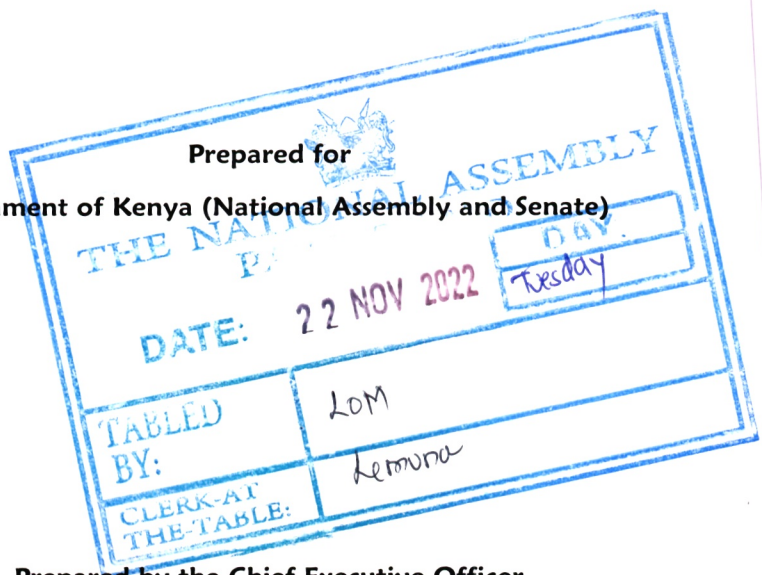
REPUBLIC OF KENYA

NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

FIFTEENTH (15TH) EDITION OF BIANNUAL REPORT ON THE STATUS OF ALCOHOL AND DRUG ABUSE CONTROL IN KENYA



Prepared for

Parliament of Kenya (National Assembly and Senate)

Prepared by the Chief Executive Officer

National Authority for the Campaign Against Alcohol and Drug Abuse

For the Reporting Period of 1st July – 31st December 2021

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LIST OF ABBREVIATIONS

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act, 2010
AJADA	African Journal of Alcohol and Drug Abuse
ANU	Anti-Narcotics Unit
AUD	Alcohol Use Disorder
DCI	Directorate of Criminal Investigations
EAC	East African Community
KNBS	Kenya National Bureau of Statistics
MDAs	Ministries, Department and Agencies
MoH	Ministry of Health
MoICNG	Ministry of Interior and Coordination of National Government
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NDO	National Drug Observatory
NPS	National Police Service
NTC	National Technical Committee on Drug Trafficking and Abuse
NYS	National Youth Service
SUD	Substance Use Disorder
TADSAS	Tobacco, Alcohol, Drugs and Substance Abuse Survey
TCB	Tobacco Control Board
TSC	Teachers Service Commission
UNODC	United Nations Office on Drugs and Crime

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the *15th Biannual Report on the Status of Alcohol and Drug Abuse Control in Kenya* to both Houses of Parliament, through the Cabinet Secretary for Interior and Coordination of National Government.

This report is published in compliance with the provisions of Section 5(j) and 26(C) of the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act, 2012. It updates both Houses of Parliament on the status of alcohol and drug abuse control in the country to facilitate strategic decisions. This report covers the period of 1st July – 31st December 2021.

Enforcement data during the reporting period showed that illicit alcohol continued to account for the highest seizures followed by cannabis, heroin and lastly cocaine. Data showed that counties in Nyanza and Rift Valley regions were the most affected in terms of illicit alcohol seizures while counties in Rift Valley and Central regions reported the highest seizures of cannabis during the reporting period.

The Authority is faced with a number of challenges that hinder effective and optimal implementation of its activities. One of the major problems to the campaign is inadequate funding. During the FY 2021/ 2022, the Authority's recurrent budgetary allocation was Ksh 529,150,000 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's interventions especially media campaigns, implementation of the life skills program, positive parenting as well as programs targeting youth out of school. Further, the limitation of resources has affected establishment of offices including staffing in mapped hotspot counties. Currently, NACADA has been devolved to nine (9) regional offices.

Despite emphasis and focus on prevention programs, many Kenyans are progressing to addiction leading to a high demand for treatment and rehabilitation services. Currently, there are only five operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta National Hospital, Coast General Hospital and Miritini Treatment and Rehabilitation Centre. Over 90 percent of the other facilities are privately owned; skewed in urban centres and majorly in Nairobi, Kiambu and Mombasa counties; and are not affordable to the majority of Kenyans. Besides, the country has witnessed high rates of relapse among persons in recovery due to inadequate aftercare and re-integration programs.

On the other hand, the country has witnessed an increase in the abuse of prescription drugs for non-medical use among the youth including primary school pupils and secondary school students in Kenya. Evidence also shows an expanding market for heroin use in the country beyond the traditionally known hotspots of Mombasa and Nairobi. Seizure data as well as surveillance reports have shown that heroin use is now an emerging problem in Uasin Gishu, Kisumu, Nakuru, Kiambu and Isiolo counties. Further, surveillance reports indicate new methods of delivery of cannabis through the use of cannabis edibles especially in the form of confectioneries e.g. *weed cookies*, *weed cakes*, *mabuyu (baobab seeds)* and *sweets/ candies*. Most of these products are particularly attractive to the young children. This trend presents an emerging challenge in the control of drugs and substances of abuse in the country.

Following the banning of shisha smoking in Kenya on 28th December 2017 through a Legal Notice No. 292 and on 27th July 2018 through a High Court Ruling, the country has continued to witness increased seizures and arrests related to its use. Moreover, there is an emerging trend in the use of nicotine pouches and e-cigarettes or vaping devices especially among the youth despite their unknown immediate and long-term health effects.

In addition, the country has witnessed increased trafficking of cannabis from Ethiopia, Tanzania and Uganda, an indicator that Kenya is an emerging key destination country. The seizures for cannabis have been on an upward trend despite the heightened enforcement efforts by the Government security agencies.

Lastly, lack of harmonized alcohol and drug related laws within the East African Community Member States is one of the challenges facing drug control efforts in Kenya. This has particularly affected enforcement efforts related to trafficking of narcotic drugs across the Member States. This has also been complicated by inadequate joint enforcement programs within the EAC Member States to control alcohol and drug use especially along the common borders.

I therefore submit this report for your attention.

Victor G. Okioma, EBS

CHIEF EXECUTIVE OFFICER

CHAPTER ONE: INTRODUCTION

1.1 Background

This is the 15th progressive report on the status of alcohol and drug abuse control in Kenya. The report is a requirement under Section 5(j) of NACADA Act, 2012. The Authority is required to in collaboration with other lead agencies submit an alcohol and drug abuse control status report bi-annually to both Houses of Parliament through the Cabinet Secretary for wInterior and Co-ordination of National Government. This report covers the biannual period of 1st July – 31st December 2021.

1.2 Status of Alcohol and Drug Abuse in Kenya

1.2.1 General Population

According to a survey conducted by NACADA in 2017, 18.2% (4,913,254) of Kenyans aged 15 – 65 years are currently using at least one drug or substance of abuse; 12.2% (3,293,495) are currently using alcohol; 8.3% (2,240,656) are currently using tobacco; 4.1% (1,106,830) are currently using *miraa / khat*; and 1.0% (269,959) are currently using bhang/ cannabis (Table 1).

Table 1: Current use of drugs and substance abuse among the general population in Kenya

No.	Drug/ Substance	National Prevalence	No. of Affected Kenyans
1.	At least one substance of abuse	18.2	4,913,254
2.	Alcohol	12.2	3,293,495
3.	Tobacco	8.3	2,2240,656
4.	*Khat/ miraa*	4.1	1,106,830
5.	Bhang/ marijuana	1.0	269,959

Source: NACADA, 2017

The survey also showed that 10.4% (2,807,569) of Kenyans aged 15 - 65 years have alcohol use disorders; 6.8% (1,835,718) have tobacco use disorders; 3.1% (836,872) have *miraa/ khat* use disorders; and 0.8% (215,967) have bhang / cannabis use disorders (Table 2).

Table 2: Substance use disorders (SUDs) among the general population in Kenya

No.	Drug/ Substance	National Prevalence	No. of Affected Kenyans
1.	Alcohol	10.4	2,807,569
2.	Tobacco	6.8	1,835,718
3.	*Khat/ miraa*	3.1	836,872
4.	Bhang/ marijuana	0.8	215,967

Source: NACADA, 2017

1.2.2 Secondary Schools

Alcohol and drug abuse among the school-going children is becoming a major problem of concern in Kenya. Findings from the National Survey on the Status of Drugs and Substances of Abuse among Secondary School Students in Kenya conducted by NACADA in 2016 shows that schools were no longer drug free environments. Data on lifetime or ever use of drugs and substances of abuse showed that 23.4% (508,132) of secondary school students have ever used alcohol; 17.0% (369,155) have ever used *khat / miraa*; 16.1% (349,613) have ever used prescription drugs; 14.5% (314,869) have ever used tobacco; 7.5% (162,863) have ever used bhang / cannabis; 2.3% (49,945) have ever used inhalants; 1.2% (26,058) have ever used heroin; and 1.1% (23,887) have ever used cocaine (Table 3).

Table 3: Lifetime/ ever use of drugs and substances of abuse among secondary school students in Kenya

Drug/ substance	Prevalence (%)	Number of students
Alcohol	23.4	508,132
Khat/ miraa	17.0	369,155
Prescription drugs	16.1	349,613
Tobacco	14.5	314,869
Marijuana	7.5	162,863
Inhalants	2.3	49,945
Heroin	1.2	26,058
Cocaine	1.1	23,887

Source: NACADA, 2016

1.23 Primary Schools

Data on the status of drugs and substance abuse among primary school pupils conducted by NACADA in 2018 shows that 20.2% of primary school pupils have ever used at least one drug or substance of abuse in their lifetime; 10.4% have ever used prescription drugs; 7.2% have ever used alcohol; 6.0% have ever used tobacco; 3.7% have ever used miraa/ muguka; and 1.2% have ever used bhang/ cannabis. Lifetime use of inhalants, heroin and cocaine among primary school pupils is less than 1.0% (Table 4).

Table 4: Lifetime/ ever use of drugs and substance abuse among primary school pupils in Kenya

No.	Drug/ Substance	Prevalence (%)
1.	Alcohol	7.2
2.	Tobacco	6.0
3.	*Khat/ miraa*	3.7
4.	Bhang/ marijuana	1.2
5.	Cocaine	0.7
6.	Heroin	0.4
7.	Inhalants	0.5
8.	Prescription drugs	10.4
9.	At least one substance of abuse	20.2

Source: NACADA, 2018

1.2.4 Emerging Trends of Drugs and Substance Abuse in Kenya

An assessment of emerging trends of drugs and substance abuse in Kenya was commissioned by NACADA in collaboration with the Pharmacy and Poisons Board, Government Chemist and the Ministry of Interior and Coordination of National Government covering 18 sampled counties. The findings of laboratory analysis showed that the abuse of prescription drugs was a key emerging trend in Kenya. Data showed that diazepam was the most commonly abused prescription drug followed by artane, rohypnol, amitriptyline, largactil, codeine syrup, tramadol, piriton, biperiden, haloperidol, propofol (used in anaesthesia) and olanzapine (anti-psychotic drug). The survey also identified a worrying trend in the abuse of cannabis with evidence showing an increase in the abuse of cannabis edibles. Laboratory analysis identified cannabis edibles e.g. *cookies*, *"mabuyu"*, *sweets* or *candies*. Emerging evidence also showed that abuse of heroin has penetrated to other non-traditional counties like Nakuru, Uasin Gishu, Kisumu, Isiolo, Nyeri and Kiambu.

1.2.5 Public Sector Workplace

In 2021, NACADA conducted another national survey to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. Findings on lifetime use of drugs and substances of abuse in the public sector workplace showed that 44.5% of the employees had ever used alcohol, 15.3% had ever used tobacco, 11.3% had ever used *miraa/ khat*, 8.2% had ever used bhang/ marijuana, 2.3% had ever used prescription drugs, 1.3% had ever cocaine and 1.2% had ever used heroin.

Findings on use in the last 30 days prior to the survey (current use) showed that 23.8% of employees in the public sector workplace were currently using alcohol, 4.8% were currently using tobacco, 2.9% were currently using *khat/ miraa*, 1.9% were currently using bhang/ marijuana, 1.0% were currently using prescription drugs, 0.8% were currently using heroin and another 0.8% were currently using cocaine (Table 5).

Table 5: Drugs and substances of abuse among employees in the public sector workplace in Kenya

Drug/ substance	Lifetime Prevalence (%)	Current Prevalence (%)
Alcohol	44.5	23.8
Tobacco	15.3	4.8
Khat/ miraa	11.3	2.9
Bhang/ marijuana	8.2	1.9
Prescription drugs	2.3	1.0
Heroin	1.2	0.8
Cocaine	1.3	0.8

Source: NACADA, 2021

Data also showed that the prevalence of alcohol use disorders (AUD) among employees in the public sector workplace in Kenya was 13.2% implying that approximately 89,127 employees had an alcohol use disorder. Further categorization of AUDs by severity showed that 5.7% of the employees in the public sector workplace had a mild alcohol use disorder (AUD), 3.0% had a moderate AUD while 4.5% had a severe AUD. This implied that approximately 38,487 employees in the public sector workplace presented with a mild AUD, 20,256 employees presented with a moderate AUD while 30,384 employees presented with a severe AUD.

1.3 Institutional, Policy and Legal Framework

1.3.1 Institutional Framework for Drug Abuse Control in Kenya

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is a State Corporation established under the NACADA Act, 2012 in the Ministry of Interior and Coordination of National Government.

NACADA is mandated to coordinate a national response against alcohol and drug abuse as espoused in the NACADA Act 2012 and the Alcoholic Drinks Control Act (ADCA) 2010. The NACADA Act provides for a Board of Directors to guide on the strategic direction geared towards achievement of the Authority's mandate.

The Authority is also provides secretarial services to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27th November 2020. This committee replaces the National Inter-Agency Committee for Control of Alcoholic Drinks and Combat of Illicit Brews established under the Kenya Gazette Notice 5069 of July 10, 2015. The committee is mandated to ensure consumer protection from illicit adulterated alcoholic beverages in Kenya.

To facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drugs demand reduction and supply suppression, the Authority convenes the National Technical Committee on Drug Trafficking and Abuse (NTC). The committee has membership drawn from the Ministry of Interior and Coordination of National Government, Directorate of Public Health, Pharmacy and Poisons Board, State Department of Immigration and Registration of Persons, Government Chemist Department, Anti-Narcotics Police Unit, National Police Service, Kenya Prisons Service, Kenya Revenue Authority, Kenya Airports Authority, Kenya Ports Authority, State Law Office, Kenya Bureau of Standards and the National Intelligence Service. The committee facilitates establishing plans of action, strategies and collaboration in the development, implementation and enforcement of laws and policies relating to drug abuse control. The Authority has also established the County Inter-Agency Committees on Alcohol and Drug Abuse Control in all the 47 counties.

The adoption of the United Nations Conventions (1) has made it compulsory for Member States to regularly report on the drugs situation as well as on interventions, covering both supply and demand. NACADA has therefore established a National Drug Observatory (NDO) that coordinates data collection, collation and reporting in order to facilitate the country to meet its national, regional and international reporting obligations. The membership comprises all members of the NTC including the Assets Recovery Agency, Financial Research Centre, National AIDS and STIs Control Programme, Directorate of Criminal Investigations and the Judiciary.

1.3.2 Policy and Legal Framework

The Constitution of Kenya, 2010 provides that all ratified protocols of international law, treaties and conventions, become part of the Kenyan law. The country has ratified all the three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances. Therefore, these conventions are part of the Kenyan laws. Towards the domestication of these Conventions, the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994 was enacted. It makes provision with respect to the control of the possession and trafficking of narcotic drugs and psychotropic substances as well as cultivation of controlled plants.

The Proceeds of Crime and Anti-Money Laundering Act, 2009 creates a comprehensive legislative framework to combat the offense of money laundering in Kenya. It also provides for the identification, tracing, freezing, seizure and confiscation of the proceeds of crime related to drugs. In addition, the Alcoholic Drinks Control Act, 2010 provides for the control of production, sale, and consumption of alcoholic drinks while the Tobacco Control Act, 2007 provides for the control of manufacture and production of tobacco products in Kenya.

CHAPTER TWO: ENFORCEMENT

This section presents enforcement data on seizures and arrests. It covers illicit alcohol control and narcotic drugs control. Specifically, the section on narcotic drugs deals with cannabis/ marijuana, heroin, cocaine and other psychotropic substances.

2.1 Illicit Alcohol Control

The Alcoholic Drinks Control Act 2010 is the principal legislation in the enforcement of laws relating to production, distribution, sale and consumption of alcohol. This Act has enabled the County Governments to enact the County Alcoholic Drinks Control Acts.

During the reporting period, data on illicit alcohol seizures showed that a total of 1,947,011.9 litres of illicit alcohol was seized nationally. County specific data showed that Kisii accounted for the highest seizures of illicit alcohol (346,951 litres) followed by Kisumu (207,639.3 litres), Nyamira (203,746.5 litres), Elgeyo Marakwet (162,240 litres), Nakuru (109,311.2 litres), Uasin Gishu (106.946 litres), Nandi (102,411 litres), Siaya (93,383.8 litres), Samburu (93,120 litres) and Meru (79,112 litres) (Table 6).

In terms of individual alcohol types seized, data showed that a total of 118,347.15 litres of *chang'aa* was seized. County specific data showed that Nakuru accounted for the highest seizures of *chang'aa* (15,492.45 litres), followed by Samburu (11,180 litres), Kisumu (8,305.25 litres), West Pokot (8,064 litres) and Nandi (7,945 litres).

Statistics on *kangara* showed that a total of 1,524,942 litres were seized in the reporting period. County specific data showed that Kisii accounted for the highest seizures of *kangara* (319,417 litres) followed by Kisumu (197,430 litres), Nyamira (194,240 litres), Elgeyo Marakwet (106,647 litres) and Nandi (92,922 litres).

Data on other types of traditional brews showed that a total of 298,094.5 litres were seized in the reporting period. County specific data showed that Meru accounted for the highest seizures (77,394 litres) followed by Elgeyo Marakwet (48,413 litres), Kisii (20,180 litres), Taita Taveta (19,667 litres) and Nakuru (17,359 litres) (Table 6).

Table 6: Illicit alcohol seizures by county

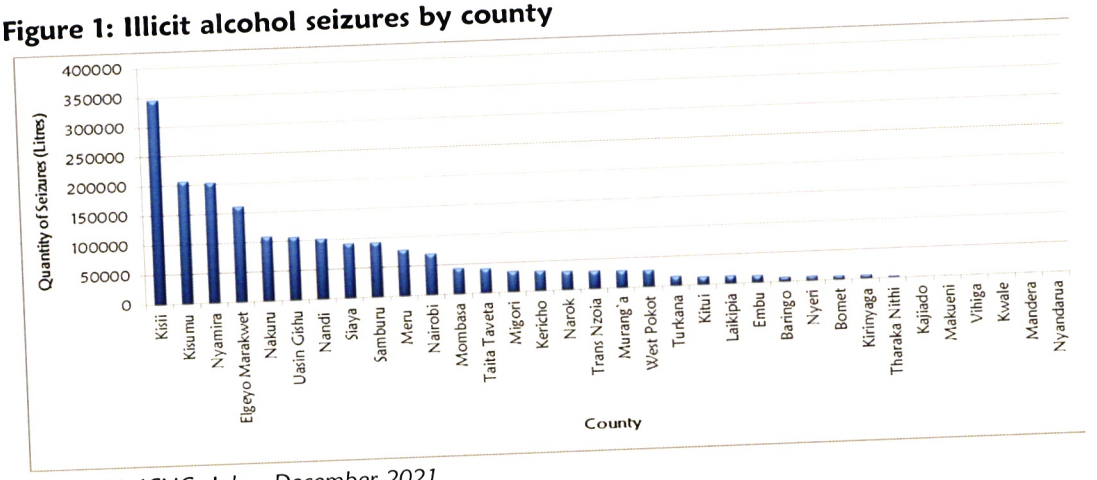
County	Chang'aa (Ltrs)	Kangara (Ltrs)	Other Traditional Drinks (Ltrs)	Illegal Neutral Spirits (Ltrs)	Illegal Ethanol (Ltrs)	Total Alcohol Seizures (Ltrs)
Kisii	7,354	319,417	20,180	-	-	346,951
Kisumu	8,305.25	197,430	1,898	6	-	207,639.3
Nyamira	4,779.5	194,240	4,727	-	-	203,746.5
Elgeyo Marakwet	6,106	106,647	48,413	1,074	-	162,240
Nakuru	15,492.45	75,248	17,359	943.75	268	109,311.2
Uasin Gishu	6,914	87,667	12,365	-	-	106,946
Nandi	7,945	92,922	1,134	109	301	102,411
Siaya	5,297.8	86,918	1,168	-	-	93,383.8

County	Chang'aa (Ltrs)	Kangara (Ltrs)	Other Traditional Drinks (Ltrs)	Illegal Neutral Spirits (Ltrs)	Illegal Ethanol (Ltrs)	Total Alcohol Seizures (Ltrs)
Samburu	11,180	81,030	910	-	-	93,120
Meru	1,718	-	77,394	-	-	79,112
Nairobi	2,330.5	61,504	6,105	-	-	69,939.5
Mombasa	5,609	30,684.5	8,287.5	-	-	4,4581
Taita Taveta	1,530.15	20,669.5	19,667	-	-	41,866.6
Migori	1,234	34,000	-	-	-	35,234
Kericho	3,039	16,132	15,236	61	-	34,468
Narok	7,499	14,536	8,117	1,550	-	31,702
Trans Nzoia	1,889	24,876	4,578	-	-	31,343
Murang'a	2,422	22,990	4,160	-	-	29,572
West Pokot	8,064	16,925	3,745	72	-	28,806
Turkana	3,334	5,955	7,608	-	-	16,897
Kitui	725	560	12,593	40	-	13,918
Laikipia	822	12,815	120	-	-	13,757
Embu	-	5,168	7,186	412	-	12,766
Baringo	1,085	6,946	659	10	-	8,700
Nyeri	902	7,350	30	6.5	-	8,288.5
Bomet	1,797		5,790	-	-	7,587
Kirinyaga	40	1,850	3,975	771	-	6,636
Tharaka Nithi	-	-	3,169	-	-	3,169
Kajiado	304	180	762	-	-	1,246
Makueni	15	280	608	-	-	903
Vihiga	578.5	2	43	-	-	623.5
Kwale	4	-	53	-	-	57
Mandera	-	-	55	-	-	55
Nyandarua	32	-	-	4	-	36
National	**118,347.15**	**1,524,942**	**298,094.5**	**5,059.25**	**569**	**1,947,011.9**

Source: MoICNG, July – December 2021

Figure I showed that Kisii and Kisumu counties accounted for the highest seizures of illicit alcohol nationally. Generally, illicit alcohol seizures were more prevalent in the counties of Nyanza and Rift Valley regions.

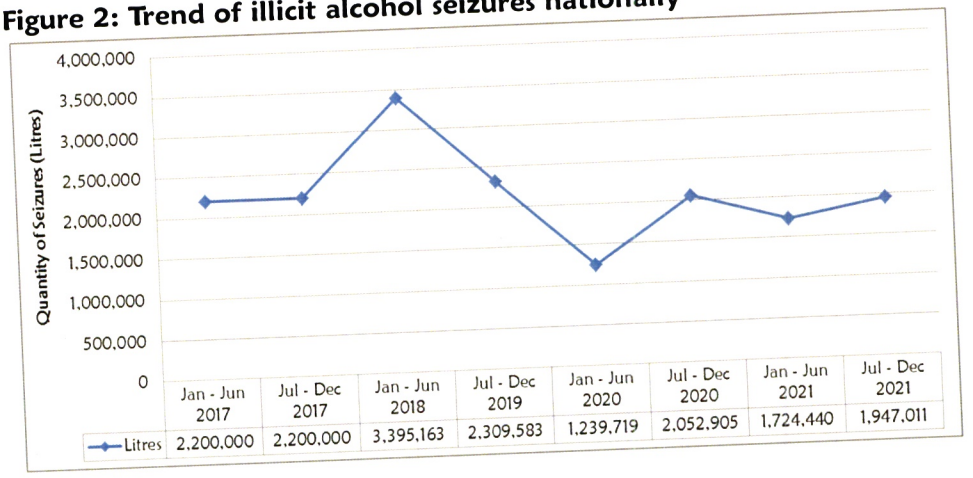
Figure 1: Illicit alcohol seizures by county



Source: MoICNG, July – December 2021

Figure 2 showed that the trend of illicit alcohol seizures had been on an upward trend from January to June 2021. Data showed that a total of 1,724,440 litres of illicit alcohol was seized in the period of January – June 2021 while a total of 1,947,011.9 litres of illicit alcohol were seized in the current reporting period of July – December 2021.

Figure 2: Trend of illicit alcohol seizures nationally



	Jan - Jun 2017	Jul - Dec 2017	Jan - Jun 2018	Jul - Dec 2019	Jan - Jun 2020	Jul - Dec 2020	Jan - Jun 2021	Jul - Dec 2021
Litres	2,200,000	2,200,000	3,395,163	2,309,583	1,239,719	2,052,905	1,724,440	1,947,011

2.1.1 Mortality due to alcohol use by county

The country continues to record low registration of deaths over the years with a coverage rate of 36.8%. Further, only 53.4% of these recorded deaths are registered in a health facility (KNBS, 2021). According to deaths recorded in a health facility in the reporting period, data shows that 584 of them were due to alcohol use during the reporting period of January – June 2021 (Table 7). Data also shows that a total of 3,227 deaths due to alcohol have been recorded from 2012 – 2021.

Table 7: Mortality due to alcohol use by county

County	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Kakamega	46	38	24	140	22	12	24	26	28	31	**391**
Kiambu	14	34	65	53	26	16	45	55	21	46	**375**
Nakuru	24	19	54	93	22	10	15	25	30	47	**339**
Meru	1	10	24	26	27	7	2	27	13	28	**165**
Kericho	13	12	9	7	29	18	23	12	15	19	**157**
Bungoma	8	1	6	3	26	2	7	11	29	45	**138**
Kisii	4	13	9	5	5	5	3	3	14	48	**109**
Vihiga	14	13	14	26	11	1	9	7	7	6	**108**
Embu	27	9	6	11	7	5	3	4	24	10	**106**
Muranga	3	7	12	10	6	3	3	6	20	32	**102**
Nairobi	-	5	4	9	5	1	-	2	13	53	**92**
Busia	2	2	3	7	5	2	7	20	14	25	**87**
Kirinyaga	7	3	4	17	11	3	2	4	7	25	**83**
Machakos	4	5	24	6	11	5	2	4	9	13	**83**
West Pokot	2	19	13	10	9	4	5		9	9	**80**
Nyeri	6	8	2	3	1	5	10	13	12	13	**73**
Nandi	9	9	11	5	12	-	-	-	12	9	**67**
Laikipia	1	8	9	7	6	3	1	9	6	10	**60**
Elgeyo Marakwet	5	4	22	8	2	1	1	2	5	8	**58**
Kisumu	5	-	4	-	11	5	9	8	9	3	**54**
Homa Bay	2	7	4	9	10	2	-	3	1	3	**41**
Uasin Gishu	-	-	2	-	-	-	-	-	3	34	**39**
Siaya	1	6	-	11	5	2	2	3	1	2	**33**
Turkana	3	4	4	1	4	1	-	4	11	-	**32**
Narok	3	6	-	5	2	2	7	2	3	1	**31**
Baringo	3	3	1	9	1	1	1	4	-	5	**28**
Trans Nzoia	7	4	2	5	10	-	-	-	-	-	**28**
Kajiado	-	2	6	4	5	1	-	1	5	1	**25**
Nyan-darua	-	-	1	3	-	-	1	1	1	17	**24**

County	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
Tharaka Nithi	4	2	3	-	5	-	-	1	1	8	**24**
Nyamira	2	2	12	3	5	-	-	-	-	-	**24**
Taita Taveta	2	2	4	7	7	-	-	-	2	-	**24**
Kitui	2	3	3	2	-	-	1	-	3	8	**22**
Kilifi	3	1	1	1	2	2	3	2	4	3	**22**
Makueni	-	-	2	4	5	2	3	1	1	2	**20**
Bomet	-	4	4	5	4	-	-	-	-	1	**18**
Migori	-	-	1	1	2	1	4	2	1	4	**16**
Mombasa	3	1		2	1	-	-	-	-	8	**15**
Samburu	2	1	2	4	-	-	1	-	-	3	**13**
Isiolo	1	-	-	1	-	-	1	-	1	1	**6**
Lamu	-	-	2	-	-	-	1	-	-	2	**5**
Garissa	-	1	1	1	-	-	-	-	-	1	**4**
Marsabit	2	1	-	-	-	-	1	-	-	-	**4**
Mandera	-	-	-	-	-	-	1	-	-	-	**1**
Wajir	-	-	-	-	-	-	-	-	1	-	**1**
Kwale	-	-	-	-	-	-	-	-	-	-	**-**
National	**236**	**269**	**374**	**524**	**322**	**122**	**198**	**262**	**336**	**584**	**3,227**

Source: MoH - DHMIS, 2021

Trend of mortality due to alcohol use nationally

According to Figure 3, deaths due to alcohol use have been on a gradual upward trend from 2017 to 2021. The 2021 period has recorded the highest number of deaths due to alcohol use.

Figure 3: Trend of mortality due to alcohol use nationally

Source: MoH - DHMIS, 2021

2.2 Narcotic Drugs and Psychotropic Substances Control

The Narcotic Drugs and Psychotropic Substances Control Act, 1994 is the principal legislation in the enforcement of laws relating to the control of narcotics and psychotropic substances. Kenya currently tracks cannabis, heroin, cocaine, new psychoactive substances and precursor chemicals.

2.2.1 Cannabis Control

Cannabis is the most widely used narcotic drug in Kenya. Most of the cannabis consumed in Kenya usually originates from bordering countries of Tanzania, Ethiopia and Uganda as well as local cultivation. In the recent times, there is a growing demand for cannabis originating from Ethiopia. Cannabis is mostly trafficked by road and to a lesser extent by international mail.

During the reporting period, data on cannabis/ marijuana seizures showed that a total of 4,781.32 kgs of cannabis were seized nationally. Analysis of county specific data showed that Narok accounted for the highest seizures of cannabis/ bhang (1,175.95 kgs) followed by Kiambu (523.54 kgs), Nyandarua (430.8 kgs), Nyeri (418.64 kgs), Nakuru (371.45 kgs), Machakos (354.98 kgs), Nairobi (326.4 kgs), Isiolo (188.09 kgs), Busia (171.54 kgs) and Migori (170.0 kgs). This data is presented in Table 8.

Data also showed that 52,600 rolls, 6,717 plants, 997 brooms and 543 stones of cannabis were seized during the reporting period. Data showed that there was evidence of cannabis cultivation locally. The counties where cultivation was recorded during the reporting period included Nyeri (3,440 plants), Meru (1,267 plants), Kisii (510 plants), Murang'a (420 plants) and Nakuru (308 plants) (Table 8).

Table 8: Cannabis seizures by county

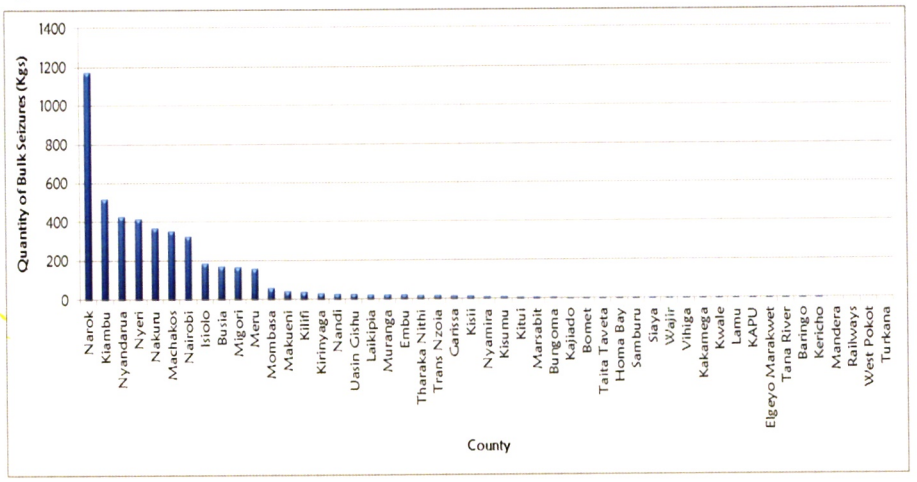
County	No. Persons Arrested	Quantity of Bulk Seizures (Kgs)	Rolls	Plants	Stones	Brooms	Bales
Narok	40	1,175.95	533	20	-	6	2
Kiambu	348	523.54	8,549	-	105	68	-
Nyandarua	40	430.8	391	117	-	-	-
Nyeri	88	418.64	2,293	3,440	-	43	-
Nakuru	187	371.45	3,747	308	20	11	-
Machakos	129	354.98	2711	192	1	-	-
Nairobi	273	326.4	9,125	-	2	-	-
Isiolo	44	188.09	189	-	10	-	-
Busia	31	171.54	243	-	-	48	-
Migori	25	170.0	7,192	13	-	67	-
Meru	86	159.09	1,179	1,267	-	-	-
Mombasa	101	61.26	1,122	-	48	1	-
Makueni	68	44.23	1,046	-	10	-	-
Kilifi	61	41.51	1,146	40	-	-	-
Kirinyaga	159	33.19	2,977	95	55	-	-
Nandi	13	28.47	94	-	8	-	12
Uasin Gishu	74	28.13	1,949	-	-	-	-
Laikipia	16	27.0	202	6	-	30	-
Murang'a	135	26.14	2,660	420	50	30	2
Embu	77	25.99	1,455	44	-	-	-
Tharaka Nithi	24	23.08	174	-	1	-	-
Trans Nzoia	30	20.31	901	3	-	186	3
Garissa	18	18.0	191	-	11	6	-
Kisii	68	17.62	1,774	510	29	80	8
Nyamira	36	12.20	112	100	65	7	-
Kisumu	37	12.05	645	10	-	144	-
Kitui	32	10.82	733	-	7	-	-
Marsabit	10	9.5	265	-	-	-	19
Bungoma	33	8.35	440	-	51	4	-
Kajiado	43	6.5	1,087	40	-	-	-
Bomet	21	6.5	212	-	32	10	-
Taita Taveta	27	6.47	334	15	36	0	-
Homa Bay	32	6.35	1,268	-	-	84	-

County	No. Persons Arrested	Quantity of Bulk Seizures (Kgs)	Rolls	Plants	Stones	Brooms	Bales
Samburu	14	6.2	2,705	-	-	-	-
Siaya	43	3.04	916	-	-	124	3
Wajir	8	1.92	41	-	-	0	0
Vihiga	21	1.45	168	-	-	4	0
Kakamega	21	1.15	518	-	-	3	0
Kwale	12	1.05	324	-	2	1	0
Lamu	17	1.01	254	52	-	-	-
KAPU	1	0.54	-	-	-	-	-
Elgeyo Marakwet	8	0.46	60	-	-	-	-
Tana River	2	0.2	5	-	-	-	-
Baringo	7	0.08	99	-	-	-	-
Kericho	25	0.07	317	-	-	-	75
Mandera	3	-	200	-	-	-	-
Railways	1	-	7	-	-	-	-
West Pokot	17	-	796	25	-	40	-
Turkana	-	-	-	-	-	-	-
National	**2,606**	**4,781.32**	**63,349**	**6,717**	**543**	**997**	**124**

Source: NPS, ANU and DCI, July – December 2021

Data according to Figure 4 showed that Narok county accounted for the highest seizures of cannabis in Kenya, close to 25% of the total seizures recorded during the reporting period. The reason for this observation was because most of the cannabis seized was on transit from Uganda and Tanzania borders. In addition, it was observed that there was an increase in the seizures of cannabis in counties of the Central region.

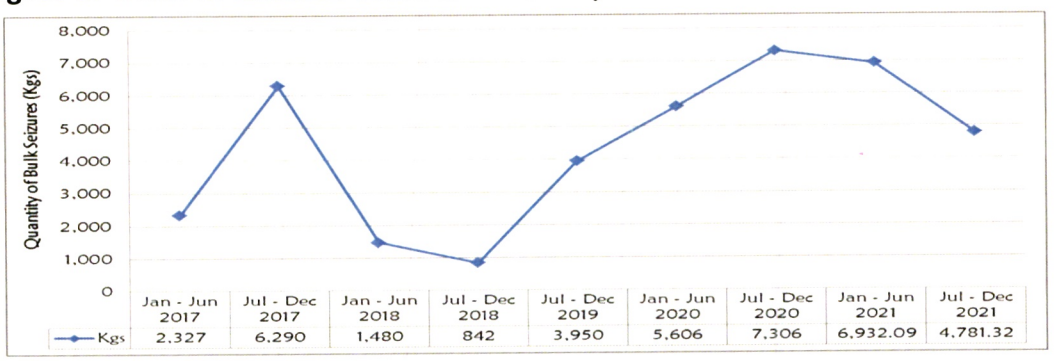
Figure 4: Cannabis seizures by county



Source: NPS, ANU and DCI, July – December 2021

Figure 5 showed that the quantity of bulk seizures of cannabis had declined slightly from 6,932.09 kgs (January – June 2021) to 4,781.32 kgs (July - December 2021). However, generally data showed that the demand for cannabis has continued to increase steadily from July – December 2018.

Figure 5: Trend of cannabis seizures nationally



2.2.2 Heroin Control

Heroin is an illegal opioid and an extremely addictive drug derived from the opium poppy plant. Heroin is the second most widely used narcotic drug in Kenya after cannabis. Heroin which originates mostly from Afghanistan is trafficked through Kenya via Pakistan, Iran and Turkey to Western Europe and United States of America. According to the UNODC, there is another trafficking route from Myanmar to Thailand, East Africa to Western Europe and United States of America. Kenya is a major transit route for heroin and is mainly trafficked by sea and air.

During the reporting period, data on heroin seizures showed that a total of 23.297 kgs of heroin were seized nationally including 668 sachets. In terms of county specific data, Nairobi accounted for the highest seizures of heroin (13.981 kgs) followed by Kiambu (1.796 kgs). Data also showed that 5.804 kgs of heroin were seized at the Jomo Kenyatta International Airport. A total of 64 persons were arrested (Table 9).

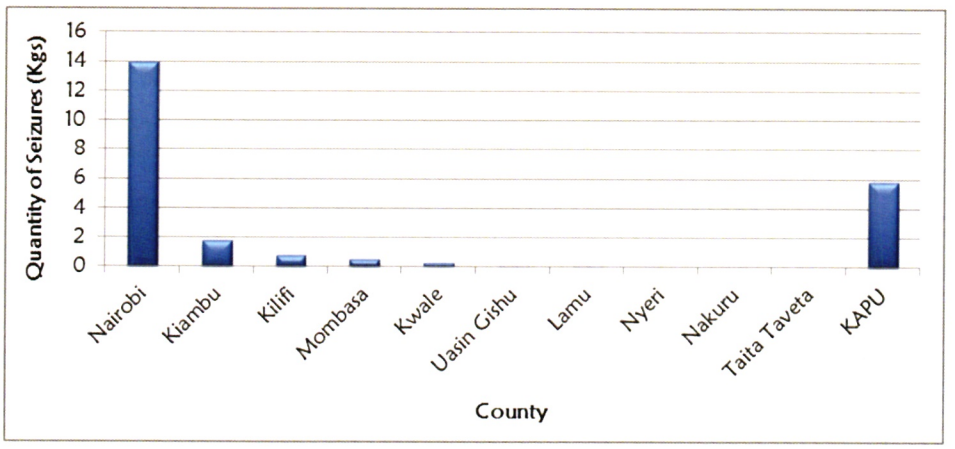
Table 9: Heroin seizures by county

County	No. of Persons Arrested	Quantity Seized (Kgs)	No. of Sachets Seized
Nairobi	10	13.981	158
Kiambu	4	1.796	10
Kilifi	18	0.787	168
Mombasa	11	0.531	191
Kwale	1	0.291	-
Uasin Gishu	-	0.067	-
Lamu	8	0.04	25
Nyeri	5	-	85
Nakuru	1	-	10
Taita Taveta	2	-	21
KAPU	4	5.804	0
National	**64**	**23.297**	**668**

Source: NPS, ANU and DCI, July – December 2021

Figure 6 showed that the seizures for heroin in Kenya were commonly reported in Nairobi, Kiambu, Kilifi, Mombasa and Kwale counties. The data also showed other non-traditional counties reporting heroin seizures, specifically Nakuru, Uasin Gishu and Nyeri.

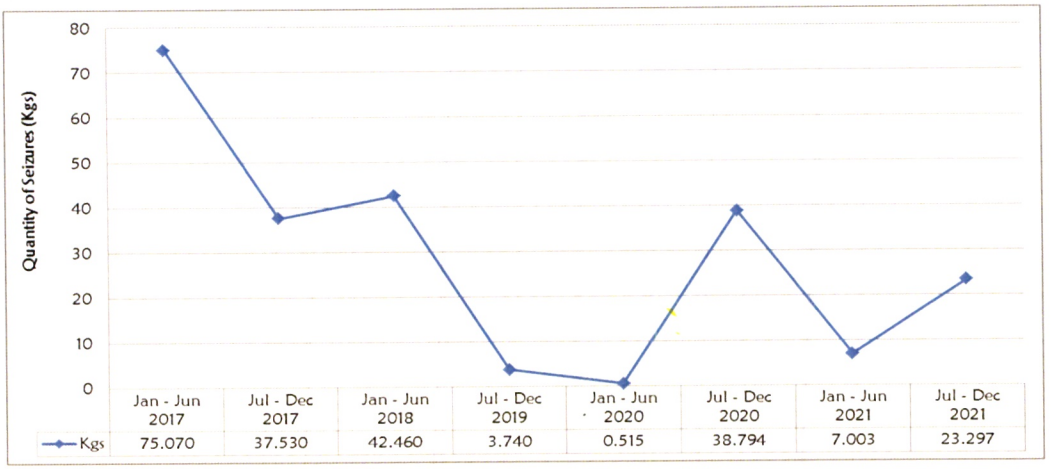
Figure 6: Quantity of heroin seized by county



Source: NPS, ANU and DCI, July – December 2021

Figure 7 showed that the trend of heroin seizures had increased in the second half of year 2021. Data showed that 7.003 kgs were seized during the reporting period of January – June 2021 and 23.297 kgs during the current reporting period of July – December 2021.

Figure 7: Trend of heroin seizures nationally



2.2.3 Cocaine Control

Like heroin, cocaine is an illegal and highly addictive stimulant drug. Cocaine is usually trafficked to the country through air and sea and mostly comes from Latin American States especially Bolivia, Peru, Columbia and Venezuela.

During the reporting period, data showed that a total of 2.340 kgs of cocaine were seized in the country including 33 sachets. County specific data showed that 2.340 kgs of cocaine were seized in Nairobi and 33 sachets were seized in Nakuru. Data also showed that a total of 18 offenders were arrested. This data is presented in Table 10.

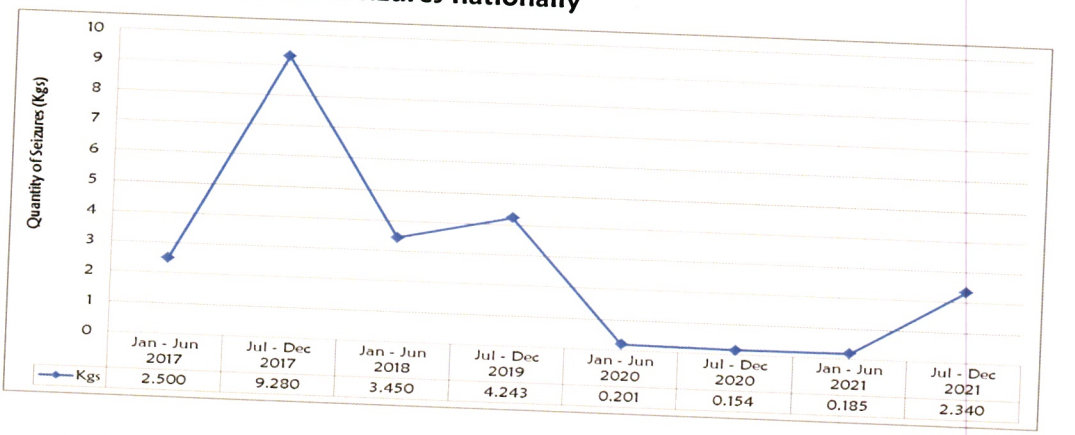
Table 10: Cocaine seizures by county

County	No. Of Persons Arrested	Quantity Seized (Kgs)	No. of Sachets Seized
Nairobi	6	2.340	-
Nakuru	12	-	33
National	18	2.340	33

Source: NPS, ANU and DCI, July – December 2021

Figure 8 showed that the seizures for cocaine had generally declined over the years from July – December 2017 to January – June 2021 followed by a slight increase in the reporting period of July – December 2021.

Figure 8: Trend of cocaine seizures nationally



	Jan - Jun 2017	Jul - Dec 2017	Jan - Jun 2018	Jul - Dec 2019	Jan - Jun 2020	Jul - Dec 2020	Jan - Jun 2021	Jul - Dec 2021
Kgs	2.500	9.280	3.450	4.243	0.201	0.154	0.185	2.340

2.3 Limitation of Under Reporting

First, under-reporting of data on illicit brews continues to pose a major challenge. However, there are on-going deliberate efforts by NACADA to engage the regional security committees to address the challenges of under-reporting of county related seizure data. Secondly, the low coverage rate of recording deaths as well as causes of death was another challenge limiting the reliability of using this data to inform policy.

CHAPTER THREE:

PREVENTION AND MITIGATION OF ALCOHOL AND DRUG ABUSE

3.1 Introduction

This chapter presents the major achievements in the prevention and mitigation of alcohol and drug abuse in Kenya. The strategies include enhancing public education and advocacy through drug demand reduction initiatives; promotion of quality treatment, rehabilitation and reintegration of persons with substance use disorders (SUDs); and to enhance compliance with alcohol and drug policies, laws, regulations and standards. With the devolved system of governance in Kenya, liquor licensing and drug control functions are assigned to the County Governments. Priority therefore focuses on strengthening partnerships and collaboration at the county level to respond to the emerging issues.

3.2 Public education and advocacy

Public education and awareness on alcohol and drug abuse is an important pillar of alcohol and drug abuse prevention. The general aim of alcohol and drug use prevention is to ensure the healthy and safe development of children and youth to realize their potential and become contributing members of their community and society.

The Authority partners with various stakeholders to implement evidence informed programs and interventions in the following settings; schools, at family level, workplaces, at community level and using the media as a platform to disseminate prevention messages to different audiences. Through these programs the Authority seeks to reduce the significant health, social, and economic problems associated with alcohol and drug use in the country.

3.2.1 School based prevention interventions

Learning institutions are regarded as the second most powerful socialization agent for children and young people after families. They therefore form an important setting for interventions aimed at alcohol and drug use prevention. Schools need to play a role in equipping learners with key life skills, imparting them with accurate knowledge and establish sound values base in relation to health and drug use.

During the period under review, the Authority held follow-up meetings with teachers in schools where the life skills program was initiated in the financial year 2019/2020. This was a 3-year program whose objective was to educate students on the effects of alcohol and drug abuse and also equip them with the relevant life skills to enable them make informed choices. A total of forty-eight (48) schools were visited during the reporting period (Table 11).

Table 11: List of schools visited by county

County	List of schools visited
West Pokot	1. Kabiabich Primary school 2. Ortum Primary School
Uasin Gishu	1. ACK Kipyonget Primary School 2. Kimalel Primary School 3. Sosiani Primary School
Nandi	1. ACK Kamoiywo Primary school 2. Nandi Hills Township Primary School

Trans Nzoia `	1. St.Colombus Primary School 2. Kaplamai Primar School 3. Wiyeta Primary School 4. Kitale Ndogo Primary School
Baringo	1. Kapkundul Primary School 2. Kimale Primary School 3. Marigat Intergrated Primary School 4. Mogotio Primary School 5. Kaptimbor Primary School 6. Chemolingot Primary School 7. Moi Kabartonjo Primary School 8. Tandui Primary School
Elgeyo Marakwet	1. St.Peters Ratia Primary School 2. Iten Primary School 3. Chebara Primary School 4. Flax Day and Boarding Primary School 5. Chugor Primary School 6. Kermuk Primary School
Lamu	1. Wiyoni Primary School 2. Mini Valley Primary School
Tana River	1. Idsowe Primary School
Kilifi	1. Ribe Primary School 2. Ngala Primary School
Bungoma	1. Kanduyi DEB Primary School 2. Kabula RC Primary School 3. Kimilili Primary School 4. Kaptalelio Primary School 5. Bungom DEB Primary School
Mombasa	1. Ronald Ngala Primary School
Kisii	1. Nyamage Primary School 2. Gekomu Primary School 3. Bobaracho Primary School 4. Kisii Primary School 5. Nyanchwa Primary School
Kisumu	1. Victoria Primary School 2. Kibuye Girls Primary School 3. Masogo Primary School 4. Kibuye Primary School 5. Rapongi Primary School 6. Opande Primary School 7. Okode Primary School

During the reporting period, the Authority in partnership with the Ministry of Education and the Teachers Service Commission (TSC) held dissemination forums for the "National Guidelines for Alcohol and Substance Use Prevention and Management in Basic Education Institutions". The guidelines were launched with the aim of providing a framework for evidence-based approaches to alcohol and drug abuse demand reduction measures in basic education institutions across the country. A total of one hundred and seventy (170) secondary schools were sensitized on the guidelines in the following counties; Nyeri, Embu, Kisumu, Nairobi, Kilifi, Baringo, Nakuru and Kakamega.

3.2.2 Workplace based prevention interventions

Employers have a duty to provide and maintain a safe and healthy workplace in accordance with the applicable national laws and regulations. The workplace setting may either increase or decrease the likelihood of substance use. Employees with substance use disorders may have lower productivity rates and more likely to cause accidents at the workplace, and have higher health care costs and turnover rates.

Following the reinstatement of the indicator on prevention of alcohol and drug abuse at the workplace in the Performance Contracting Guidelines, all Ministries, Departments and Agencies (MDAs) are required to mainstream ADA programs at the workplace as part of their Performance Contract during the financial year 2021/2022. The overall objective of this indicator is to reduce the prevalence and mitigate the negative consequences of substance use in the public sector workplace.

The proposed interventions in the program include: undertaking situation analysis on the status of alcohol and drug abuse; developing workplace policy; programs for early identification and intervention; referral; and treatment and rehabilitation for employees with substance use disorders. During the reporting period, the Authority supported MDAs to implement interventions provided by the Performance Contracting guidelines. In this regard, a total of 125 MDAs were trained on workplace prevention interventions.

3.2.3 Community based prevention interventions

Community-based prevention programs are effective in helping to address major challenges caused by alcohol and drug use and their resultant consequences. Such programs are largely coordinated by non-state actors at local levels including community coalitions comprised of representatives from multiple community sectors and organizations within a community.

During the period under review, the Authority partnered with various community based organizations to undertake awareness campaigns for out of school youth. A total of three thousand one hundred and eighteen (3,018) youth were sensitized on the effects of ADA in the following counties; Nairobi, Uasin Gishu, Nakuru, Bungoma, Garissa, Mombasa, Kilifi, Kwale, Taita Taveta, Homabay, Kajiado and Kakamega. The Authority also collaborated with the National Cohesion and Integration Commission to commemorate the World Peace Day in Nakuru County. During the event 50 youth leaders were sensitized on the effects of alcohol and drug abuse as a catalyst for violence.

Further, the Authority partnered with Lundbeck International, a global pharmaceutical company specialized in developing innovative treatments for mental health disorders, to commemorate the World Mental Health Day at the Miritini Treatment and Rehabilitation Centre in Mombasa. Similar commemorations were also held in the following additional counties; Nyeri, Uasin Gishu, Nakuru, Nairobi and Kisumu.

3.3 Access to Quality and Holistic Treatment and Rehabilitation Services

Substance use disorders (SUDs) continues to be a major public health problem in Kenya with demand for treatment and rehabilitation services increasing each year. Towards expanding access to these services, the Authority provided counselling and referral services to seven thousand four hundred and seventeen (7,417) persons with substance use disorders through the toll free helpline (1192), Huduma Centre desk and outreach activities undertaken across the country.

During the period under review, the Authority also partnered with the Kenya Prison Services to conduct sensitization forums for prison wardens drawn from 9 prisons, namely; Kitale, Nairobi, Wajir, Busia, Homabay, Laikipia, Meru, Kwale and Kiambu. The wardens were trained on drug addiction counselling, rehabilitation and reintegration of persons with SUDs.

Other key achievements included the inspection and accreditation of seventy (70) treatment and rehabilitation centers. This was done in collaboration with the Pharmacy and Poisons Board and the respective County Government hosting the centers.

3.3.1 National Drug Observatory Treatment Data for January – December 2021

National Drug Observatory (NDO) treatment data for January – December 2021 covered 52 reporting facilities which handled a total of 2,141 clients. A standard tool was used to collect operational data from the accredited treatment and rehabilitation facilities in Kenya.

Age distribution of patients

The 2021 data from the 52 reporting facilities showed that a majority of the clients seeking treatment and rehabilitation services in Kenya were aged between 20 to 39 years (68.5%) (Table 12). From the data, it is also evident that majority of those seeking these services were male clients (88.8%) compared female clients (11.2%).

Table 12: Age distribution of patients

Age group	No. of cases (n)	Proportion (%)	Male (%)	Female (%)
15-19	85	4.3	3.9	0.5
20-24	316	16.1	14.2	1.9
25-29	333	17.0	15.2	1.8
30-34	360	18.3	16.2	2.1
35-39	335	17.1	15.4	1.7
40-44	229	11.7	10.4	1.2
45-49	155	7.9	6.9	1.0
50-54	77	3.9	3.4	0.6
55-59	41	2.1	1.8	0.3
60-65	13	0.7	0.5	0.2

Age group	No. of cases (n)	Proportion (%)	Male (%)	Female (%)
65+	12	1.0	1.0	0.1
Total	**1964**	**100**	**88.8**	**11.2**

Average age of patients

The average age of patients seeking treatment and rehabilitation services for the various substances of abuse was determined. The average age varied across patients seeking treatment for the various substances of abuse. The average age was also higher among users of licit substances e.g. other opioids (prescription drugs) (38.5 years) alcohol (36.7 years), tobacco (36.7 years) and *khat* (34.2 years). On the other hand, the average age was lower among users of illicit substances e.g. ecstasy (24.0 years), cannabis (27.2 years), cocaine (27.7 years), methamphetamine (28.0 years) and heroin (33.0 years) (Table 13).

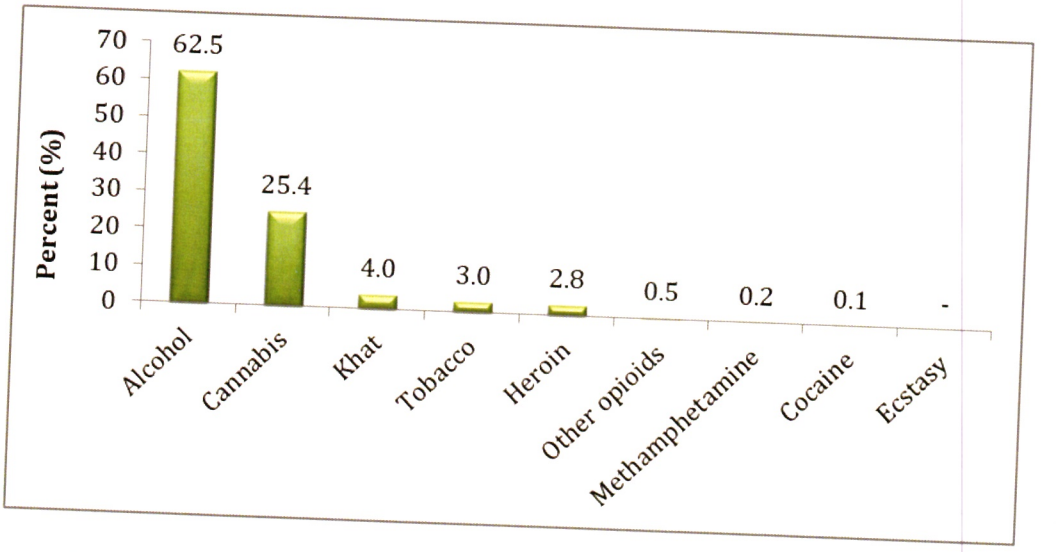
Table 13: Average age of patients seeking substance use treatment (n=1964)

Primary substance	Average age	Male	Female
Alcohol	36.7	36.8	36.5
Tobacco	36.7	37.0	33.4
Khat	34.2	33.9	37.5
Heroin	33.0	32.7	34.2
Other Opioids	38.5	35.0	44.5
Cocaine	27.7	32.5	18.0
Cannabis	27.2	29.3	26.5
Methamphetamine	28.0	21.0	35.0
Ecstasy	24.0	24.0	-

Primary substances of abuse

According to Figure 9, alcohol accounted for the highest burden of substance use disorders (62.5%) among clients seeking treatment and rehabilitation services in Kenya. This was followed by cannabis 25.4%; *khat* (4.0%); tobacco (3.0%); heroin (2.8%); other opioids (0.5%); methamphetamine (0.2%); and lastly cocaine (0.1%). This therefore confirms that though the prevalence of cannabis use is low, the drug accounts for significantly higher rates of admission in treatment and rehabilitation centres.

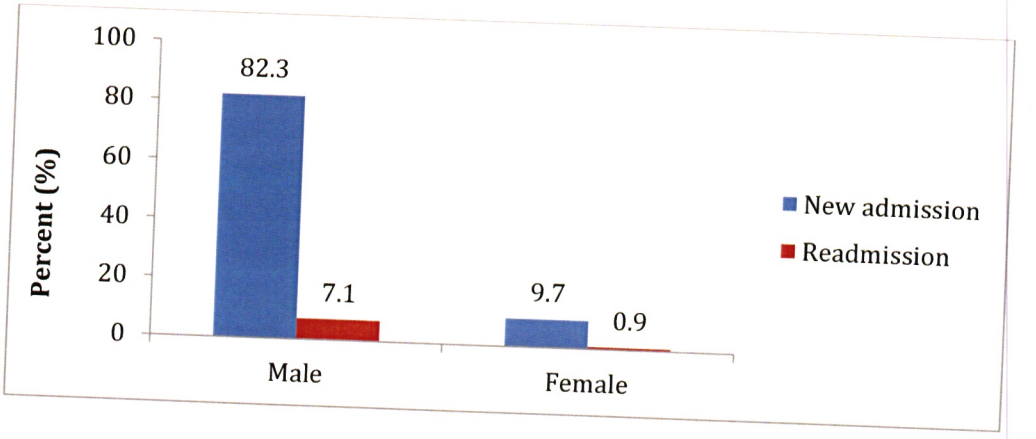
Figure 9: Primary drug or substance of abuse among clients seeking treatment and rehabilitation services



Type of admission during the reporting period

Data showed that new admission cases accounted for 90.9% where clients were seeking treatment and rehabilitation services for the first time while 9.1% were clients on readmission. Further, 82.3% of new admissions were male clients while 9.7% were female clients. In terms of readmissions, 7.1% were male clients while 0.9% were female clients (Figure 10). Therefore male clients had a higher likelihood of either new admissions or readmissions to treatment and rehabilitation services.

Figure 10: Type of admission by gender



3.4 Research and development

In the reporting period, the Authority conducted a survey on the "*Influence of Drugs and Substance Abuse on Gender Based Violence in Central and Coast Regions in Kenya.*" A total of 1,374 respondents were interviewed. Data analysis and report writing is on-going.

During the reporting period, the Authority partnered with the Tobacco Control Board (TCB) and the Kenya National Bureau of Statistics (KNBS) to undertake the "*Tobacco, Alcohol, Drugs and Substance Abuse Survey (TADSAS).*" Development and validation of the study questionnaire and programing of the tool were completed during the reporting period.

In addition, the Authority partnered with 16 universities to undertake a national survey on the "*Status of Drugs and Substance Abuse among University Students in Kenya.*" The collaborating universities are presented in Table 14. Validation of the methodology and questionnaire were undertaken during the reporting period.

Table 14: Collaborating universities

Region	Public	Private
Nairobi	University of Nairobi	Catholic University of Eastern Africa
	Kenyatta University	United States International University
Central	Dedan Kimathi University Technology	Mount Kenya University
Eastern	South Eastern Kenya University	Daystar University
Western	Masinde Muliro University of Science and Technology	
Nyanza	Kisii University	Great Lakes University of Kisumu
Rift Valley	Moi University	Africa Nazarene University
	Laikipia University	
Coast	Pwani University	
North Eastern	Garissa University	

In the period under review, the Authority partnered with ENACT Africa to undertake a study on "*Barriers to Utilization of Harm Reduction and Drug Rehabilitation Services among Female Drug Users in Kenya.*" Data was collected during the reporting period. Data analysis and report writing is on-going.

Also, the Authority published Volume 6 of the African Journal of Alcohol and Drug Abuse (AJADA). This is an open access journal that publishes peer reviewed research articles on alcohol and drug abuse. The objective of the journal is to provide a platform for dissemination of the current trends on alcohol and drug abuse research. A total of nine (9) journal articles were published. The published articles during the reporting period were as follows;

AJADA Volume 6 December 2021 titles published.

1. Effectiveness of Treatment and Rehabilitation Programs for Drug and Substance Dependence in Mombasa County, Kenya;
2. Efficacy of Peer-led Interventions on Substance Use among Female Undergraduate Students in Universities in Nairobi County, Kenya;
3. New Consumption Patterns of Marijuana and Their Implications for Law Enforcement in Kenya;

4. Prevalence and Risk of Alcohol Use among Palliative Care Patients in Kenya: Case Study of Coast Region;
5. Socio-demographic, clinical profile and the association with retention in treatment among patients receiving methadone treatment in Nairobi, Kenya;
6. Socio-Economic and Health Consequences of Drugs and Substance Use in Gachie, a Peri-Urban Town on the Outskirts of Nairobi;
7. Student Perceptions on Factors and Effect of Drug and Substance Abuse: A Case of United States International University – Africa;
8. Substance Use, Emerging Substances and Poly Drug Use among Undergraduate Students in Universities in Kenya;
9. Policy Brief on the Narcotics, Drugs and Psychotropic Substances (Control) Amendment Bill.

3.5 Compliance with Policies, Laws, Regulations and Standards

The Authority is the secretary to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27th November 2020. The Authority also coordinates the National Technical Committee on Drug Trafficking and Abuse established under the Kenya Gazette Notice 2332 of March 10, 2017. This is an inter-agency forum comprising of Government departments and lead agencies involved in drug demand reduction and supply reduction for the purposes of enhancing coordination in development of plans of action, implementation and enforcement of laws and policies relating to alcohol and drug abuse control.

In fulfillment of one of the Authority's mandate to assist and support county governments in developing and implementing policies, laws, plans of action on control of drug abuse, the Authority supported county governments to conduct crackdowns on illicit brews, counterfeit alcoholic products and drugs in order to enforce compliance with alcohol and drug control legislation. During the reporting period, 10,072 premises were inspected where 2,099 of them were closed for non-compliance and another 3,611 persons were arrested for various offences. Table 15 provides a summary of the enforcement and compliance check exercises conducted by the Authority.

Table 15: Results of multi-agency compliance and enforcement exercise in the reporting period

Region	Counties visited	No. of premises visited/ Inspected	Number of closed non-compliant outlets	No. of people arrested
Nairobi	Nairobi	791	281	339
Central	Kirinyaga, Nyandarua, Kiambu, Muranga and Nyeri	2,691	86	1,358
South Rift	Narok, Kajiado, Bomet, Nakuru, Kericho, Laikipia and Samburu	2,468	258	817
North Rift	Baringo, Nandi, Tranzoia, Elgeyo Marakwet, Uasin Gishu, Turkana and West Pokot	995	86	163
Nyanza	Siaya, Homabay, Migori, Kisii, Nyamira and Kisumu	1141	24	472
Western	Kakamega, Bungoma, Busia and Vihiga	880	774	117
Coast	Mombasa, Kwale,Kilifi, Taita Taveta, Tana River and Lamu	1301	569	259
North-Eastern	Garissa,Wajir and Mandera	86	21	86
Total		**10,072**	**2,099**	**3,611**

CHAPTER FOUR: CHALLENGES IN THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

The campaign against alcohol and drug abuse in Kenya was faced by a number of emerging challenges during the reporting period. These were as follows:

4.1 Under-Funding of the Authority's Programs

NACADA's annual budgetary allocation has been inadequate to fund the Authority's programs. During the FY 2021/ 2022, the Authority's recurrent budgetary allocation was Ksh 529,150,000 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's interventions especially media campaigns, implementation of the life skills program, positive parenting as well as programs targeting youth out of school. Further, the limitation of resources has affected establishment of offices including staffing in mapped hotspot counties. Currently, NACADA has been devolved to nine (9) regional offices. Towards addressing this funding gap, the Authority needs to pursue alternatives through strengthening of partnerships. Additionally, NACADA needs to continue engaging the national treasury through the Ministry of Interior and Coordination of National Government to enhance the Authority's annual budgetary allocation.

4.2 Inadequate Access to Treatment and Rehabilitation Services

Despite emphasis and focus on prevention programs, many Kenyans are progressing to addiction leading to a high demand for treatment and rehabilitation services. Currently, there are only five operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta National Hospital, Coast General Hospital and Miritini Treatment and Rehabilitation Centre. Over 90 percent of the other facilities are privately owned; skewed in urban centres and majorly in Nairobi, Kiambu and Mombasa counties; and are not affordable to the majority of Kenyans. Towards expanding coverage and access to treatment and rehabilitation services for persons with substance use disorders, the Authority needs to continue engaging county governments to ring-fence resources acquired from liquor licensing and invest on establishment of more treatment and rehabilitation facilities including implementation of demand reduction programs. The Senate also needs to engage county governments to create a fund in their liquor laws in order to fund treatment and rehabilitation and other prevention programs. In addition, NACADA needs to explore the community based treatment and rehabilitation model as a cost effective approach to reach and support persons with substance use disorders.

4.3 Inadequate Aftercare and Re-integration Programs

One of the evolving challenges associated with the treatment and rehabilitation of persons with SUDs is inadequate aftercare and re-integration programs leading to high rates of relapse among those in recovery. This has been a major setback to employers and those supporting persons with SUDs. Therefore, towards addressing the problem of high relapse rates, NACADA needs to engage treatment and rehabilitation facilities including employers to put emphasis on aftercare and re-integration programs as a good practice towards relapse prevention.

4.4 Emerging Trend in the Abuse of Prescription Drugs for Non-Medical Use

The country has witnessed an increase in the abuse of prescription drugs for non-medical use among the youth including primary school pupils and secondary school students in Kenya. Data shows that these drugs are easily accessible, available and cheap thereby making them very attractive to the youth and children. Therefore, with this emerging challenge of diversion of prescription drugs for non-medical use, the Pharmacy and Poisons Board needs to implement interventions to control this problem. This should include engagement of the law enforcement agencies and healthcare providers to suppress diversion of prescription drugs for non-medical use.

4.5 Emerging New Markets for Heroin in Kenya

Evidence shows an expanding market for heroin use in the country beyond the traditionally known hotspots of Mombasa and Nairobi. Seizure data as well as surveillance reports have shown that heroin use is now an emerging problem in Uasin Gishu, Kisumu, Nakuru, Kiambu and Isiolo counties. Therefore there is need for enforcement agencies to extend the scope of their interventions to the new emerging markets and other potential hotspot counties.

4.6 Emerging Trend in the Abuse of Cannabis Edibles

Surveillance reports indicate new methods of delivery of cannabis through the use of cannabis edibles especially in the form of confectioneries e.g. *weed cookies*, *weed cakes*, *mabuyu (baobab seeds)* and *sweets/ candies*. Most of these products are particularly attractive to the young children. This trend presents an emerging challenge in the control of narcotic drugs. Therefore there is need for enforcement agencies to adopt new narcotic drug control approaches to respond to this evolving challenge of increased demand for cannabis edibles.

4.7 Emerging Novel Tobacco Products

Following the banning of shisha smoking in Kenya on *28th December 2017* through a Legal Notice No. 292 and on *27th July 2018* through a High Court Ruling, the country has continued to witness increased seizures and arrests related to its use. Moreover, there is an emerging trend in the use of nicotine pouches and e-cigarettes or vaping devices especially among the youth despite their unknown immediate and long-term health effects. Therefore, there is need for the Ministry of Health through the Tobacco Control Board to regulate these emerging novel tobacco products before the problem becomes entrenched deep into the society.

4.8 Cannabis Trafficking

The country has witnessed increased trafficking of cannabis from Ethiopia, Tanzania and Uganda, an indicator that Kenya is an emerging key destination country. The seizures for cannabis have been on an upward trend despite the heightened enforcement efforts by the Government security agencies. Towards responding to this emerging challenge, NACADA needs to continue undertaking regular engagements with the County and Regional Security Committees in order to suppress supply for cannabis in Kenya. Further, there is need to devote more resources towards facilitation and equipment needed by law enforcement agencies to control and counter trafficking of narcotic drugs.