



NINETEENTH (19TH) EDITION OF BIENNIAL 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 2023



**NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST
ALCOHOL AND DRUG ABUSE**
**THE NATIONAL ASSEMBLY
PAPERS LAID**

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BY:

DEPUTY MAJORITY WHIP

HON. NAOMI KHAPO

CLERK-AT
THE-TABLE:

J. LEMBEELLE

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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
CEO	Chief Executive Officer
DCI	Directorate of Criminal Investigations
IDADA	International Day Against Drugs and Illicit Trafficking
JKIA	Jomo Kenyatta International Airport
MDAs	Ministries, Department and Agencies
MDMA	3, 4-Methylenedioxyamphetamine
MoINA	Ministry of Interior and National Administration
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
RRI	Rapid Results Initiative
RSICs	Regional Security and Intelligence Committees
SUD	Substance Use Disorder
UNODC	United Nations Office on Drugs and Crime

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the 19th *Biannual Report on the Status of Alcohol and Drug Abuse Control in Kenya* covering the period of 1st July – 31st December 2023 to both Houses of Parliament to facilitate strategic decisions 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.

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

The Authority was faced with multiple challenges during the reporting period. One of the key challenges affecting the campaign was inadequate budgetary allocation to support optimal implementation of demand reduction and supply suppression interventions in addition to devolving the Authority's services to the 47 counties. During the FY 2023/2024, the Authority's recurrent budgetary allocation was Ksh 963,000,000 million.

Besides, the demand for treatment and rehabilitation services in the country far exceeds the available facilities. This situation is further complicated by the high cost of substance use addiction treatment services in Kenya and the high relapse rates among persons in recovery.

Also, enforcement data during the reporting period continues to record increased seizures for illicit brews and counterfeit alcohol. This continued widespread use of illicit brews whose standards may not be guaranteed raises critical concerns related to the public health safety of consumers.

Analysis of facility data for persons with substance use disorders in Kenya revealed a youthful median age of 24 years among clients admitted for addiction treatment and rehabilitation services related cannabis. This may be a consequence of the reduced perceived harm resulting from the sustained misinformation and misconceptions about cannabis use.

Data on drug seizures revealed evidence in the existence of new psychoactive substances that are synthetic in nature especially methamphetamine and MDMA (ecstasy). This observation points to the increased risk of exposure to synthetic drugs and other new psychoactive substances due to inadequate systems for early detection and weak mechanisms to control diversion of precursor chemicals used in the illegal manufacture of drugs.

Finally, Kenya is emerging as a key transit route for drug trafficking in the East African Region due to its geographic location and global airline connectivity to the major world destinations. As a consequence, there has been gradual exposure to leakages of the trafficked substances over time leading to expansion of the local market for narcotic drugs. The net effect shows that Kenya is now an established destination and transit country for narcotic drugs especially cannabis, heroin and cocaine.

I therefore submit this report for your attention.

Dr. Anthony Omerikwa, MBS

Chief Executive Officer.

CHAPTER ONE: INTRODUCTION

1.1 Background

This is the 19th 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 period of 1st July – 31st December 2023.

1.2 Status of alcohol and drug abuse in Kenya

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 were currently using at least one drug or substance of abuse; 11.8% (3,293,495) were currently using alcohol; 8.5% (2,305,929) were currently using tobacco; 1.9% (518,807) were currently using cannabis; and 0.2% (60,407) were currently using prescription drugs (Table 1.1).

Table 1.1 Current use of drugs and substances of abuse in Kenya

Drug/ Substance	Prevalence	No. of Kenyans
At least one substance of abuse	17.5	4,733,135
Alcohol	11.8	3,199,115
Tobacco	8.5	2,305,929
Bhang/ marijuana	1.9	518,807
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 had alcohol use disorders; 6.8% (1,846,868) had tobacco use disorders; 1.6% (431,640) had cannabis use disorders; and 0.2% (42,579) had prescription drugs use disorders (Table 1.2).

Table 1.2 Substance use disorders (SUDs) in Kenya

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

Source: NACADA, 2022

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 Substance 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 had ever used alcohol; 16.1% (349,613) had ever used prescription drugs; 14.5% (314,869) had ever used tobacco; 7.5% (162,863) had ever used cannabis; 2.3% (49,945) had ever used inhalants e.g. glue, thinner and petrol; 1.2% (26,058) had ever used heroin; and 1.1% (23,887) had 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

Primary schools

Data on the “Status of Drugs and Substance Abuse among Primary School Pupils in Kenya” conducted by NACADA in 2018 shows that 7.2% had ever used alcohol; 6.0% had ever used tobacco; and 1.2% had ever used cannabis. Lifetime use of inhalants, heroin and cocaine among primary school pupils was 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

Drug/ substance	Prevalence (%)
Alcohol	7.2
Tobacco	6.0
Cannabis	1.2
Cocaine	0.7
Heroin	0.4
Inhalants	0.5

Source: NACADA, 2018

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.

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 substance use among employees in the public sector workplace in Kenya

Drug/ substance	Lifetime prevalence (%)	Current (30-day) prevalence (%)
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 had a mild AUD, 20,256 employees had a moderate AUD while 30,384 employees had a severe AUD (addiction).

1.3 Institutional, policy and legal framework

Institutional framework for alcohol and 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 27th 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 has made it compulsory for Member States to regularly report on the drugs situation as well as on interventions, covering both supply and demand reduction. 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.

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 and narcotic drugs control. Specifically, the section on narcotic drugs deals with cannabis, 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 related 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 3,903,774.05 litres of illicit alcohol was seized nationally. County specific data showed that Kakamega accounted for the highest seizures of illicit alcohol (1,107,150 litres) followed by Trans Nzoia (377,309 litres), Nairobi (232,044 litres), Uasin Gishu (200,236 litres), Meru (184,377 litres), Kisumu (160,518.40 litres), Kisii (132,816 litres), Mombasa (128,262 litres), Bungoma (111,134 litres) and Homabay (109,926.60 litres) (Table 2.1).

In terms of seizures of individual alcohol categories, data showed that a total of 592,320 litres of chang'aa was seized nationally. County specific data showed that Kakamega accounted for the highest seizures of chang'aa (366,800 litres), followed by Trans Nzoia (68,138 litres), Nairobi (13,660 litres), Kericho (13,085 litres) and Uasin Gishu (11,273 litres).

Statistics on *kangara* showed that a total of 2,494,808 litres were seized in the reporting period. County specific data showed that Kakamega accounted for the highest seizures of *kangara* (570,150 litres) followed by Trans Nzoia (290,232 litres), Nairobi (193,635 litres), Kisumu (139,441 litres) and Kisii (119,556 litres).

Data on other types of traditional alcohol showed that a total of 641,110 litres were seized in the reporting period. County specific data showed that Meru accounted for the highest seizures (171,655 litres) followed by Kakamega (170,200 litres), Turkana (34,145 litres), Nairobi (23,543 litres) and Bungoma (21,011 litres).

Analysis on counterfeit alcohol showed that a total of 158,433.95 litres were seized in the reporting period. County specific data showed that Uasin Gishu accounted for the highest seizures (115,670 litres) followed by Tharaka Nithi (25,000 litres), Nandi (8,772.55 litres), Nyandarua (2023.5 litres) and Nyeri (1,957 litres) (Table 2.1).

Table 2.1 Illicit alcohol seizures by county

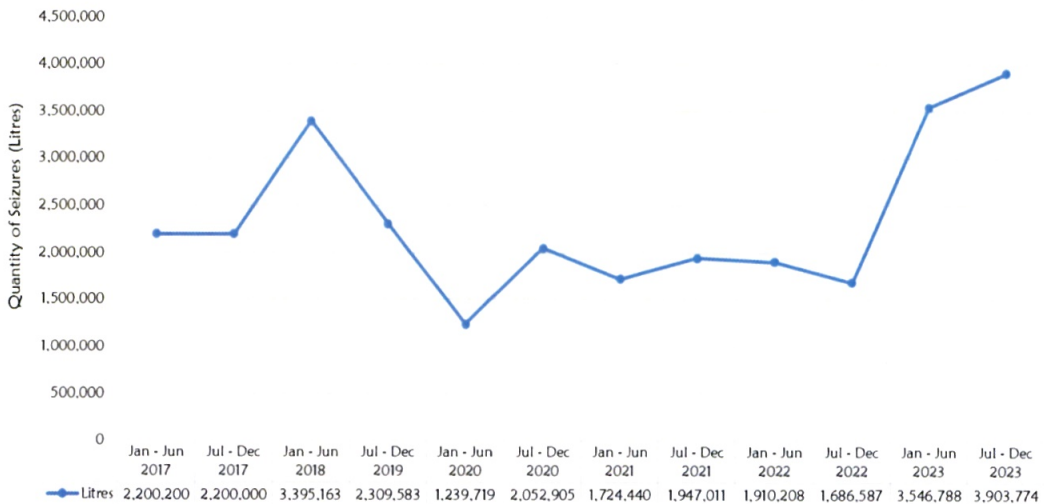
County	Chang'aa (ltrs)	Kangara (ltrs)	Other traditional alcohol (ltrs)	Illegal neutral spirits (ltrs)	Illegal ethanol (ltrs)	Counterfeit alcohol (ltrs)	Total alcohol seizures (ltrs)
Kakamega	366,800	570,150	170,200	-	-	-	1,107,150
Trans Nzoia	68,138	290,232	18,927	-	-	12	377,309
Nairobi	13,660	193,635	23,543	1,041	-	165	232,044
Uasin Gishu	11,273	68,323	4,970	-	-	115,670	200,236
Meru	7,243	3,668	171,655	102	21	1,688	184,377
Kisumu	6,181	139,441	5,065.5	9,829.1	-	1.8	160,518.4
Kisii	3,591	119,556	9,669	-	-	-	132,816
Mombasa	10,176	105,834	12,252	-	-	-	128,262
Bungoma	5,213	84,910	21,011	-	-	-	111,134
Homabay	4,381	105,490	42	13.6	-	-	109,926.6
Nyamira	7,545	97,860	3,262	-	-	-	108,667
Elgeyo Marakwet	4,501	79,745	17,271	698	-	-	102,215
Nandi	6,820	77,316	607	65.4	224	8,772.55	93,804.95
Siaya	3,573	71,276	8,242	-	-	-	83,091
Migori	3,637	76,286	510	-	-	-	80,433
Nakuru	6,661	54,334	7,524	-	883	2.5	69,404.5
Narok	3,580	54,205	702	-	-	-	58,487
Kericho	13,085	26,701	14,984	-	-	-	54,770
West Pokot	5,898	43,682	2,268	-	-	701.6	52,549.6
Turkana	5,518	11,934	34,145	-	-	-	51,597
Baringo	2,945.5	26,388	12,090	-	2454	-	43,877.5
Samburu	3,566	38,490	-	-	-	-	42,056
Tharaka Nithi	5	-	16,484	-	-	25,000	41,489
Busia	2,024	33,455	5,067	-	-	16	40,562
Kiambu	5,749	30,489	1,062	2	-	683	37,985
Kwale	5,435	8,799	11,623	-	-	-	25,857
Taita Taveta	2,164	8,841	14,700	-	-	-	25,705
Bomet	3,767	9,805	10,406	-	-	-	23,978

County	Chang'aa (ltrs)	Kangara (ltrs)	Other traditional alcohol (ltrs)	Illegal neutral spirits (ltrs)	Illegal ethanol (ltrs)	Counterfeit alcohol (ltrs)	Total alcohol seizures (ltrs)
Machakos	565	13,399	2,485	420	-	53	16,922
Laikipia	980	14,455	60	-	120	-	15,615
Isiolo	549.5	8,353	4,352	-	-	967	14,221.5
Murang'a	1,155	10,120	17,18.5	-	-	-	12,993.5
Marsabit	-	9,228	-	-	-	4	9,232
Kitui	-	180	7,641	880	-	-	8,701
Lamu	-	-	8,385	-	-	-	8,385
Kilifi	206	2,966	5,100	-	-	-	8,272
Vihiga	4,482	710	605	-	-	23	5,820
Kirinyaga	63	-	4,070	-	-	546	4,679
Makueni	175	545	3,663	0	-	13	4,396
Nyeri	84.5	990	-	347	-	1,957	3,378.5
Kajiado	382	155	2,685	-	-	-	3,222
Embu	140	1,752	1,164	-	-	135	3,191
Nyandarua	20.5	890	-	2	-	2,023.5	2,936
Tana River	-	-	700	-	-	-	700
Wajir	388	220	-	-	-	-	608
Mandera	-	-	200	-	-	-	200
Total	592,320	2,494,808	641,110	13,400.1	3,702	158,433.95	3,903,774.05

Source: MoINA, July – December 2023

Figure 2.1 showed that there was an increase in alcohol seizures during the reporting period. Data showed that a total of 3,903,774 litres of illicit alcohol was seized during the reporting period of July – December 2023. This could be attributed to the continued Government's response to control illicit brews and counterfeit alcohol in the country.

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.

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 air cargo.

During the reporting period, data on cannabis seizures showed that a total of 13,714.12 kgs of cannabis were seized nationally. Analysis of county specific data showed that Migori accounted for the highest seizures of cannabis (1,786.90 kgs) followed by Kilifi (1,710.38 kgs), Kisii (1,463.23 kgs), Marsabit (1,412.07 kgs), Nairobi (1,388.04 kgs), Busia (1,149.63 kgs), Kajiado (1,139.91 kgs), Kiambu (981.44 kgs), Nakuru (586.18 kgs) and Kericho (533.25 kgs). This data is presented in Table 2.2.

Data also showed that 73,607 rolls, 88 bales, 7,647 plants, 1,396 brooms and 561 stones of cannabis were seized during the reporting period. Analysis also showed that there was evidence of local cultivation of cannabis with Nyandarua being the most affected county during the reporting period where 2,651 plants were seized followed by Kericho (1,365 plants), Makueni (936 plants), Machakos (852 plants) and Busia (300 plants) (Table 2.2).

Table 2.2 Cannabis seizures by county

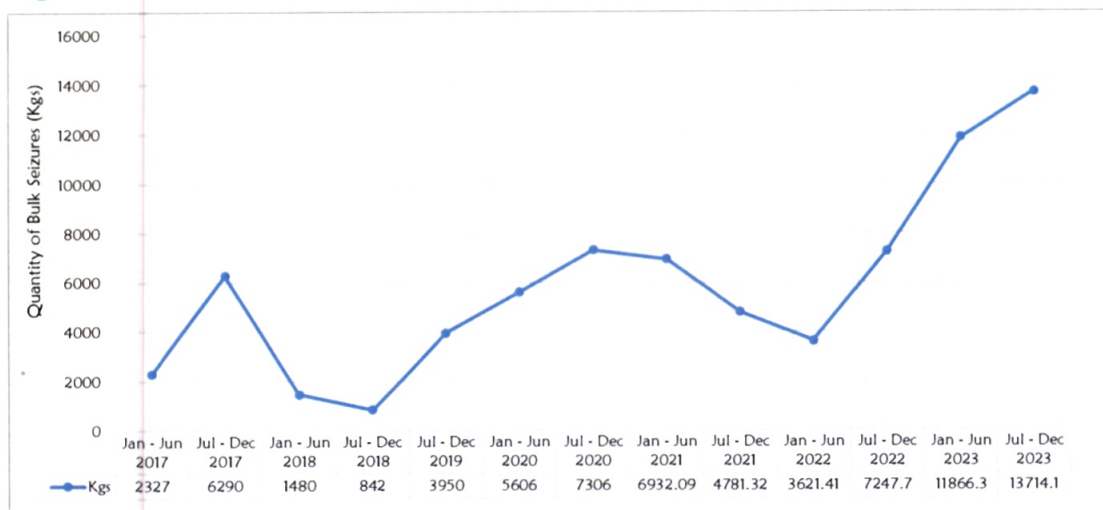
County	No. of persons arrested	Rolls	Bales	Plants	Brooms	Stones	Bulk seizures (Kgs)
Migori	25	1,904.00	-	-	60	-	1,786.90
Kilifi	86	3,248.00	6	111	-	-	1,710.38
Kisii	54	1,125.00	-	87	7	-	1,463.23
Marsabit	11	654	-	-	-	-	1,412.07
Nairobi	339	7,436.00	-	-	-	4	1,388.04
Busia	43	476	-	300	61	-	1,149.63
Kajiado	58	1,309.00	-	5	-	-	1,139.91
Kiambu	1,299	24,137.00	-	258	533	3	981.44
Nakuru	122	2,874.00	-	25	-	72	586.18
Kericho	39	843	-	1,365	3	-	533.25
Isiolo	14	22	-	-	-	-	302.22
Bomet	13	676	31	20	-	11	301
Machakos	151	4,044.00	-	852	46	41	152.32
Makueni	71	1,529.00	-	936	4	-	134.99
Taita Taveta	46	73	-	26	-	10	112.61
Muranga	220	4,261.00	-	70	12	31	107.58
Embu	113	2,886.00	-	89	-	108	104.35
Wajir	6	137	-	-	-	-	62
Trans Nzoia	14	184	-	-	32	-	54.05
Siaya	27	449	-	-	305	-	37.13
Homabay	37	590.5	-	-	77	35	35.45
Narok	72	1,373.00	-	1	1	-	31.78
Nyandarua	73	899	12	2,651	-	-	23.11
Garissa	33	374	-	-	-	20	17
Bungoma	60	1,141.00	-	23	16	-	16.16
Vihiga	28	465	-	193	222	-	10.4
Mombasa	50	1,164.00	-	3	-	42	7.94

County	No. of persons arrested	Rolls	Bales	Plants	Brooms	Stones	Bulk seizures (Kgs)
Nyamira	14	32	-	-	5.5	-	7.45
Tharaka Nithi	34	192	-	134	-	-	6.68
Baringo	14	51.5	-	141	-	74	6.45
Nyeri	138	1,611.00	29	142	8	15	6.34
Kirinyanga	172	2,929.00	5	13	3	21	6.09
Lamu	26	53	-	24	-	14	3.78
Kisumu	25	99	-	0	-	-	2.02
Meru	67	957	-	107	-	-	1.73
Kakamega	23	197	5	64	-	-	1.62
Tana River	5	656	-	0	-	-	1.2
Nandi	12	144	-	7	-	1	0.65
Kwale	14	217	-	-	-	59	0.51
Uasin Gishu	21	668	-	-	-	-	0.36
Kitui	24	107	-	-	-	-	0.31
Mandera	13	593	-	-	-	-	0.25
Elegeyo Marakwet	7	270	-	-	-	-	0.09
West Pokot	3	78	-	-	-	-	-
Turkana	1	6	-	-	-	-	-
Samburu	3	89	-	-	-	-	-
Laikipia	22	384	-	-	-	-	-
KAPU	3	-	-	-	-	-	7.47
Total	3,745	73,607	88	7,647	1,396	561	13,714.12

Source: NPS, ANU and DCI, July – December 2023

Figure 2.2 showed that there was an increase in the quantity of bulk seizures for cannabis during the reporting period from 11,866.30 kgs in January – June 2023 to 13,714.12 kgs in July to December 2023. The trend shows that there has been a steady rise in the seizures of cannabis from January 2022 – December 2023.

Figure 2.2 Trend of cannabis seizures nationally



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 9.37811 kgs of heroin were seized nationally in addition to 126 sachets. These seizures were made in Kilifi, Busia, Mombasa, Nairobi, Kitui, Kiambu, Marsabit, Lamu and Jomo Kenyatta International Airport (JKIA). Overall, A total of 39 persons were arrested (Table 2.3).

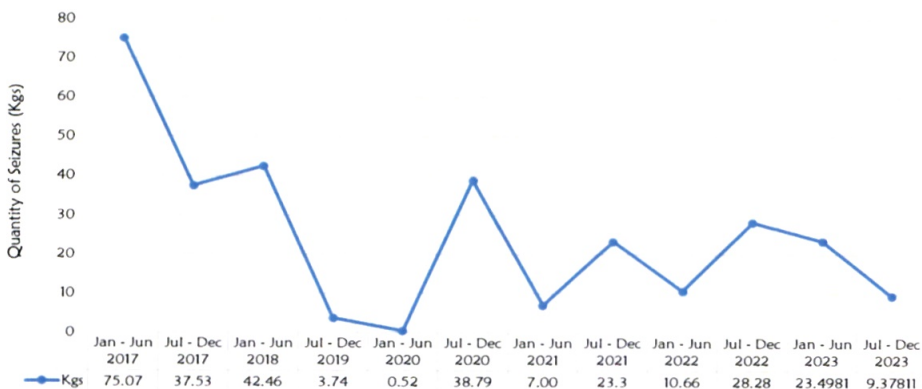
Table 2.3 Heroin seizures by county

County	No. of persons arrested	Sachets	Quantity seized (Kgs)
Kilifi	8	25	2.54141
Busia	1	0	1.419
Mombasa	7	31	1.298
Nairobi	8	60	1.0247
Kitui	1	0	0.026
Kiambu	9	6	0.0104
Marsabit	2	0	0.0046
Lamu	2	4	-
KAPU	1	0	3.054
Total	39	126	9.37811

Source: NPS, ANU and DCI, July – December 2023

Figure 2.3 showed that the trend of heroin seizures had declined from 23.498 kgs (July - December 2022) to 9.37811 kgs (July – December 2023).

Figure 2.3 Trend of heroin seizures nationally



Counties with reported heroin seizures to date

Seizure data over the years shows availability of new markets for heroin in selected counties of Central, Rift Valley, Eastern, Nyanza and Western regions. Overall, seizure data and studies on emerging drug use trends confirm availability of heroin in a few pockets of 19 counties (40.4% of the 47 counties). These high risk counties for heroin include Nairobi, Mombasa, Kilifi, Kwale, Lamu, Tana River, Taita Taveta, Nyeri, Murang’a, Kiambu, Kirinyaga, Machakos, Laikipia, Nakuru, Isiolo, Uasin Gishu, Kisumu, Busia and Marsabit counties (Figure 2.4).

Figure 2.4 Counties with reported heroin seizures



Key:  - Initial counties  - Emerging counties

Cocaine control

Cocaine is an illegal and highly addictive stimulant drug under international control. During the reporting period, data showed that a total of 8.10778 kgs of cocaine were seized in the country. These seizures were made in Kajiado, Nairobi, Marsabit, Murang'a and Isiolo counties where 25 persons were arrested (Table 2.4).

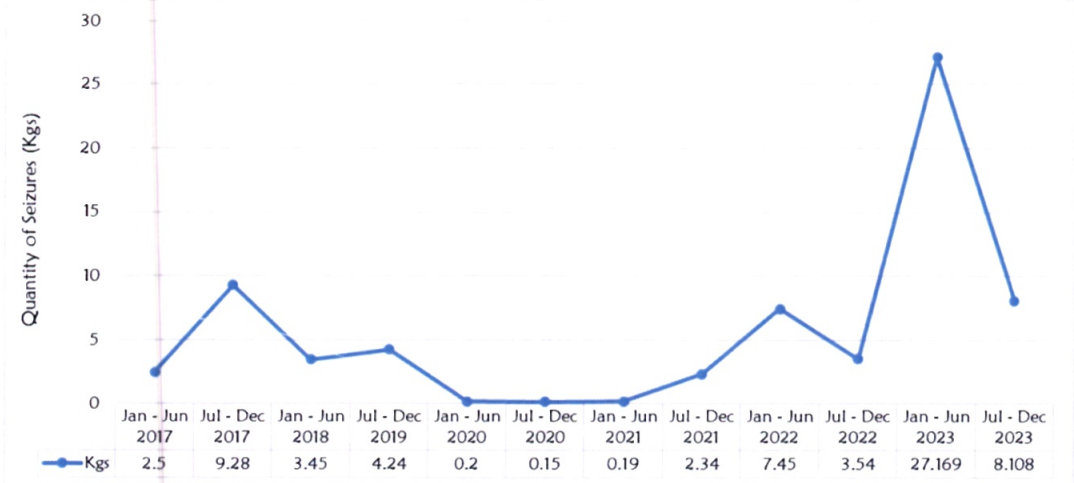
Table 2.4 Cocaine seizures by county

County	No. of persons arrested	Sachets	Kgs
Kajiado	7	-	4.76
Nairobi	14	9	2.43682
Marsabit	2	-	0.8005
Murang'a	1	-	0.11046
Isiolo	1	2	-
Total	25	11	8.10778

Source: NPS, ANU and DCI, July – December 2023

Figure 2.5 showed a sharp decline in cocaine seizures from 27.169 kgs (January – June 2023) to 8.108 kgs (July – December 2023).

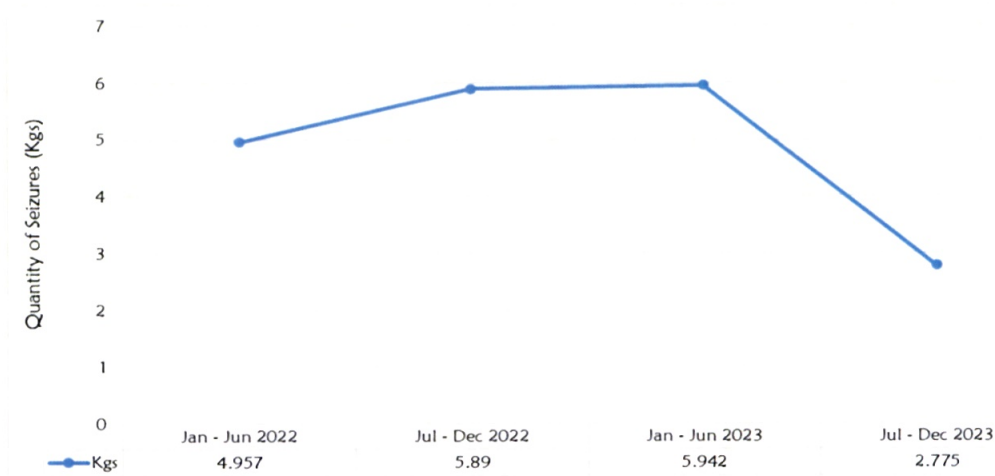
Figure 2.5 Trend of cocaine seizures nationally



Methamphetamine control

Methamphetamine is a synthetic drug and part of the group of drugs called amphetamine-type stimulants (ATS). During the reporting period, data showed that a total of 2.775 kgs of methamphetamine were seized in the country (Figure 2.6). These seizures were mainly undertaken in Nairobi and the JKIA. Methamphetamine seizures emerged in the year 2022.

Figure 2.6 Trend of methamphetamine seizures nationally



Control of other substances

During the reporting period, 2.20277 Kgs of MDMA, 0.20216 Kgs of caffeine and 300 ml of tramadol were seized in Nairobi. Further, 106 tablets of diazepam were seized in Kilifi. Seizure data also showed that 30 tablets of diazepam, 150 ml of cozepam, 400 ml of tramadol and 50 ml of dulcolax were seized at JKIA (Table 2.5).

Table 2.5 Seizures of other substances by county

County	Type of drug	No. of persons arrested	Tablets	Milliliters (ml)	Kgs
Nairobi	MDMA	3	-	-	2.20277
	Caffeine	1	-	-	0.20216
	Tramadol	2	-	300	-
Kilifi	Diazepam	1	106	-	-
KAPU	Diazepam	1	30	-	-
	Cozepam		-	150	-
	Tramadol		-	400	-
	Dulcolax		-	50	-

Source: NPS, ANU and DCI, July – December 2023

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, MDMA, cozepam and tramadol. The most commonly used modes of trafficking were air cargo and by road. Nairobi is a gateway to the East African region and its geographic position and global connectivity to major world destinations makes Kenya an attractive transit route for drug trafficking. Whereas most of the seized narcotic drugs were majorly on transit to international markets, there is increasing availability of drugs for local use.

Cannabis trafficking routes

Kenya is a key destination country for 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 2023 showed that Kenya was a net destination country for cannabis originating from Ethiopia, Uganda and Tanzania. Outbound data showed an emerging trafficking route for cannabis through air from Kenya to the United Arab Emirates (Figure 2.7).

Figure 2.7 Cannabis trafficking routes



Source: ANU, July – December 2023

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 an emerging transit route and destination for heroin and is mainly trafficked by air, sea and most recently by road.

Inbound - outbound data on heroin seizures for July – December 2023 showed that Kenya was the main departure country for heroin destined for Hungary and Australia (Figure 2.8).

Figure 2.8 Heroin trafficking routes

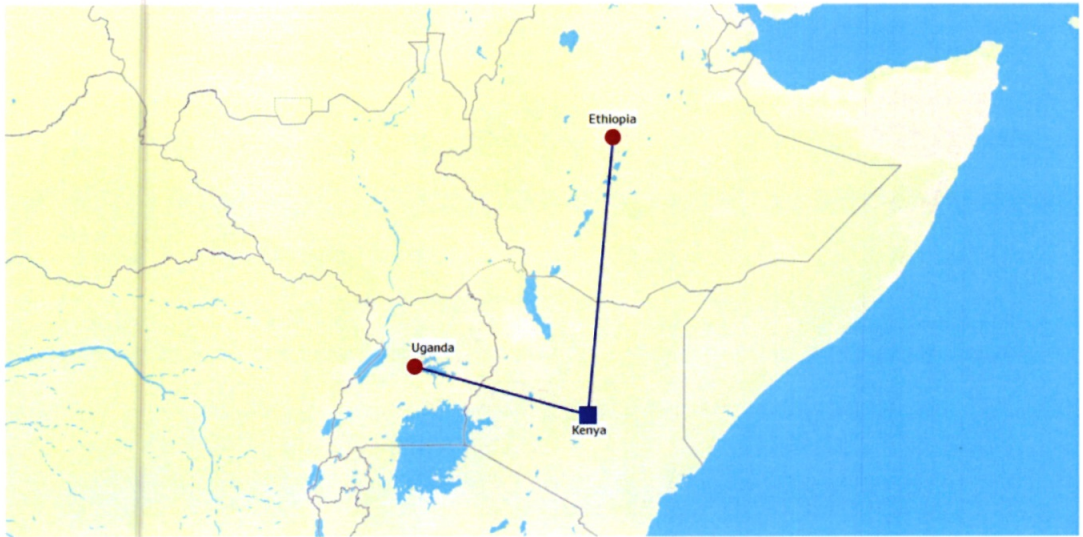


Source: ANU, July – December 2023

Cocaine trafficking routes

Cocaine is usually trafficked into 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 for July – December 2023 showed that Ethiopia and Uganda were the main departure countries for heroin destined for Kenya (Figure 2.9).

Figure 2.9 Cocaine trafficking routes



Source: ANU, July – December 2023

Methamphetamine trafficking routes

Methamphetamine is part of the group of drugs called amphetamine-type stimulants (ATS). It is a synthetic drug that is usually manufactured in clandestine (illegal) laboratories. Methamphetamine comes as a powder, tablet or as crystals commonly referred to as “crystal meth”. The most commonly used routes of administration includes smoking, nasal inhalation, injection or oral consumption.

The globalization of the illicit synthetic drug market has also led to the emergence of new routes and manufacturing sites, reflecting the growing threat of transnational organized crime groups. Inbound – outbound data on methamphetamine seizures for July – December 2023 showed that Comoros was the main departure country for methamphetamine. The countries of destination for methamphetamine were Australia and Indonesia (Figure 2.10).

Figure 2.10 Methamphetamine trafficking routes

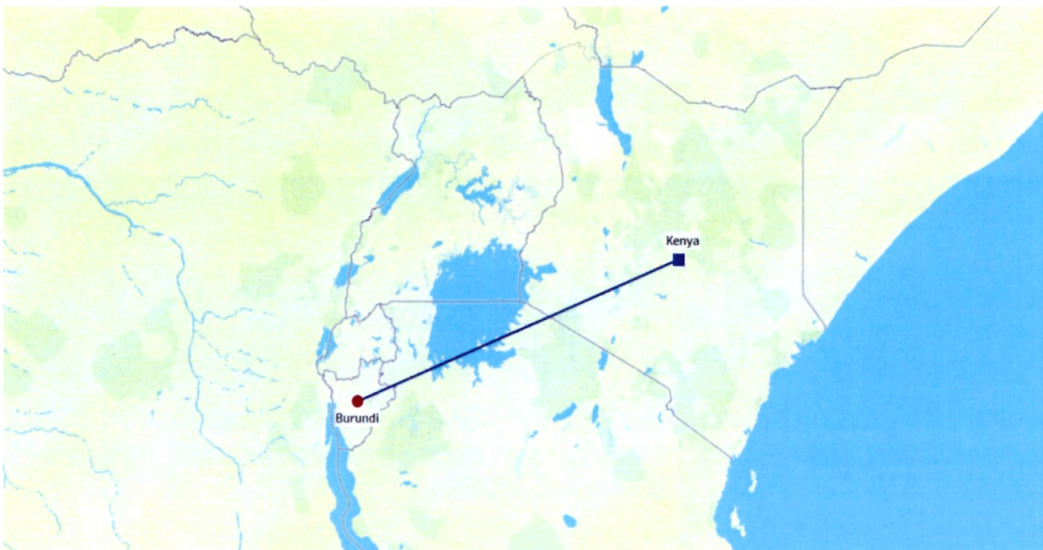


Source: ANU, July – December 2023

MDMA trafficking routes

MDMA is a synthetic drug commonly known as ecstasy and acts both as a stimulant and psychedelic. MDMA is mainly distributed in tablet form though it is also available in capsules, powder and liquid forms. Inbound – outbound data for July – December 2023 showed that Burundi was the departure country for MDMA destined for Kenya (Figure 2.11).

Figure 2.11 MDMA trafficking routes



Source: ANU, July – December 2023

Cozepam and tramadol trafficking routes

The country is witnessing an emerging trend in the trafficking of prescription drugs that are psychoactive in nature especially diazepam/ cozepam and tramadol, a controlled synthetic opioid. Inbound – outbound data for July – December 2023 showed that Kenya was a departure country for cozepam and tramadol destined for Qatar (Figure 2.12).

Figure 2.12 Cozepam and tramadol trafficking routes



Source: ANU, July – December 2023

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 collaborations at the county level to enhance uptake of functions devolved to the counties.

3.2 Compliance with policies, laws, regulations and standards

Compliance with alcohol and drug control laws, regulations and standards is a major challenge in Kenya. As part of the response measures, 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 ADA control.

During the period under review, NACADA coordinated multiple surveillance and intelligence gathering exercises to identify hotspots where illicit alcohol and drugs are sold to inform effective compliance and enforcement activities by the multi-agency teams at the national and county levels. This initiative has informed compliance and enforcement response to 34 counties as follows: Nandi, Kisii, Migori, Nyamira, Homabay, Siaya, Kisumu, Nairobi, Mombasa, Kilifi, Kwale, Lamu, Tana River, Taita Taveta, Makueni, Kitui, Machakos, Marsabit, Isiolo, Tharaka Nithi, Meru, Embu, Kirinyaga, Kiambu, Nyeri, Muranga, Nyandarua, Nakuru, Kericho, Narok, Kajiado, Bomet, Laikipia and Samburu.

The Authority also held inter-agency meetings comprising of the national and county governments. The national government includes the lead agencies in the county involved in drug demand reduction and drug supply suppression activities.

The key objective of these regular meetings is to enhance coordination in developing common plans of action and enforcing relevant laws and policies related to alcohol and drug abuse control.

During the period under review, the Authority supported county inter-agency meetings in 32 counties as follows: Wajir, Isiolo, Kajiado, Marsabit, Laikipia, Trans Nzoia, Samburu, Mandera, Nakuru, Kilifi, Kwale, Lamu, Nyeri, Nairobi, Kirinyaga, Migori, Machakos, Turkana, Makueni, Elgeyo Marakwet, Kitui, Nandi, West Pokot, Bomet, Uasin Gishu, Narok, Baringo, Kericho, Kisii, Siaya, Homabay, Tana River, and Embu.

3.3 Public education and advocacy

Public education and awareness on alcohol and drug abuse (ADA) is an important pillar in prevention. The general aim of alcohol and drug use prevention is to attain a healthy and safe development of children and youth in order to realize their full potential and become contributing members of their community and society.

The Authority continued to partner 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 sought to reduce the significant health, social, and economic problems associated with alcohol and drug use in the country.

During the period under review the Authority held a virtual capacity building session for prevention professionals on the *National Standards on Drug Use Prevention and the Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya*. This activity was implemented as part of the Authority's mandate to guide and regulate the practice of prevention practitioners in the field of alcohol and drug abuse. Two hundred and four (204) prevention professionals drawn from the nine (9) NACADA regions were reached.

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 establishing sound values base in relation to health and drug use prevention.

The Authority in partnership with the Ministry of Education and the 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 were developed in 2021 with the aim of providing a framework for evidence-based approaches in the management of alcohol and drug abuse in basic education institutions. During the reporting period, 7,155 teaching staff were reached in Nairobi, Central, Nyanza, North Rift and North Eastern regions.

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, are more likely to cause accidents at the workplace, and have higher health care costs and turnover rates.

During the period, the Authority implemented alcohol and drug use sensitization programs with special focus on informal workplaces especially the transport and *juakali* sectors. The country's public transport sector is particularly vulnerable to the adverse consequences of substance abuse, and this has in the past led to increased accidents, injuries and fatalities. Data shows that a total of 950 persons working in the informal workplaces were reached in Nairobi, Coast, South Rift, North Rift and North Eastern regions.

Family based prevention interventions

The family is the most important socialization agent for children and young people. The family gives children their first system of values, norms, and beliefs and their earliest interactions before schooling takes place within the family setting. As such, children may encounter risks when they interact with parents or care givers who fail to nurture them well due to inadequate parenting skills leading to early exposure to alcohol and drugs. The family-based intervention programs focus on the family related risk factors targeting both parents and children. The program aims at strengthening families' capacity to prevent the early onset to drugs and substance use by children.

Family-based intervention programs address family-related risk factors through the involvement of both parents and children. These programs aim to enhance the families' ability to prevent the early onset of drug and substance use among children.

During the reporting period, the Authority collaborated with multiple stakeholders to implement a nationwide campaign aimed at equipping and empowering parents and caregivers with the necessary skills and information to interact positively with their children. This initiative reached 12,443 parents and caregivers through school and community dialogues in the counties of Kiambu, Murang'a, Nyeri, Trans Nzoia, Nandi, Baringo, Elgeyo Marakwet, West Pokot, Kajiado, Mandera, Garissa, Kisumu, Nyamira, Kakamega, Busia, Bungoma, Nakuru, Bomet, Narok, Mombasa, Lamu, Thara Nithi and Makueni.

NACADA also distributed booklets on alcohol and drug abuse prevention to 2,766 parents and 4,513 children in the North Rift, South Rift, North Eastern, Nyanza, Western, Eastern and Nairobi regions. The parent's guide booklet provides comprehensive information to help parents and caregivers to address alcohol and drug abuse (ADA) among children.

The guide emphasizes the importance of creating a supportive and open family environment, equipping parents with the knowledge to foster healthy behaviors and make informed decisions. In contrast, the children's guide booklet provides age appropriate information and messaging on the dangers of substance use, skills to resist peer pressure and the importance of making healthy choices.

Community based prevention interventions

Community-based prevention programs are effective in addressing 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 comprising representatives from organizations within the community.

During the reporting period, the Authority in partnership with different stakeholders developed the *Community Workgroup's Alcohol and Drug Use Management Framework* in 2022. Towards promoting protection of communities from the harms associated with alcohol and substance use, the Authority facilitated the formation and training of community work groups in the counties of Kiambu, Kwale, Uasin Gishu, Nairobi and Kisumu. The overall goal of this program is to anchor community led initiatives aimed at ensuring safer, healthier and drug-free communities across Kenya. The Authority also worked with bar owners associations at county levels to undertake sensitization sessions for alcohol outlet operators in order to curb underage drinking and encouraging compliance to the Alcohol and Drug Control Act (ADCA) 2010. A total of 1,101 outlets were sensitized in Kericho, Siaya, Kisii, Elgeyo Marakwet, Garissa, Makueni, Meru, Tharaka Nithi and Kakamega counties.

In addition, NACADA participated in the commemoration of the World Mental Health Day in Kisii, Nyeri, Nairobi, Garissa, Makueni, Mombasa, Uasin Gishu and Nakuru counties. This commemoration brought together the national and county governments, community based organizations, faith based organizations and other stakeholders involved in the campaign against drugs and substance abuse in the country. The theme for this year's event was "Mental Health is a Universal Health right."

Also, the Authority in collaboration with various community-based organizations held sensitization workshops on the effects of drugs and substance abuse in the counties of Garissa, Nyeri, Kakamega, Busia, Kisumu, Nairobi, Machakos, Tharaka Nithi, Kitui, Kajiado, Bomet, Nakuru, Kakamega, Vihiga, Kiambu, Migori and Mombasa where 2,531 out of school youth were reached.

3.4 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, NACADA in collaboration with other stakeholders conducted brief interventions for 10,875 persons with substance use disorders. Brief interventions are structured, client-focused, non-judgmental therapy conducted by a trained professional, utilizing 1 to 4 counselling sessions of shorter duration, typically lasting between 5 and 30 minutes. These collaborative interventions were implemented in Garissa, Nairobi, Lamu, Kilifi, Kisumu, Siaya, Baringo, Nandi, Elgeyo Marakwet, Laikipia, Bungoma, Makueni, Kitui, Muranga, Nyeri and Kirinyaga counties.

NACADA also provided specialized counselling and referral services to 7,700 persons with substance use disorders through the Authority's toll-free Help line number (1192) and various outreach activities in Kisumu, Siaya, Nakuru, Kajiado, Lamu, Kilifi, Mandera, Garissa, Nairobi, Nandi and Baringo counties.

In addition, NACADA continued to provide outpatient and inpatient treatment and rehabilitation services at the Miritini Treatment and Rehabilitation Center in Mombasa county where a total of 300 clients with substance use disorders (278 male and 22 female) were supported under the outpatient program and 44 clients (32 male and 12 female) were supported under the inpatient program.

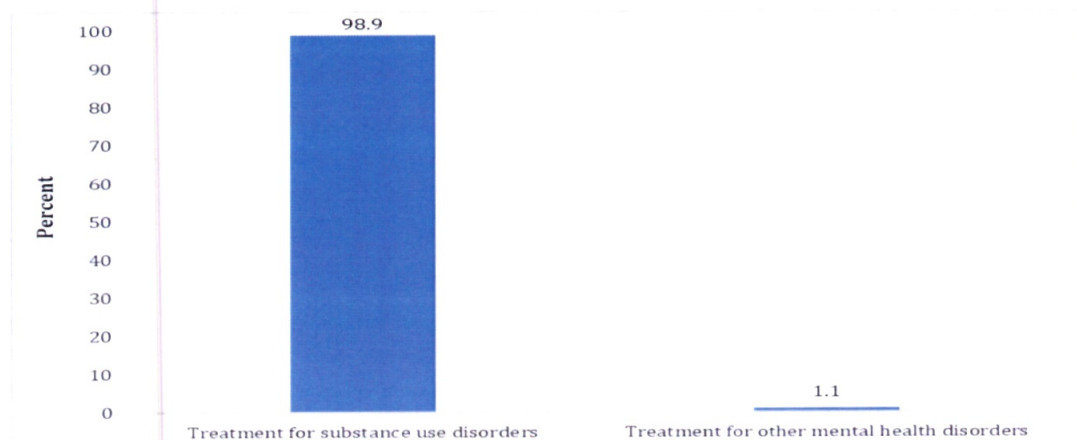
Other key achievements included the inspection of 102 treatment and rehabilitation centers in collaboration with the Pharmacy and Poisons Board, Ministry of Health and county governments of Bungoma, Kisumu, Kisii, Homa Bay, Vihiga, Kiambu, Nyeri, Muranga, Machakos, Embu, Makueni, Garissa, Wajir, Mombasa, Tana River, Kwale, Kericho, Laikipia, Kakamega, Kilifi, Taita Taveta and Nairobi.

Besides, the Authority partnered with other state actors to sensitize vulnerable populations about the existing opportunities for counselling and rehabilitation services for various under-served populations in Kenya especially the street children, persons who inject drugs and persons with disability. This initiative was undertaken in Machakos, Nairobi and Kajiado counties where a total of 348 persons were reached.

3.5 National drug observatory treatment data for January – December 2023

The national drug observatory (NDO) treatment data for January – December 2023 covered 65 reporting facilities which attended a total of 2,734 clients. A standard tool was used to collect operational data from the accredited treatment and rehabilitation facilities in Kenya. Analysis of treatment data for the period showed that 98.9% of the clients were seeking treatment for SUDs and 1.1% treatment for other mental health disorders.

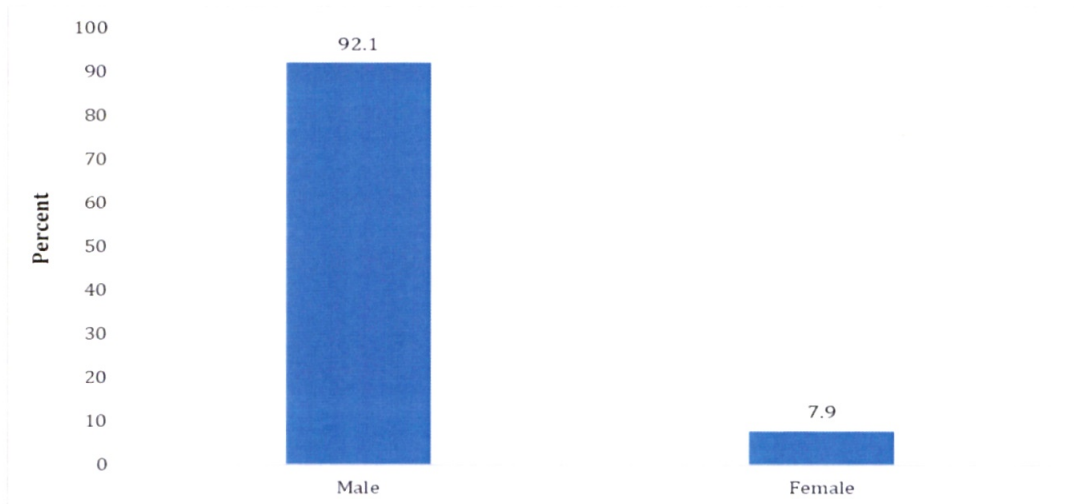
Figure 3.1: Type of treatment service (n=2734)



Sex of clients seeking treatment for SUDs

Figure 3.3 showed that more males were seeking treatment services for SUDs (92.1%) compared females (7.9%).

Figure 3.2: Sex of clients seeking treatment for SUDs (n=2684)



Age distribution of clients seeking treatment for SUDs

Table 3.2 presents an analysis of the age distribution of clients seeking treatment for SUDs from the 65 reporting facilities in 2023. Data revealed that over half of the clients were aged between 20 to 34 years (55.1%) (Table 3.2).

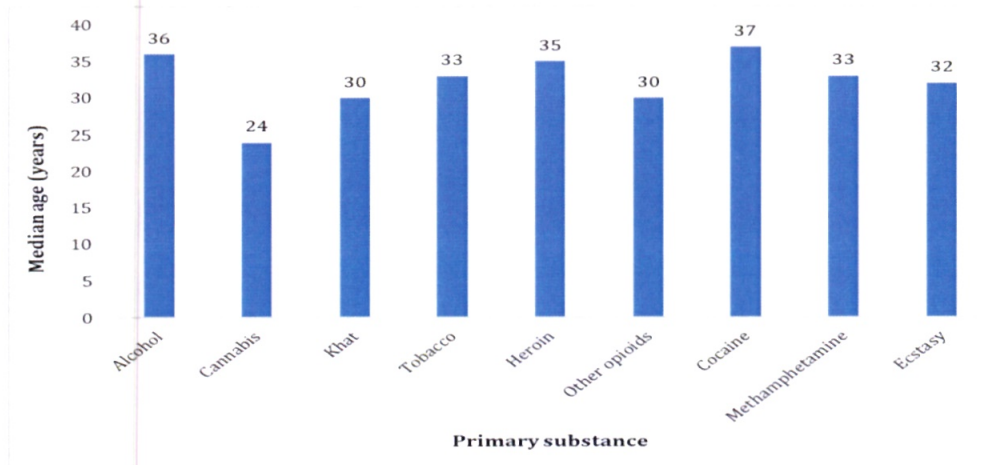
Table 3.2: Age distribution of clients seeking treatment for SUDs

Age group	No. of cases (n)	Percent (%)
15-19	107	4.1
20-24	423	16.3
25-29	539	20.8
30-34	468	18.0
35-39	362	13.9
40-44	312	12.1
45-49	178	6.9
50-54	118	4.5
55-59	50	1.9
60-64	18	0.7
65+	20	0.8
Total	2595	100

Median age of clients seeking treatment for SUDs

Table 3.3 showed that the median age of clients seeking treatment for SUDs was dependent on the primary drug or substance. Data showed that the median age of clients under treatment for most of the primary drugs ranged between 30 – 37 years. However, the clients of cannabis recorded the lowest median age of 24 years. This was an indicator that cannabis use among the youthful population is an emerging public health concern.

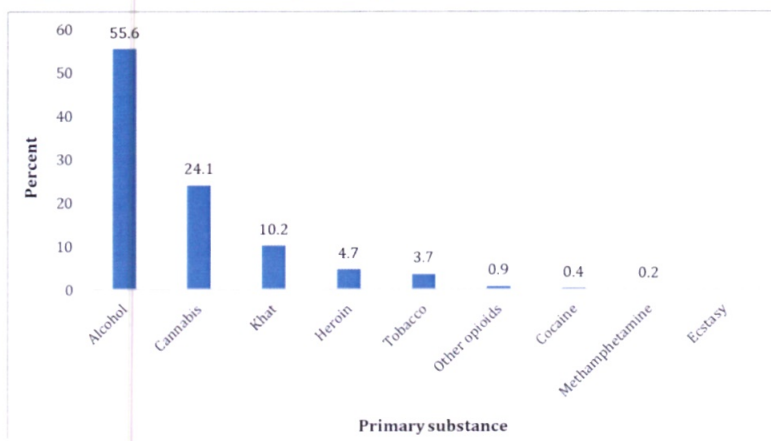
Figure 3.3: Median age of clients seeking treatment for SUDs (n=2703)



Primary drug or substance under treatment

According to Figure 3.4, alcohol continues to be the leading substance of abuse in Kenya contributing to the highest overall burden of SUDs among clients in addiction treatment (59.3%) followed by cannabis (24.1%), khat (10.2%), heroin (4.7%), tobacco (3.7%), other opioids (0.9%) and cocaine (0.4%).

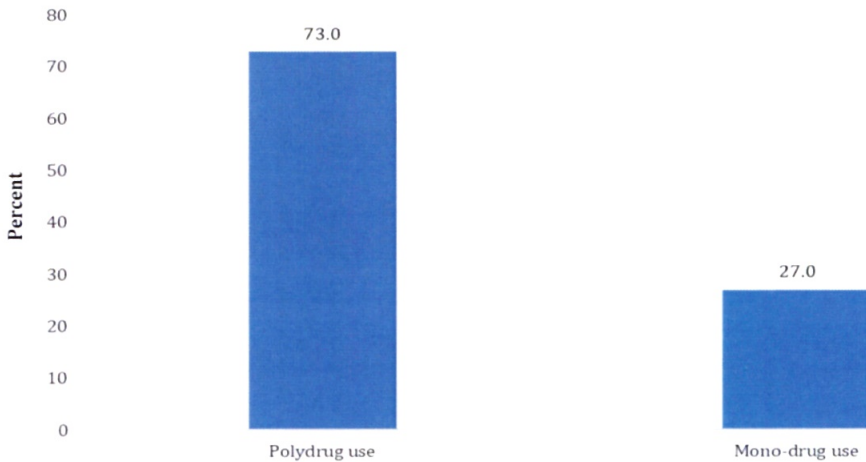
Figure 3.4: Primary drug or substance under treatment (n=2703)



Polydrug use among clients seeking treatment for SUDs

Figure 3.5 showed that 73 percent of the clients seeking treatment for SUDs in 2023 had presented with problems of polydrug use while 27 percent were mono-drug users. The increasing burden of polydrug use presents unforeseen challenges to the overall outcome of addiction treatment.

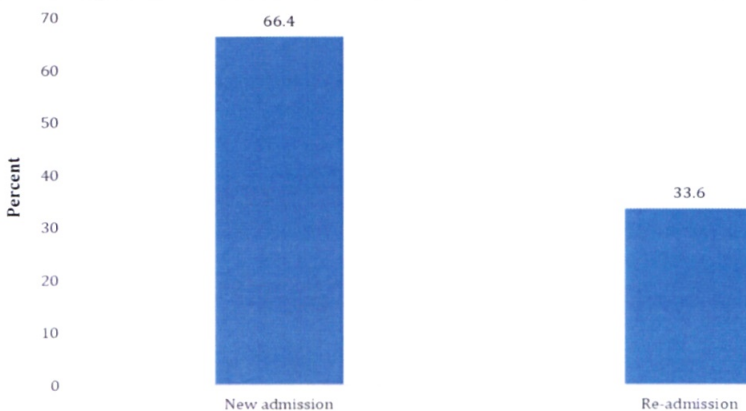
Figure 3.5: Polydrug use among clients seeking treatment for SUDs (n=2703)



Type of admission for clients seeking treatment for SUDs

Data showed that the new admission cases accounted for 66.4% of all addiction treatment admissions while 33.6% were clients on re-admission. This shows that despite the low access rates and affordability challenges for addiction treatment, relapse continues to be a major setback in recovery (Figure 3.6).

Figure 3.6: Type of admission for clients seeking treatment for SUDs (2,682)



3.6 Research and knowledge management

The Authority launched the national study to determine the *Status of Drugs and Substance Use among University Students in Kenya*. The study covered both public and private universities across the 8 administrative regions of Kenya namely; Nairobi, Coast, Nyanza, Western, Central, Eastern (upper and lower), North Eastern and Rift Valley (north and south). A total of 17 universities were included in the study. Data collection and data entry has been completed during the reporting period.

Besides, the Authority has published Volume 10 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 four (4) articles were published. The published articles were as follows;

AJADA Volume 10 December 2023 published articles

1. Personality Traits, Perceived Stress and Social Network as Predictors of Alcohol Addiction among Youths in Ibadan, Nigeria;
2. Relationship between Family Resilience and Relapse Risk among Discharged Substance Users Attending Alcoholic Anonymous Groups in Nairobi City County; Kenya;
3. Relationship between Perceived Parental Involvement and Treatment Adherence among Adolescent Substance Use Disorder Patients in Rehabilitation Centers in Kiambu County, Kenya;
4. Xylazine: An Emerging New Psychoactive Substance among Drug Users in the Coast Region, Kenya.

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 was faced by multiple challenges during the reporting period. These are as follows:

A. Inadequate funding for the Authority's programs

NACADA's annual budgetary allocation has been inadequate to fund the Authority's programs. During the FY 2023/ 2024, the Authority's recurrent budgetary allocation was Ksh 963,000,000 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's interventions especially demand reduction and supply suppression interventions to control illicit brews, counterfeit alcohol and narcotic drugs. Further, limitation of resources has affected the Authority's strategy to devolve its services to the 47 counties. Currently, NACADA has gradually managed to devolve its activities to Nairobi, Mombasa, Lamu, Garissa, Nyeri, Nyandarua, Kiambu, Isiolo, Embu, Makueni, Kajiado, Nakuru, Uasin Gishu, Kakamega, Trans Nzoia, Busia, Kisumu and Migori counties.

B. Low access to addiction treatment services

The demand for treatment and rehabilitation services in the country far exceeds the available facilities where over 90 percent of the existing treatment and rehabilitation centres are privately owned; skewed in urban centres and majorly in Nairobi, Kiambu and Mombasa counties. This situation is further complicated by the high cost of substance use addiction treatment services in Kenya and the high relapse rates among persons in recovery.

C. Increasing use of illicit brews and counterfeit alcohol

Enforcement data during the reporting period continues to record increased seizures for illicit brews and counterfeit alcohol. This is an indicator that more Kenyans are shifting to the cheap and readily available illicit brews whose standards cannot be guaranteed. This continued widespread use of illicit brews raises critical concerns related to the public health safety of consumers.

D. Increasing use of cannabis among the youth

Analysis of facility data for persons with substance use disorders in Kenya reveals a youthful median age of 24 years among clients admitted for addiction treatment and rehabilitation services related cannabis. This may be a consequence of the reduced perceived harm resulting from the sustained misinformation and misconceptions about cannabis use.

E. Emerging new psychoactive substances

Data on drug seizures during the reporting period reveals evidence in the existence of new psychoactive substances that are synthetic in nature especially methamphetamine and MDMA (ecstasy). This observation points to the increased risk of exposure to synthetic drugs and other new psychoactive substances due to inadequate systems for early detection and weak mechanisms to control diversion of precursor chemicals used in the illegal manufacture of drugs.

F. Emerging threats of Kenya as a destination country for narcotic drugs

Kenya is emerging as a key transit route for drug trafficking in the East African Region due to its geographic location and global airline connectivity to the major world destinations. As a consequence, there has been gradual exposure to leakages of the trafficked substances over time leading to expansion of the local market for narcotic drugs. The net effect shows that Kenya is now an established destination and transit country for narcotic drugs especially cannabis, heroin and cocaine.

4.2 Way forward

- a. 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;
- b. Towards responding to the challenges of access and affordability for addiction treatment and rehabilitation services, there is need for county governments to ring-fence resources acquired from liquor licensing to facilitate establishment of more affordable facilities. The Authority also needs to explore opportunities for community based treatment and rehabilitation program as a potential alternative for resource constrained individuals, families and communities;

- c. Towards sustaining on-going efforts to eradicate the proliferation of illicit brews and counterfeit alcohol, there is need for continued strengthening and facilitation of the multi-agency enforcement teams and lead agencies to effectively implement their mandates;
- d. Towards reversing the increasing demand for cannabis especially among the youth and children, there is need for urgent interventions to address the myths, misinformation and misconceptions about cannabis use;
- e. Towards countering the emerging global challenges of new psychoactive substances, there is need for strengthening controls in the management of precursor chemicals used in the illicit manufacture of synthetic drugs;
- f. Towards strengthening mechanisms for timely detection and identification of new psychoactive substances, there is need for adoption of an early warning system incorporating all the relevant lead agencies involved in the control of the illicit drug supply chain. This includes undertaking regular surveillance to identify and eradicate clandestine laboratories for illicit manufacture of drugs.

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