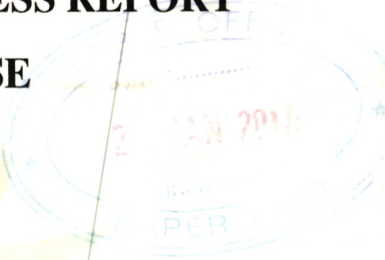




REPUBLIC OF KENYA

*Approved for the Hon. Katoo ole media on Tuesday 24/1/17 JJK*

**THE SEVENTH (7TH) BI-ANNUAL PROGRESS REPORT  
OF ALCOHOL AND DRUG ABUSE  
CONTROL IN KENYA**



**October 2015 – March 2016**



**NACADA**  
FOR A DRUG FREE NATION

**National Authority for the Campaign against Alcohol  
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**THE SEVENTH (7<sup>TH</sup>) BI-ANNUAL PROGRESS  
REPORT OF ALCOHOL AND DRUG ABUSE CONTROL IN KENYA**

**Presented to both Houses of Parliament  
in line with Section 5 (j) of National Authority for the  
Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012**

**October 2015 – March 2016**



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# Forward

Every six months, the country's alcohol and drug abuse control lead agencies are required to review the status of alcohol and drug abuse control in Kenya and report to both Houses of Parliament. This is in accordance with Section 5(j) of the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012. This is the seventh (7<sup>th</sup>) progressive biannual progress report covering the period October 2015 – March 2016.

Data and information for preparation of this report is facilitated by the National Technical Committee on Drug Trafficking and Abuse (NTC). This is an inter-agency committee established to coordinate implementation of policies and legislations to curb illicit drug trafficking and abuse in Kenya. The current membership of NTC is drawn from the Ministry of Interior and Coordination of National Government, Directorate of Public Health, Pharmacy and Poisons Board, State Department for Immigration and Registration of Persons, Government Chemist, Anti-Narcotics Police Unit, Kenya Police Service, Administration 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. NACADA serves as the NTC Secretariat and supports its operations.

The National Drug Observatory (NDO) within NTC serves as the repository of all alcohol and drugs abuse control data and supports collection, collation and analysis of all drug-related information to meet the country national, regional and international reporting obligations as well as support designing of evidence-based intervention programs and formulation of policies.

The purpose of the bi-annual alcohol and drug abuse control status report is to provide both Houses of Parliament with information on the progress and challenges in the implementation of supply suppression and demand reduction strategies as well as other related emerging issues to facilitate strategic decisions towards addressing one of the most pressing socio-economic problems in Kenya - that of alcohol and drug abuse.

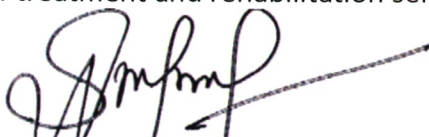
Kenya has a young economy that is expected by 2030, to make the country globally competitive and prosperous nation with a high quality of life. We know the realization of our vision depends on how well we manage the current magnitude of alcohol and drug abuse that constitutes a serious threat to public health particularly among the young people in the Country. Given that there are multiple causes of alcohol and drug-related problems, there is therefore need for the National and County Governments to play complementary roles in prevention, control and management of alcohol and drug abuse at all levels.

Key highlight during the reporting period was the 4th National Conference on Alcohol and Drug Abuse Held in March 30 – 31, 2016 at the Kenya School of Monetary Studies, Nairobi. The forum provided partners with a platform to address emerging alcohol and drug related issues. Unlike previous conferences, the 2016 National Conference was in preparation for the United Nations Special Session on Drugs (UNGASS) held on April 2016 in New York. The main objective was to review the global implementation of the 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem' that set goals to be achieved by 2019.

Alcohol and drug abuse control continue to be hampered by a myriad of challenges. Despite being a multi-faceted problem, the campaign continues to encounter limited stakeholders' participation both for demand reduction and supply suppression. Funding is also considerably low and therefore many planned programs are underfunded. Further, with the devolved system of government, drug control and liquor licensing functions are assigned to the County Governments. Transitional challenges emerged with the transfer of the functions without necessary legal and institutional framework to perform these functions.

The priority therefore is to build strong partnerships and collaboration at the county, national, regional and international level. Counties should therefore be provided with technical assistance to develop county laws in order to facilitate the drug control and liquor licencing functions.

Kenya remains committed to the attainment of a drug free nation and will continue to facilitate strong international, national and county partnerships and engagements for comprehensive demand reduction and supply suppression programs as well as expansion of treatment and rehabilitation services.



**Victor G. Okioma, EBS**  
**AG. CHIEF EXECUTIVE OFFICER**

## EXECUTIVE SUMMARY

Alcohol and drug abuse is as damaging to the nation economy as is to the health outcomes, affecting the family, the community, and persons of all ages. Despite the Country continued and increased alcohol and drug abuse control and mitigation efforts that resulted to reduced prevalence in the general public, the magnitude, especially constitutes a serious threat to public health. This has mainly affected the young people. Therefore, now more than ever, it is critical to focus efforts on prevention. This is not only through evidence over the past century that a focus on enforcement at the expense of prevention has not been effective in addressing the challenges of alcohol and drug abuse, but is also cost-effective. For every investment in prevention, millions in treatment for alcohol or other drugs addiction can be saved.

The Government of Kenya has continued to put measures to address the problem through establishing and strengthening the legal and institutional frameworks for the prevention, control and mitigation of alcohol and drug abuse. The Fourth Schedule of the Constitution of Kenya 2010 assigned alcohol licensing and drug control functions to the County Governments. In light of this, the Government has prioritized on establishment County Inter-Agency Committees of various Government Ministries and agencies involved in the fight against illicit drugs. These are to coordinate implementation of policy and measures to curb trafficking and abuse at the county level. Towards support enactment of liquor licensing legislation by the County Governments to fully take up the devolved function, trainings were conducted for Taita Taveta, Tana River, Lamu, Kwale, Kilifi, Elgeyo Marakwet, Uasin Gishu, Nakuru, Kajiado, Laikipia, Nairobi, Kiambu, Nyeri, Murang'a, Kirinyaga, Nyandarua, Makeni, Kitui, Embu, Isiolo, Tharaka-Nithi, Kisii, Migori, Kisumu, Bungoma, Vihiga and Homabay counties. Further, towards facilitating stakeholders' engagement NACADA facilitates forums for joint planning and periodic reviews of progress at the county level.

In order to improve public awareness on drug abuse, the Authority continued partnership with the Ministry of Education by sponsoring anti-ADA thematic categories in the 2015 National Drama and Music Festivals. Towards this, the Authority had remitted a total of KSH 8.3 Million to the Ministry of Education towards sponsorship of the 2016 anti-ADA theme in the Drama and Music festivals. Further, the Authority in partnerships and collaborations with youth and children organizations implemented various programs to disseminate anti ADA messages to the public particularly during the December holidays.

Towards enhancing partner's capacity through best practices, the 4th National Conference on alcohol and drug abuse was held from March 30–31, 2016 at the Kenya School of Monetary Studies, Nairobi. The conference theme was ***“promoting an integrated approach to the management of alcohol and drug abuse: my participation, our success”***. The forum provided partners with a platform to address emerging alcohol and drug related issues as well as prepare for the United Nations Special Session on Drugs (UNGASS) to be held in April 2016, New York. The UNGASS forum is an international gathering to review the global implementation of the ***“Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem”*** that set goals to be achieved by 2019.

The Cabinet Secretary, Ministry of Interior and Coordination of National Government appointed an Inter-Agency Taskforce on Control of Potable Spirit and Combat of Illicit Brews vide Gazette Notice No.5069 dated 10<sup>th</sup> July, 2015. The Interagency Taskforce is to ensure a more focused response in the control of illicit alcoholic drinks. In order to strengthen the capacity of regulatory agencies to implement their mandates, the Taskforce has reviewed all the county alcohol control laws and proposed amendments to align them with the Constitution of Kenya and enhance them in terms of emerging challenges in implementation and enforcement. The Draft Bills have been submitted to the Office of the Attorney General for publishing. Going forward, the Taskforce will fast track establishment enactment of the proposed laws to insure sanity in the Alcohol Industry.

Towards illicit alcohol and drugs supply suppression, a total of 3,319,583 litres of illicit alcohol was destroyed nationally during the reporting period. Regarding narcotics, cannabis (bhang) remained the most trafficked narcotic drug in Kenya. In the past six months, a total of 3,316 kilograms of cannabis was seized countrywide packaged as rolls, stones, brooms and other bulk packages. Further, 23 sachets of cocaine, 12 sachets heroin 7 sachets and 90 methamphetamine tablets were recovered.

The campaign against alcohol and drug abuse is hampered by many challenges. During the reporting period, the key challenge include the suspension of anti-drugs media campaigns that affected by the circular on austerity measures from The National Treasury. Funding for control of alcohol and drug abuse campaign has been reduced considerably and therefore programs are underfunded. Also, despite formulation and development of some key national policy documents i.e. the National Drug Abuse Control Policy (2013) and Narcotic Drugs and Psychotropic Substances Control Policy (2013) these are yet to be approved.

NACADA will work closely with relevant institutions to fast track establishment of strong partnerships both at the national and county level for comprehensive demand reduction and supply suppression programs as well as expansion of treatment and rehabilitation services.

## ACKNOWLEDGMENTS

First and foremost, the country alcohol and drug abuse control sector acknowledges and appreciates His Excellency, President Uhuru Kenyatta for the political leadership necessary for drug abuse control in the country.

Coordination of drug abuse control strategies is dependent on an enabling environment provided by able stewardship of NACADA Board of Directors as well as the Parent Ministry - The Ministry of Interior and Coordination of National Government. Liquor licensing and drug control are devolved function to the County Governments. We appreciate the strong partnership in the performance of drug abuse control strategies and functions both at the National and County level.

NACADA would not have been able to complete this report without information and data from state agencies involved in drug abuse control in the country through National Technical Committee on Drug Trafficking and Abuse (NTC). The Authority would therefore like to thank the Ministry of Interior and Coordination of National Government, Directorate of Public Health, Pharmacy and Poisons Board, State Department for Immigration and Registration of Persons, Government Chemist, Anti-Narcotics Police Unit, Kenya Police Service, Administration 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 for their contributions which strengthened the scope and reach of the report.

Secondly, the seventh (7th) biannual progress report on the status of alcohol and drug abuse control was compiled by the NTC sub-committee of data collection, monitoring and evaluation for compiling the report. Specific gratitude to **Mr. Kihara Ndung'u**, the Officer in-charge of the Illicit Brews and Drugs Control Desk, Ministry of Interior and Coordination of National Government and **Mr. Mwirichia Franklin**, the Officer in-charge of the National Drug Observatory at NACADA who rapporteured compilation of the report.

We are also very grateful for the continued technical support of partners particularly by the Regional United Nations Office on Drugs and Crime (UNODC) in strengthening the Country institutional capacity of alcohol and drug control interventions.

Thank you very much to you all for your continued partnership in the campaign against alcohol and drug abuse in our country.

# CHAPTER ONE:

## 1. INTRODUCTION

### 1.1. Background and context

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012 is the principal legislation in Kenya for the coordination of alcohol and drug abuse prevention, control and mitigation in the Country. The country's response to the problem focuses on complementally demand reduction and supply suppression strategies. Demand reduction focuses on prevention of abuse as well as effective mitigation while supply suppression aims at reducing the availability.

The synergy among various agencies involved in drug demand reduction and supply suppression is structured within an inter-agency committee of government organs involved in the fight against illicit drugs in Kenya - The National Technical Committee on Drug Trafficking and Abuse (NTC). The committee is responsible for coordinating implementation of policies and measures to curb illicit drug trafficking and abuse in Kenya. The current membership is drawn from the Ministry of Interior and Coordination of National Government, Directorate of Public Health, Pharmacy and Poisons Board, State Department for Immigration and Registration of Persons, Government Chemist Service, Kenya Prisons Service, Kenya Police Service, Administration Police Kenya Ports Authority, State Law Office, Kenya Bureau of Standards and the National Intelligence Service. The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) serves as the NTC Secretariat and supports its operations. The national committee operates in partnership with the regional United Nations Office on Drugs and Crime (UNODC) in strengthening national alcohol and drug control interventions.

Section 5 (j) of NACADA Act, 2012 requires submission of biannual alcohol and drug abuse control status report to both Houses of Parliament through the Cabinet Secretary. In line with Section 26 (c), the report is consolidated based on information and data submitted by both state and non-state agencies involved in drug abuse control in the country. The purpose of the report is to provide the National Assembly and Senate with a comprehensive overview of achievements and challenges associated with alcohol and drug abuse control in the country. Information submitted by the lead agencies involved in drug control and mitigation is therefore basis of this sixth (6th) National Bi-Annual Alcohol and Drug Abuse Control Status Report.

The report covers six months spread in fourth (4<sup>th</sup>) quarter of 2014/15 and first (1<sup>st</sup>) quarter of the 2015/16 fiscal year (April - September 2015). It presents an update of the country's progress on alcohol and drug abuse control strategies as well as other related emerging issues to facilitate Parliament strategic decisions towards a drug free Nation.

## 1.2. Alcohol and Drug Abuse Prevalence and Trends in Kenya

Despite the continued and increased alcohol and drug abuse control and mitigation efforts in the recent past resulting in reduced prevalence of abuse in the general public, the magnitude especially among the young people in our Country is troubling. Country estimates of substance use among people aged 15 years and older are based on rapid situation assessment conducted by NACADA every five years. 2012 statistics show that the prevalence of lifetime use of at least one substance of abuse among people aged 15-65 in Kenya was 37.1%. There was a decline from 48.3% in 2007. The current use of at least one intoxicating substance among those aged 15-65 also reduced from 22.2% in 2007 to 19.8% in 2012.

Although there was a reduction in the current use of alcohol from 14.2% in 2007 to 13.6% in 2012, it remained the highest abused substance in Kenya. There was an increase in current alcohol use among the youth aged 15-24 years to 11.7% in 2012 from 9.0% in 2007. Regionally, Nairobi led with 22.0% followed by Rift Valley 15.7%, Eastern 14.6%, Nyanza 12.0%, Coast 10.6%, Western 10.2%, Central 10.0% and North Eastern 5.4%. The findings show that 5.5% or approximately 1.2 million Kenyans aged 15-65 are dependent on alcohol.

The prevalence of current khat consumption among Kenyans aged 15-65 years was 4.2% in 2012, lower than 2007 (5.5%). There was a decline in current khat use to 4.7% in 2012 from 65.5% in 2007 among youth aged 15 to 24 years. North Eastern Region topped with 28% followed by Nairobi 7.2%, Coast 6.2%, Eastern 5.4%, Rift Valley 2.2%, Nyanza 2.1%, Central 0.8% and Western at 0.4%. Dependency to khat was 1.5% or approximately 0.3 million people aged 15-65 years.

Tobacco use had a prevalence of 8.6% among people aged 15-65 years being a decline from 10.9% in 2007. There however an increase in the current khat use to 6.2% in 2012 from 6.0% in 2007 among youth aged 15 to 24 years. North Eastern led with 14% followed by Nairobi at 13.4%, Central at 10.5%, Coast at 9.7%, Eastern at 9.0%, Rift Valley at 8.2%, Nyanza at 3.8% and Western at 3.0%. The findings show that 4.5% of people aged 15-65 are dependent on tobacco.

Cannabis was the most commonly reported narcotic with the prevalence estimated to be about 1% among people aged 15-65 years. There were no changes in prevalence between 2012 and 2007. There however an increase in the current cannabis use to 1.5% in 2012 from 1.0% in 2007 among youth aged 15 to 24 years. Regionally, Nyanza is leading with 1.7% followed by Coast 1.3%, Nairobi 1.3%, Central 1.1%, North Eastern 1.1%, Rift Valley 0.9% and Eastern 0.8%. 0.4% of the users were classified as dependent. Current use of other narcotics was estimated to be less than 1% for each among people aged 15-65 years - heroin (0.1%) and cocaine (1.1%). There were no changes in prevalence of any of these drugs individually, between 2012 and 2007. Regionally, Coast was leading with 0.4%.

### 1.3. Alcohol and Drug control Legal and Policy Environment

Kenya has ratified all the three major United Nations Conventions on narcotic drugs and psychotropic substances. These are the 1961 Convention on Narcotic Drugs, the 1971 Convention on Psychotropic substances and the 1988 Convention against illicit Trafficking in Narcotic Drugs and Psychotropic Substances. The Constitution of Kenya, 2010; articles 2 (5) and 2 (6) provides that all principles of international law as well as all treaties and conventions ratified by Kenya becomes part of the Kenyan law. Therefore, these conventions are part of the Kenyan laws. Towards domestication of the ratified conventions, the Narcotic Drugs and Psychotropic Substances (Control) Act was enacted in 1994. It makes provision in respect to the control of the possession and trafficking of narcotic drugs and psychotropic substances as well as cultivation of certain plants. The Alcoholic Drinks Control Act, 2010 provides for the control of the production, sale and consumption of alcoholic drinks while the Tobacco Control Act, 2007 provides for the control of manufacture and production of tobacco products.

As regards operationalization, the Fourth Schedule; article 185 (2), 186 (1) and 187 (2) of the Constitution of Kenya 2010 on distribution of functions between the two levels of Government, assigns alcohol and drug control function at the National and the County Governments

Despite the existence of these policies and legal framework, enforcement remains a key challenge. This is because respective enforcement agencies both at the national and lower administrative units have disjointed mandates and reporting lines, and there is limited collaboration for enforcement. This results in fragmented and uneven enforcement efforts. Harmonization of the various pieces of legislation for alcohol and drug control is therefore a key priority. Resources provided for the control of alcohol and drug abuse in the country is considerably low and therefore, mechanisms for enforcement are weak, thereby creating loopholes for corruption.

## CHAPTER TWO:

# FRAMEWORK FOR ALCOHOL AND DRUG ABUSE CONTROL IN KENYA

### 2.1. Introduction

The campaign against alcohol and drug abuse is two pronged, that is; demand reduction and supply suppression. Demand reduction centers on implement comprehensive prevention and mitigation programs. Supply suppression on the other hand aims at reducing the availability of illicit alcohol and controlled drugs through various enforcement activities and legal processes.

### 2.2. Progress Report on Demand Reduction

The devolved governance system under the Constitution of Kenya 2010, entrenched functions distribution between the two levels of Government. Liquor licensing and drug control are devolved functions to the County Governments. Transitional challenges however emerged with the transfer of the functions without the necessary legal and institutional framework to perform these functions. This resulted in uncoordinated alcohol and drug abuse demand reduction strategies. Key players in demand reduction include County Governments, public sector institutions, learning institutions, youth groups, civil society organizations, faith-based institutions as well as treatment and rehabilitation service providers. NACADA is mandated to coordinate a national multi-sectoral effort aimed at prevention, control and mitigation of alcohol and drug abuse in Kenya.

During the reporting period, priority for demand reduction strategy therefore was support for strengthening the capacity of respective County Governments to facilitate their taking up the function on liquor licensing and drug control fully in line with the constitution. Currently this support is provided through five regional offices namely; Nairobi Regional Office in charge of Nairobi, Kajiado, Nakuru, Machaokos, Kiambu, Narok, Kericho and Bomet Counties. Kisumu Regional Office responsible for Kisumu, Siaya, Kisii, Homabay, Nyamira, Kakamega, Vihiga, Bungoma, Busia and Migori Counties. Nyeri Regional Office supporting Nyeri, Nyandarua, Murang'a, Kirinyaga, Embu, Meru, Tharaka Nithi, Isiolo and Laikipia Counties. Mombasa Regional Office targeting Mombasa, Kwale, Tana River, Lamu, Kilifi and Taita Taveta Counties. Eldoret Regional Office supporting Turkana, West Pokot, Samburu, Trans Nzoia, Uasin Gichu, Elgeyo Marakwet, Nandi and Baringo Counties. An operational unit at the Head Quarters in Nairobi to support Kitui, Garissa, Wajir, Mandera, Marsabit and Makueni during the reporting period. These regional offices prioritize coordination of alcohol and drug abuse control efforts through the County Inter-Agency Committee on alcohol and drug control. These committees are composed of alcohol and drug control lead agencies at the country and facilitate stakeholders' engagement for joint planning and periodic reviews for progress and emerging challenges at the county level. NACADA serves as their secretariat and supports their joint operations.

The demand reduction campaign is undertaken under various thematic interventions. These are public education and advocacy, treatment and rehabilitation service provision, policy and strategy development, research and strategic partnership.

**2.2.1. Public Education and Advocacy**  
Public education and advocacy entails programs for creating awareness and sharing of knowledge on alcohol and drug abuse. This is implemented through Youth and Children Programs, Information Education Communication (IEC) materials, Support National and County Governments on ADA mainstreaming and support for community prevention initiatives. Priority is on fostering partnerships for scaling sustained public education and advocacy interventions to reduce demand for alcohol and drugs especially at the lower administrative levels.

**i. Youth and Children Programs**

Towards enhancing inclusion of alcohol and drug abuse prevention awareness themes in educational programs, NACADA continued partnership with the Ministry of Education by sponsoring anti-ADA thematic categories in the 2015 National Drama and Music Festivals. Towards this, the Authority had remitted a total of KSH 8.3 Million to the Ministry of Education towards sponsorship of the 2016 anti-ADA theme in the Drama and Music festivals.

The Authority continued to forge partnerships and collaborations with youth organizations to implement ADA activities particularly at the county level. During the period under review, Authority supported youth and children programs. A summary is presented on table 1 below

**Table 1: Support for Youth and Children Organizations**

No	Date	Institution/Group	County	Activity
	1st Oct 2015	Pwani University	Mombasa	Public Lecture on ADA
	13th Oct 2015	Kenya Medical Training College in Portreitz	Mombasa	Public Lecture on ADA
	25t -26th Oct 2015	Nguutani Vision youth group	Kitui County	Youth sensitization during community tree planting exercise in schools within Nguutani ward
	6th Nov 2015	Maseno university students (Homabay town campus)		Sensitization of Students student peer educators on ADA
	12th Nov 2015	Egerton University, Nakuru town campus	Nairobi	Public sensitization lectures
	19th November, 2015	Rongo University		Sensitization of Students student peer educators on ADA
	14th Nov 2015	Nairobi University, Lower Kabete campus	Nairobi	Public sensitization lectures
	14th Jan 2016	Kaimosi Teachers Training College		Sensitization of Students and staff on ADA
	22nd Jan 2016.	Masinde Muliro University of Science and Technology		Sensitization of Students and staff on ADA

No	Date	Institution/Group	County	Activity
	29th Jan 2016	Maseno University, Kisumu Town Campus		Sensitization of Students and staff on ADA
	25th -27th Feb 2016	Administrative Police Service	Meru	Sensitization on ADA during the APS annual community peace half marathon held in Meru County

**ii. Information Education Communication (IEC) materials**

In order to widen public awareness on alcohol and drug abuse, the Authority conducts anti-drug abuse road-shows in partnership with County Governments, Civil Society and Faith Based Organizations. They are an effective way to spread the word in an in-person, interactive format and reach audience that may not be reached in any other way. They also intensify distribution of assorted anti-drug abuse Information Education Communication (IEC) resource materials on the dangers of illicit alcohol. During the period under review, road shows were conducted as shown in Table 2.

**Table 2: NACADA Road Shows.**

Date	County
October 20, 2015	Garissa County
October 22-23, 2015	Kitui County
October 24-25, 2015	Makueni County
Feb 8-18, 2016	West Pokot, Trans Nzoia, Uasin Gichu, Elgeyo Marakwet, Nandi and Baringo
March 7 - 13, 2016	Taveta, Kwale, Mombasa and Kilifi Counties

**iii. Support National and County Governments on ADA mainstreaming.**

Part of FY2015/16 Public Sector Performance to implement programs aimed at prevention, control and mitigation of alcohol and drug abuse among public officers. NACADA mandated by Performance Contracting Secretariat to monitor the interventions by receiving and providing feedback to reporting institutions. Further, the Authority sensitized staff of National Transport and Safety Authority, Machakos University, Machakos institute for the blind and Nairobi county government.

**iv. Community prevention initiatives**

To support community based ADA prevention initiatives, the Authority continued collaborations with County Governments and other stakeholders during the various international commemorative days observed within the reporting period. These include the World Mental Health Day 2015 at Mathari Hospital, Nairobi County and at Nyeri Town Health center, Nyeri County on October 10, 2015, the World AIDS Day at Homabay County, Uasin Gishu County, Nairobi County, Nyeri County and Mombasa County on December 1, 2015 as well as the World Disability Day 2015 in Mombasa County on December 3, 2015.

## 2.2.2 Strengthening the legal and institutional framework at all levels of government

This is premised on facilitation of the enactment and harmonization of ADA legislation as well as implementation of relevant international Alcohol and

During the period under review, the Authority continued capacity building programs for the County Governments to fully take up the devolved functions of liquor licensing and drug control. Workshops were undertaken as shown in Table 3.

**Table 3: County Governments Workshops**

County	Dates
Taita Taveta	21st October 2015, 4th and 5th March 2016
Tana River	26th October 2015
Lamu	28th October 2015
Kwale	30th October 2015, 24th and 25th February 2016
Kilifi	9 <sup>th</sup> November 2015, 16 <sup>th</sup> and 18th February 2016
Elgeyo Marakwet	8th October, 2015
Uasin Gishu	3rd November, 2015
Nakuru	3rd December 2015
Kajiado	9th of December 2015
Laikipia	1st December, 2015
Nairobi	29th October 2015
Kiambu	28th October 2015
Nyeri	2nd December, 2015 & 16th February, 2016
Murang'a	10th December, 2015
Kirinyaga	11th December, 2015
Nyandarua	11th February, 2016
Makueni	15th December 2015
Kitui	16th December 2015
Embu	2nd March, 2016
Isiolo	25th November, 2015
Tharaka-Nithi	14th December, 2015 & 6th April, 2016
Kisii	16th February 2016
Migori	18th February 2016
Kisumu	10th March 2016
Bungoma	23rd, February, 2016
Vihiga	25th February, 2016

Towards strengthen Inter Agency collaboration at the National level, The National Technical Committee on Drug Trafficking and Abuse (NTC) and the Interagency Taskforce on Control of Potable Spirits and Combat of Illicit Brews continued to meet periodically within their respective mandates. NACADA supports the operations of both committees. Further, NACADA in partnership with the Ministry of Interior and Coordination of National Government continued to facilitate periodic County Inter-Agency Committees on alcohol control meetings to identify challenges and formulated strategies to enhance coordination and effective responses to their alcohol and drug abuse challenges. The committee is composed of all agencies that play enforcement roles in the control of the production, distribution and sale of alcoholic drinks.

### 2.2.3. Support for treatment and rehabilitation programs in Kenya

Towards increased access to treatment and rehabilitation for persons with Substance Use Disorders, the Government has set aside **Ksh 77,802,835** to operationalization of thirteen treatment and rehabilitation facilities in this financial year. These are tabulated in table 4. Further, NACADA has commissioned an assessment of the effectiveness of the country's alcohol and drug abuse treatment and rehabilitation services and map existing services.

**Table 4: Public T&R Centers Proposed for Support**

Location of the project / County.	Project name	Budget (Ksh.)
1. Bomet	Cheptallaa Heath Centre	8,236,133.00
2. Elegeyo Marakwet	Iten County Referral Hospital	9,986,910.00
3. Embu	Siakago District Hospital	9,499,999.50
4. Kakamega	Kakamega Provincial Hospital	6,524,293.00
5. Kisii	Kiamwasi Rehabilitation Centre	9,132,418.00
6. Kisumu	Kodiaga Prison – Kisumu	1,832,570.00
7. Kwale	Kwale Health Centre	5,000,000.00
8. Mombasa	Coast Provincial General Hospital	954,649.00
9. Murang'a	Muiranja District Hospital	9,680,000.00
10. Nakuru	Gilgil District Hospital	2,800,000.00
11. Nyeri	Kariaini Health Centre	2,334,490.00
12. Nyeri	Gathumbi health Centre	3,718,575.00
13. Taita Taveta	Wesu Rehabilitation Centre	8,102,797.00
<b>Total</b>		<b>77,802,835</b>

### 2.2.4. Research on alcohol and drug abuse in Kenya

Towards production of research data and information to guide policy and programmes, the following surveys have been commissioned and are at different stages of completion.

- (i) Alcohol and drug abuse among secondary school students in Kenya - Study commissioned, data collected nationally and analysis is ongoing
- (ii) Alcohol and drug abuse baseline survey in the Coast region - Study commissioned, data collection in Mombasa, Kilifi, Kwale, Tana River, Lamu and Taita Taveta counties completed and analysis is ongoing

- (iii) Support County Governments to undertake Alcohol and Drug Abuse Surveys. This is demand-driven. Support requests have been received from Bomet and Uasin Gishu Counties. Data collection has been completed and data analysis and report writing is on-going..

In regard to dissemination of research findings, the Authority has continued to strengthen the Resource Centre to provide a one stop repository for alcohol and drug abuse resource materials in the country. The completed research reports are all uploading to NACADA's website – [www.nacada.go.ke](http://www.nacada.go.ke). Further, during the reporting period NACADA participated in various a research forum organized by stakeholders to present findings on alcohol and drug abuse studies.

### **2.2.5. Inter-sectoral coordination and collaboration**

Towards enhancing partner's capacity through sharing best practices, research information and emerging chalices, the 4<sup>th</sup> National Conference on alcohol and drug abuse was held from March 30 – 31, 2016 at the Kenya School of Monetary Studies, Nairobi. This year's conference theme was *"promoting an integrated approach to the management of alcohol and drug abuse: my participation, our success"*. The forum provides partners with a platform to address emerging alcohol and drug related issues. Unlike previous conferences, the 2016 National Conference was in preparation for the United Nations Special Session on Drugs (UNGASS) scheduled on April 2016, New York. The main objective will be to review the global implementation of the 'Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem' that set goals to be achieved by 2019.

As regards collaboration with international partners, the Authority participated in the following international programs where countries exchanged lessons on alcohol and drug abuse prevention and mitigation strategies:

- i. One staff member participated in the Extraordinary Regional Technical Experts Meeting on Drug Policy, Law and Enforcement in preparation for UNGASS on 28th to 29th October 2015 in Kigali, Rwanda. The workshop was organized by OSIEA and the East African Community
- ii. One staff member participated in the Regional Dialogues on Drugs Policy and HIV held on 10th and 11th November 2015 at Gigiri, Nairobi. The workshop brought together participants representing African Union member countries.
- iii. On 12th Nov 2015, NACADA held bi-lateral talks with a delegation from Zambia Drug Control Authority. In addition, NACADA organized the delegation's visit to two treatment and rehabilitation centers – Eden Half House and Mathare hospital treatment center.
- iv. Two Board members and one staff member participated in a study tour in Colombia on 31st August to 2nd September 2015.
- v. Two Staff members participated in the 25th Meeting of Heads of National Drug Law Enforcement Agencies on 14th – 18th September 2015.

In pursuit of additional resources, NACADA has secured technical collaboration with the Open Society to support demand reduction programs. The engagement commenced on July 10, 2015.

## 2.3. Alcohol and drug abuse supply suppression

### 2.3.1. Introduction

Supply suppression strategy aims at reducing the availability of illicit alcohol and controlled drugs through enforcement of legislations, policies and control regulations.

Interventions are carried out by enforcement agencies and have both domestic and international dimensions in the detection of offenders, seizures, arrest and charging offenders as well as incarceration of drug offenders. It also includes control of chemical precursors and anti-money-laundering initiatives.

### 2.3.2. Alcohol and drugs abuse control

A key milestone towards alcohol manufacturing and importation in Kenya was the establishment of the *Interagency Taskforce on Control of Potable Spirits and Combat of Illicit Brews*. The Taskforce supports joint vetting of alcoholic drinks manufactures and recommend the manufacturers and alcoholic drinks in the Kenyan market. During the period under review, the Taskforce published a list of cleared manufacturing firms and allowed potable sprit alcoholic drinks in the market.

Further, in order to strengthen the capacity of regularity agencies to implement their mandates, the Taskforce has reviewed all the county alcohol control laws and proposed amendments to align them with the Constitution of Kenya and enhance them in terms of emerging challenges in implementation and enforcement. The Draft Bills have been submitted to the Office of the Antony General for publishing. Going forward, the Taskforce will fast track establishment enactment of the proposed laws to insure sanity in the Alcohol Industry.

Towards continuous improvement of illicit alcohol and drugs abuse control data quality to facilitate monitoring and reporting of emerging trends and patterns in the production, manufacture, sale, consumption, trafficking and promotion of alcohol and drugs prone to abuse, NACADA continues to operate the National Drug Observatory (NDO). The information system supports collection, collation and analysis of alcohol and drug-related information to meet the national, regional and international reporting obligations by the country as well as support designing of evidence-based intervention programs and formulation of policies. Data and information submitted by lead agencies involved in drug control and mitigation forms the basis of this section.

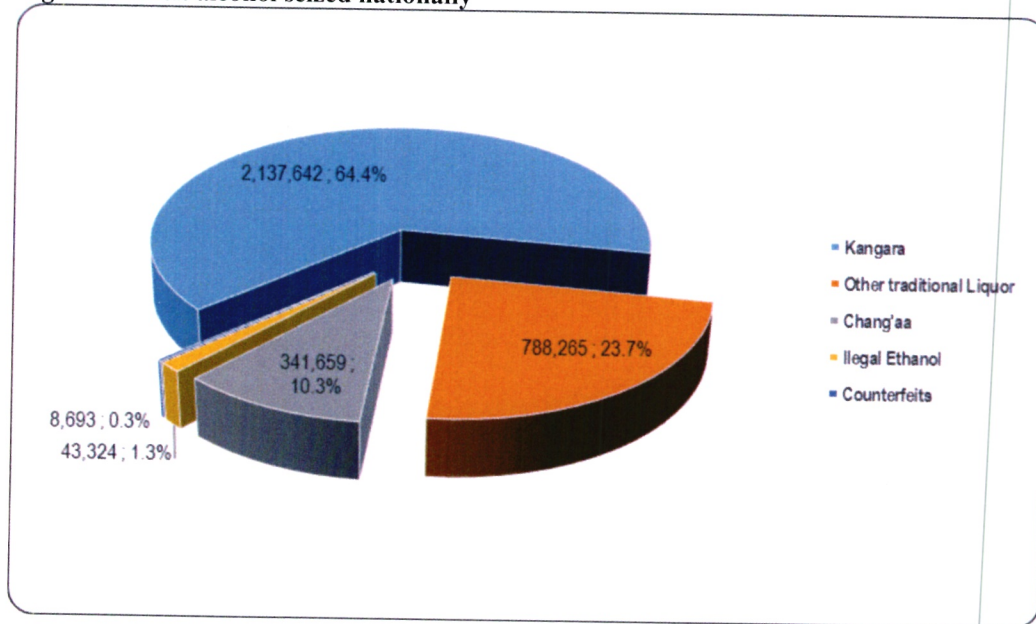
### 2.3.3. Illicit alcohol

The production, sale and consumption of alcoholic drinks in the country is controlled under the Alcoholic Drinks Control Act, 2010. With the devolved system of government, liquor licensing and drug control is assigned as an exclusive function to the County Governments. The major focus is supporting the County Governments to formulate necessary legal and institutional framework to facilitate coordination in the respective counties' response for prevention, control, management and mitigation of ADA necessary to deliver on the devolved liquor licensing and drug control functions.

### 2.3.3.1. Illicit alcohol was seized nationally

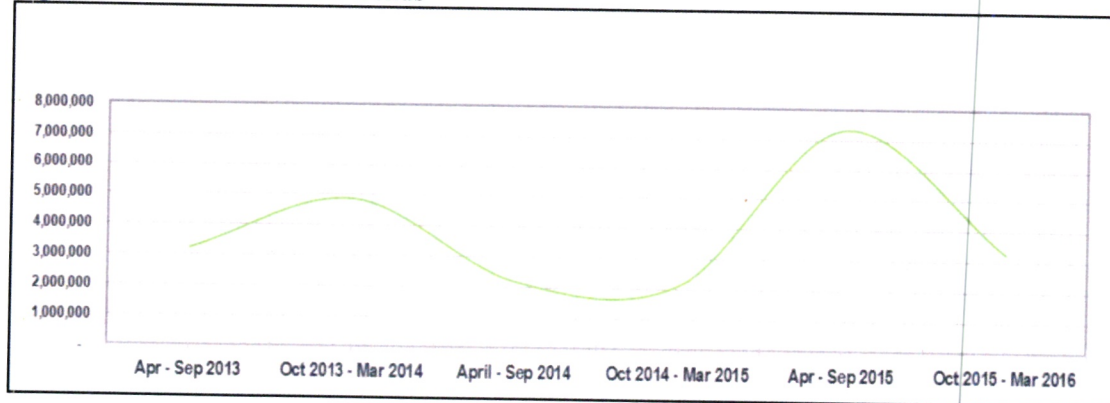
During the past six months, a total of 3,319,583 litres of illicit alcohol was seized nationally. **Kangara** which is the main raw product used in the production of **Chang'aa** remained the highest seized at 2,137,642 (64.4%) followed by traditional opaque brews comprised 788,265 (23.7%), Chang'aa 341,659 (10.3), illicit neutral/potable spirits 43,324 litres (1.3%) while counterfeit alcoholic brews at 8,693 (0.3%). This is illustrated on Figure 1.

Figure 1: Illicit alcohol seized nationally



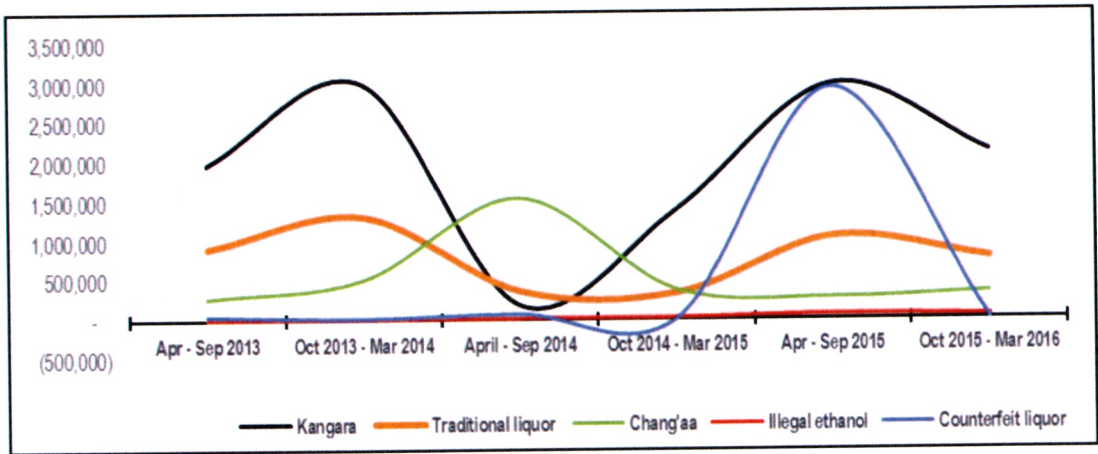
As illustrated on Figure 2 the trends of illicit brews projected a downward trend from the previous six months. This is attributed to the enhanced crackdown following the presidential directive on illicit brews during that period.

Figure 2: Illicit brews seizure trends



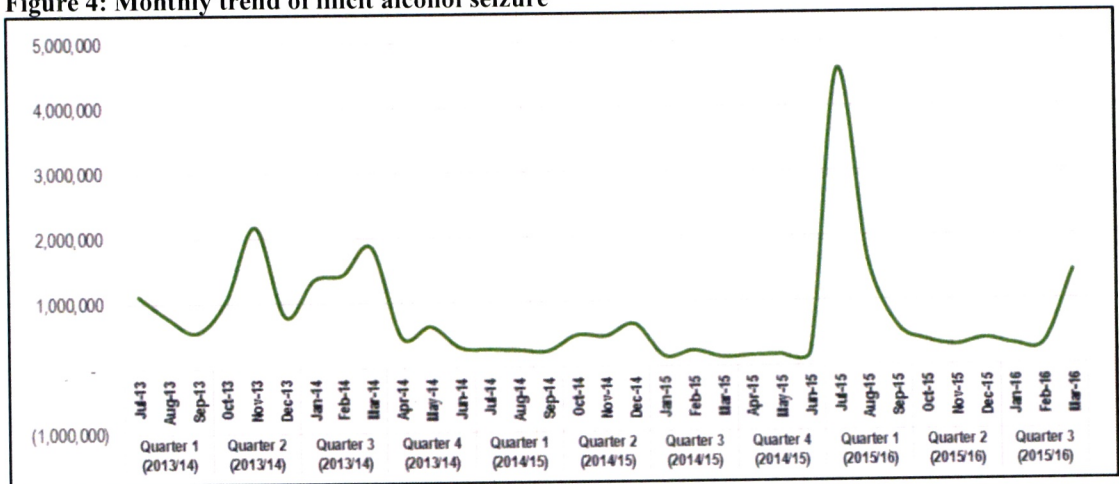
As shown in Figure 3, the trend of different types of illicit alcohol was seized nationally Kangara and *Chang'aa* production of remained steady. Counterfeit alcoholic brews have also become prominent owing to increased surveillance after fatalities resulting from consumption of illicit liquor in the Country in 2014.

**Figure 3: Trend of different types of illicit alcohol seizures**



As shown in Figure 4, the trends of availability of illicit brews was steady in first half of the reporting period, but there was a sharp increase between June – September 2015. This may be attributed to the enhanced crackdown following the presidential directive on illicit brews.

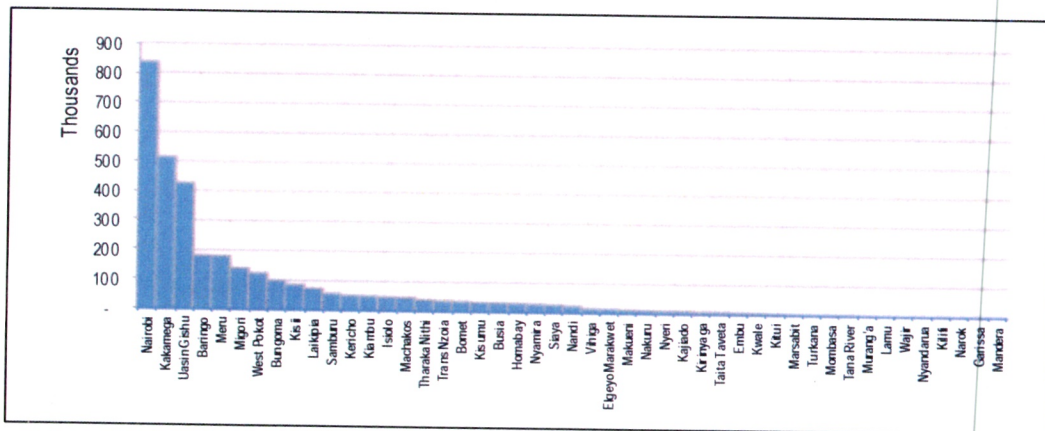
**Figure 4: Monthly trend of illicit alcohol seizure**



### 2.3.3.2. Illicit alcohol seizure: County illustration

Nairobi, Kakamega, Uasin Gishu, Baringo, Meru, Migori and West Pokot Counties in that order reported the highest volume of illicit alcohol seizures during the reporting period. All having passed 100,000 liters of total seizures during the reporting period. (Figure 5)

Figure 5: County seizures



### 2.3.3.3. Alcohol related offences

As further shown in Table 5, during the reporting period, a total of 28,339 persons were apprehended on alcohol related offences, majority of whom were male Kenyans. Most of the offences were related to being drunk and disorderly and most of the concluded cases were settled by court fines.

Table 5: Alcohol offenses

Type	Category	Oct 2013 - Mar 2014	April - Sep 2014	Oct 2014 - Mar 2015	Apr - Sep 2015	Oct 2015 - Mar 2016
Offenders Gender	Male	11,484	14,947	19,848	30,506	15,186
	Female	5,317	6,283	5,665	171	13,153
Offenders Nationalities	Kenyans	16,525	22,246	15,647	19,532	27,540
	Foreigners	276	41	678	11,145	799
Offences are analysis	Drunk and disorderly	4,154	5,853	5,342	9,083	6,427
	Selling illicit alcohol	3,325	4,048	3,275	7,731	4,696
	Selling/drinking outside licensed hrs.	1,629	2,268	2,862	4,859	3,869
	Unlicensed brewers	1,583	1,621	2,639	3,357	2,836
	No. of Illegal outlets closed	861	178	1,901	2,804	827
	Under-age drinking	364	127	790	114	64
	Drinking with underage	57	29	186	88	618
	Others (No.)	688	379	306	1,238	1,369

Type	Category	Oct 2013 - Mar 2014	April - Sep 2014	Oct 2014 - Mar 2015	Apr - Sep 2015	Oct 2015 - Mar 2016
Status of ongoing cases	Cases pending before courts (PBC)	8,344	6,155	2,654	5,053	4,523
	Cases pending investigation (PUI)	502	3,596	980	1,162	588
	Cases pending arrest of known accused (PAKA)	166	2,154	317	1,004	541
Outcome of illicit alcohol cases	Cases Fined	4,494	785	6,934	14,128	7,220
	Cases released on community service order (CSO)	799	361	1,901	2,508	3,003
	Cases imprisoned	342	198	972	963	1,944
	Cases released on probation order (PO)	54	173	495	316	594
	Cases dismissed	669	350	229	292	832

### 2.3.4. Narcotic drugs seizures

The Anti-Narcotics Unit (ANU) of the Kenya Police Service is mandated to coordinate and report on the trends of drug trafficking and related crimes under the Narcotic Drugs and Psychotropic Substances (Control) Act of 1994. Currently the unit tracks cannabis, heroine and other opiate drugs, cocaine, amphetamine type stimulants (ATS) and precursor chemicals.

#### 2.3.4.1. Cannabis (bhang) seizures

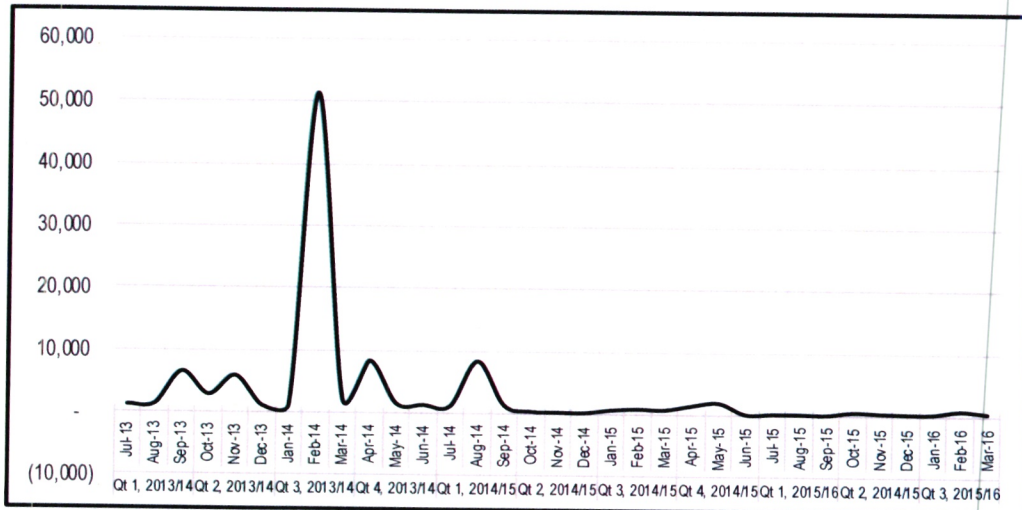
Cannabis remains the most commonly seized narcotic drug in Kenya in terms of frequency and volume. In the past six months, a total of 3,316 of cannabis was seized countrywide in the form of 18,297 rolls, 2,055 cannabis stones, 10 Hashish Bars, 4,473 plants, 1,306 brooms and 604 Kgs of cannabis in bulk packages. Table 6 shows the seizures.

Table 6: Cannabis seizure

Form Of Cannabis	Incidences	Total	Weight	Street Value
Units	No.	No.	Kgs	Ksh
(i) Rolls	1,298	18,297	549	844,618
(ii) Stones	405	2,055	1,028	2,062,872
(iii) Hashish Bars	1	10	5	20,000
(iv) Plants	162	4,473	895	16,104
(v) Brooms	96	1,306	235	41,751
(vi) Bulk Seizure	4,557	-	604	228,021

Figure 6, summarizes the trend of cannabis seizures. The trend has been comparatively steady with a sharp increase in January 2015.

**Figure 6: Cannabis seizure trend**



### 2.3.4.2. Cannabis-related offences

As regards offenders in relation to cannabis in the past six months, majority were male Kenyans mostly on suspicion of possession of the narcotic drugs. Majority of the cases were concluded with court fines. (Table 7).

**Table 7: Cannabis offenders**

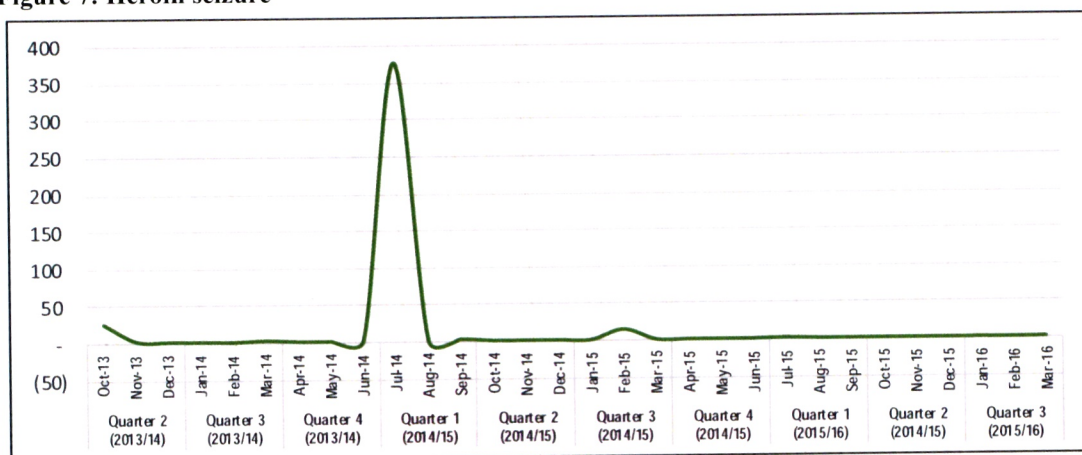
Cannabis-related offences	Variable				
		April - Sep 2014	Oct 2014 - Mar 2015	Apr - Sep 2015	Oct 2015 - Mar 2016
Nationality of offender	Kenyans	324	408	2,496	1,130
	Foreigners	5	2	116	90
Gender of offenders	Male	94	374	2,351	993
	Female	35	36	261	127
Types of cases	Possession	92	345	1,944	726
	Trafficking	71	29	187	146
	Handling	4	19	144	142
	Others	271	12	37	74

Cannabis-related offences	Variable	April - Sep 2014	Oct 2014 - Mar 2015	Apr - Sep 2015	Oct 2015 - Mar 2016
Status of pending cases	Cases Pending Before Courts (PBC)	-	403	403	654
	Cases Pending Investigation (PUI)	-	-	0	31
	Cases Pending Arrest Of Known Accused (PAKA)	-	-	0	31
	Cases Fined	-	-	473	139
	Cases released on Community Service Order (CSO)	-	-	70	35
	Cases imprisoned	-	-	162	9
	Cases released on Probation Order (PO)	-	-	47	94
	Cases dismissed	-	-	9	8

### 2.3.4.3. Heroin seizures

As shown in figure 7, heroin seizures remained steady low in the country except in July 2014 that recorded over 300 Kgs. It's mostly localized at the coastal region. During the reporting period, twenty nine incidences of heroin seizures were reported countrywide Kilifi, Kwale, Lamu and Mombasa Counties. A total of 12 sachets were seized weighing about 0.36 Kgs were recovered.

Figure 7: Heroin seizure



### 2.3.4.4. Heroin offenders

Analyses of offenders during the reporting period in relation to heroin indicate that they were Kenyans apprehended on suspicion of possession. Majority of the cases are pending before courts. (Table 6).

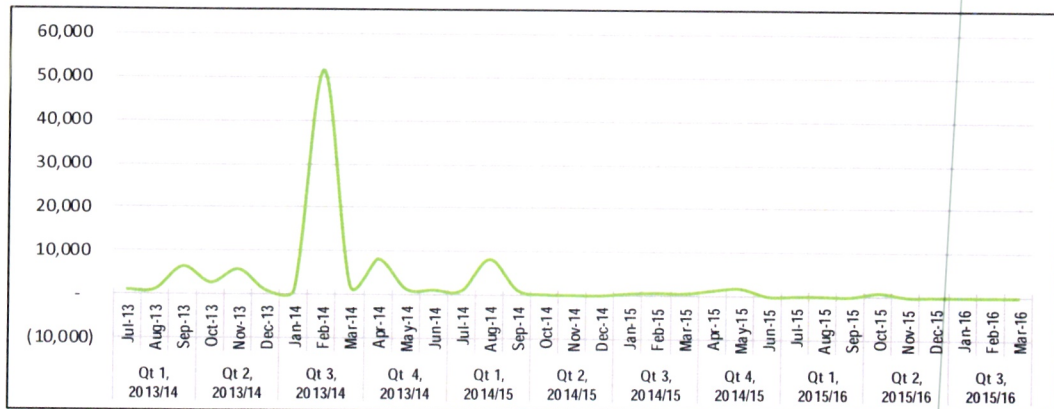
**Table 8: Heroin offenders**

Heroin-related offences	Variable				
		April - Sep 2014	Oct 2014 - Mar 2015	Apr - Sep 2015	Oct 2015 - Mar 2016
Nationality of offender	Kenyans	54	23	75	8
	Foreigners	13	2	1	0
Gender of offenders	Male	62	25	67	7
	Female	5	0	9	1
Type of offences	Possession	35	19	44	6
	Handling	0	2	22	0
	Trafficking	17	3	9	0
Status of cases	Cases Pending Before Courts	49	24	69	4
	Cases Pending arrest of known accused	0	0	5	0
	Cases Pending under investigation	0	0	0	2

### 2.3.4.5. Cocaine seizures trends

As shown in figure 8, the trend cocaine seizures remain low nationally. The Seizures are tracked in grams. During the reporting period only two incidences were reported by Lamu and Kwale Counties yielding twenty three (23) sachets. Two offenders were reported, both Kenyan females and their cases of trafficking are pending in court.

**Figure 8: Cocaine Seizure trends**



### 2.3.4.6. Amphetamine-type stimulants (ATS)

Amphetamine-type stimulants (ATS) are a group of substances comprised of synthetic stimulants, whose principal members include amphetamine, methamphetamine and ecstasy-type substances. However, a range of other substances also fall into this group. During the period under review, one incidence of methamphetamine tablets was detected in Lamu County. In the incidence, ninety (90) methamphetamine tablets were recovered and one suspect male Kenyan arrested. The cases are pending in court.

## 2.4. Incarceration of alcohol and drugs offenders

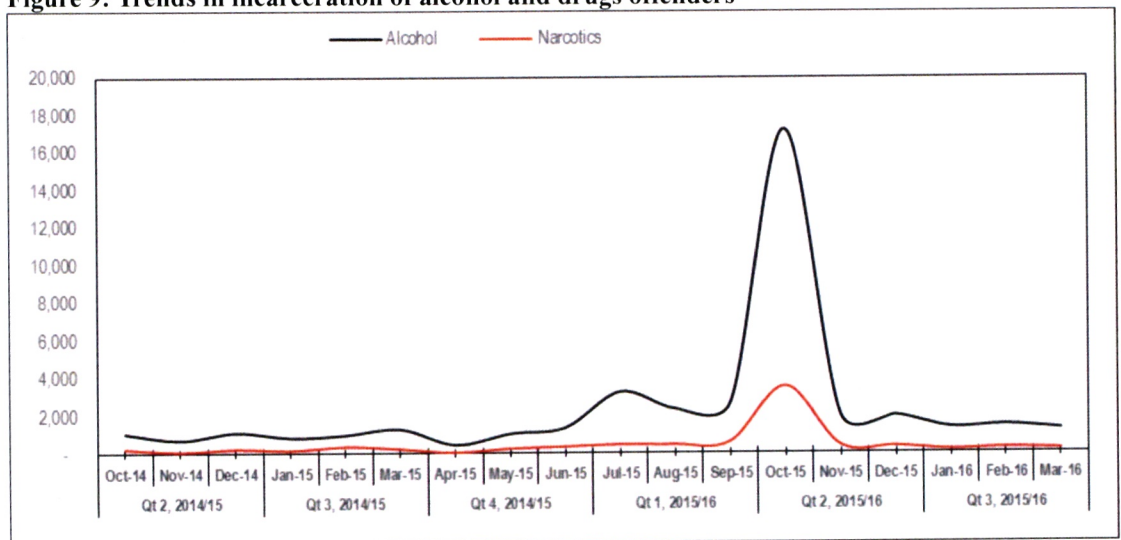
According to Kenya Prison Service a total of 12,113 offenders were incarcerated in relation to alcohol and drug related offences during the reporting period, out of which 10,449 were alcohol related while 1,664 were for narcotic and psychotropic substances. This is shown in Table 9.

**Table 9: Incarceration alcohol and drug offenders**

Period	Alcohol	Cannabis	Heroin	Cocaine	ATS	Precursors	Total
Oct-15	1,997	345	61	1	-	-	2,404
Nov-15	1,995	305	43	7	-	-	2,350
Dec-15	1,360	167	5	-	-	-	1,532
Jan-16	1,479	241	15	3	-	-	1,738
Feb-16	1,268	170	37	-	-	-	1,475
Mar-16	2,350	234	29	1	-	-	2,614
<b>Total</b>	<b>10,449</b>	<b>1,462</b>	<b>190</b>	<b>12</b>	<b>-</b>	<b>-</b>	<b>12,113</b>

As shown in Figure 9, the trends of conviction and incarceration of alcohol and drug offenders from October 2014 when tracking commenced has been steady. There was however a steady increase from July 2015. This may be attributed to the enhanced crackdown following the presidential directive on illicit brews and drugs.

**Figure 9: Trends in incarceration of alcohol and drugs offenders**



## CHAPTER THREE

### EMERGING CHALLENGES AND RECOMMENDATIONS

Kenya continues to operate without a national drug policy. This has led to development of alcohol and drug abuse legislation particularly by the County Governments without the supporting policy framework. Gazettment of pending drug control policies and regulations should be prioritized by the relevant agencies.

Liquor licensing and drug control are functions of the County Governments. Transitional challenges still exist in some Counties after the transfer of the functions without necessary legal and institutional framework to perform these functions. This resulted to mushrooming of unlicensed producers and premises leading to increased fatalities related to consumption of illicit and substandard brews. Counties should be provided with technical assistance to develop county laws in order to facilitate the functions.

Funding for alcohol and drug abuse campaign and control in the country is considerably low and therefore programs are underfunded. Drug control being a devolved function, County Governments, should prioritize to provide the necessary resources to implement comprehensive alcohol and drug abuse prevention and control programs as well as expansion of treatment and rehabilitation services. Funding for national programs should also be enhanced to support continuous capacity building of drug control agencies at all levels to undertake their mandate.

The campaign has limited participation by civil society and non-state actors, yet the anti-drug abuse response requires multi-sectoral interventions aimed at preventing, controlling and mitigating the impact of drug abuse in the country. Coordination of the various agencies involved in drug demand reduction and supply suppression is necessary to ensure synergy among the different stakeholders. The County Governments should prioritize on strengthening collaboration networks for alcohol and drug control.

In spite of having recognized that the problem of alcohol and drug abuse is multi-faceted but the country continues to encounter limited stakeholders' participation both for demand reduction and supply suppression, it is necessary to lobby particularly for faith based organizations to play an active role in campaigning against alcohol and drug abuse as well as supporting people with substance use disorders.

The country has only three Government-run facilities for dependence treatment. The rehabilitation facilities are housed at Mathari Hospital, Moi Teaching and Referral Hospital and Coast General Hospital. The rest of the treatment and rehabilitation facilities are privately-owned. Further, there is a serious regional imbalance in availability of treatment facilities with Nairobi having 29% while Western and North Eastern have only 1% each. Primary health care being a devolved function, County Governments, should focus on setting up affordable treatment and rehabilitation centers appropriate for different groups in every county as well as funding evidence-based community preventive programs.

# National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA)

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