 <b>THE NATIONAL ASSEMBLY</b> <b>NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST</b> <b>ALCOHOL AND DRUG ABUSE</b> <b>2023</b>	
<b>DAY.</b> <b>TUESDAY</b>	
<b>TABLED BY:</b>	Hon. Owen Baya, MP Deputy Leader, majority
<b>CLERK-AT THE TABLE:</b>	Finlays Muriuki

# SEVENTEENTH (17<sup>TH</sup>) 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 1<sup>st</sup> July – 31<sup>st</sup> December 2022

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## LIST OF ABBREVIATIONS

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

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the 17<sup>th</sup> 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 National Administration.

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 1<sup>st</sup> July – 31<sup>st</sup> December 2022.

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

The Authority is faced with a number of challenges that hinder effective and optimal implementation of its activities. One of the major challenges to the campaign is inadequate funding. During the FY 2022/ 2023, the Authority's recurrent budgetary allocation was Ksh 656,553,443 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's interventions especially regular media campaigns; public education and awareness programs; and supply suppression interventions. Further, the limitation of resources has affected establishment of offices including staffing in mapped hotspot counties. Currently, NACADA has only managed to devolve its activities to nine (9) regional offices supporting a cluster of counties.

The demand for treatment and rehabilitation in the country exceeds the available facilities resulting to a growing unmet need for treatment services. Currently, there are only nine 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, Miritini Treatment and Rehabilitation Centre, Kombani Rehabilitation Centre, Lamu Red Cross Rehabilitation Centre, Iten County Rehabilitation Centre and Ihururu County Rehabilitation Centre. The Authority is also partnering with the County Governments of Kakamega, Taita Taveta, Bomet and Kisii to support the establishment, refurbishment and equipping of treatment and rehabilitation facilities.

Despite the Authority's investment on increasing access to addiction treatment, over 90 percent of available 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.

On the other hand, there is emerging evidence indicating that the catchment for heroin use has continued to grow beyond the traditionally known hotspots of Mombasa and Nairobi. Seizure data shows emerging new markets for heroin especially in Central, Rift Valley, Eastern and Nyanza regions. Data reveals local availability and use of heroin in Nyeri, Murang'a, Kiambu, Kirinyaga, Laikipia, Nakuru, Isiolo, Uasin Gishu and Kisumu counties.

Similarly, statistics from the national drugs and substance use survey conducted by NACADA in 2022 showed that the prevalence of cannabis use almost doubled over the last five years with the youth being the most affected population. The growing demand for cannabis especially among the youth and the underage children could be attributed to the myths and sustained misinformation and misconceptions about cannabis. This has resulted to reduced perceived harm of cannabis use especially among the youth.

Likewise, the function of liquor licensing was devolved to county governments under the Constitution of Kenya 2010. This has resulted to mushrooming of bars and restaurants in the counties in total disregard of the law with the sole purpose of raising revenue. The country has also witnessed increased licensing of alcohol selling outlets in restricted areas. This includes licensing of bars in residential areas and areas near learning institutions.

Lastly, the geographic location and global airline connectivity to major world destinations makes Kenya a lucrative transit route for the different narcotic drugs. This strategic location has exposed the country to leakages of narcotic drugs meant for transit leading to an expansion of the local market for narcotic drugs use,

I therefore submit this report for your attention.



**Prof. John Muteti**

**AG. CHIEF EXECUTIVE OFFICER**



## CHAPTER ONE: INTRODUCTION

### 1.1 Background

This is the 17<sup>th</sup> 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 in collaboration with other lead agencies is required to submit an alcohol and drug abuse control status report biannually to both Houses of Parliament through the Cabinet Secretary for Interior and National Administration. This report covers the biannual period of 1<sup>st</sup> July – 31<sup>st</sup> December 2022.

### 1.2 Status of alcohol and drug abuse in Kenya

#### 1.2.1 General population

According to a survey conducted by NACADA in 2022 in collaboration with the Kenya National Bureau of Statistics and the Tobacco Control Board, 17.5% (4,733,135) of Kenyans aged 15 – 65 years are currently using at least one drug or substance of abuse; 11.8% (3,199,115) are currently using alcohol; 8.5% (2,305,929) are currently using tobacco; 1.9% (518,807) are currently using cannabis; and 0.2% (60,407) are currently using prescription drugs (Table 1.1).

**Table 1.1 Current use of drugs and substances of abuse among the general population in Kenya**

No.	Drug/ Substance	National Prevalence	No. of Affected Kenyans
1.	At least one substance of abuse	17.5	4,733,135
2.	Alcohol	11.8	3,199,115
3.	Tobacco	8.5	2,305,929
4.	Bhang/ marijuana	1.9	518,807
5.	Prescription drugs	0.2	60,407

Source: NACADA, 2022

The survey also showed that 9.7% (2,613,735) of Kenyans aged 15 – 65 years have alcohol use disorders; 6.8% (1,846,868) have tobacco use disorders; 1.6% (431,640) have cannabis use disorders; and 0.2% (42,579) have prescription drugs use disorders (Table 1.2).

**Table 1.2 Substance use disorders (SUDs) among the general population in Kenya**

No.	Drug/ Substance	National Prevalence	No. of Affected Kenyans
1.	Alcohol	9.7	2,613,735
2.	Tobacco	6.8	1,846,868
3.	Cannabis	1.6	431,640
4.	Prescription drugs	0.2	42,579

Source: NACADA, 2022

### 1.2.2 Secondary schools

Alcohol and drug abuse among the school-going children is an emerging problem 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; 16.1% (349,613) have ever used prescription drugs; 14.5% (314,869) have ever used tobacco; 7.5% (162,863) have ever used cannabis; 2.3% (49,945) have ever used inhalants e.g. glue, thinner and petrol; 1.2% (26,058) have ever used heroin; and 1.1% (23,887) have ever used cocaine (Table 1.3).

**Table 1.3 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
Prescription drugs	16.1	349,613
Tobacco	14.5	314,869
Cannabis	7.5	162,863
Inhalants	2.3	49,945
Heroin	1.2	26,058
Cocaine	1.1	23,887

Source: NACADA, 2016

### 1.2.3 Primary schools

Data on the “Status of Drugs and Substance Abuse among Primary School Pupils in Kenya” conducted by NACADA in 2018 shows that 10.4% have ever used prescription drugs in their lifetime; 7.2% have ever used alcohol; 6.0% have ever used tobacco; and 1.2% have ever used cannabis.

Lifetime use of inhalants, heroin and cocaine among primary school pupils is less than 1.0% (Table 1.4). This survey covered primary school pupils from class 5 – 8.

**Table 1.4 Lifetime/ ever use of drugs and substance abuse among primary school pupils in Kenya**

No.	Drug/ substance	Prevalence (%)
1.	Prescription drugs	10.4
2.	Alcohol	7.2
3.	Tobacco	6.0
4.	Cannabis	1.2
5.	Cocaine	0.7
6.	Heroin	0.4
7.	Inhalants	0.5

Source: NACADA, 2018

### 1.2.4 Emerging trends of drugs and substance abuse in Kenya

In 2021, NACADA conducted an assessment on “Emerging Trends of Drugs and Substance Abuse in Kenya” in collaboration with the Pharmacy and Poisons Board, Government Chemist and the Ministry of Interior covering 18 sampled counties. The findings of laboratory analysis showed that the abuse of prescription drugs was an evolving 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, 8.2% had ever used bhang/ marijuana, 2.3% had ever used prescription drugs, 1.3% had ever used cocaine and 1.2% had ever used heroin.

Findings on current (30-day) use of drugs and substances of abuse showed that alcohol was the most widely used substance with a prevalence of 23.8% followed by tobacco (4.8%), cannabis (1.9%), 1.0% prescription drugs (1.0%), heroin (0.8%) and cocaine (0.8%) (Table 1.5).

**Table 1.5 Drugs and substances of abuse among employees in the public sector workplace in Kenya**

<b>Drug/ substance</b>	<b>Lifetime prevalence (%)</b>	<b>Current (30-day) prevalence (%)</b>
Alcohol	44.5	23.8
Tobacco	15.3	4.8
Cannabis	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 National Administration.

NACADA is mandated to coordinate a national response against alcohol and drug abuse as outlined 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 also provides secretarial services to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27<sup>th</sup> November 2020. The committee is mandated to ensure consumer protection from illicit adulterated alcoholic beverages in Kenya. This committee replaced the National Inter-Agency Committee for Control of Alcoholic Drinks and Combat of Illicit Brews which had been established under the Kenya Gazette Notice 5069 of July 10, 2015.

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 National Administration, 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, Anti-Narcotics Unit, Directorate of Criminal Investigations, Kenya Prisons 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 United Nations Conventions on Narcotic Drugs and Psychotropic Substances of 1961, 1971 and 1988. 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 nationally and internationally controlled 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 1,686,587 litres of illicit alcohol was seized nationally. County specific data showed that Meru accounted for the highest seizures of illicit alcohol (369,949 litres) followed by Bungoma (214,044 litres), Elgeyo Marakwet (144,679 litres), West Pokot (119,622 litres), Nakuru (116,757 litres), Uasin Gishu (114,261 litres), Nairobi (90,242 litres), Nandi (72,665 litres), Migori (68,993 litres) and Bomet (66,342 litres) (Table 2.1).

In terms of individual alcohol categories, data showed that a total of 111,034 litres of *chang'aa* was seized nationally. County specific data showed that Bungoma accounted for the highest seizures of *chang'aa* (13,393 litres), followed by Nakuru (10,317 litres), Bomet (9,742 litres), Uasin Gishu (9,577 litres) and West Pokot (8,568 litres).

Statistics on *kangara* showed that a total of 971,293 litres were seized in the reporting period. County specific data showed that Bungoma accounted for the highest seizures of *kangara* (138,745 litres) followed by Nakuru (100,120 litres), Elgeyo Marakwet (99,263 litres), Uasin Gishu (93,577 litres) and West Pokot (76,852 litres).

Data on other types of traditional brews showed that a total of 320,895 litres were seized in the reporting period. County specific data showed that Meru accounted for the highest seizures (91,816 litres) followed by Bungoma (61,906 litres), Elgeyo Marakwet (37,473 litres), West Pokot (34,202 litres) and Bomet (20,550 litres). Meru County accounted for the highest seizures of illegal neutral spirits (275,000 litres) (Table 2.1).

**Table 2.1 Illicit alcohol seizures by county**

County	Chang'aa (Ltrs)	Kangara (Ltrs)	Other Traditional Drinks (Ltrs)	Illegal Neutral Spirits (Ltrs)	Total Alcohol Seizures (Ltrs)
Meru	3,133	-	91,816	275,000	369,949
Bungoma	13,393	138,745	61,906	-	214,044
Elgeyo Marakwet	7,403	99,263	37,473	540	144,679
West Pokot	8,568	76,852	34,202	-	119,622
Nakuru	10,317	100,120	6,300	20	116,757
Uasin Gishu	9,577	93,577	11,009	98	114,261
Nairobi	6,599	72,647	10,996	-	90,242
Nandi	6,415	66,176	50	24	72,665
Migori	1,230	65,296	1,150	1,317	68,993
Bomet	9,742	36,037	20,550	13	66,342
Nyamira	2,729	57,918	546	0	61,193
Kiambu	4,364	31,810	1,078	175	37,427
Kakamega	837	28,338	830	-	30,005
Siaya	2,257	26,725	240	410	29,632
Mombasa	7,009	16,927	2,827	-	26,763
Baringo	4,834	16,169	4,169	0	25,172
Muranga	891	15,240	763	1,520	18,414
Kericho	5,255	4,880	6,620	847	17,602
Taita Taveta	559	3,369	6,970	-	10,898
Nyeri	226	6,370	7	-	6,603
Embu	-	-	5,553	438	5,991
Kitui	-	-	5,871	-	5,871
Kisumu	252	5,470	-	-	5,722
Kwale	1,827	2,749	982	-	5,558
Samburu	390	4,860	-	-	5,250
Kajiado	454	555	2,055	-	3,064
Busia	95	980	1,960	-	3,035
Nyandarua	49	-	80	2,868	2,997
Kirinyaga	56	-	2,818	-	2,874
Vihiga	1,526	150	-	-	1,676
Makueni	10	70	1,496	96	1,672

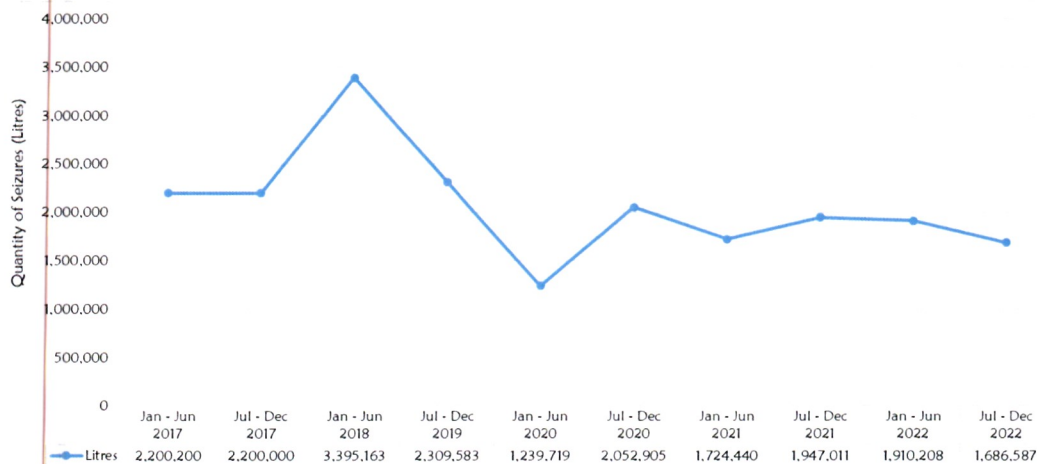


County	Chang'aa (Ltrs)	Kangara (Ltrs)	Other Traditional Drinks (Ltrs)	Illegal Neutral Spirits (Ltrs)	Total Alcohol Seizures (Ltrs)
Laikipia	1,037	-		-	1,037
Garissa	-	-	290	-	290
Wajir	-	-	288	-	288
<b>Total</b>	<b>111,034</b>	<b>971,293</b>	<b>320,895</b>	<b>283,366</b>	<b>1,686,587</b>

Source: MoINA and NACADA, July – December 2022

Figure 2.1 showed that the trend of illicit alcohol seizures had been on a slight downward trend compared to the first half period of January - June 2022. Data showed that a total of 1,686,587 litres of illicit alcohol was seized during the current reporting period of July – December 2022. This could be attributed to reduced enforcement efforts as a result of the electioneering period.

**Figure 2.1 Trend of illicit alcohol seizures nationally**



## 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 related to the control of narcotics and psychotropic substances.

## 2.2.1 Cannabis control

Cannabis is the most widely used narcotic drug in Kenya. Most of the cannabis used in Kenya usually originates from bordering countries of Tanzania, Ethiopia and Uganda as well as local cultivation. Kenya is therefore a key destination country for cannabis in the Eastern African region. 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 seizures showed that a total of 7,247.7 kgs of cannabis were seized nationally. Analysis of county specific data showed that Marsabit accounted for the highest seizures of cannabis (2,411.9 kgs) followed by Migori (981.2 kgs), Nakuru (863.708 kgs), Nairobi (662.86 kgs), Uasin Gishu (454.43 kgs), Narok (260.785 kgs), Isiolo (173.458 kgs), Kilifi (137.868 kgs), Homabay (126.8 kgs) and Kiambu (122.367 kgs). This data is presented in Table 2.2.

Data also showed that 61,188 rolls, 21,388 plants, 1,161 brooms and 215 stones of cannabis were seized during the reporting period. Data showed that there was evidence of cannabis cultivation locally. The most affected counties where cultivation was recorded during the reporting period included Nyeri (6,651 plants), Machakos (3,707 plants), Kisii (2,316 plants), Meru (1,920 plants) and Kirinyaga (1,714 plants) (Table 2.2).

**Table 2.2 Cannabis seizures by county**

County	No. of Persons Arrested	Rolls	Bales	Plants	Brooms	Stones	Bulk Seizures (Kgs)
Marsabit	13	24	-	-	-	-	<b>2,411.9</b>
Migori	30	1,462	-	666	3	-	<b>981.2</b>
Nakuru	212	2,703	-	95	117	7	<b>863.708</b>
Nairobi	346	8,923	-	347	1	-	<b>662.86</b>
Uasin Gishu	26	905	-	4	-	-	<b>454.43</b>
Narok	19	267	-	86	-	-	<b>260.785</b>
Isiolo	14	102	-	-	-	-	<b>173.458</b>
Kilifi	29	738	-	114	-	1	<b>137.868</b>
Homabay	31	538	-	245	116	-	<b>126.8</b>
Kiambu	628	16,079	-	597	16	10	<b>122.367</b>
Machakos	189	4,542	-	3,707	422	-	<b>111.946</b>

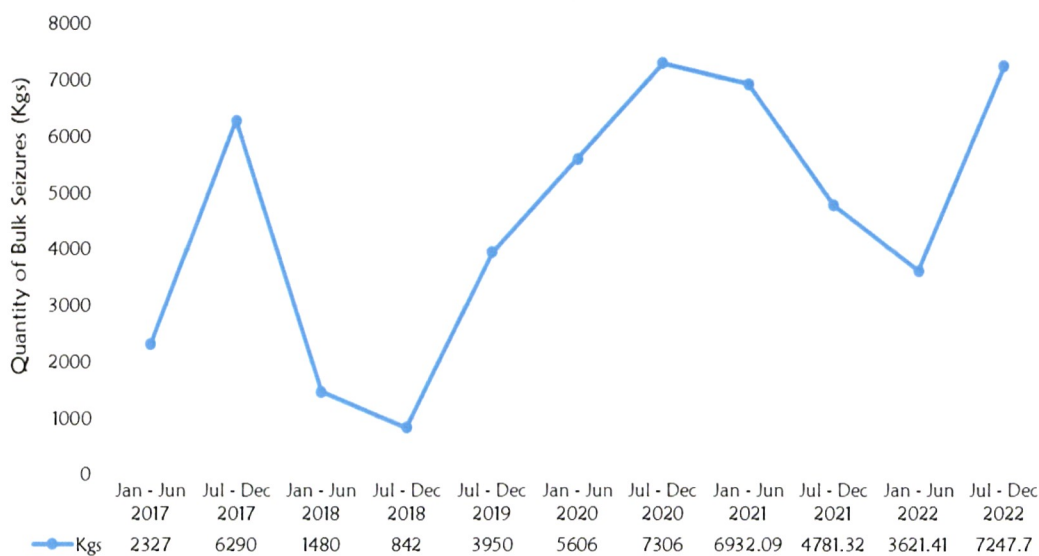
County	No. of Persons Arrested	Rolls	Bales	Plants	Brooms	Stones	Bulk Seizures (Kgs)
Busia	25	140	-	23	41	-	<b>109.388</b>
Siaya	25	484	-	-	6	-	<b>90.25</b>
Kitui	55	927	-	14	1	10	<b>76.377</b>
Kisumu	38	413	-	-	2	-	<b>73.05</b>
Nyeri	108	1,705	-	6,651	-	28	<b>52.287</b>
Kericho	8	54	-	-	-	-	<b>50.6</b>
Nyamira	25	375	-	53	211	-	<b>50.45</b>
Meru	64	1,421	-	1,920	-	-	<b>49.455</b>
Mombasa	34	108	-	-	-	-	<b>44.21</b>
Laikipia	51	754	-	447	-	5	<b>42.675</b>
Embu	84	2,682	-	1,315	-	15	<b>40.71</b>
Kakamega	8	33	-	-	28	-	<b>34.23</b>
Kirinyaga	84	1,267	-	1,714	3	48	<b>30.015</b>
Nyandarua	29	413	-	131	-	-	<b>26.884</b>
JKIA	1	-	-	-	-	-	<b>26.826</b>
Kisii	90	2,728	-	2,316	27	7	<b>25.42</b>
Tharaka-Nithi	7	31	-	-	-	-	<b>21.5</b>
Nandi	11	91	-	-	-	-	<b>14</b>
Kwale	13	39	-	-	-	-	<b>12.5</b>
Bungoma	41	518	-	350	126	-	<b>10.625</b>
Muranga	109	1,998	-	122	10	-	<b>9.422</b>
Samburu	5	485	-	-	-	30	<b>8.5</b>
Baringo	12	85	-	22	-	-	<b>7.3</b>
Elgeyo Marakwet	7	17	-	-	-	-	<b>5.44</b>
Makueni	66	5,296	-	-	-	36	<b>5.34</b>
Garissa	11	1	-	-	-	-	<b>4.55</b>
Vihiga	37	574	-	94	7	-	<b>4.31</b>
Kajiado	25	805	-	-	-	-	<b>3.34</b>
Bomet	33	412	-	246	17	10	<b>2.964</b>
Railways	9	6	-	-	-	4	<b>2.075</b>
Trans Nzoia	22	98	-	3	4	-	<b>1.62</b>
Taita Taveta	20	160	-	6	-	4	<b>1.616</b>

County	No. of Persons Arrested	Rolls	Bales	Plants	Brooms	Stones	Bulk Seizures (Kgs)
Lamu	23	437	-	100	-	-	<b>1.05</b>
Tana River	7	31	-	-	3	-	<b>1.003</b>
Wajir	2	44	-	-	-	-	<b>0.33</b>
Mandera	6	193	-	-	-	-	<b>0.055</b>
Turkana	1	20	-	-	-	-	-
West Pokot	3	60	-	-	-	-	-
<b>Total</b>	<b>2,736</b>	<b>61,188</b>	<b>254</b>	<b>21,388</b>	<b>1,161</b>	<b>215</b>	<b>7,247.7</b>

Source: NPS, ANU and DCI, July – December 2022

Figure 2.2 showed that the quantity of bulk seizures of cannabis has increased during the second half of year 2022 from 3,621.41 kgs (January – June 2022) to 7,247.7 kgs (July - December 2022).

**Figure 2.2 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. During the reporting period, data on heroin seizures showed that a total of 28.2755 kgs of heroin were seized nationally in addition to 805 sachets. Overall, A total of 48 persons were arrested (Table 2.3).

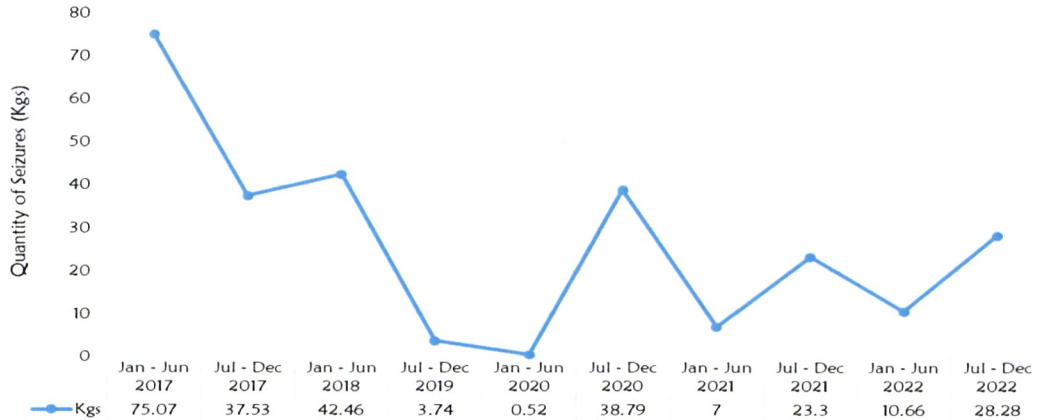
**Table 2.3 Heroin seizures by county**

County	No. of Persons Arrested	No. of Sachets Seized	No. of Pellets Seized	Quantity Seized (Kgs)
Mombasa	1	3	-	-
Kilifi	9	231	9	-
Lamu	4	8	-	0.2163
Kirinyaga	7	85	-	0.082
Murang'a	1	5	-	-
Kiambu	5	57	-	-
Uasin Gishu	2	35	-	-
Laikipia	3	209	-	-
Nakuru	4	96	-	-
Kisumu	1	8	-	-
Nairobi	8	68	-	1.1512
JKIA	3	-	-	26.826
<b>Total</b>	<b>48</b>	<b>805</b>	<b>9</b>	<b>28.2755</b>

Source: NPS, ANU and DCI, July – December 2022

Figure 2.3 showed that the trend of heroin seizures had increased during the second half of year 2022. Data showed an increase of heroin seizures from 10.66 kgs (January – June 2022) to 28.28 kgs (July – December 2022).

**Figure 2.3 Trend of heroin seizures nationally**

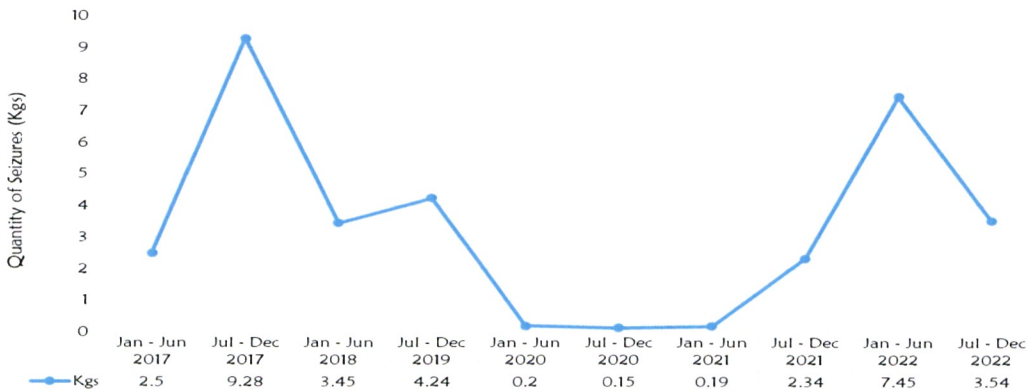


### 2.2.3 Cocaine control

Cocaine is an illegal and highly addictive stimulant drug under international control. During the reporting period, data showed that a total of 3.54 kgs of cocaine were seized in the country. All these seizures were made at the Jomo Kenyatta International Airport where 7 traffickers were arrested.

Figure 2.4 showed that the seizures for cocaine had declined from 7.45 kgs (January – June 2022) to 3.54 kgs (July – December 2022).

**Figure 2.4 Trend of cocaine seizures nationally**



## 2.2.4 Control of other substances

Data showed that 5.89 kgs of methamphetamine and 300 sachets of morphine were seized during the reporting period of July – December 2022. The data also showed an increase in the use of prescription drugs for non-medical use where 500 tablets of Diazepam, 153 tablets of Cozepam and 5 tablets of Rohypnol were seized during the reporting period (Table 2.4).

**Table 2.4 Seizures of other substances by county**

County	Type of Drug Seized	No. Of Persons Arrested	No. of Sachets Seized	No. of Tablets Seized	Quantity Seized (Kgs)
Mombasa	Cozepam	1	-	18	-
Lamu	Rohypnol	1	-	5	-
Lamu	Cozepam	1	-	15	-
Wajir	Diazepam	3	-	500	-
Mandera	Cozepam	2	-	120	-
JKIA	Methamphetamine				5.89
JKIA	Morphine	1	300	-	-

Source: NPS, ANU and DCI, July – December 2022

## 2.3 Trafficking routes for narcotic drugs

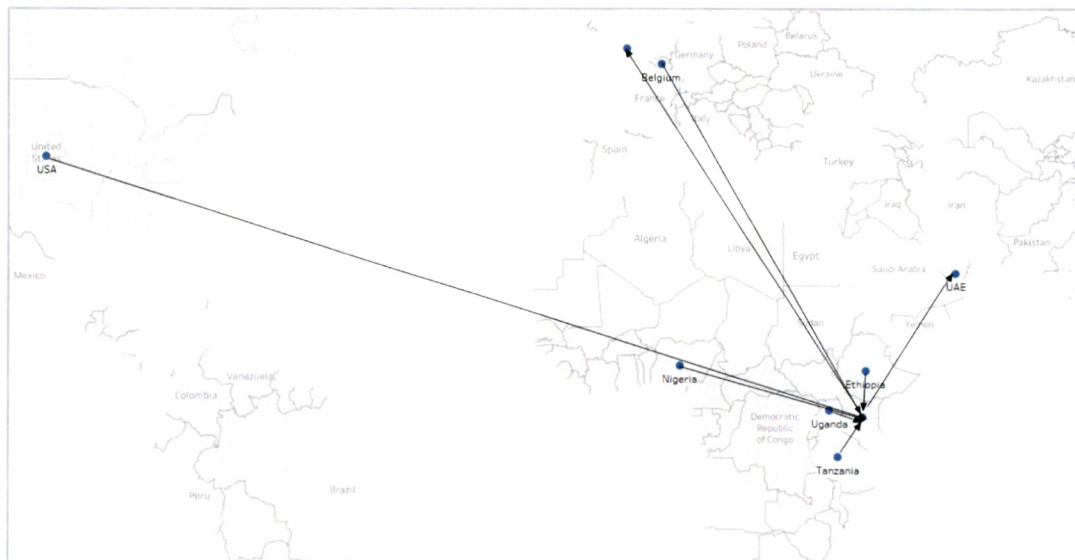
Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to national and international control. In the reporting period, the commonly trafficked substances in Kenya were cannabis, heroin, cocaine, methamphetamine and morphine. The most commonly used trafficking modes were mail and road. Nairobi being a gateway to the East African region and its global geographic position makes Kenya an attractive destination for narcotic drugs trafficking. Whereas most of the seized narcotic drugs are majorly on transit to international markets, there is increasing availability of synthetic drugs for local use.

### 2.3.1 Cannabis trafficking routes

Kenya is a key destination of cannabis originating mainly from Ethiopia, Tanzania and Uganda. The most commonly used mode of trafficking is by road. However, inbound data on cannabis seizures from July – December 2022 showed emerging new trafficking routes for cannabis. Data showed that cannabis was now being trafficked using air cargo from USA and Belgium with Kenya being the destination country.

Kenya was also an emerging transit country for cannabis being trafficked from Nigeria through Kenya to UAE as the major destination country (Figure 2.5).

### Figure 2.5 Cannabis trafficking routes



Source: ANU, July – December 2022

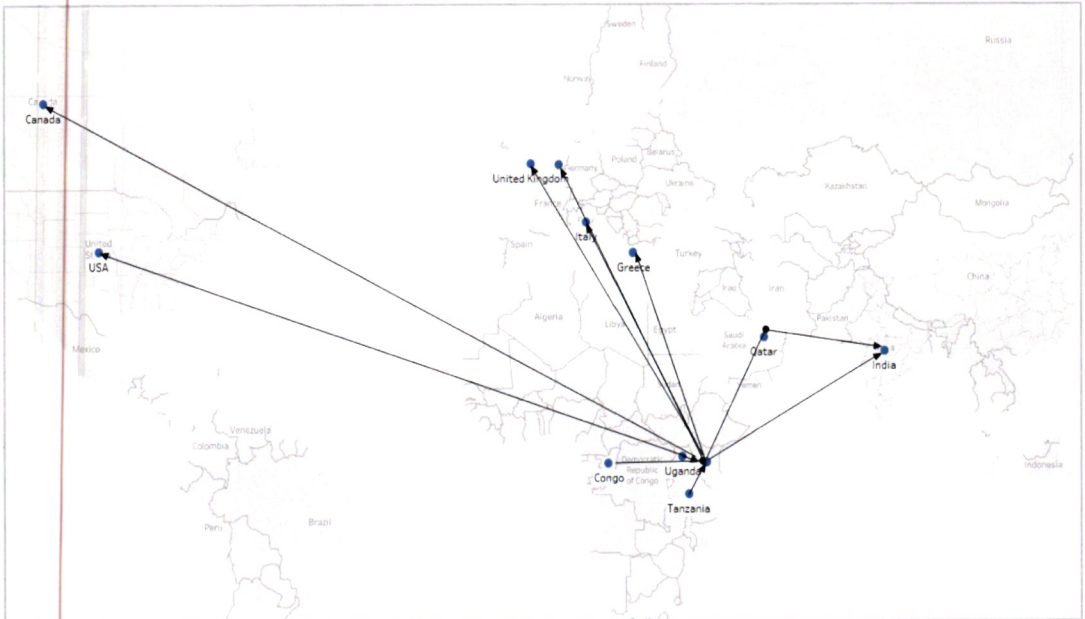
### 2.3.2 Heroin trafficking routes

Heroin originates mostly from Afghanistan and 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.

Inbound data on heroin seizures from July – December 2022 showed that Democratic Republic of Congo, Uganda and Tanzania were the main departure countries. Outbound data on heroin seizures during the same period showed that United States of America, Canada, United Kingdom, Italy, Greece and India were the major destination countries (Figure 2.6).



### Figure 2.6 Heroin trafficking routes



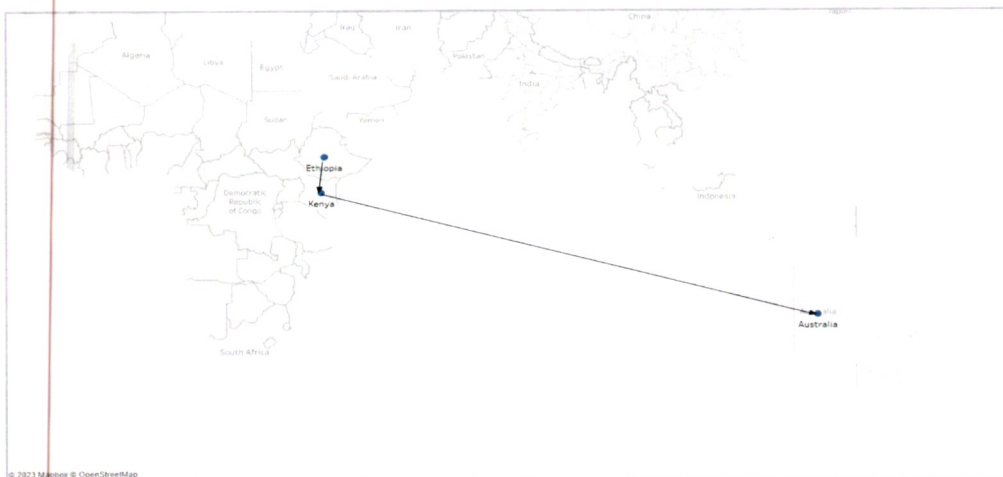
Source: ANU, July – December 2022

### 2.3.3 Cocaine trafficking routes

Cocaine is usually trafficked to the country through air and sea and mostly comes from Latin American States especially Bolivia, Peru, Columbia and Venezuela.

Inbound – outbound data on cocaine seizures from July – December 2022 showed that Ethiopia was a departure country, Kenya a transit country and Australia a destination country (Figure 2.7).

### Figure 2.7 Cocaine trafficking routes

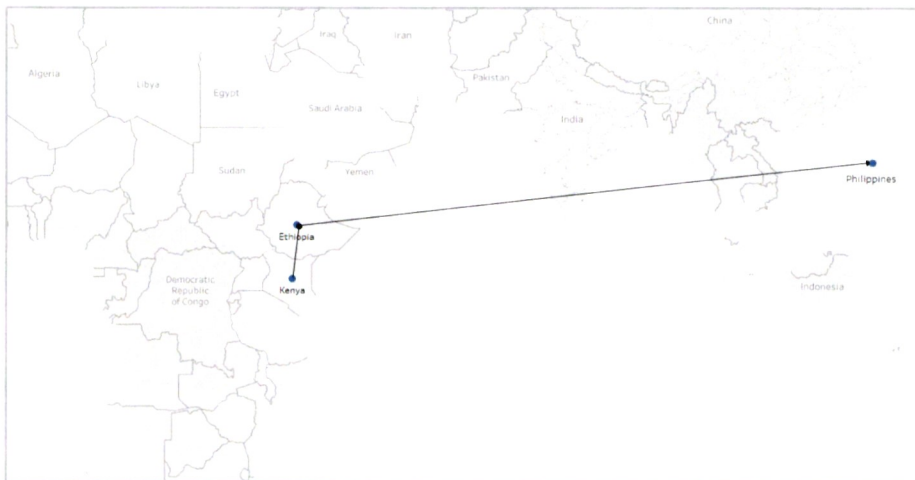


Source: ANU, July – December 2022

### 2.3.4 Methamphetamine trafficking routes

Inbound – outbound data on methamphetamine seizures from July – December 2022 showed that Kenya was a departure country, Ethiopia a transit country and Philippines a destination country (Figure 2.8).

**Figure 2.8 Methamphetamine trafficking routes**



Source: ANU, July – December 2022

### 2.3.5 Morphine trafficking routes

Inbound – outbound data on morphine seizures from July – December 2022 showed that Tanzania was a departure country, Kenya a transit country and Greece a destination country (Figure 2.9).

**Figure 2.9 Morphine trafficking routes**



Source: ANU, July – December 2022

## CHAPTER THREE: PREVENTION AND MITIGATION OF ALCOHOL AND DRUG ABUSE

### 3.1 Introduction

This chapter presents the major achievements on 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 have been assigned to the County Governments. Priority therefore focuses on strengthening partnerships and collaboration at the county level to enhance uptake of functions devolved to the counties.

### 3.2 Public education and advocacy

Public education and awareness on alcohol and drug abuse is an important aspect in 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 in order to realize their potential and become contributing members of their community and society. During the reporting period, the Authority has partnered 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 and awareness messages to different target audiences. Through these programs the Authority sought 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 their families. They therefore form an important setting for interventions aimed at alcohol and drug use prevention. Schools play a significant role to equip learners with key life skills, imparting them with accurate knowledge and establish sound values base in relation to health and drug use.

The Authority in partnership with the Ministry of Education, Teachers Service Commission and Civil Society Organizations held dissemination forums for the “National Guidelines for Alcohol and Substance Use Prevention and Management in Basic Education Institutions”.

The guidelines provide a framework for evidence-based approaches to manage and control alcohol and drug abuse by children in basic education institutions across the country. During the period, a total of one thousand three hundred and eighty six (1,386) schools were reached in the counties of Nairobi, Muranga, Kiambu, Kirinyaga, Kisumu, Meru, Kericho and Garissa.

### 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 SUDs may have lower productivity rates and more likely to cause accidents at the workplace, and have higher health care costs and turnover rates.

The Performance Contracting Guidelines requires all Ministries, Departments and Agencies (MDAs) to mainstream alcohol and drug abuse prevention at the work place as part of their Performance Contract obligations for financial year 2022/2023. The overall objective of this indicator is to reduce the prevalence and mitigate the negative consequences of drugs and substance use in the public sector. The program involves undertaking situation analysis on the status of alcohol and drug abuse, developing workplace policy and programs for early identification and intervention, referrals for treatment and rehabilitation of employees with SUDs. The Authority has therefore supported MDAs to put in place the required infrastructure and mechanisms to address work related influences that may expose employees to the risk of drugs and substance use as per Table 3.1.

**Table 3.1 Number of MDAs supported for different interventions**

<b>Performance Contract Sub-Indicator</b>	<b>Number of MDAs reached</b>
Number of MDAs sensitized and trained on work-place based prevention Interventions	91
Number of MDAs supported to develop workplace policies on ADA prevention and management	12
Number of MDAs supported to undertake ADA baseline and follow-up surveys	5

### 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.

Towards this end, the Authority in partnership with various non-state actors developed the Community Workgroup's Alcohol and Drug Use Management Framework. The framework is applicable to coalitions and associations involved in prevention and management of alcohol and drug use at community level.

During the period under review, the Authority held stakeholder validation meetings for the draft Framework in Nairobi, Nyanza, Western, North Eastern, Coast, South Rift, North Rift, Eastern and Central regions. The Framework was finally launched during the period under review.

The Authority also partnered with various state and non-state actors to sensitize the out of school youth on the effects of ADA. Through this program, a total of eight thousand three hundred and forty three (8,343) youths were reached in the counties of Nairobi, Kakamega, Vihiga, Kisumu, Garissa, Kilifi, Kiambu, Kirinyaga, Uasin-Gishu, Nyamira, Kilifi, Kwale, Mombasa, Nakuru and Kericho. Specifically, the Authority partnered with the National Cohesion and Integration Commission to implement an intensive campaign dubbed "Sauti Yetu" targeting youth in areas mapped as potential hotspots for violence by the Commission. Alcohol and drug abuse was singled out as one of the risk factors contributing to violence during the electioneering period. "Sauti Yetu" campaign was implemented in four clusters covering the counties of Uasin Gishu, Kisumu, Nyamira, Kericho, Nakuru, Kiambu, Kilifi, Mombasa, Kirinyaga and Nairobi.

Also, in collaboration with county governments and various non-state actors, the Authority commemorated the World Mental Health day in the counties of Nairobi, Kisumu, Machakos and Nyeri. The theme for this commemoration was "*make mental health a global priority for all*". The event provided an opportunity for stakeholders to reflect on actions that have been taken to support mental health initiatives in the country. Lastly the Authority also participated in the commemoration of the World Aids Day in the counties of Nyeri, Garissa and Mombasa.

### 3.3 Access to quality and holistic treatment and rehabilitation services

SUDs continue 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 partnered with various agencies to undertake community outreach programmes where citizens were able to access counselling services and brief interventions.

During the reporting period, the Authority provided counselling and referral services to sixteen thousand one hundred and seventy-four (16,174) persons with SUDs through the Miritini Treatment and Rehabilitation Centre, the Authority's toll-free Helpline number - 1192 including outreach activities. These activities were implemented in the counties of Nairobi, Kisumu, Nakuru, Baringo, Bungoma, Kakamega, Kirinyaga, Migori, Garissa, Kiambu, Kilifi, Kwale, Mombasa, Laikipia, Nyeri, Elgeyo Marakwet and Muranga.

The Authority also partnered with Community Based Organizations in Uasin Gishu and Kwale counties to create awareness on treatment and rehabilitation services to vulnerable and neglected populations at community level. A total of two hundred and six (206) injecting drug users were reached in Kwale County while seventy-nine (79) persons living with disability were reached with counselling and referral services in Uasin Gishu county.

The Authority also inspected and accredited thirty-eight (38) treatment and rehabilitation centers in Coast and Central regions. This was done in collaboration with the Pharmacy and Poisons Board, Ministry of Health and the respective county governments where the centers are located. Lastly the Authority facilitated the participation of non-state actors including treatment and rehabilitation centres in the development of the "National Guidelines for Aftercare and Reintegration for Persons Recovering from Substance Use Disorders". The purpose of these guidelines is to support addiction professionals and other service providers to establish and operationalize after care programs. Aftercare programs refer to services that help recovering drug-dependent individuals to adapt to everyday community life, after completing their treatment and rehabilitation program. It provides an opportunity to address critical challenges associated with abstinence and recovery.

### 3.3.1 National Drug Observatory treatment data for January – December 2022

National Drug Observatory (NDO) treatment data for January – December 2022 covered 69 reporting facilities which attended a total of 2,826 clients. A standard tool was used to collect operational data from the accredited treatment and rehabilitation facilities in Kenya.

#### Age distribution of patients

The 2022 data from the 69 reporting facilities showed that a majority of the clients seeking treatment and rehabilitation services in Kenya were aged between 20 to 39 years (70.4%) (Table 3.2). From the data, it is also evident that majority of those seeking these services were male clients (90.4%) compared female clients (9.6%).

**Table 3.2: Age distribution of patients**

Age group	No. of cases (n)	Proportion (%)	Male (%)	Female (%)
15-19	117	4.2	3.8	0.4
20-24	464	16.6	14.7	1.9
25-29	569	20.4	18.3	2.1
30-34	513	18.4	17.0	1.4
35-39	418	15.0	13.7	1.3
40-44	310	11.1	10.0	1.1
45-49	186	6.6	5.9	0.7
50-54	124	4.4	4.1	0.3
55-59	45	1.6	1.5	0.1
60-64	31	1.1	0.9	0.2
65+	18	0.6	0.5	0.1
<b>Total</b>	<b>2795</b>	<b>100</b>	<b>90.4</b>	<b>9.6</b>

#### 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. alcohol (36.3 years) and tobacco (32.7 years). On the other hand, the average age was lower among users of illicit substances e.g. cannabis (27.3 years), ecstasy (29.0 years), methamphetamine (29.9 years), cocaine (30.8 years) and heroin (33.7 years) (Table 3.3).

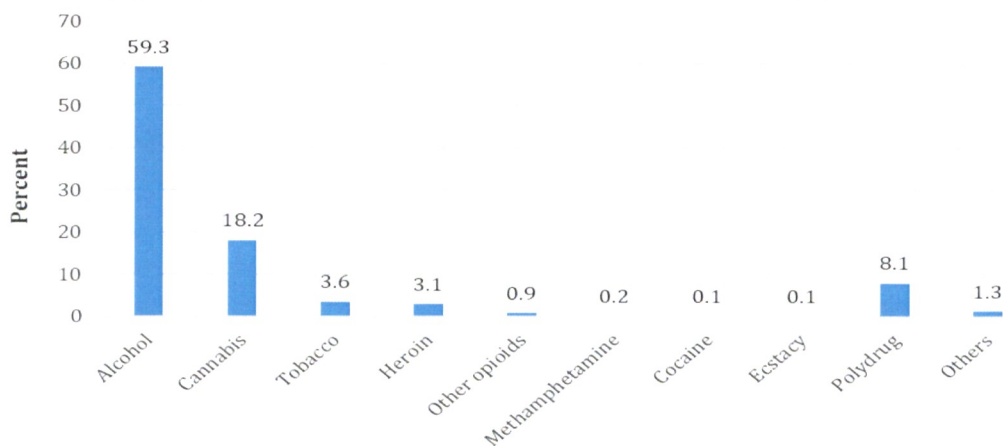
**Table 3.3: Average age of patients seeking substance use treatment (n=1964)**

Primary substance	Average age	Male	Female
Alcohol	36.3	36.6	33.8
Cannabis	27.3	26.2	26.4
Cocaine	30.8	30.8	-
Ecstasy	29.0	29.0	-
Heroin	33.7	34.1	29.3
Methamphetamine	29.9	33.2	21.5
Other opioids	33.2	34.1	22.0
Tobacco	32.7	32.1	38.2
Polydrugs	29.4	29.4	29.9

### Primary substances of abuse

According to Figure 3.1, alcohol continues to be the leading substance of abuse in Kenya contributing to the highest burden of SUDs overall (59.3%). In terms of narcotics, cannabis contributes to the highest burden of SUDs (18.2%).

**Figure 3.1: Primary drug or substance of abuse among clients seeking treatment and rehabilitation services**

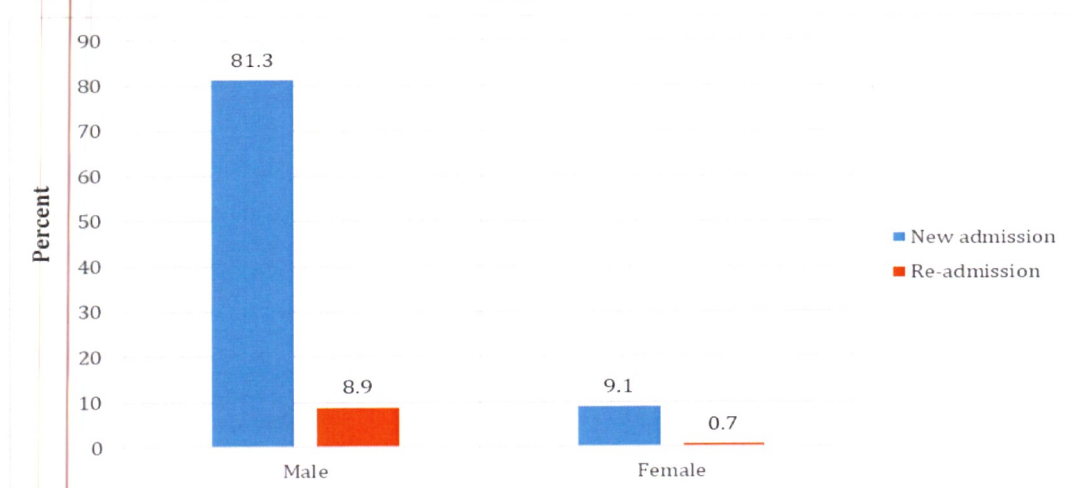


### Type of admission during the reporting period

Data showed that new admission cases accounted for 90.4% where clients were seeking treatment and rehabilitation services for the first time while 9.6% were clients on readmission. Further, 81.3% of new admissions were male clients while 9.1% were female clients. In terms of readmissions, 8.9% were male clients while 0.7% were female clients (Figure 3.2).



**Figure 3.2: Type of admission by gender**



### 3.4 Research and knowledge management

During the reporting period, the Authority partnered with the Tobacco Control Board (TCB) and the Kenya National Bureau of Statistics (KNBS) to undertake the five year national survey on the “Status of Drugs and Substance Use in Kenya”. Data was collected across the 47 counties from March – April 2022. The national survey report has been validated to different stakeholders including the regional commissioners and regional commanders.

Besides, the Authority has published Volume 8 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 emerging trends on alcohol and drug abuse research. A total of five (5) articles were published. The published articles were as follows;

#### AJADA Volume 8 June 2022 published articles

1. Association between School-Based Mentoring Intervention Programs and Drug Abuse among African American Aged 10-24 Years;
2. Co-occurrence between Alcohol Use and Tuberculosis among Patients in Othaya Level 4 Hospital;
3. Prevalence and Patterns of Alcohol and Drug Abuse among University Students;
4. The Relationship between Depressive Disorders and Substance Use among Women in Addiction Recovery in Kiambu County, Kenya;
5. The Role of Conformity to Masculinity Norms on Alcohol Use among Male Teachers in Public Secondary Schools in Murang’a County, Kenya.

### **3.5 Compliance with policies, laws, regulations and standards**

Compliance with alcohol and drug control laws, regulations and standards is a major challenge in Kenya. Towards this end, the Ministry of Interior and National Administration has set up an Inter-Agency committee comprising of Government departments and lead agencies involved in drug demand reduction and drug supply suppression for the purposes of enhancing coordination in development of plans of action, implementation and enforcement of laws and policies related to alcohol and drug abuse control.

In this regard the Authority held a national consultative meeting with Regional Security Committees to discuss supply suppression strategies in a bid to reduce infiltration of illicit brews and illegal drugs in the country. The meeting was occasioned by a Presidential Directive that was issued on 14th November 2022 to the Cabinet Secretary in charge of Interior and National Administration requiring that the fight against illicit alcohol and drugs be scaled up.

As a follow up to the National Inter-Agency Committee meeting, County inter-Agency meetings were also held in Kisii, Migori, Siaya, Nairobi, Kericho, Kajiado, Narok, Uasin Gishu, Baringo, Nandi, Trans Nzoia, Mombasa, Lamu and Kilifi. The Inter-Agency Committee meetings comprises of government departments and lead agencies involved in drug demand reduction and drug supply reduction for the purposes of enhancing coordination in the development of plans of action, implementation and enforcement of laws and policies relating to alcohol and drug abuse control.

Lastly in fulfillment of one of the Authority's mandate to assist and support county governments in developing and implementing policies, laws and plans of action on control of alcohol and drug abuse, the Authority supported county governments to conduct a crackdown on illicit brews, counterfeit alcoholic products and drugs. This was a collaborative effort to enforce compliance with alcohol and drug control legislation. The summary of the enforcement and compliance activities conducted by the Authority is presented in the section below.

#### **3.5.1 Inspection of premises for alcoholic drinks**

Table 3.4 shows that a total of two thousand five hundred and seventy eight (2,578) premises were inspected where two thousand and eighty two (2,082) were compliant and three hundred and seventy seven (377) were non-compliant. A total of two hundred and eighteen (218) persons were arrested.

**Table 3.4 Inspection of premises for alcoholic drinks**

Region	No. Inspected	Compliant	Non-Compliant	No. of Arrests
Central	1,218	927	172	82
Coast	155	125	30	7
Eastern	359	320	39	10
Rift Valley	209	173	25	87
Western	585	477	108	27
Nyanza	49	49	1	5
North Eastern	13	11	2	0
<b>Total</b>	<b>2,578</b>	<b>2,082</b>	<b>377</b>	<b>218</b>

### 3.5.2 Inspection of premises for alcoholic drinks

Table 3.5 shows that a total of twelve thousand and sixty (12,060) 2<sup>nd</sup> generation/ counterfeit bottles of alcoholic drinks and two thousand eight hundred and sixty nine (2,869) litres of ethanol were seized during the reporting period. A total of seventy seven (77) persons were arrested.

**Table 3.5 Counterfeit alcoholic drinks**

Region	Lack of Valid Excise Duty Stamps	Non-Compliant 2 <sup>nd</sup> Generation/ Counterfeit Alcoholic Drinks		No. of Arrests
		Type	Quantity	
Nairobi	-	Assorted	965 pcs	-
Central	67 cartons 543 bottles	Assorted	35 pcs, 11 bottles	-
Coast	1 bottle	-	-	-
Eastern	74 pcs	-	-	2
Rift Valley	102 pcs	Assorted vodka brands and gins	846 cartons 255 bottles 515 pcs	62
Western	-	Beer	2 crates Senator extra	6
Nyanza	-	-	127 pcs	7
North Eastern	-	-	-	-
<b>Total</b>	- 12,060 non-compliant 2 <sup>nd</sup> generation/ counterfeit alcoholic drinks were seized - 2,869 litres of ethanol were siezed			<b>77</b>

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

### 4.1 Challenges

The campaign against alcohol and drug abuse in Kenya is faced by multiple challenges during the reporting period. These are as follows:

#### 4.1.1 Under-funding of the Authority's programs

NACADA's annual budgetary allocation has been inadequate to fund the Authority's programs. During the FY 2022/ 2023, the Authority's recurrent budgetary allocation was Ksh 656,553,443 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's interventions especially regular media campaigns, public education and awareness programs and supply suppression interventions. Further, the limitation of resources has affected establishment of offices including staffing in mapped hotspot counties. Currently, NACADA has only managed to devolve its activities to nine (9) regional offices supporting a cluster of counties.

#### 4.1.2 Inadequate access to treatment and rehabilitation services

The demand for treatment and rehabilitation in the country exceeds the available facilities resulting to a growing unmet need for treatment services. Currently, there are only nine 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, Miritini Treatment and Rehabilitation Centre, Kombani Rehabilitation Centre, Lamu Red Cross Rehabilitation Centre, Iten County Rehabilitation Centre and Ihururu County Rehabilitation Centre. The Authority is also partnering with the county governments of Kakamega, Taita Taveta, Bomet and Kisii to support the establishment, refurbishment and equipping of treatment and rehabilitation facilities. Despite the Authority's investment on increasing access to addiction treatment, over 90 percent of available 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.

#### 4.1.3 Emerging new markets for heroin in Kenya

Evidence shows that the catchment for heroin use has continued to grow beyond the traditionally known hotspots of Mombasa and Nairobi. Seizure data shows emerging new markets for heroin especially in Central, Rift Valley, Eastern and Nyanza regions.

## 4.2 Way forward

- Towards addressing the funding gap, the Authority needs to continue mobilizing resources through strengthening of partnerships and collaborations. Additionally, the Authority needs to continue engaging the national treasury through the Ministry of Interior and National Administration to enhance the Authority's annual budgetary allocation;
- Towards expanding coverage and access to treatment and rehabilitation services for persons with SUDs, the Authority needs to continue engaging county governments to ring-fence resources acquired from liquor licensing to facilitate establishment of more affordable facilities. The Authority also needs to lobby for the amendment of the Alcoholic Drinks Control Act 2010 to provide a standardized framework for county governments to define and operationalize the fund in their liquor laws;
- There is need for NACADA to enhance multi-agency collaborations with the relevant enforcement agencies to enforce compliance to the provisions of ADCA 2010 and other relevant laws controlling alcohol and drug abuse;
- There is need for county governments to review their licensing regime and incorporate public participation to regulate the increased proliferation of liquor-selling outlets in the counties;
- Towards responding to the challenges of increasing use of cannabis, there is need for deliberate measures to be put in place to address the myths, misinformation, and misconceptions of cannabis use especially among the youth;
- There is need for capacity building of the law enforcement officers including equipment support for detection of narcotic drugs especially at the major border entry points;
- There is need for provision of youth friendly treatment and rehabilitation facilities to manage the rising burden of younger population in need of addiction treatment services.

Data reveals local availability and use of heroin in Nyeri, Murang'a, Kiambu, Kirinyaga, Laikipia, Nakuru, Isiolo, Uasin Gishu and Kisumu counties.

#### **4.1.4 Increasing use of cannabis**

Statistics from the national drugs and substance use survey conducted by NACADA in 2022 showed that the prevalence of cannabis use almost doubled over the last five years with the youth being the most affected population. The growing demand for cannabis especially among the youth and the underage children could be attributed to the myths and sustained misinformation and misconceptions about cannabis. This has resulted to reduced perceived harm of cannabis use especially among the youth.

#### **4.1.5 Influx of liquor selling outlets**

The function of liquor licensing was devolved to county governments under the Constitution of Kenya 2010. This has resulted to mushrooming of bars and restaurants in the counties in total disregard of the law with the sole purpose of raising revenue. The country has also witnessed increased licensing of alcohol selling outlets in restricted areas. This includes licensing of bars in residential areas and areas near learning institutions.

#### **4.1.6 Geographic location of Kenya**

The geographic location and global airline connectivity to major world destinations makes Kenya a lucrative transit route for the different narcotic drugs. This strategic location has exposed the country to leakages of narcotic drugs meant for transit leading to an increasing expansion of narcotic drugs supply to the local market.

#### **4.1.7 Burden of youthful population admitted into addiction treatment facilities**

The treatment data shows that the youthful population accounts for the highest burden for admission into addiction treatment facilities in Kenya. This presents a major challenge to the treatment outcome for the youthful population given that the current program is not tailored to meet their unique needs.

#### **4.1.8 Electioneering period**

The country witnessed a prolonged electioneering period in the year 2022. This political environment led to reduced enforcement activities with focus of security agencies being directed towards the management of elections.