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NATIONAL SURVEY ON THE STATUS OF DRUGS AND SUBSTANCE USE IN KENYA

ABRIDGED VERSION

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1.0 Introduction

The national survey on the “Status of Drugs and Substance Use (DSU) in Kenya, 2022” is a five-year survey conducted to assess the trends of DSU programming indicators. This is a follow-up survey to the 2007, 2012 and 2017 five – year surveys on DSU. The survey is used as an evaluation tool to assess the effectiveness of drugs and substance use demand and supply reduction programs implemented in the last 5-years. The findings of this survey are used to inform evidence-based policies and programs for the next 5-year programming phase.

2.0 Methodology

The 2022 national survey used a cross-sectional study design to provide reliable estimates to track the national, regional, urban and rural drugs and substance use indicators. The survey was conducted in selected clusters spread across the 47 counties of the Republic of Kenya. The study sampled Kenyans aged 15 to 65 years. The sample for the survey was obtained from the Kenya Household Master Sample Frame (K-HMSF) maintained by the KNBS. The total number of individual interviews received was 3,314 translating to an individual response rate of 87%. The data was weighted to compensate for unequal selection probabilities and unit non-response in order to conform to known population distributions and eliminate any possible bias;

3.0 Results

3.1 Awareness levels of psychoactive substances of abuse in Kenya;

The results show that tobacco products, alcohol and khat had the highest overall awareness at 97 percent, 95 percent and 88 percent, respectively.

3.2 Initiation age for drugs and substances of abuse

Data shows that the average age category for initiation of tobacco, alcohol, khat, cannabis, prescription drugs, cocaine and heroin was 16 – 20 years. However, the minimum age of initiation for tobacco was 6 years, alcohol (7 years), cannabis (8 years), khat (9 years), prescription drugs (8 years), heroin (18 years) and cocaine (20 years).

3.3 Current prevalence of drugs and substances of use among the population aged 15 – 65 years in Kenya;

At least one drug or substance of abuse

- One in every 6 Kenyans aged 15 – 65 years (4,733,152) were currently using at least one drug or substance of abuse;
- One in every 3 males aged 15 – 65 years (3,783,854) and 1 in every 16 females (949,298) were currently using at least one drug or substance of abuse;
- Western region had the highest prevalence of current use of at least one drug or substance of abuse (26.4%) followed by Eastern (20.7%) and Nairobi (19.1%);

Alcohol

- One in every 8 Kenyans aged 15 – 65 years (3,199,119) were currently using alcohol;
- One in every 5 males aged 15 – 65 years (2,511,763) and 1 in every 20 females (687,356) were currently using alcohol;
- Overall, Western region had the highest prevalence of current use of alcohol (23.8%) followed by Coast (13.9%) and Central (12.8%);



- Nairobi region had the highest prevalence of manufactured legal alcohol (10.3%) followed by Central (10.0%) and Eastern (8.4%);
- Western region had the highest prevalence of current use of chang'aa (11.4%) followed by Nyanza (6.3%) and Rift Valley (3.6%);
- Western region had the highest prevalence of current use of traditional liquor (12.9%) followed by Coast (7.4%) and Nyanza (2.2%);
- Central region had the highest prevalence of potable spirits (4.1%) followed by Coast (3.2%) and Rift Valley (3.1%);

Tobacco

- One in every 12 Kenyans aged 15 – 65 years (2,305,929) were currently using tobacco;
- One in every 6 males aged 15 – 65 years (2,018,655) and 1 in every 50 females (287,274) were currently using tobacco;
- Central region had the highest prevalence of current use of tobacco (11.9%) followed by Coast (10.8%) and Eastern (10.7%);

Khat (miraa/ muguka)

- One in every 28 Kenyans aged 15 – 65 years (964,737) were currently using khat;
- One in every 14 males aged 15 – 65 years (856,283) and 1 in every 143 females (108,454) were currently using khat;
- Eastern region had the highest prevalence of current use of khat (9.6%) followed by North Eastern (7.2%) and Nairobi (4.9%);

Cannabis

- One in every 53 Kenyans aged 15 – 65 years (518,807) were currently using cannabis;
- One in every 26 males aged 15 – 65 years (475,770) and 1 in every 333 females (43,037) were currently using cannabis;
- The number of people currently using cannabis has increased by 90 percent in the last 5 years;
- Nairobi region had the highest prevalence of current use of cannabis (6.3%) followed by Nyanza (2.4%) and Coast (1.9%);

Prescription drugs

- One in every 500 Kenyans aged 15 – 65 years (60,407) were currently using prescription drugs;
- One in every 500 males aged 15 – 65 years (18,567) and 1 in every 333 females (41,840) were currently using prescription drugs;

Polydrugs/ multiple drugs

- One in every 15 Kenyans aged 15 – 65 years (1,766,583) were currently using multiple drugs;
- One in every 8 males aged 15 – 65 years (1,576,405) and 1 in every 77 females (188,177) were currently using multiple drugs;
- Coast region had the highest prevalence of multiple drug use (10.5%) followed by Nairobi (8.4%) and Central (7.8%);

Table 1: Summary of current use of drugs and substances of use among the population aged 15 – 65 years in Kenya

Substance	Prevalence	Population affected
Alcohol	11.8	3,199,119
Tobacco	8.5	2,305,929
Khat	3.6	964,737
Cannabis	1.9	518,807
Prescription drugs	0.2	60,407
Polydrugs (multiple drugs)	6.5	1,766,583
At least one substance	17.5	4,733,152

Source: NACADA, 2022

3.4 Current prevalence of drugs and substance use among the youth aged 15 – 24 years in Kenya

- One in every 11 youths aged 15 – 24 years (632,846) were currently using at least one drug or substance of abuse;
- One in every 20 youths aged 15 – 24 years (367,608) were currently using alcohol;
- One in every 31 youths aged 15 – 24 years (230,130) were currently using tobacco;
- One in every 28 youths aged 15 – 24 years (259,954) were currently using khat;
- One in every 37 youths aged 15 – 24 years (193,430) were currently using cannabis;
- One in every 1,000 youths aged 15 – 24 years (8,328) were currently using prescription drugs;
- One in every 26 youths aged 15 – 24 years (267,454) were currently using multiple drugs;

Table 2: Summary of current use of drugs and substance use among the youth aged 15 – 24 years in Kenya

Substance	15 – 24 years	
	Prevalence	Population affected
Alcohol	5.2	367,608
Tobacco	3.2	230,130
Khat	3.6	259,954
Cannabis	2.7	193,430
Prescription drugs	0.1	8,328
Polydrugs (multiple drugs)	3.8	267,454
At least one substance	8.9	632,846

Source: NACADA, 2022

3.5 Current prevalence of drugs and substance use among the youth aged 25 – 35 years in Kenya

- One in every 5 youths aged 25 – 35 years (1,504,377) were currently using at least one drug or substance of abuse;
- One in every 7 youths aged 25 – 35 years (1,137,288) were currently using alcohol;
- One in every 17 youths aged 25 – 35 years (488,845) were currently using tobacco;
- One in every 21 youths aged 25 – 35 years (388,735) were currently using khat;
- One in every 48 youths aged 25 – 35 years (174,142) were currently using cannabis;
- One in every 500 youths aged 25 – 35 years (19,112) were currently using prescription drugs;
- One in every 16 youths aged 25 – 35 years (494,218) were currently using multiple drugs;

Table 3: Summary of current use of drugs and substance use among the youth aged 25 – 35 years in Kenya

Substance	Prevalence	Population affected
Alcohol	14.0	1,137,288
Tobacco	6.0	488,845
Khat	4.8	388,735
Cannabis	2.1	174,142
Prescription drugs	0.2	19,112
Polydrugs (multiple drugs)	6.1	494,218
At least one substance	18.5	1,504,377

Source: NACADA, 2022

3.6 Prevalence of depressive disorders among the population aged 15 – 65 years in Kenya

- One in every 3 Kenyans aged 15 – 65 years (8,390,616) had minimal depressive disorders;
- One in every 7 Kenyans aged 15 – 65 years (4,096,209) had mild depressive disorders;
- One in every 43 Kenyans aged 15 – 65 years (633,330) had moderate depressive disorders;
- One in every 125 Kenyans aged 15 – 65 years (209,582) had moderately severe depressive disorders;
- One in every 250 Kenyans aged 15 – 65 years (104,578) had severe disorders;

3.6.1 Relationship between depressive disorders and drugs and substance use

- The risk of depressive disorder among users of alcohol was 2.3 times higher compared to non-users;
- The risk of depressive disorder among users of tobacco was 2.0 times higher compared to non-users;
- The risk of depressive disorder among users of khat was 1.7 times higher compared to non-users;

- The risk of depressive disorder among users of cannabis was 2.3 times higher compared to non-users;
- The risk of depressive disorder among multiple drug users was 2.0 times higher compared to non-users;

3.6 Prevalence of severe substance use disorders (addiction) among the population aged 15 – 65 years in Kenya;

- One in every 20 Kenyans aged 15 – 65 years (1,357,040) were addicted to alcohol;
- One in every 30 Kenyans aged 15 – 65 years (887,627) were addicted to tobacco;
- One in every 125 Kenyans aged 15 – 65 years (227,744) were addicted to khat;
- One in every 111 Kenyans aged 15 – 65 years (234,855) were addicted to cannabis;

3.6.2 Prevalence of severe substance use disorders (addiction) among the youth aged 15 – 24 years in Kenya;

- One in every 45 youths aged 15 – 24 years (153,846) were addicted to alcohol;
- One in every 167 youths aged 15 – 24 years (45,806) were addicted to tobacco;
- One in every 125 youths aged 15 – 24 years (58,819) were addicted to khat;
- One in every 77 youths aged 15 – 24 years (90,531) were addicted to cannabis;

3.6.3 Prevalence of severe substance use disorders (addiction) among the youth aged 25 – 35 years in Kenya;

- One in every 14 youths aged 25 – 35 years (596,336) were addicted to alcohol;
- One in every 33 youths aged 25 – 35 years (247,139) were addicted to tobacco;
- One in every 71 youths aged 25 – 35 years (112,724) were addicted to khat;
- One in every 83 youths aged 25 – 35 years (100,468) were addicted to cannabis;

3.6.4 Rate of addiction among current users of drugs and substances of abuse;

- 42.4% of current users of alcohol were addicted to alcohol use;
- 38.8% of current users of tobacco were addicted to tobacco use;
- 22.2% of current users of khat were addicted to khat use;
- 47.4% of current users of cannabis were addicted to cannabis use;

3.7 Status of alcohol and drug control in Kenya;

- 39.0% of Kenyans had the perception that production of illicit brews was widespread in their community with Western region recording the highest perception level (68.2%) followed by Nyanza (53.2%) and Rift Valley (41.5%);
- 53.7% of Kenyans had the perception that consumption of illicit brews was widespread in their community with Western region recording the highest perception level (85.8%) followed by Nyanza (81.9%) and Rift Valley (55.6%);
- 48.5% of Kenyans had the perception that there was an increase in the number of bars in the last 5 years in their community with Central region recording the highest perception level (74.1%) followed by Nairobi (65.3%) and Eastern (47.8%);

- 52.5% of Kenyans had the perception that there was an increase in the number of underage drinking in their community with Nairobi region recording the highest perception level (67.4%) followed by Nyanza (67.1%) and Central (66.6%).

3.8 Conclusion

- The survey established that alcohol continues to be the most widely used substance of abuse in Kenya with findings pointing towards increasing demand for cheaper and readily available alcoholic products especially chang'aa, traditional brews, and potable spirits;
- Results showed that the prevalence of cannabis use almost doubled over the last five years. The growing demand for cannabis especially among the youth could be attributed to the low perception of harm due to myths, misinformation, and misconceptions;
- The 25-35 years age group representing youth out-of-school was identified as a vulnerable group for drugs and substance use and dependence;
- The survey showed evidence of underage drug and substance use despite the well-documented negative implications and consequences of early initiation;
- Drug and substance use was identified as a key risk factor for depressive disorders. This finding presents addiction professionals with an evolving challenge of co-occurring substance use and mental health disorders;
- Although the general trend shows that the overall prevalence of drugs and substance use was on a slow downward trend, the high burden of SUDs presents the greatest challenge to the next phase of the campaign;
- There was evidence of the online sale of drugs and substances of abuse thereby posing serious public health safety concerns as well as regulatory challenges that includes access to underage children. This may be further complicated by the penetration of mobile transfer services in Kenya and the expansion of internet access services.

3.9 Recommendations

Based on the findings of the survey, the following recommendations are made. There is a need for:

- Enhanced collaboration between the national and county governments to scale up joint enforcement efforts to control the production, distribution, sale, and consumption of illicit brews;
- NACADA in collaboration with the relevant enforcement agencies to ensure compliance with provisions of the ADCA 2010 especially under-age use and access to alcohol and liquor selling outlets; control of alcohol selling outlets near basic institutions of learning and residential areas; and control of alcohol advertisements;
- County governments to review the licensing regime and incorporate public participation to regulate the increased proliferation of liquor-selling outlets in the counties;
- NACADA in collaboration with the FBOs to scale up “positive parenting” and “strengthening families” programs to moderate risks of early exposure to DSA by children and young adolescents;
- NACADA to leverage on the social media and other online platforms to reach the youth with tailored prevention programs and regular factual messaging to counter myths, misinformation, and misconceptions related to alcohol, drugs, and substances of abuse;
- Deliberate measures to be put in place to address the myths, misinformation, and misconceptions of cannabis use among the youth;

- Security committees at national, regional, and county levels to coordinate sustainable and effective approaches to control the trafficking of narcotic drugs;
- NACADA and the Ministry for Youth Affairs, Sports and the Arts to identify opportunities for youth engagement to facilitate implementation of tailored drugs and substance use prevention programs for youth out of school;
- NACADA to collaborate with the Ministry of Education to upscale prevention programs and the roll-out of a tailored life skills program aimed at sustaining abstinence or delaying initiation to drugs and substance use by children and students in primary and secondary schools in Kenya;
- NACADA to collaborate with the Ministry of Health (MoH) and other relevant stakeholders to develop and enforce standard operating procedures for the management of co-occurring substance use and mental health disorders including relapse prevention interventions for addiction treatment and rehabilitation practitioners;
- NACADA to collaborate with MoH, County Governments, CSOs, NGOs, FBOs, and other partners to expand addiction treatment services with an emphasis on a community-based model anchored through out-patient services to address the challenges of affordability and physical access;
- NACADA to collaborate with the relevant enforcement agencies to regulate the handling of ethanol, and accountability of ethanol utilized by manufacturers of potable spirits, including proposing a special tax to regulate the availability and affordability of potable spirits;
- Kenya Bureau of Standards to review standards for alcoholic drinks to regulate the potency of cheap and readily available liquor in the market;
- NACADA to propose amendments to the ADCA 2010 and the Narcotics and Psychotropic Substances (Control) Act, 1994 to address the emerging supply suppression challenges including regulation of online sale and marketing of alcoholic drinks, drugs, and other substances of abuse.

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