement the government efforts.

3.4.3 Partnership and capacity strengthening of public sector institutions

The Authority continued with the program for capacity building of public sector institutions to mainstream alcohol and drug abuse in their programmes. In April 2013, the Authority partnered with National AIDS Control Council (NACC) during the 3rd Biennial

Conference on HIV and AIDS. This was in recognition of the correlation between drug abuse and HIV/AIDS.

The Authority also collaborated with the Ministry of Health, National AIDS Control Council and NASCOP in development of the National Policy for HIV Prevention, Treatment and Care among People who Inject Drugs in Kenya provides for a systematic approach in enhancing understanding of drug dependence and available treatment; fighting stigma and discrimination amongst IDUs and persons living with HIV; strengthening the country's capacity to design and implement sustainable interventions; formulating evidence-based interventions; and advocacy for promotion of a drugs free society.

3.4.4 *National Technical Committee on Drug Trafficking and Abuse*

The National Technical Committee on Drug Trafficking and Abuse (NTC) is an inter-agency committee established by the Cabinet Secretary for Interior and Coordination of National Government to coordinate implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya. The Authority is charged with coordinating the activities of the National Technical Committee on Drug Trafficking and Abuse (NTC). The purpose of the committees is coordinating the implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya.

The Committee has membership drawn from various Government Ministries and agencies involved in the fight against illicit drugs including: NACADA as the secretariat, Ministry of Interior and Coordination of National Government, Ministry of Health, Ministry of Immigration & Registration of Persons, Government Chemist, Kenya Police Service (Anti-Narcotics Police Unit), Kenya Prisons Service, Kenya Revenue Authority, Kenya Airports Authority, Kenya Ports Authority, State Law Office, Kenya Bureau of Standards and the National Intelligence Service. During the reporting period the Authority facilitated the quarterly meetings of the committee.

3.4.5 *Partnership with international institutions*

During the reporting period, the Authority facilitated a benchmarking visit to Uganda in January 2013, to document lessons for production of waragi/ enguli, an alcoholic drink similar to chang'aa. The benchmarking team comprised NACADA staff, representative of NACADA Advisory Board of Directors, Weights and Measures, Kenya Bureau of Standards and Ministry of Public Health and Sanitation.

The Authority has partnered with the United Nations Office on Drugs and Crime (UNODC) in conducting a leadership conference on leadership in comprehensive treatment of drug dependence and related HIV prevention in Nairobi. In addition, the UNODC has committed to sponsor a Consultant to assist the Authority in developing an alcohol and drug abuse observatory for purposes of enhancing information/data flow on ADA across the country.

The Authority's partnership with the United States Government is ongoing through the International Bureau for International Narcotics and Law Enforcement Affairs (INL), Department of State. INL continues to support the NACADA certification of addiction professionals programme as well as building the capacity of addiction professionals. Over the period, INL has committed to fund a training of Kenya's addiction professionals on Addiction Recovery, Guiding the Recovery of Women (GROW) as well as support Kenya's curriculum development through The Colombo Plan. The Colombo Plan is a regional organization established on 1st January 1950 that embodies the concept of collective inter-governmental effort to strengthen economic and social development of member countries in the Asia-Pacific region.

Currently, the Authority is organizing the International Day Against Drug Abuse and Illicit Trafficking (IDADA) and a national conference on alcohol and drug to be held in June 2013. The Conference provides a national platform for all partners to raise their voice on the fight against alcohol and drug abuse.

3.5. *Research, Monitoring and Evaluation*

NACADA is mandated to facilitate and promote the monitoring and surveillance of national and international emerging trends and patterns in the production, manufacture, sale, consumption, trafficking and promotion of alcohol and drugs prone to abuse. As regards strengthening collaboration with key stakeholders in supply suppression the Authority facilitated the National Technical Committee field visits to entry and border points to assess the situation.

In addition, the Authority launched "The Rapid Situation Assessment of the Status of Drug and Substance Abuse in Kenya, 2012" report on 18th December, 2012 at the Kenya International Conference Center. Further towards collaboration with other public and private research agencies, the Authority is targeting to fund research in identified research gaps.

The Authority has embarked on strengthening the Resource Centre to provide a one stop repository for alcohol and drug abuse resource materials in the country. This is done in partnership with the Kenya National Library Service. A steering committee is in place to coordinate the implementation of the resource center project implementation.

3.6. *Supply Suppression*

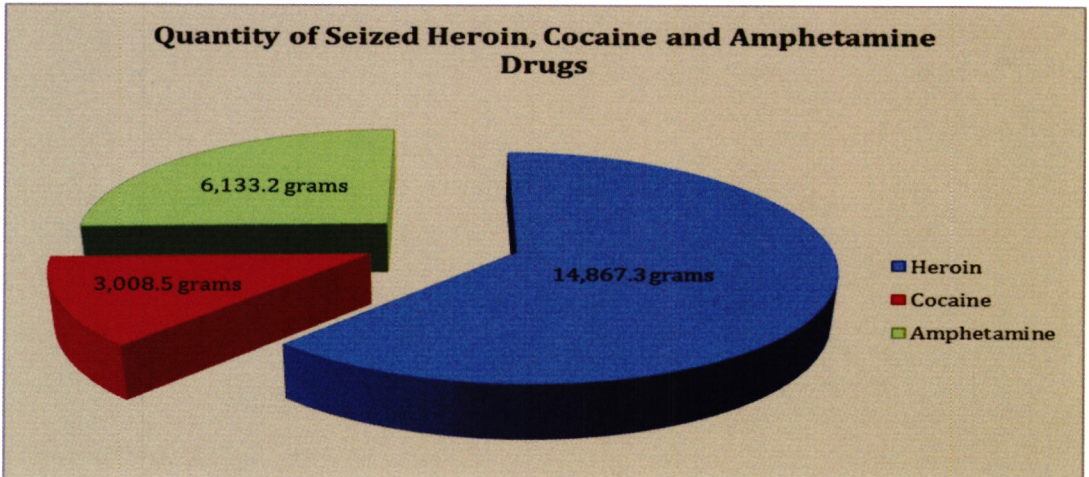
3.6.1. *Implementation of Narcotic Drugs & Psychotropic Substances Control Act, 1994*

Towards strengthening of the unit in demand reduction and supply suppression 30 junior Officers underwent training in Basic Anti-narcotics Investigation course and 5 Inspectors attended Advanced Investigation Course.

3.6.2 Surveillance and Enforcement

During the reporting period, the unit continued to conduct targeted surveillance mainly through visual observation and physical checks along the border posts, International Airports and Patrols in suspected areas. This resulted to a total of 273 cases detected and 331 arrests. The seizures included 14,867.3 grams of heroin, 3008.5 grams of cocaine, 6,133.2 grams of amphetamine, 11 rohypnol tablets and 3,433.7 kilograms of cannabis.

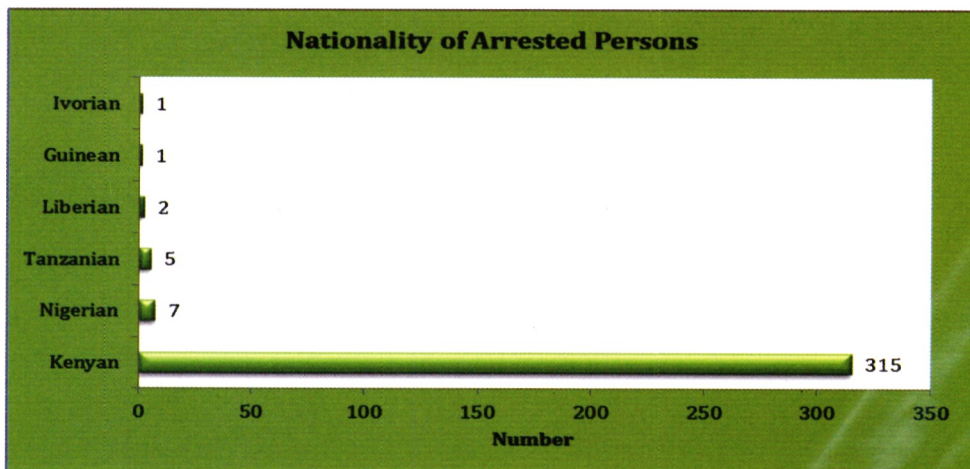
Figure 2: Quantity of Seized Narcotic Drugs



During the reporting period, the Anti-Narcotics Unit Police have arrested the following persons of different nationalities:

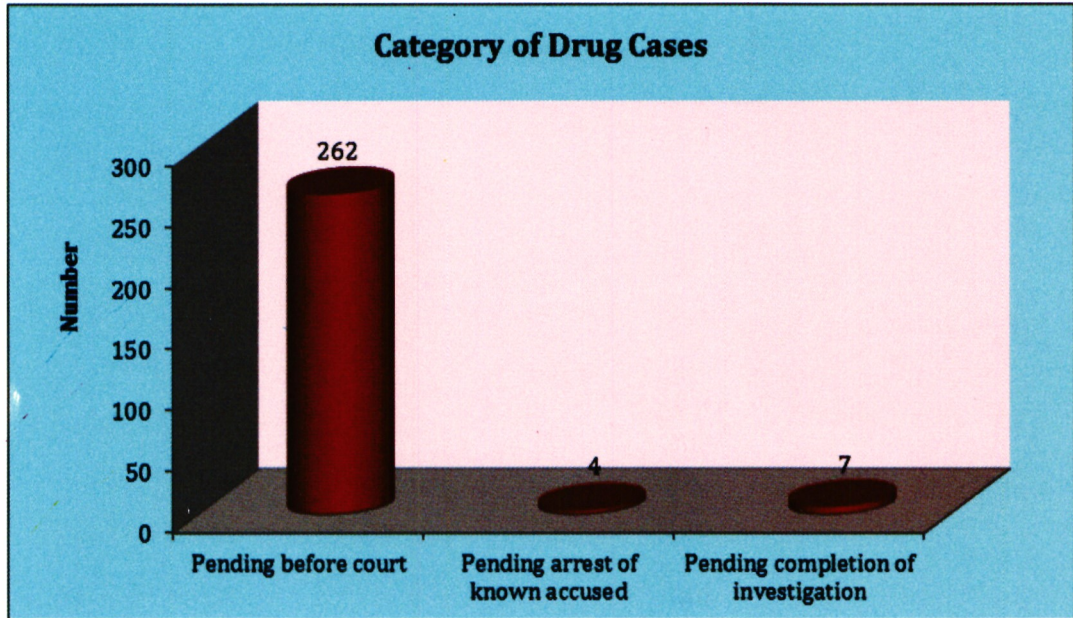
- 315 Kenyans,
- 7 Nigerians
- 5 Tanzanians
- 2 Liberians
- 1 Guinean
- 1 Ivory Coast national.

Figure 3: Nationality of Arrested persons



Currently 262 are cases pending before court; 4 are cases pending arrest of known accused; and 7 are cases pending completion of investigation.

Figure 4: Category of Drug Cases



On Drug Crime Intelligence especially of heroin trafficking, patterns mapped out by the ANU within East Africa show that Tanzania is the main source; Kenya is both the transit state and destination. Jomo Kenyatta International Airport (JKIA) serves as the main exit point.

Towards strengthening mechanisms for promoting international cooperation and collaboration in drugs control, a Memorandum of Understanding (MOU) between the National Police Service and DEA of the United States of America was finalized. The main aim of the agreement is to enhance international cooperation and collaboration in drugs control.

3.6.3. Implementation of the Alcoholic Drinks Control Act, 2010

The Alcoholic Drinks Control Act establishes the Alcoholic Drinks Control Fund which consists largely of license and other fees as may be payable under the Act. The fund targets to educate the public on the harmful health, economic and social consequences of the consumption of alcoholic drinks, enhance law enforcement on the production sale and consumption of alcoholic drinks, promote research and dissemination of information on the effects of alcoholic drinks consumption, promote and provide for treatment and rehabilitation programs for those addicted or dependent on alcoholic drinks as well as meet the capital and recurrent expenditure relating to the District Alcoholic Drinks Regulation Committees and relevant civil society programs.

Towards operationalization of the fund the Authority facilitated establishment of the National Fund Management Committee and engaged a Fund Management Agency to administer the funds. To facilitate prudent administration of the fund, the Authority conducted refreshers for all the District Alcoholic Drinks Regulation Committees countrywide on the licensing procedures, developed the annual work plans for the Fund and reviewed the Civil Society proposals.

The Authority further facilitated the establishment of Alcoholic Drinks Promotions Regulation Ad Hoc committee pursuant to Part VI of the Alcoholic Drinks Control Act, 2010.

The committee’s duty is to vet promotions and advertisements before they are put up and aired in order to protect individuals in the light of the dangers of excessive consumption of alcoholic drinks. The committee meets on a monthly basis.

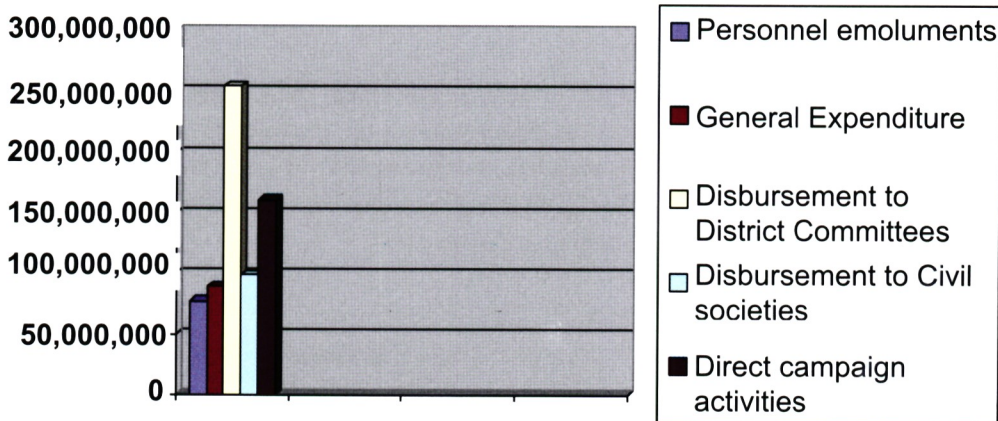
3.7. Operational Budget

NACADA’s main sources of funds are the Government grant and receipts from licensing of Alcoholic Drinks. In the financial year 2012/2013, NACADA was allocated Kshs 979,728,000 by Parliament. As at 30th April 2013, the Authority had spent and committed Kshs 676,695,565.

These funds were spent as follows:

- Expenditure on personnel amounted to Kshs 76,887,332
- General administration expenses amounted to Kshs 89,338,023.60
- Disbursement to District Alcoholic Drinks Control Committees for funding operations relating to alcoholic drinks regulation Kshs 253,889,416
- Allocation for Civil Societies funding Kshs 99,000,000
- Direct campaign activities Kshs 160,580,794

Figure 5: Expenditure of Allocated Funds



CHAPTER 4: CHALLENGES

The campaign against alcohol and drug abuse is often hampered by a myriad of challenges. These are:

4.1 Magnitude of drug supply and abuse

The biggest and most evident challenge that Kenya faces today is the sheer magnitude of drug supply and abuse. With regard to supply, drugs are cheap and easily available in almost all parts of the country, even to vulnerable populations such as children and the youth.

Supply is fuelled partly by the lack of necessary resources and capacity to combat substance abuse coupled with the geographical position of Kenya, which makes it attractive for illicit drug trafficking.

4.2 Parental negative role modeling

Parental alcohol use in the country has been strongly linked to their children's use. A study conducted by NACADA in 2010 on the "Role of parents in Prevention of drug abuse among children" in Nairobi revealed that children whose parents use alcohol are 2.7 times more likely to abuse alcohol. 15.9% of parents reported consuming alcohol at home and 18.5% admitted to have children under the age of 18 years accompany them to places where alcohol they take alcohol.

Children of parents who consume alcohol or drugs start abusing alcohol at an earlier age with 22% of parents admitting that children in their care use alcohol and drugs.

4.3 Negative effects of drug abuse

Drug abuse has negative effects on the individual, family, community and the nation. The negative effects on the individual are physical and mental ill health, increased truancy and indiscipline, increased absenteeism from school and workplace, reduced productivity, and increased STDs/HIV/AIDS infections. In regard to the family, drug abuse results in violence and family break-ups, family stigma, reduced productivity, diversion of family income leading to impoverishment, burden to healthcare givers and high treatment costs.

The effects of drug abuse on the community include insecurity due to criminal activities, reduced community income aggravating the poverty situation, high school dropout rates, increased dependency ratio due to idle capacity and destruction of community norms. In regard to the nation, drug abuse negatively affects peace, security and nation building by stagnating all pillars of the nation's development process.

4.4 Insufficient institutional capacity

This entails inadequate legal framework to support drug abuse demand reduction and supply suppression interventions. For instance, existing legislation and policies such as the Narcotic Drugs and Psychotropic Substances Control Act (1994), Tobacco Control Act

(2007) and Alcoholic Drinks Control Act (2010) have loopholes that make enforcement hard to implement.

Further, the institutions set up by Government to lead demand reduction and supply suppression interventions do not have sufficient mandate, personnel, equipment and finances to carry out effective interventions.

A national fact finding mission carried out by the National Technical Committee on Drug Trafficking and Abuse (NTC) in October-November 2012 revealed that illicit cultivation, production, processing, distribution and trafficking of narcotic drugs, especially *bhang*, remain a challenge for the country. Major sources of narcotic drugs are neighboring countries where drugs production is taken as a ‘cash crop’ in some regions.

4.5 Limited treatment and rehabilitation services

There are currently three Government treatment and rehabilitation centres in Kenya located at Mathari Hospital, Moi Teaching and Referral Hospital Eldoret and Coast General Hospital. The rest of the treatment and rehabilitation facilities are privately-owned. Further, there is a serious regional imbalance in availability of treatment facilities with Nairobi having 29%.

The Survey on Drug and Substance Abuse in Coast Province carried out by NACADA in 2009 indicated that although 54.4% of the respondents felt that drug users can be rehabilitated only 14.9% were aware of any drug treatment and rehabilitation facilities in their communities. As such, there is a challenge with accessibility and affordability of addiction treatment and rehabilitation services.

4.6 Insufficient funding

Funding for drug supply suppression and demand reduction programs is too little compared to magnitude of the problem and services required. For instance, Treasury allocated Kshs. 210 million towards drug demand reduction initiatives as coordinated by NACADA in FY 2009-10, Kshs. 310 million for FY 2010-11 and a similar amount in FY 2011-12.

On the other hand, the Government allocated a total of Kshs. 13.6 billion to the Kenya Police Service in FY 2007-08, with only Kshs. 662 million going to the Criminal Investigations Department under which ANU falls. Yet fighting illicit drug trafficking is a complex job that requires excellent police skills, equipment and support services – all of which are dependent on availability of sufficient funding.

4.7 Litigations

There was an average of 30 cases against NACADA in relation to implementation of the alcoholic drinks control act 2010. High Court Petition No. 320 of 2011 came up for ruling on 27th February 2013 where the court declared Section 31(2) (a) of the Alcoholic Drinks Control Act, 2010 inapplicable and nonexistent as it was repealed by the provisions of Section 91A of the Customs and Excise Act, and thus the Court allowed the use of Polyethylene Terephthalate (PET) bottles in packaging of *chang'aa* or any other distilled

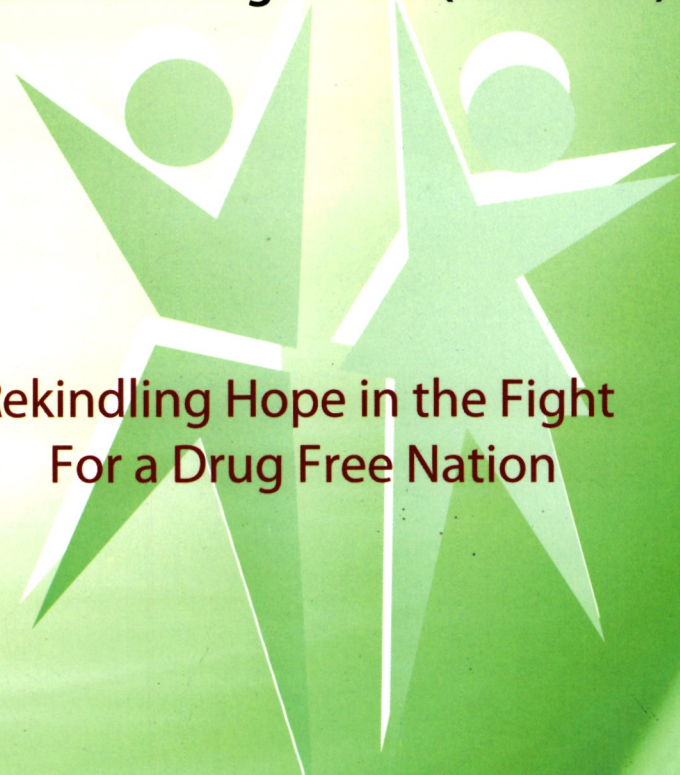
alcoholic drink. The High Court Petition No. 84 of 2011 (EABL vs. NACADA & 2 Others), came up for ruling on 27th February 2013 in which the court dismissed the Petition on the ground that Section 32 of the Alcoholic Drinks Control Act, 2010 was constitutional and as such, the provision of 30% labeling of alcoholic drinks containers is enforceable.

CHAPTER 5: RECOMMENDATIONS

Towards addressing challenges that hamper the successful control of alcohol and drug abuse in the country the following recommendations are made:

- (i) There is need for the National Technical Committee to enhance inter-agency collaboration for effective surveillance for quality control of alcohol products in order to address sub-standard and counterfeit alcoholic drinks in the country.
- (ii) To address the problem of porosity at the border points and airports, the relevant agencies need to install modern technology for effective vetting and screening on transits and border points for supply suppression.
- (iii) In view of the shortage of addiction professionals as well as inadequacy and high cost of treatment and rehabilitation services necessary for mitigation of ADA, scale up of prevention, treatment and rehabilitation services in all regions of the country is recommended.
- (iv) Towards efforts in reaching children and the youth, integration of ADA in school curriculum and programs in pre-primary, primary, secondary and tertiary institutions of learning should be prioritized by the relevant agencies.
- (v) Security organs, community policing and deterrent measures including execution of tougher sentences for those caught trading with drugs should be strengthened to facilitate regulation of the production, sale and consumption of alcoholic drinks in the country.
- (vi) Acknowledging the devastating effects of alcohol and drugs in the country and in recognition that this is a hindrance towards achieving the country's development targets including Vision 2030, alcohol and drug abuse should be declared a national disaster to facilitate mobilization of the necessary resources.

National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA)



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TEL: +254 20 2721997
Website: www.nacada.go.ke, Email: info@nacada.go.ke