



**NACADA**

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE



**TWENTY-FIRST (21<sup>ST</sup>) 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 1<sup>st</sup> July – 30<sup>th</sup> December 2024





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FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

**NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST  
ALCOHOL AND DRUG ABUSE**

**NATIONAL ASSEMBLY**  
**PAPER**

**DATE:** 26 NOV 2024

<b>TABLED BY:</b>	DEPUTY MAJORITY WHIP
<b>CLERK-AT THE-TABLE:</b>	FINLAY

**DAY:** WEDNESDAY

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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>CEO</b>	Chief Executive Officer
<b>CSOs</b>	Civil Society Organizations
<b>DCI</b>	Directorate of Criminal Investigations
<b>JKIA</b>	Jomo Kenyatta International Airport
<b>MDAs</b>	Ministries, Department and Agencies
<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>SUD</b>	Substance Use Disorder
<b>UNODC</b>	United Nations Office on Drugs and Crime

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the 21<sup>st</sup> *Biannual Report on the Status of Alcohol and Drug Abuse Control in Kenya* covering the period of 1<sup>st</sup> July – 30<sup>th</sup> December 2024 to both Houses of Parliament to facilitate strategic decisions making 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 and methamphetamine.

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. During the FY 2024/2025, the Authority's recurrent budgetary allocation was Ksh 968,000,000 million.

Besides, the demand for treatment and rehabilitation services in the country far exceeds the available facilities. Over 90 percent of the existing treatment and rehabilitation centres in Kenya are privately owned. This has resulted to reduced rates of accessibility due to the high cost of addiction treatment services in Kenya.

Also, available evidence paints a gloomy picture on the status of drugs and substance use among university students in Kenya. The study commissioned by NACADA shows that university students have a higher burden for drugs and substance use compared to the general population. The situation is further complicated by the increased vulnerability of drugs and substance use by the female students.

Further, the recent discovery of a clandestine laboratory for the manufacture of methamphetamine in a remote village in the border town of Namanga shows that Kenya is vulnerable of becoming an illicit drug production country especially the emerging new psychoactive substances that are synthetic in nature.

In addition, following the seizure of the clandestine laboratory, it was revealed that there were emerging gaps in the control of manufacturers and importers of industrial chemicals and reagents used in the manufacture of synthetic drugs in Kenya. This has led to the diversion of precursor chemicals to the illicit drug market to facilitate easy accessibility of raw materials used in the production of synthetic drugs especially methamphetamine.

Data also reveals an emerging demand in the use of international courier service providers for trafficking of narcotic drugs and emerging new psychoactive substances to the expansive network of global destinations. This has seen the emergence of innovative and rapidly changing concealment methods to mask detection. This situation is further complicated by lack of equipment and capacity to detect the trafficking of narcotic drugs and emerging new psychoactive substances by international courier service providers.

Similarly, Kenya is increasingly emerging as one of the most preferred transit routes for illicit drug trafficking due to its geographic location and global airline connectivity to the major world destinations. As a consequence, the country is exposed to the risk of becoming a destination for narcotic drugs and other emerging new psychoactive substances.

Finally, seizure data during the reporting period shows evidence of new cannabis trafficking routes with Malawi and Rwanda emerging as the new source markets for cannabis destined for Kenya. This is an indicator that the local market for cannabis is expanding as users pursue more potent strains of this narcotic drug. I therefore submit this report for your attention.



**Dr. Anthony Omerikwa, MBS**  
**Chief Executive Officer.**

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

This is the 21st 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 – 30th December 2024.

### 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; 3.6% (964,737) were currently using khat; 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**

<b>Drug/ Substance</b>	<b>Prevalence</b>	<b>No. of Kenyans</b>
At least one substance of abuse	17.5	4,733,135
Alcohol	11.8	3,199,115
Tobacco	8.5	2,305,929
<i>Khat</i>	3.6	964,737
Bhang/ marijuana	1.9	518,807
Prescription drugs	0.2	60,407

Source: NACADA, 2022

The survey also showed that 5.0% (1,357,040) of Kenyans aged 15 – 65 years were addicted to alcohol use; 3.3% (887,627) were addicted to tobacco use; 0.9% (234,855) were addicted to cannabis use; and 0.8% (227,744) were addicted to khat use (Table 1.2).

**Table 1.2 Severe substance use disorders (SUDs) (addiction) in Kenya**

<b>Drug/ Substance</b>	<b>Prevalence</b>	<b>No. of Kenyans</b>
Alcohol	5.0	1,357,040
Tobacco	3.3	887,627
Cannabis	0.9	234,855
<i>Khat</i>	0.8	227,744

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; 17.0% (369,155) had ever used khat; 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**

<b>Drug/ substance</b>	<b>Prevalence (%)</b>	<b>Number of students</b>
Alcohol	23.4	508,132
<i>Khat</i>	17.0	369,155
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; 3.7% had ever used khat; 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
Khat	3.7
Cannabis	1.2
Cocaine	0.7
Heroin	0.4
Inhalants	0.5

Source: NACADA, 2018

## Prevalence of DSU among university students in Kenya

In 2024, NACADA commissioned a study to assess the “Status of Drugs and Substance Use among University Students in Kenya”. The study showed that 40.5% of university students in Kenya had used at least one drug or substance of abuse in their lifetime and another 26.6% were currently using at least one drug or substance of abuse.

Findings on individual drugs showed that 18.6% of university students were currently using alcohol followed by tobacco (12.0%), cannabis (10.7%), khat (10.2%), inhalants (4.3%), prescription drugs (2.2%), heroin (1.7%), cocaine (1.6%), and methamphetamine (1.4%) (Table 1.5).

The study revealed a high burden for severe alcohol use disorders where 8.7% of university students were struggling with alcohol addiction.

**Table 1.5 Summary of past-month use of DSA among university students in Kenya**

<b>Substance</b>	<b>Prevalence (%)</b>
<b>Alcohol</b>	<b>18.6</b>
Cigarettes	7.2
Vape/ e- cigarettes	5.8
Shisha	4.6
Nicotine pouches	4.2
<i>Kuber</i>	2.8
Snuff/ chewed tobacco	2.6
<b>At least one tobacco product</b>	<b>12.0</b>
Cannabis smoked	9.1
Cannabis edibles	6.4
<b>At least one type of cannabis</b>	<b>10.7</b>
<i>Miraa</i>	8.4
<i>Muguka</i>	8.2
<b>At least one type of <i>khat</i></b>	<b>10.2</b>
Inhalants	4.3
Prescription drugs	2.2
Heroin	1.7
Cocaine	1.6
Methamphetamine	1.4
<b>At least one drug or substance of abuse</b>	<b>26.6</b>

Source: NACADA, 2024

### **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 and Coordination of National Government. 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 survey to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. Findings on lifetime use showed that 44.5% of the employees had ever used alcohol, 15.3% had ever used tobacco, 11.3% khat, 8.2% cannabis, 2.3% prescription drugs, 1.3% cocaine and 1.2% heroin. Findings on current (30-day) use showed that alcohol was the most widely used substance with a prevalence of 23.8% followed by tobacco (4.8%), khat (2.9%), cannabis (1.9%), 1.0% prescription drugs (1.0%), heroin (0.8%) and cocaine (0.8%) (Table 1.6).

**Table 1.6 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
<i>Khat</i>	11.3	2.9
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%. 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 30,384 employees in the public sector workplace had a severe AUD and therefore in need of addiction treatment services.

## **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, Judiciary, Customs and Kenya Coast Guard Service.

### **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 4,069,242.9 litres of illicit alcohol was seized nationally. County specific data showed that Kiambu accounted for the highest seizures of illicit alcohol (633,223.3 litres) followed by Kisii (550,435 litres), Kakamega (488,078.7 litres), Nairobi (329,292 litres), Meru (306,783 litres), Siaya (191,456.3 litres), Nakuru (172,053.5 litres), Migori (129,763 litres), Bungoma (127,177.5 litres) and Homabay (119,239.9 litres) (Table 2.1).

In terms of seizures of individual alcohol categories, data showed that a total of 241,970.6 litres of chang'aa was seized nationally. County specific data showed that Kiambu accounted for the highest seizures of chang'aa (46,967.2 litres), followed by Nakuru (32,452.2 litres), Trans Nzoia (21,236 litres), Kisii (17,977 litres) and Uasin Gishu (11,775 litres).

Statistics on *kangara* showed that a total of 2,753,722 litres were seized in the reporting period. County specific data showed that Kisii accounted for the highest seizures of *kangara* (493,295 litres) followed by Kiambu (459,961.5 litres), Kakamega (444,065 litres), Siaya (178,620 litres) and Migori (122,358 litres).

Data on other types of traditional alcohol showed that a total of 823,761 litres were seized in the reporting period. County specific data showed that Nairobi accounted for the highest seizures (194,499 litres) followed by Meru (194,152 litres), Kiambu (52,574 litres), Kwale (48,233 litres) and Kisii (39,148 litres).

Analysis on counterfeit alcohol showed that a total of 221,035.4 litres were seized in the reporting period. County specific data showed that Meru accounted for the highest seizures (108,685 litres) followed by Kiambu (73,578.1 litres), Uasin Gishu (12,040 litres), Kisumu (11,360.5 litres) and Nairobi (9,308 litres) (Table 2.1).

**Table 2.1 Illicit alcohol seizures by county**

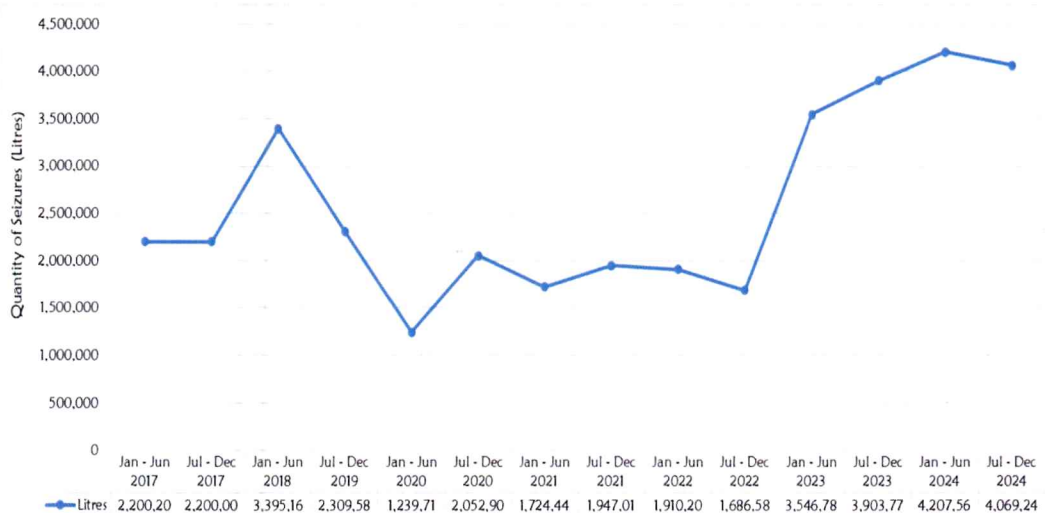
County	Chang'aa (ltrs)	Kangara (ltrs)	Other traditional alcohol (ltrs)	Illegal neutral spirits (ltrs)	Illegal ethanol (ltrs)	Counterfeit alcohol (ltrs)	Total alcohol seizures (ltrs)
Kiambu	46,967.2	459,961.5	52,574	142.5	-	73,578.1	<b>633,223.3</b>
Kisii	17,977	493,295	39,148	-	-	15	<b>550,435</b>
Kakamega	10,070.7	444,065	33,943	-	-	-	<b>488,078.7</b>
Nairobi	8,932	111,766	194,499	4,062	725	9,308	<b>329,292</b>
Meru	3,854	-	194,152	-	92	108,685	<b>306,783</b>
Siaya	4,865	178,620	7,915	-	-	56.3	<b>191,456.3</b>
Nakuru	32,452.2	109,088	28,550.8	-	479.5	1,483	<b>172,053.5</b>
Migori	7,025	122,358	380	-	-	-	<b>129,763</b>
Bungoma	5880.5	95,359	24,438	-	-	1,500	<b>127,177.5</b>
Homabay	2,796.5	116,428	-	-	-	15.4	<b>119,239.9</b>
Elgeyo Marakwet	5,372	82,506	18,897	451	-	5	<b>107,231</b>
Trans Nzoia	21,236	50,947	25,242	-	-	-	<b>97,425</b>
Nyamira	6,363	76,168.5	5,534	-	-	-	<b>88,066</b>
Nandi	9,599	54,186	117	-	23	12,040	<b>75,965</b>
Uasin Gishu	11,775	57,693	4,646	-	-	183	<b>74,297</b>
Kisumu	2,340.8	46,056	7,932	-	-	11,360.5	<b>67,689.3</b>
Kericho	16,064	25,206	17,474	-	-	715	<b>59,459</b>
Busia	1,269	43,449	5,337	-	-	-	<b>50,055</b>
Kwale	990.5	770	48,233	-	-	-	<b>49,993.5</b>
Mombasa	2,644.7	42,945	530.3	-	-	-	<b>46,120</b>
Baringo	3,986.5	24,037	8,458	-	449	79.8	<b>37,010.3</b>
Samburu	1,694	34,440	280	-	-	-	<b>36,414</b>
Laikipia	996.5	11,041	171	116	22,000	42.8	<b>34,367.3</b>
Tharaka Nithi	584	105	25,406	-	-	159	<b>26,254</b>
Lamu	-	-	26,095	-	-	-	<b>26,095</b>
West Pokot	2,934	19,143	2,239	-	-	92.3	<b>24,408.3</b>
Vihiga	5,655	17,670	470	-	-	-	<b>23,795</b>
Murang'a	1,501.8	12,650	3,709	-	-	-	<b>17,860.8</b>
Bomet	1,076	-	13,716	-	-	-	<b>14,792</b>
Taita Taveta	689.6	2,548	7,483.3	-	-	2.9	<b>10,723.8</b>

Turkana	1,797	2,301	6,050	-	-	160	<b>10,308</b>
Kitui	25	29	8,712	-	-	172	<b>8,938</b>
Narok	854.5	6,148	583	-	-	26	<b>7,612</b>
Machakos	781	4,836	1,116	128	-	162	<b>7,023</b>
Embu	-	2,486	2,211	84	-	243	<b>5,024</b>
Marsabit	382	2,490	70.5	-	-	62.5	<b>3,005</b>
Nyandarua	50	300	1,629	-	-	203.3	<b>2182.3</b>
Makueni	18	220	1,893	-	-	10	<b>2,142</b>
Tana River	20	-	1,585	-	-	-	<b>1,605</b>
Kirinyaga	-	-	1,594	-	-	-	<b>1,594</b>
Nyeri	111	1,420	-	-	-	5	<b>1,536</b>
Kajiado	51.3	-	620	-	-	670.5	<b>1,341.8</b>
Isiolo	189.3	991	120	-	-	-	<b>1,300.3</b>
Wajir	100	-	8	-	-	-	<b>108</b>
<b>Total</b>	<b>241,970.6</b>	<b>2,753,722</b>	<b>823,761</b>	<b>4,983.5</b>	<b>23,768.5</b>	<b>221,035.4</b>	<b>4,069,242.9</b>

Source: MoNA, July – December 2024

Figure 2.1 showed that there was a slight decline in alcohol seizures during the reporting period. Data showed that a total of 4,069,242.9 litres of illicit alcohol was seized during the reporting period of 1st July – 30th December 2024. However, the data shows that there is sustained Government’s effort 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 other 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. Cannabis is mostly trafficked by road and most recently by air.

During the reporting period, data on cannabis seizures showed that a total of 14,737.7 kgs of cannabis were seized nationally. Analysis of county specific data showed that Mombasa accounted for the highest seizures of cannabis (2,069.4 kgs) followed by Nairobi (1,848.6 kgs), Migori (1,357.4 kgs), Embu (1,262.0 kgs), Busia (1,002.7 kgs), Kwale (710.2 kgs), Kilifi (688.0 kgs), Kisumu (678.2 kgs), Kisii (649.8 kgs) and Kiambu (493.3 kgs). This data is presented in Table 2.2.

**Table 2.2 Cannabis seizures by county**

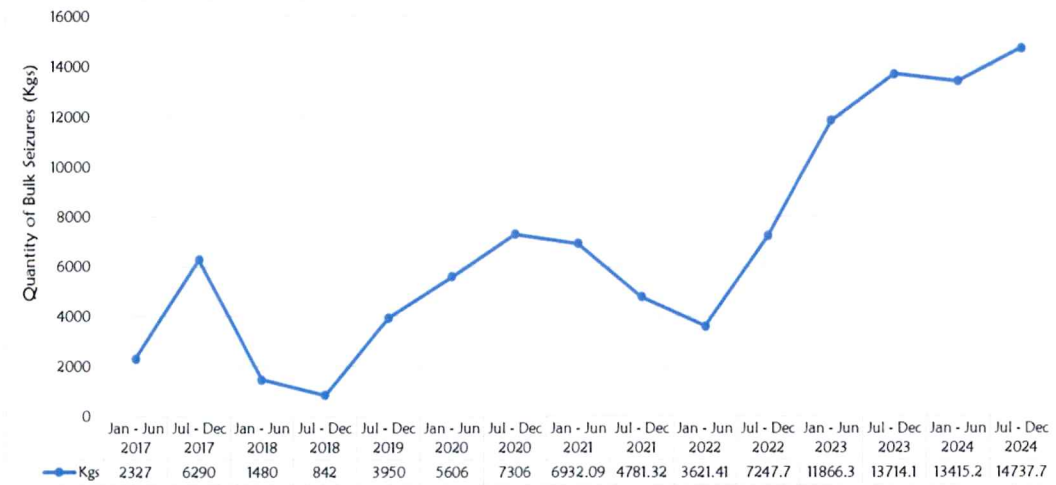
County	No. of persons arrested for possession	No. of persons arrested for cultivation	No. of persons arrested for trafficking	Total no. of persons arrested	Quantity seized (Kgs)
Mombasa	49	-	21	70	2069.4
Nairobi	220	-	171	391	1848.6
Migori	7	-	11	18	1357.4
Embu	42	2	3	47	1262.0
Busia	31	1	18	50	1002.7
Kwale	12	-	10	22	710.2
Kilifi	27	-	43	70	688.0
Kisumu	23	-	2	25	678.2
Kisii	35	4	4	43	649.8
Kiambu	750	3	98	851	493.3
Muranga	146	-	20	166	473.8
Isiolo	12	-	9	21	473.6
Taita Taveta	22	-	7	29	451.0
Homa bay	30	1	1	32	418.6
Machakos	78	1	13	92	390.6
Narok	15	1	21	37	276.0

County	No. of persons arrested for possession	No. of persons arrested for cultivation	No. of persons arrested for trafficking	Total no. of persons arrested	Quantity seized (Kgs)
Makueni	40	1	3	44	236.5
Nakuru	125	-	7	132	189.1
Kajiado	46	1	2	49	170.6
Bungoma	19	1	3	23	168.7
Siaya	15	1	1	17	157.1
Vihiga	36	-	1	37	130.2
Kitui	27	-	7	34	115.4
Kericho	53	-	5	58	76.0
Garissa	11	-	10	21	55.0
Meru	38	4	8	50	49.0
Nandi	24	1	-	25	24.6
Nyandarua	40	2	6	48	24.0
Nyeri	64	11	15	90	16.9
Nyamira	9	2	2	13	16.4
Marsabit	1	-	18	19	16.0
Laikipia	38	-	-	38	13.7
Kirinyanga	103	1	8	112	6.0
Uasin Gishu	63	2	2	67	5.7
Lamu	35	1	2	38	5.6
Kakamega	37	11	2	50	3.3
Tharaka Nithi	29	1	-	30	2.3
Wajir	9	-	-	9	1.8
Trans Nzoia	10	-	-	10	1.5
Elgeyo Marakwet	9	1	-	10	0.9
Tana River	1	-	-	1	-
Mandera	8	-	1	9	-
Turkana	2	-	-	2	-
West Pokot	-	1	-	1	-
Samburu	-	1	-	1	-
Baringo	9	-	2	11	-
Bomet	29	1	-	30	-
KAPU	-	-	5	5	8.2
<b>Total</b>	<b>2429</b>	<b>57</b>	<b>562</b>	<b>3048</b>	<b>14737.7</b>

Source: NPS, ANU and DCI, July – December 2024

Figure 2.2 showed that there was a slight increase in the quantity of bulk seizures for cannabis during the reporting period from 13,415.2 kgs in January – June 2024 to 14,737.7 kgs in July - December 2024. Generally, the trend shows that there has been a steady rise in the seizures of cannabis from January – June 2022 period

**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 5.154 kgs of heroin were seized nationally. These seizures were made in Kilifi, Nakuru, Machakos, Mombasa, Nairobi, Nyeri, Isiolo and JKIA. Overall, A total of 39 persons were arrested (Table 2.3).

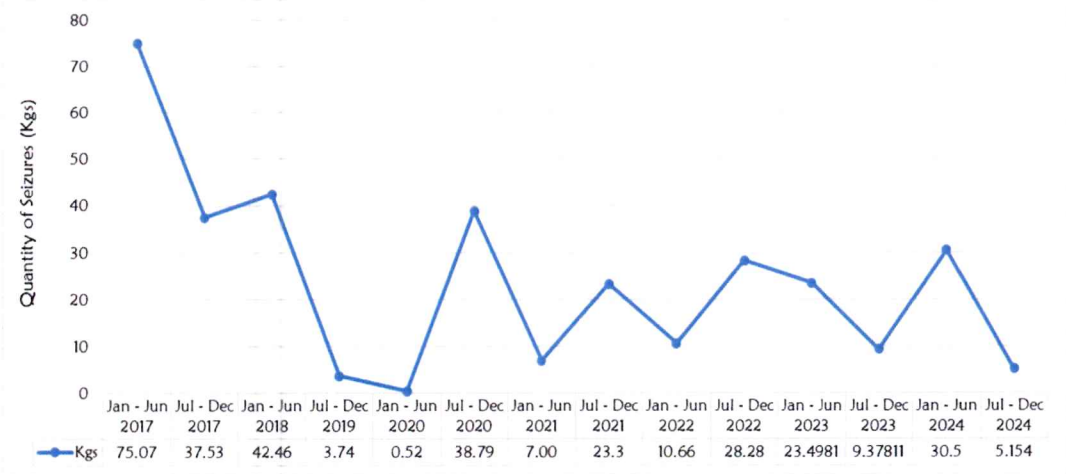
**Table 2.3 Heroin seizures by county**

County	No. of persons arrested	Quantity seized (Kgs)
Kilifi	5	3.636
Nakuru	2	0.250
Machakos	1	0.108
Mombasa	12	0.050
Nairobi	2	0.010
Nyeri	7	0.010
Isiolo	5	0.002
KAPU (JKIA)	1	1.088
<b>TOTAL</b>	<b>39</b>	<b>5.154</b>

Source: NPS, ANU and DCI, July – December 2024

Figure 2.3 showed that the trend of heroin seizures had declined from 30.5 kgs (January - June 2024) to 5.154 kgs (July - December 2024).

**Figure 2.3 Trend of heroin seizures nationally**



**Cocaine control**

Cocaine is an illegal and highly addictive stimulant drug under international control. During the reporting period, data showed that a total of 4.848 kgs of cocaine were seized in the country. These seizures were made in Nairobi, Marsabit, Machakos and JKIA where 20 persons were arrested (Table 2.4).

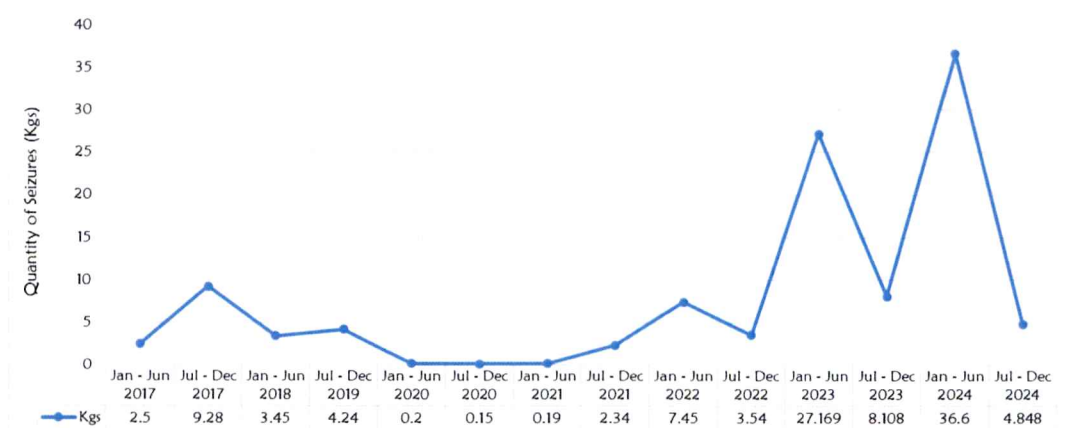
**Table 2.4 Cocaine seizures by county**

County	No. of persons arrested	Quantity seized (Kgs)
Nairobi	11	2.658
Marsabit	3	0.877
Machakos	1	0.006
Kilifi	3	0.006
KAPU (JKIA)	2	1.301
<b>TOTAL</b>	<b>20</b>	<b>4.848</b>

Source: NPS, ANU and DCI, July – December 2024

Figure 2.4 showed a sharp decline in cocaine seizures from 36.6 kgs (January – June 2024) to 4.848 kgs (July – December 2024).

**Figure 2.4 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 4.23 kgs of methamphetamine were seized in the country (Figure 2.5). These seizures were mainly undertaken in Nairobi and Machakos. Methamphetamine seizures in Kenya emerged in the year 2022.

**Figure 2.5 Trend of methamphetamine seizures nationally**



### Control of other substances

During the reporting period, 36 tablets of cozepam were seized in Lamu; 0.03 kgs of MDMA were seized in Nairobi; 200 tablets of diazepam were seized in Kilifi; 11 kgs of oxycodone were seized in Busia; and 0.004 kgs of tramadol were seized in Mombasa (Table 2.5).

**Table 2.5 Seizures of other substances by county**

<b>County</b>	<b>Type of drug</b>	<b>Tablets</b>	<b>Kgs</b>
Lamu	Cozepam	36	-
Nairobi	MDMA	-	0.03
Kilifi	Diazepam	200	-
Busia	Oxycodone	-	11
Mombasa	Tramadol	-	0.004

*Source: NPS, ANU and DCI, July – December 2024*

### **2.3 Control of clandestine laboratories**

On 19<sup>th</sup> March 2025, the Directorate of Criminal Investigations (DCI) issued a press statement briefing the public on the status of the ongoing investigations of the suspected clandestine laboratory.

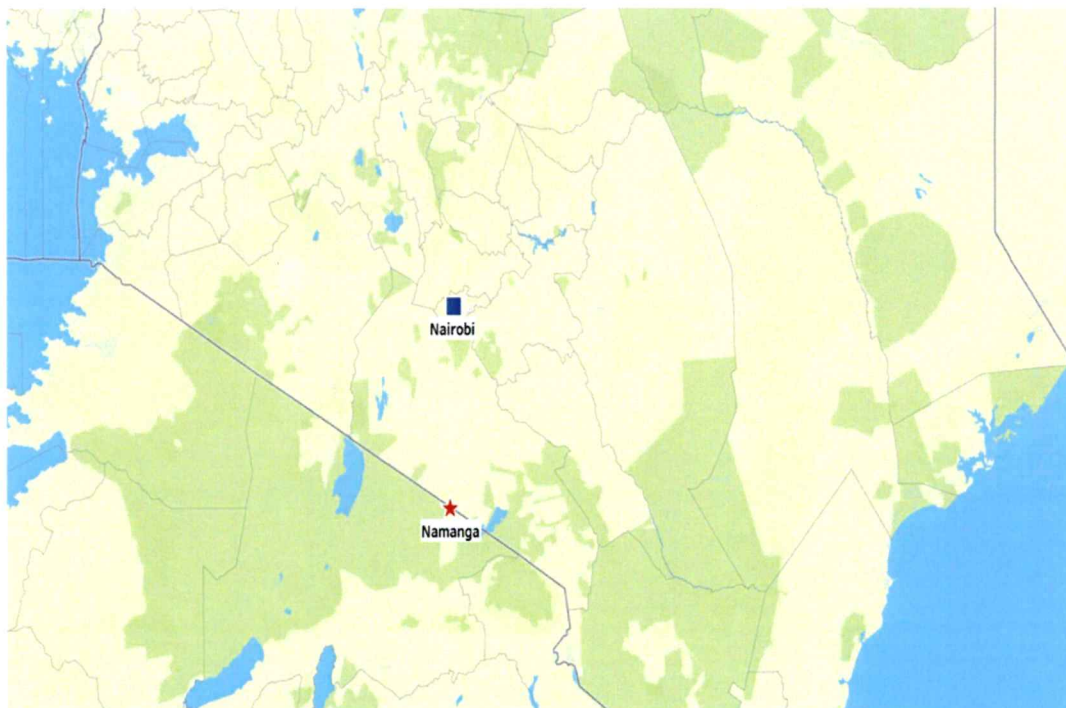
The DCI reported that on September 12, 2024, a multi-agency team led by ANU officers was tipped of a suspected clandestine laboratory that was located in a remote area within a 10-acre piece of land, 8 km from the Nairobi – Namanga highway. Upon visiting the site, two iron sheet structures were discovered, with one housing laboratory apparatus, including chemicals, and the other hosting a chemical store, kitchen, and sleeping area.

Based on the observation of the team, they concluded that this was a clandestine drug laboratory that was being set up. Indeed, two excise books bearing laboratory drawings and chemical formulas were recovered at the scene, alongside a mobile phone belonging to the Mexican suspect. Other items discovered at the scene were documentation of land and importation of chemicals and equipment.

Investigation revealed that a Nigerian national was the mastermind and architect of the clandestine laboratory. The suspect was also linked to a drug cartel in South America. Investigation also revealed that the Mexican suspects were brought on board for their expertise in the production of synthetic opioids (methamphetamine). The total number of persons arrested and charged at the JKIA Court was six (6).

The expansive investigation has since revealed a powerful international nexus traversing borders to Nigeria, India, Mexico, South Africa and Gabon. Evidence showed that the drug cartel did not succeed in operationalizing these illegal activities in the country and that no member or members of the criminal ring have been deported from the country for trial elsewhere. Figure 2.6 locates the remote town of Namanga which borders Tanzania where the clandestine laboratory was being set up.

**Figure 2.6 Location of seized clandestine laboratory**



## **2.4 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 and methamphetamine. The most commonly used modes of trafficking were air 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 2024 showed that Kenya was a net destination country for cannabis originating from Ethiopia, Uganda, Tanzania, Malawi, Rwanda and USA. Outbound data showed an emerging trafficking route for cannabis through air from Kenya to Doha in the United Arab Emirates (Figure 2.7).

**Figure 2.7 Cannabis trafficking routes**

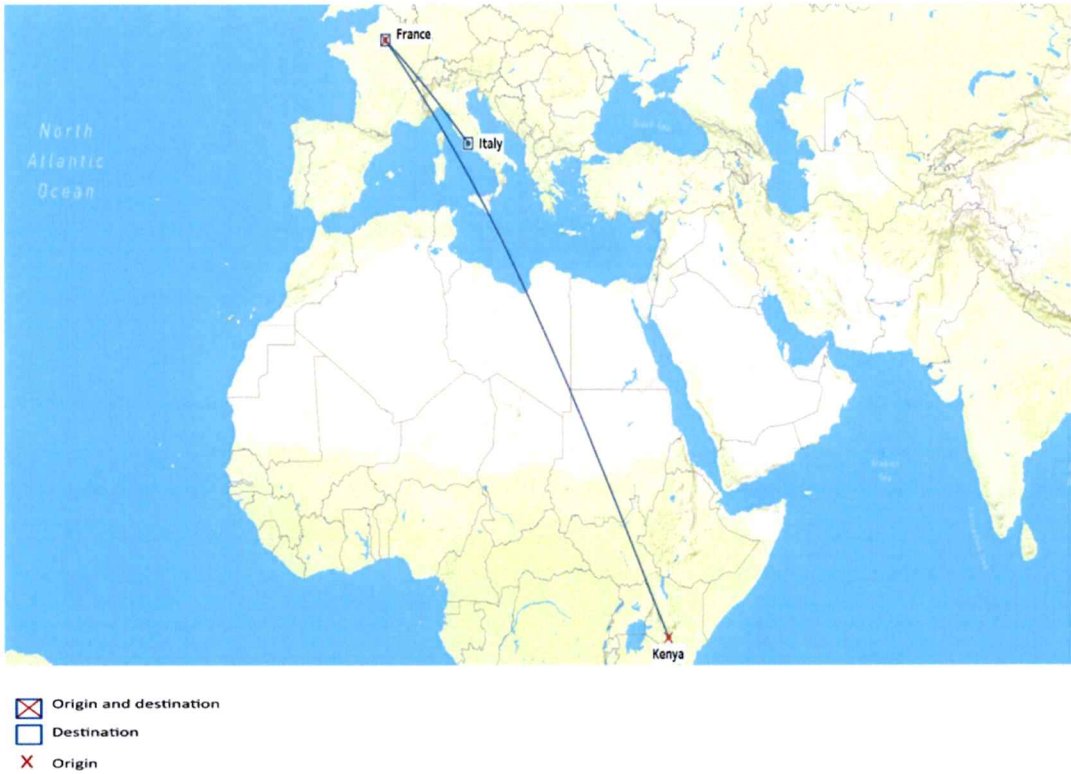


## Heroin trafficking routes

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 2024 showed that Kenya was the main departure country for heroin destined for Italy and France (Figure 2.8).

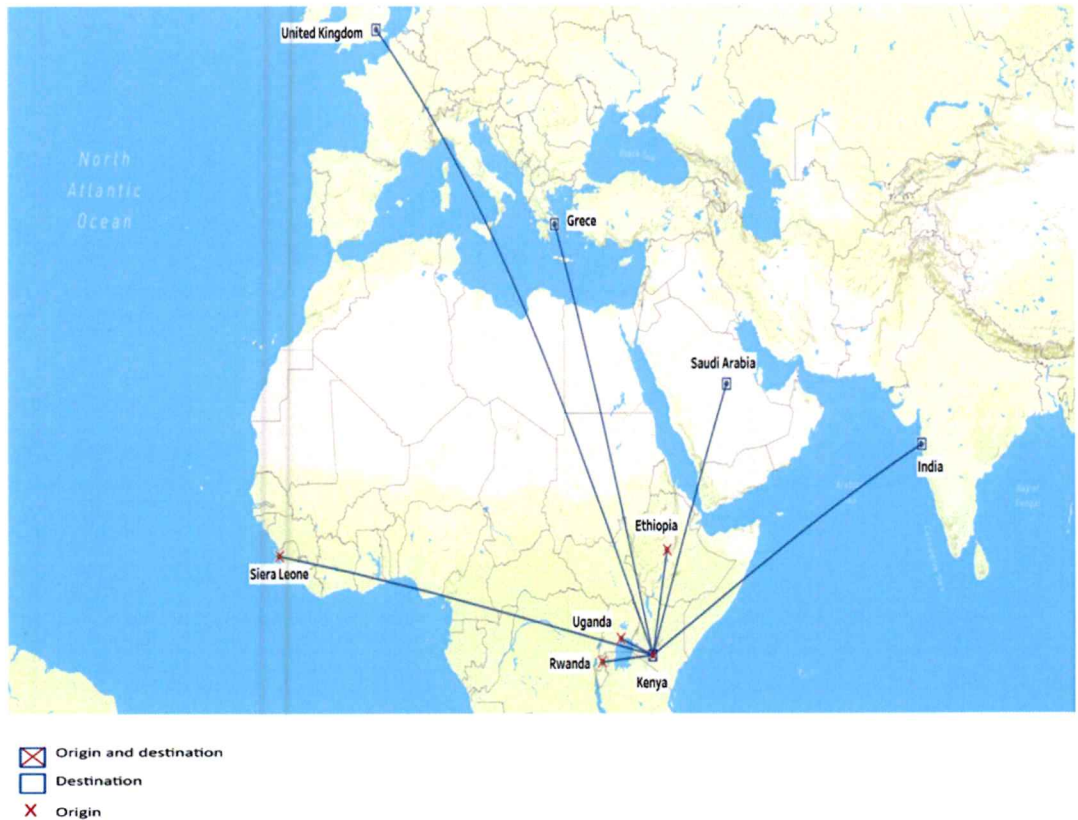
**Figure 2.8 Heroin trafficking routes**



### **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 2024 showed that Ethiopia, Uganda, Rwanda and Sierra Leon were the main origin countries for heroin destined for Kenya while Kenya was the departure country for heroin destined for India, Saudi Arabia, Greece and the United Kingdom (Figure 2.9).

**Figure 2.9 Cocaine trafficking routes**



### **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 2024 showed that Rwanda was the main origin country for methamphetamine destined to Kenya while Kenya was the departure country for methamphetamine destined for New Zealand, Philippines and Cyprus (Figure 2.10).

Figure 2.10 Methamphetamine trafficking routes



- ☒ Origin and destination
- ☐ Destination
- ✗ Origin

## **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 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.

Towards supporting county governments to enforce alcohol and drug control laws, the Authority supported joint crackdowns on illicit brews, counterfeit alcoholic products and drugs. These joint enforcement activities were undertaken in the counties of Embu, Tharaka Nithi, Kitui, Machakos, Marsabit, Isiolo, Nyeri, Kiambu, Kirinyaga, Nyandarua, Kajiado, Kericho, Samburu, Laikipia, Nakuru, Narok, West Pokot, Baringo, Homabay, Nyamira, Kisumu, Siaya, Mombasa, Lamu, Tana River and Mandera.

The Authority also participated in a national exercise to vet licenses for all alcoholic drink manufacturers in the country. This initiative was carried out by a multi-agency taskforce coordinated by the Ministry of Interior and National Administration. The taskforce was established as part of the process of implementation of 25 policy and operational guidelines issued by the Government of Kenya on March 6, 2024, that directed the eradication of illicit liquor, combat of narcotic drugs and addressing unethical practices in the alcohol industry. A total of 29 manufacturers were inspected where licensing approval was issued to 15 compliant companies.

Also, NACADA participated in a consultative meeting with alcoholic drinks manufacturers as a follow-up to the implementation of the 25 policy and operational guidelines issued by the Government of Kenya aimed at eradicating illicit liquor and narcotic drugs. During the meeting, state agencies extensively discussed the need for manufacturers and other players in this sector to uphold integrity in the alcohol industry. Present at the meeting were representatives of all alcohol manufacturers in the country and relevant government agencies involved in the regulation of alcohol in Kenya.

During the period under review the Authority coordinated the development of the National Policy for the Prevention, Management, and Control of Alcohol, Drugs, and Substance Abuse. This comprehensive policy marks a significant milestone in the nation's ongoing efforts to tackle the complex challenges posed by alcohol, drugs, and substance abuse. The primary objective of this policy is to protect society from the detrimental effects of these substances, thereby promoting public health and safety. It provides a multi-faceted strategy that encompasses prevention, treatment, rehabilitation, and enforcement measures. Special attention was given to addressing the needs of vulnerable groups, including women, children, and other at-risk populations. By implementing this policy, the government will create a holistic and coordinated approach that mitigates the impact of alcohol and drug use on individuals and communities, fostering a healthier and more secure environment for all. The draft policy was submitted to Cabinet for further review and approval.

### **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 leveraging on media as a platform to disseminate prevention 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.

During the reporting period 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 various 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 to alcohol and drug abuse demand reduction measures in basic education institutions across the country. Sixteen thousand nine hundred and fifty (16,950) teaching staff, learners and parents were reached during the reporting period in partnership with various institutions in the counties of Nairobi, Nakuru, Lamu, Nyamira, Migori, Kiambu, Kakamega, Busia, Nyandarua, Mombasa, Trans Nzoia, Kajiado, Bomet, Kisumu, Makueni, Uasin Gishu, Isiolo, Muranga, Samburu, Siaya, Kericho and Nyeri.

### **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 under review the Authority implemented alcohol and drug use sensitization programs with special focus on informal workplaces such as the transport and the juakali sectors. Implementing alcohol and drug abuse sensitization in Kenya's informal workplaces, including targeting boda boda, juakali and matatu operators, is essential for addressing significant public health and safety concerns.

The country's public transport is particularly vulnerable to the adverse effects of substance abuse, and this has in the past led to increased accidents, injuries, and fatalities. Sensitization efforts will ultimately contribute to enhanced road safety, reduce healthcare burdens, and improve the productivity and well-being of these workers. Additionally, educating informal sector workers will create ripple effects within their communities, promoting a culture of responsibility and health. In view of this, the Authority partnered with various stakeholders to undertake training for employees working in these sectors. One thousand one hundred and thirty one informal sector workers (1131) were reached in the counties of Makueni, Meru, Homabay, Uasin Gishu, Kisumu, Nyandarua, Kericho, Kiambu, Garissa, Tharaka Nithi, Trans Nzoia and Nakuru.

### **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 alcohol and drug intervention programs address family-related risk factors by involving both parents and children. These programs aim to enhance 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 constructively with their children. This initiative reached nineteen thousand, and sixty seven (19,067) parents and caregivers through school and community dialogues in the counties of Busia, Bungoma, West Pokot, Nakuru, Bomet, Narok, Mombasa, Lamu, Makueni, Trans Nzoia, Nandi, Murang'a, Nyeri, Samburu, Baringo, Uasin Gishu, Kericho, Baringo, Siaya, Meru, Homabay, Makueni, Elgeyo Marakwet, Tharaka Nithi, Kajiado, Mandera, Garissa, Kisumu, Nyamira, Kakamega, Busia and Kiambu.

## 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. Towards this end the Authority in partnership with various non-state actors developed the Community Workgroup's Alcohol & Drug Use Management Framework in 2022. To promote the protection of communities from the harms associated with alcohol and substance use, the Authority in collaboration with other non-state actors facilitated the setting up and training of community work groups in the counties of Taita Taveta, Laikipia, Garissa, Bungoma, Isiolo, Nandi, West Pokot, Busia, Lamu, Nyeri, Marsabit, Tharaka Nithi, Mandera, Tana River, Kirinyaga, Machakos, Nyandarua, Muranga, Migori, Kilifi, Trans Nzoia, Wajir and Elgeyo Marakwet. The overall goal of this program was to anchor community led initiatives aimed at ensuring safer, healthier and substance use-free communities across Kenya.

Additionally, NACADA participated in the commemoration of the World Mental Health Day in the counties of Kisumu, Makueni, Mombasa, Garissa and Uasin Gishu. This event comprised of both state and non-state actors namely Community Based Organizations, Faith Based Organizations, County Governments and the various stakeholders involved in the campaign against alcohol and illicit substance in the country. The theme for this year's commemoration was "*It is time to prioritize mental health in the Workplace*". This theme emphasized the importance of addressing mental health within the professional sphere.

Lastly the Authority, in collaboration with various religious institutions including-Christian, Muslims and Hindus conducted capacity building sessions on ADA prevention to reach one thousand eight hundred and seventy two (1,872) religious leaders in the counties of Isiolo, Kisumu, Embu, Meru, Makueni, Nyeri, Nyandarua, Migori, Busia, Kilifi, Mombasa, Machakos, Turkana, Kitui, Busia, Kwale and Nairobi. The goal of this program was to empower and equip these leaders with knowledge and skills needed to support the Authority in raising awareness on the effects and consequences of ADA within their respective communities and to assist persons with SUDs in accessing treatment and care services.

### **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.

In this regard, during the reporting period, NACADA continued to provide outpatient and inpatient treatment and rehabilitation services at the Miritini Treatment and Rehabilitation center in Mombasa County. The Authority has also expanded the capacity of the treatment and rehabilitation facility. A total of 386 persons with SUDs at the Miritini Treatment and Rehabilitation Centre were supported under the outpatient program while 36 clients were admitted to the facility during the period under review.

Other key achievements related to the fulfillment of this strategy include the inspection of ninety six (96) treatment and rehabilitation centers in Mombasa, Kajiado, Lamu, Nyandarua, Mandera, Kiambu and Wajir. This was done in collaboration with the other relevant government agencies including the Kenya Medical Practitioners and Dentist Board, Pharmacy and Poisons Board, Ministry of Health and the respective County Government where the centers are located.

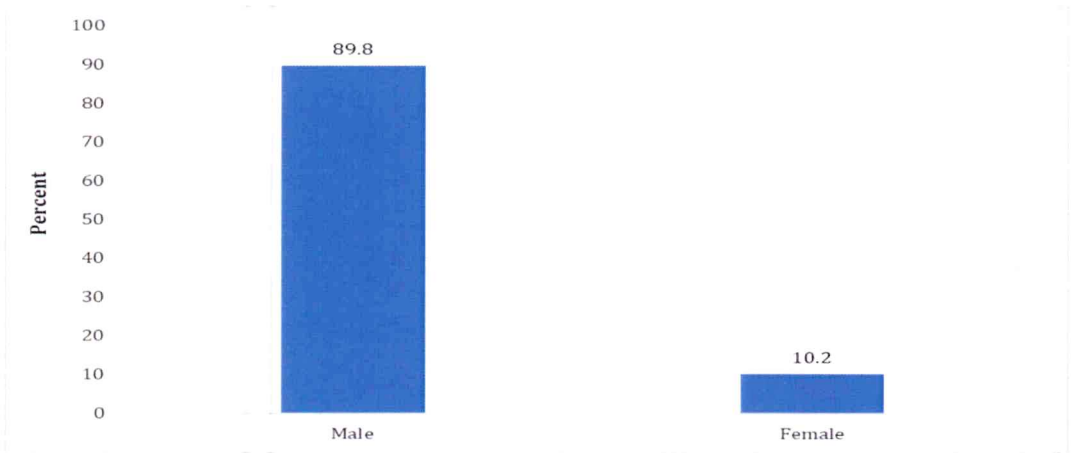
### **3.5 National drug observatory treatment data for January – December 2024**

The national drug observatory (NDO) treatment data for January – December 2024 covered 84 reporting facilities which attended a total of 4,528 clients. A standard tool was used to collect operational data from the accredited treatment and rehabilitation facilities in Kenya.

#### **Gender of clients seeking treatment for SUDs**

Figure 3.1 showed that more males were seeking treatment services for SUDs (89.8%) compared females (10.2%).

**Figure 3.1: Sex of clients seeking treatment for SUDs (n=4528)**



**Age distribution of clients seeking treatment for SUDs**

Table 3.1 presents an analysis of the age distribution of clients seeking treatment for SUDs from the 84 reporting facilities in 2024. Data revealed that over half of the clients were aged between 20 to 34 years (55.1%) (Table 3.1).

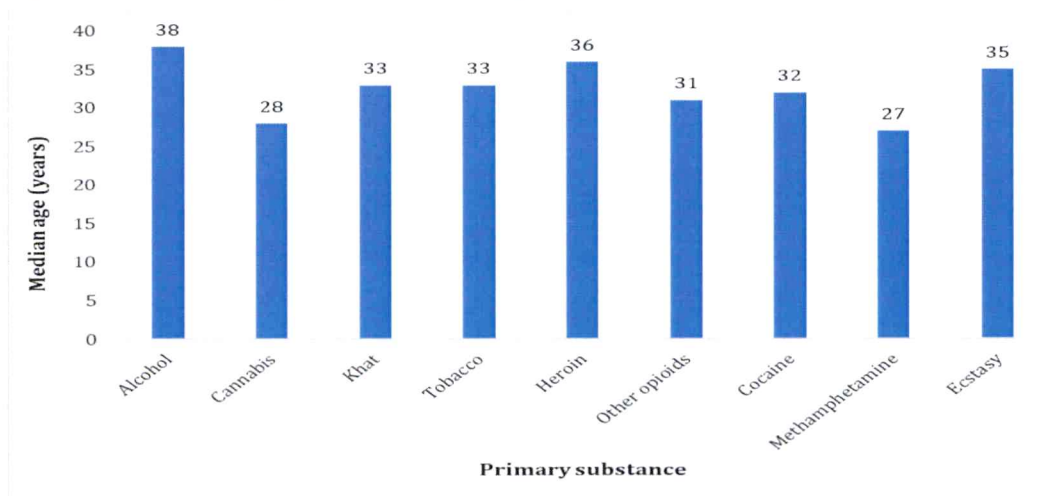
**Table 3.1: Age distribution of clients seeking treatment for SUDs**

Age group	No. of cases (n)	Percent (%)
15-19	135	3.0
20-24	656	14.5
25-29	848	18.7
30-34	839	18.5
35-39	776	17.1
40-44	559	12.3
45-49	322	7.1
50-54	207	4.6
55-59	109	2.4
60-64	35	0.8
65+	42	0.9
<b>Total</b>	<b>4528</b>	<b>100</b>

## Median age of clients seeking treatment for SUDs

Figure 3.2 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 27 – 38 years. However, the clients of methamphetamine and cannabis recorded the lowest median ages of 27 and 28 years respectively.

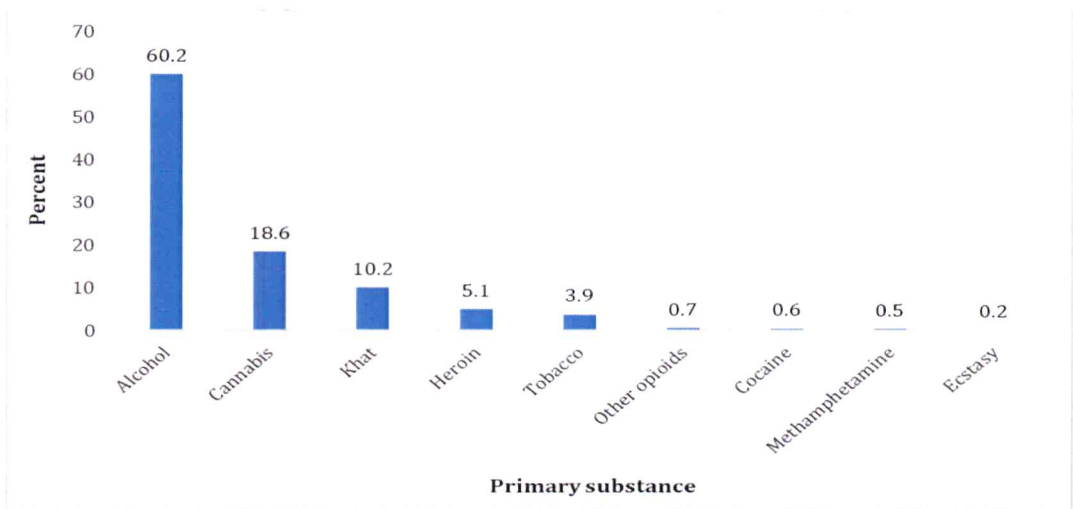
**Figure 3.2: Median age of clients seeking treatment for SUDs (n=4528)**



## Primary drug or substance under treatment

According to Figure 3.3, alcohol continues to be the leading substance of abuse in Kenya contributing to the highest overall burden of SUDs among clients in addiction treatment (60.2%) followed by cannabis (18.6%), khat (10.2%), heroin (5.1%), tobacco (3.9%), other opioids (0.7%), cocaine (0.6%), methamphetamine (0.5%) and ecstasy (0.2%).

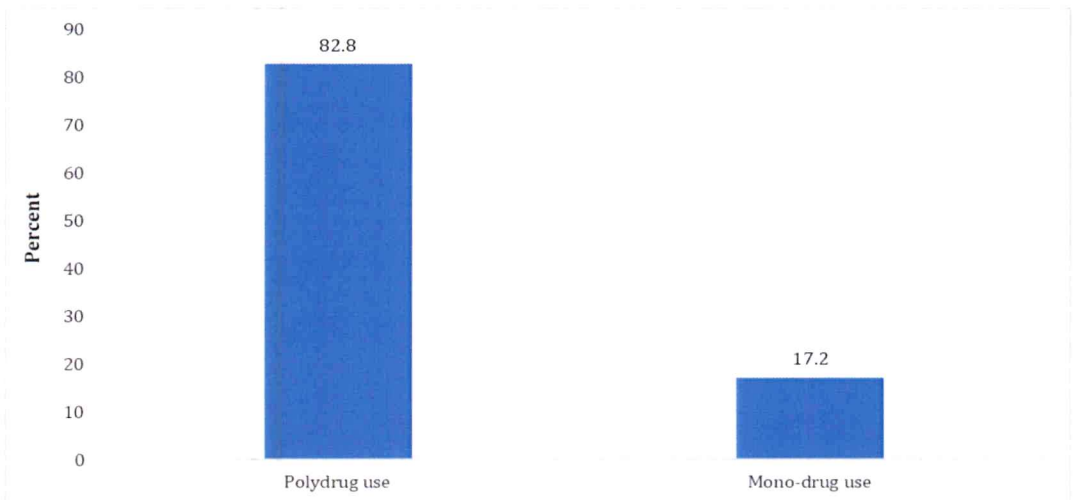
**Figure 3.3: Primary drug or substance under treatment (n=4528)**



### **Polydrug use among clients seeking treatment for SUDs**

Figure 3.4 showed that 82.8% of the clients seeking treatment for SUDs in 2024 had presented with problems of polydrug use while 17.2% were mono-drug users. The increasing burden of polydrug use presents unforeseen challenges to the overall outcome of addiction treatment.

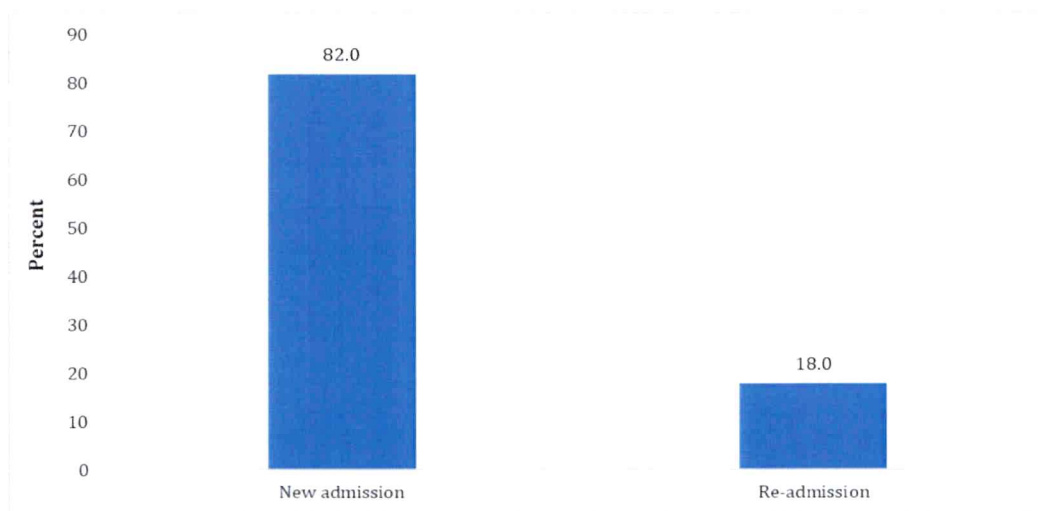
**Figure 3.4: Polydrug use among clients seeking treatment for SUDs (n=4528)**



### Type of admission for clients seeking treatment for SUDs

Data showed that the new admission cases accounted for 82.0% of all addiction treatment admissions while 18.0% 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 3.5).

**Figure 3.5: Type of admission for clients seeking treatment for SUDs (4490)**



### 3.6 Research and knowledge management

The Authority concluded 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. The Authority has proposed launch for the report on 13<sup>th</sup> February 2025.

The Authority also published the 13<sup>th</sup> issue of *The African Journal of Alcohol and Drug Abuse (AJADA)*. AJADA is an open access, peer reviewed, multidisciplinary journal, committed to high quality output publications with an international audience seeking reliable and factual information on alcohol and drug abuse. A total of six (6) peer reviewed journal articles were published. The articles are as follows:

1. Effects of happiness and burnout on alcohol and drug abuse among officers of the police force in Ibadan, Nigeria;
2. Exploring where to concentrate smoking cessation efforts in Nigeria through the mirror of self-reported smoking;
3. Psychopathologies and parental factors as predictors of substance abuse among in-school adolescents in Akungba- Akoko, Nigeria;
4. Psychosocial implications of substance use disorders among patients attending a psychiatric facility in Lagos;
5. Assessment of the significance of statistical referencing in global substance use research;
6. Substance use among adolescents in sub-Saharan Africa: A narrative review of epidemiological data.

## **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 2024/ 2025, the Authority's recurrent budgetary allocation was Ksh 968,000,000 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.

#### **B. High cost for addiction treatment services**

The demand for treatment and rehabilitation services in the country far exceeds the available facilities. Over 90 percent of the existing treatment and rehabilitation centres in Kenya are privately owned. This has resulted to reduced rates of accessibility due to the high cost of addiction treatment services in Kenya. Even though the Government owned facilities have subsidized the cost of addiction treatment, affordability still remains as one of the greatest barriers for persons in need of addiction treatment services.

#### **C. Growing problem of drugs and substance use in higher learning institutions**

Available evidence paints a gloomy picture on the status of drugs and substance use among university students in Kenya. The study commissioned by NACADA shows that university students have a higher burden for drugs and substance use compared to the general population. The situation is further complicated by the increased vulnerability of drugs and substance use by the female students.

#### **D. Identification and seizure of clandestine laboratories**

With the recent discovery of a clandestine laboratory for the manufacture of methamphetamine in a remote village in the border town of Namanga shows that Kenya is vulnerable of becoming an illicit drug production country especially the emerging new psychoactive substances that are synthetic in nature.

## **E. Inadequate control of manufacturers and importers of industrial chemicals and reagents**

Following the seizure of the clandestine laboratory, it was revealed that there were emerging gaps in the control of manufacturers and importers of industrial chemicals and reagents used in the manufacture of synthetic drugs in Kenya. This has led to the diversion of precursor chemicals to the illicit drug market to facilitate easy accessibility of raw materials used in the production of synthetic drugs especially methamphetamine.

## **F. Disposal of chemicals and reagents presented as court exhibits**

With the on-going investigations and prosecution of the clandestine laboratory case in Kenya, there are evolving challenges with the disposal of court exhibits related to the harmful and highly corrosive chemicals and reagents used in the manufacture of synthetic drugs e.g. sulphuric and tartaric acid and other precursors.

## **G. Inadequate control of international courier service providers**

There is an emerging demand in the use of international courier service providers for trafficking of narcotic drugs and emerging new psychoactive substances to the expansive network of global destinations. This has seen the emergence of innovative and rapidly changing concealment methods to mask detection. This situation is further complicated by lack of equipment and capacity to detect the trafficking of narcotic drugs and emerging new psychoactive substances by international courier service providers.

## **H. Strategic location of Kenya as a preferred transit route**

Kenya is increasingly emerging as one of the most preferred transit routes for illicit drug trafficking due to its geographic location and global airline connectivity to the major world destinations. As a consequence, the country is exposed to the risk of becoming a destination for narcotic drugs and other emerging new psychoactive substances.

## **I. Expanding new source markets for cannabis**

Seizure data during the reporting period shows evidence of new cannabis trafficking routes with Malawi and Rwanda emerging as the new source markets for cannabis destined for Kenya. This is an indicator that the local market for cannabis is expanding as users pursue more potent strains of this narcotic drug.

## 4.2 Way forward

- a. Towards addressing the funding gap, the Authority needs to continue mobilizing resources through strengthening of strategic 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;
- c. Towards meeting the treatment needs for resource constrained individuals, families and communities, there is need for the Authority to support in the operationalization of the community based treatment and rehabilitation framework;
- d. Towards fast tracking the realization of universal healthcare in Kenya, there is need for the Authority to lobby the Social Health Insurance Fund (SHIF) under the Social Health Authority (SHA) to enhance the cover for addiction treatment services;
- e. Towards reversing the growing trend of drugs and substance use among students, there is need to roll-out a sustained life skills training program that is implemented from the basic levels of education to the higher learning institutions. This should be coupled with the enhancement of the positive parenting program;
- f. Towards enhancing efforts for disruption of the global trafficking networks and protecting the country into becoming a production or an established destination for internationally controlled narcotic drugs and new psychotropic substances, there is need for the relevant lead agencies to invest on intelligence led enforcement strategies. This includes the facilitation of enforcement agencies with modern detection and testing equipments;
- g. Towards strengthening mechanisms for the control of precursor chemicals used in the manufacture of synthetic drugs, there is need for the Government to consider regulating manufacturers and importers of these raw materials with the potential for diversion. This includes strengthening measures for tracking and tracing of precursor chemicals and other reagents used in the illicit manufacture of synthetic drugs;

- h. Towards mitigating the risk of the country becoming a potential hub of illicit drug manufacturing, there is need for the lead agencies to enhance vigilance through awareness creation and collaborating with the general public for information sharing on illegal or suspicious activities within their surroundings;
- i. Towards supporting lead agencies to overcome the emerging challenges related to the disposal for chemicals and reagents associated with the manufacture of illicit drugs and other psychoactive substances, there is need to develop national guidelines addressing the basic safety, handling, storage and disposal procedures;
- j. Towards mitigating the growing demand for the use of international courier services for the trafficking of narcotic drugs and emerging new psychoactive substances, there is need for the providers to adopt measures to detect concealment of illicit substances and sharing information and intelligence with the relevant lead agencies;
- k. Towards responding to the challenges of increasing demand for cannabis, there is need for deliberate interventions to be put in place to address the myths, misinformation, and misconceptions of cannabis use especially among the youth. In addition, there is need for strengthening regional cross-border collaborations with neighbouring countries to address the emerging challenges of illicit drug trafficking.