



Republic of Kenya



National Alcohol and Drug Abuse Status Report

April – September 2014



NACADA
FOR A DRUG FREE NATION

**National Authority for the Campaign against Alcohol
and Drug Abuse (NACADA)**





REPUBLIC OF KENYA

NATIONAL BIENNIAL ALCOHOL AND DRUG ABUSE CONTROL STATUS REPORT

April – September 2014



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

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ACRONYMS AND ABBREVIATIONS

ADA	-	Alcohol and Drug Abuse
ARDI	-	Access to Research for Development and Innovation
ATS	-	Amphetamine Type Stimulants
AUC	-	African Union Commission
AUPA	-	AU Plan of Action on Drug Control
CID	-	Criminal Investigation Department
CSIC	-	County Security and Intelligence Committee
ECDE	-	Early Childhood Development Education
FY	-	Financial Year
GORA	-	Global Observatory linking Research to Action
HINARI	-	Health InterNetwork Access to Research Initiative
KEBS	-	Kenya Bureau of Standards
KICD	-	Kenya Institute of Curriculum Development
KRA	-	Kenya Revenue Authority
MDAs	-	Ministries, Departments and Agencies
NDO	-	National Drug Observatory
NTC	-	National Technical Committee on Drug Trafficking and Abuse
OARE	-	Online Access to Research in the Environment
PVoC	-	Pre-Export Verification of Conformity
SUDs	-	Substance Use Disorders
TOT	-	Training of Trainers
TTCs	-	Teacher Training Colleges
TTIs	-	Teacher Training Institutes
T&R	-	Treatment and Rehabilitation
UN	-	United Nations
UNODC	-	United Nations Office on Drugs and Crime

PREFACE

To strengthen the campaign against alcohol and drug abuse, parliament enacted the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012. The Act mandated the Authority to coordinate an inter-agency effort towards the control of alcohol and drug abuse in Kenya. This has facilitated synergy among the lead agencies involved in demand reduction and supply suppression activities as well as timely reporting to both Houses of Parliament on the status alcohol and drug abuse prevention and control in the country.

Alcohol and drug abuse still remains one of the greatest challenges facing Kenya today. In the past six months, many Kenyans were reported to have died following consumption of illicit and adulterated alcohol. The deaths occurred in Embu, Kiambu, Kitui, Makueni, Murang'a, Nyandarua, Nakuru, Trans Nzoia, Nandi, Narok, Kajiado, Machakos, Mombasa, Laikipia, Nairobi and Uasin Gishu counties. Many more were hospitalized countrywide with majority losing their sight or suffering from other debilitating conditions. This therefore calls for a rapid and well-coordinated response mechanism to address future alcohol related disasters.

Methanol poisoning was identified as the main cause of alcohol related deaths in the country. It was learnt that there were no restrictions on its importation or surveillance mechanism to monitor its use once in the country. It also emerged that methanol attracts less tax than ethanol making it more profitable for the production of alcoholic drinks. This is the main motivation for its diversion for the manufacture of illicit alcoholic drinks leading to methanol poisoning in various parts of the country.

To address this crisis, NACADA, jointly with other agencies that play enforcement roles in the control of the production, distribution and sale of alcoholic drinks established a national collaborative response framework. This was aimed at developing and implementing strategies to bring sanity and professionalism in the alcoholic drinks industry. Besides the Authority, the other agencies include the Ministry of Interior and Coordination of National Government, Kenya Police Service, Criminal Investigation Department (CID), Kenya Bureau of Standards (KEBS), Kenya Revenue Authority (KRA), Anti-Counterfeit Agency, the Directorate of Public Health and the Government Chemist within the Ministry of Health (Public Health).

The framework which has also been cascaded to the County Government levels has facilitated rapid and effective responses to alcohol related challenges in the country. The Major achievement was the initiative by the Kenya Revenue Authority (KRA) and Kenya Bureau of Standards (KEBS) to include methanol to the Pre-Export Verification of Conformity (PVoC) list that makes it mandatory for pre-export verification of conformity to improve on handling and accountability of methanol imported to the country.

During the period under review, the Authority intensified public education and advocacy activities particularly on the dangers of illicit alcohol through various strategies including the mass media. This was aimed at promoting public awareness and strengthening capacity to respond to alcohol and drug abuse in Kenya. Further, efforts were directed to putting structures in place and building capacity of County Governments in order to facilitate their taking up the function of liquor licensing and drug control fully in line with the constitution. In addition, NACADA continued to initiate and nurture partnerships aimed at deepening collaboration and partnerships at the county, national, regional and international levels.

A major setback in the campaign against alcohol and drug abuse in the county is insufficient treatment and rehabilitation services. The country has only four public treatment and rehabilitation centers that cannot meet the demand; this is exacerbated by the regional imbalance in the distribution of the facilities. The plan for FY-2014/15 is to support the County Governments to set up treatment and rehabilitation (T&R) facilities as well as evidence-based community preventive programs.

NACADA is determined to deliver on its mandate to coordinate the national response aimed at ADA prevention, control, management and mitigation towards a **drug free nation**.



Dr. William N. Okedi, HSC
Chief Executive Officer

ACKNOWLEDGMENTS

The Fourth Bi-annual Report on Alcohol and Drug Abuse Control Status report covers a six months period from April to September 2014 and was prepared by NACADA under the overall leadership of the Chief Executive Officer.

The Authority wishes to extend gratitude to the members of the National Technical Committee on Drug Trafficking and Abuse (NTC). It is with information and data provided from the lead drug control agencies both at the national and devolved levels that made it possible to produce this report.

The compilation of the report was rapporteured by Mr. Kihara Ndung'u, Officer in-charge of the Illicit Brews and Drugs Control Desk, Ministry of Interior and Coordination of National Government and Mr. F.M. Mwirichia, Officer in-charge of the NDO at NACADA.

The coordination of the country's alcohol and drug abuse control strategies is made possible by the able stewardship of NACADA Board of Directors as well as provision of an enabling environment by the Parent Ministry – The Ministry of Interior and Coordination of National Government.

We also acknowledge and appreciate His Excellency, President Uhuru Kenyatta for the political leadership necessary for the country consistent and strong performance in the alcohol and drug abuse control in the country.

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

Thank you very much to you all for your contribution.

EXECUTIVE SUMMARY

This report provides the key achievements by lead agencies involved in alcohol and drug abuse control for the past six months covering the period April – November 2014. The aim is to provide Parliament with information on the progress, lessons learnt and recommendations in the implementation of supply suppression and demand reduction strategies in the prevention and control of alcohol and drug abuse in the country.

During this period, the country experienced an upsurge of incidences resulting from consumption of illicit and adulterated alcohol. Alcohol related deaths were reported in Embu, Kiambu, Kitui, Makueni, Murang'a, Nyandarua, Nakuru, Trans Nzoia, Narok, Kajiado, Machakos, Mombasa, Laikipia, Nairobi and Uasin Gishu counties. The Authority coordinated a rapid response to address the problem in collaboration with County Governments and national levels agencies mandated to enforce the laws. To address future crisis related to alcohol consumption, a national collaborative response framework was established. The framework which has been cascaded to the County level has facilitated efficient and effective responses to the alcohol challenges in the country.

This report is divided into two key parts. Part one describes achievements towards illicit alcohol and drugs supply suppression. This involves enforcement of policies and legislations to control the production, trafficking and sale of alcohol and intoxicating drugs. Players in supply suppression are mainly the various enforcement agencies. The establishment of the National Drug Observatory (NDO) is the most remarkable achievements towards providing up-to-date alcohol and drug abuse control data. This is an information system that supports collection of alcohol and drug-related information to meet the national, regional and international reporting obligations. Towards continuous improvement of data quality, capacity building of data officers at the lower administrative units was prioritized. During the reporting period, the Authority facilitated Training of Trainers (TOT) workshop for forty (40) data officers drawn from the following counties:-Nairobi, Kisumu, Garissa, Murang'a, Kirinyaga, Kitui, Siaya, Embu, Nyeri, Meru, Uasin Gishu, Tharaka-Nithi, Kilifi, Nakuru, Machakos, Kajiado and Mandera. The aim is to create a resource base of facilitators to support training and mentoring of the data officers and to establish County data systems.

During the period under review, a total of 2,194,180 liters of illicit alcohol was seized nationally. 71% was *Kangara*, a raw product used in the production of *Chang'aa* while other traditional opaque brews comprised 17%. *Chang'aa* accounted for 8% of the total seizures while counterfeit and illicit neutral spirits accounted for 4%. Illegal methanol was seized in Nairobi, Kitui, Machakos, Makueni, Nyeri, Kiambu, Uasin-Gishu and Baringo Counties. Regarding narcotics, cannabis sativa remains the most trafficked narcotic drug in Kenya. During the period under review, the law enforcement agencies seized approximately 14,838 kilograms of cannabis packaged as rolls, stones, brooms and other bulk packages. As for heroin, 382 kilograms of heroin were seized. The highest seizure was in July 2014 that recorded 373 kilograms of heroin that was destroyed and sunk with the vessel at the Mombasa Port. There was also a seizure of 3,200 Liquid Heroin and 2,400 liters of Diesel mixed with heroin. Also the Australian Navy reported in April 2014 of heroin seized off the Kenyan coastline. More than one tonne of heroin was seized and destroyed at sea.

Part two of the report details the progress in demand reduction strategies in the country. NACADA is mandated to coordinate the national response aimed at prevention, control, management and mitigation of ADA as well as to coordinate international, regional and national collaboration networks towards ADA control. Other 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.

The Authority implements activities geared towards fulfilling the mandate through six strategic objectives as set out in the Strategic Plan 2009-2014 namely strengthening the capacity to coordinate the campaign against ADA in Kenya, developing a comprehensive prevention program so as to reduce demand for alcohol and drugs of abuse, strengthening supply suppression measures for alcohol and drug abuse, ensuring quality treatment and rehabilitation for persons with Substance Use Disorders (SUDs), undertaking quality research on alcohol and drug abuse in Kenya to guide policy development and interventions, and, strengthening inter-sectoral coordination and collaboration amongst stakeholders.

Towards strengthening the capacity to coordinate the campaign against ADA in Kenya, the Authority focused on the development of the institutional framework to support drug control initiatives at the national and lower

administrative levels. The Authority further facilitated stakeholders' meetings in all the counties which identified challenges and formulated strategies including establishing County interagency technical committees to enhance coordination and effective responses to the alcohol and drug abuse challenges.

Under the prevention program, the Authority continued partnership with the Ministry of Education by sponsoring anti-ADA thematic categories in the 2014 National Drama and Music Festivals in the amount of Kenya Shillings eight million (Ksh 8,000,000). During the reporting period, the Authority participated in the 88th edition of the Kenya School and Colleges National Drama and Musical Festivals in Mombasa County.

Print and electronic media channels were engaged to disseminate anti ADA messages. Fourteen (14) Road-shows were also conducted in partnership with Kajiado, Kericho, Migori, Busia, Bungoma, Nyeri, Laikipia, Nyandarua, Embu, Elgeyo-Marakwet, Trans Nzoia, Turkana, Uasin-Gishu and West Pokot county governments to improve public awareness on drug abuse.

In regard to strengthening supply suppression measures the Authority continued to assist County Governments in developing their legislation on liquor licensing. To facilitate quick and efficient management of the challenges relating to production and consumption of illicit alcohol in the country, NACADA, jointly with other lead agencies established a national collaborative response framework. This brought together relevant Government agencies to discuss and come up with strategies on how to manage the crisis and recommend solutions to the challenges facing the alcohol industry. This operates at the national and county levels and is comprised of NACADA, Ministry of Interior and National Coordination, Kenya Police Service, Criminal Investigation Department (CID), Kenya Bureau of Standards (KEBS), Government Chemist Department, Kenya Revenue Authority (KRA), Anti-Counterfeit Agency and the Ministry of Health (Public Health). The framework which has also been cascaded to the County Government levels has facilitated rapid and effective responses to alcohol related challenges in the country.

Methanol poisoning was identified as the main cause of alcohol related deaths in the country. Usually, this is imported into the country like any other ordinary commodity without restrictions and attracts less tax than ethanol making it more profitable if used in the production of illicit alcoholic drinks. There is also no surveillance mechanism to monitor its usage once in the

country. This motivated its diversion to the manufacture of illicit alcoholic drinks leading to methanol poisoning in various parts of the country. To address these gaps, Kenya Revenue Authority (KRA) and Kenya Bureau of Standards (KEBS) facilitated inclusion of methanol to Pre-Export Verification of Conformity (PVoC) list that makes it mandatory for pre-export verification of conformity to improve on handling and accountability of methanol imported to the country.

This report recommends more stringent regulation of methanol and monitoring of its usage once in the country. Recognizing that alcohol licensing and drug control is now a devolved function, priority should be on building the capacity of the county governments to fulfil this mandate.

CHAPTER ONE: INTRODUCTION

1.1. Background

The Biannual Alcohol and Drug Abuse Control Status Report is prepared pursuant to the provisions of Section 5 (j), and 26 (c) of the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act 2012. This is the fourth bi-annual report covering the period from 1st April 2014 to 30th September 2014. It contains details of the achievements by lead agencies involved in drug abuse control in the country as well as the impediments and recommendations for improvement in the respective mandates.

1.2. Patterns of alcohol and drug abuse in Kenya

1.2.1. Prevalence of alcohol and drug abuse

Overall, the trend of alcohol and drug abuse in the country presents an overall gradual shift towards a reduced prevalence in the general population. Statistics¹ show that in 2012, 37.1% of Kenyans aged 15-65 years were life time users² of at least one substance of abuse. 19.8% of the age group were classified as current users³ and 11.9% of them were dependent on at least one intoxicating substance.

1.2.2. Alcohol

Alcohol has the highest prevalence than any other intoxicating substance in Kenya. Country statistics indicate that in 2012, the lifetime usage was at 29.9% among people aged 15-65 years in the general public. This was a national reduction from 39.2% in 2007. The current usage of alcohol among this age group remained fairly stable from 14.2% in 2007 to 13.3% in 2012. There was however an increase in the current use of *Chang'aa* from 3.8% in 2007 to 4.2% in 2012 among people aged 15-65 years in the general public. Although the overall trend of alcohol use prevalence presents a general reduction, the current consumption statistics translates to about three out of every ten Kenyans aged 15-65 years having consumed alcohol at least once in their lifetime out of whom one out of ten had taken alcohol in the past thirty days and were considered current users. The findings further show that about 1.2 million or 5.5% of Kenyans aged 15-65 years are dependent on alcohol.

¹ Rapid Situation Assessment of alcohol and Drug Abuse In Kenya, 2012.

² Lifetime prevalence means any use of respective drug during a person's life.

³ Current usage means using the respective drug at least once during the 30 days prior to being interviewed.

1.2.3. Tobacco products

The trend of prevalence of tobacco products usage between 2007 and 2012 indicated a decline in the lifetime use by people aged 15-65 years - from 22% in 2007 to 16.7% in 2012. The current consumption prevalence has also reduced from 21.7% to 14.91% in 2007 and 2012 respectively. Data further shows that 4.5% of the Kenyan adult population are dependent on tobacco.

1.2.4. Cannabis

Cannabis continued to have the highest reported use compared to other narcotics. The survey however shows a decline on the lifetime usage among people aged 15-65 years from 6.5% to 5.4% in 2007 and 2012 respectively. There was however no change in the current use of cannabis standing at 1.0% both in 2007 and 2012.

1.2.5. Heroin

Lifetime use of heroin posted an increase from 0.4% in 2007 to 0.7% 2012 for people aged 15-65 years. The current use of heroin remained at 0.1% in 2012 as was the case in 2007.

1.2.6. Cocaine

The proportion of people aged 15-65 years who reported to have ever used cocaine increased from 0.4% in 2007 to 0.6% in 2012. The proportion of people who reported current of cocaine remained at 0.1%.

1.3. Policy framework on alcohol and drug control

1.3.1. International level

International efforts to combat drug trafficking are based on a long-standing set of multilateral commitments, to which Kenya adheres. 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. The country has ratified the three major United Nations (UN) Conventions on narcotic drugs and psychotropic substances. These are the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

1.3.2. Continental/ Regional Level

The African Union, the 54-nation body brings together continental effort on drugs control through the African Union Commission, Member States and Regional Economic Communities. The inter-governmental framev

provides continued efforts in support of effective drug control policies. Kenya is implementing the AU Plan of Action on Drug Control (2013 - 2017) (AUPA) developed by the AU in response to emerging challenges associated with drug control.

1.3.3. National level

The Fourth Schedule 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. Liquor licensing and drug control are devolved function to the County Governments.

The key national legislations on drug control include; the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994, Proceeds of Crime and Anti-Money Laundering Act, Tobacco Control Act, 2007 and The Alcoholic Drinks Control Act, 2010. Other laws in operation in Kenya that contain provisions for the protection of consumers against harm associated with intoxicating substances include; The Industrial Alcohol (Possession) Act (Cap 119) The Compounding of Potable Spirits Act (Cap 123), The Public Health Act (Cap 242), The Use of Poisonous Substances Act (Cap 245), The Food, Drugs and Chemical Substances Act (Cap 254), The Standards Act (Cap 496) and the Weights and Measures Act (Cap 513). Despite the existence of these policies and legal framework, enforcement of alcohol and drugs laws remains a key challenge.

1.4. Institutional framework for management of ADA

The campaign against drug abuse in Kenya focuses on alcohol and drug - related challenges, demand reduction and supply suppression strategies. Demand reduction focuses on prevention of drug use as well as effective mitigation while supply suppression aims at reducing the availability of illicit alcohol and controlled drugs. 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 National Technical Committee on Drug Trafficking and Abuse (NTC), was established in 2011 and is mandated to coordinate implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya and prepare periodic reports on the progress. 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 Department, 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 committee operates in partnership with the regional United Nations Office on Drugs and Crime (UNODC) in strengthening national alcohol and drug control interventions.

CHAPTER TWO: ALCOHOL AND DRUGS SUPPLY SUPPRESSION

2.1. Introduction

Illicit alcohol and drugs supply suppression involves formulation, enactment and enforcement of policies and legislations to control the production, trafficking and sale of alcohol and intoxicating drugs. Players in supply suppression include the National Assembly, County Governments as well as the various enforcement agencies coordinated by the Ministry of Interior and Coordination of National Government.

Towards continuous improvement of illicit alcohol and drugs abuse control data quality, capacity building of data officers from enforcement agencies was prioritized. During the reporting period, data officers drawn from the County Commissioner's office, County Regular and Administration Police Commandants, Regional Administrative Officers as well as County Governments from each county were trained on the standard alcohol and drugs control data collection tools. Further, monthly alcohol and drugs control data was included as an agenda in the normal County Security and Intelligence Committee (CSIC) meetings to ensure that accurate and timely enforcement data was submitted. This forms the basis of compiling this section of the report.

2.2. Illicit alcohol seizure

Production and consumption of illicit alcohol remains a major challenge in the country and is responsible for a wide variety of harmful effects. In May 2014, 48 people were reported to have died following consumption of adulterated alcohol in Kiambu, Kitui, Embu, Makueni and Murang'a Counties. Thereafter, similar incidences were reported in Kitui, Murang'a, Nyandarua, Nakuru, Trans Nzoia, Narok, Kajiado, Machakos, Laikipia, Nairobi and Uasin Gishu Counties raising the mortality to 113. Over 900 people were hospitalized with numerous ailments including loss of sight countrywide.

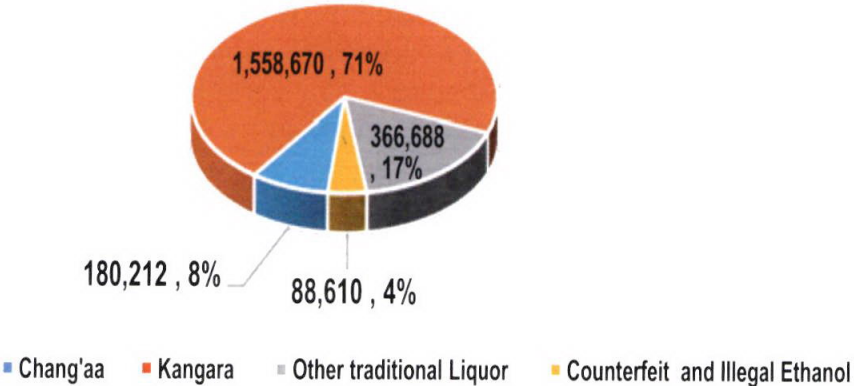
To facilitate quick and efficient management of this crisis, NACADA, jointly with other agencies that play enforcement roles in control of alcohol production, distribution and sale established a national collaborative response framework. This was aimed at developing and implementing strategies to bring sanity and professionalism in the alcoholic drinks industry. Besides the Authority, the other agencies include the Ministry of Interior and Coordination of National Government, Kenya Police Service, Criminal Investigation Department (CID), Kenya Bureau of Standards (KEBS), Government Chemist Department, Kenya Revenue Authority (KRA), Anti-Counterfeit Agency, and the Directorate of

Public Health and the Government Chemist within the Ministry of Health (Public Health). The framework which has also been cascaded to the County Government levels has facilitated efficient, rapid and effective responses to alcohol related deaths challenges in the country. The Major achievement was the initiative by the Kenya Revenue Authority (KRA) and Kenya Bureau of Standards (KEBS) to include methanol to the Pre-Export Verification of Conformity (PVoC) list that makes it mandatory for pre-export verification of conformity to improve on handling and accountability of methanol imported to the country.

2.2.1. National alcohol seizures

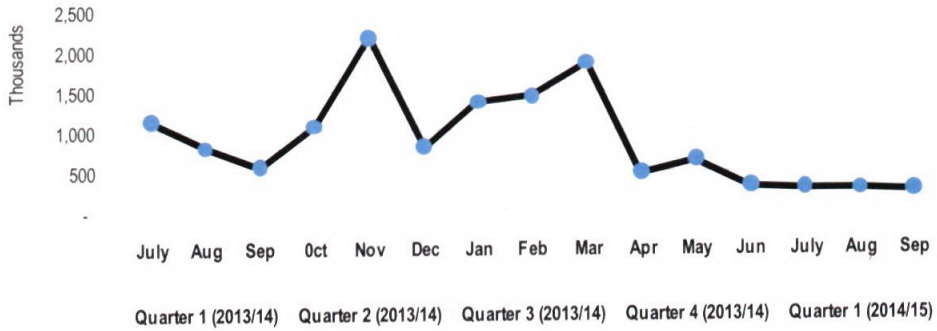
During the period under review, a total of 2,194,180 litres of illicit alcohol was seized nationally. 71% was *kangara*, the main raw product used in the production of *Chang’aa*, while other traditional opaque brews comprised 17%. *Chang’aa* accounted for 8% of the total seizures while counterfeit and illicit neutral spirits accounted for 4%. *Kangara* and illicit traditional alcoholic brews topped the list and counterfeit/illegal ethanol seizures becoming more significant. This is illustrated on Figure 1.

Figure 1: Illicit brews seizure



As shown in Figure 2, national trends of illicit brews seizures portrays a sharp reduction during the reporting period. This may be attributed to the fact that four counties namely Kajiado, Laikipia, Turkana and Narok, did not submit reports for the period.

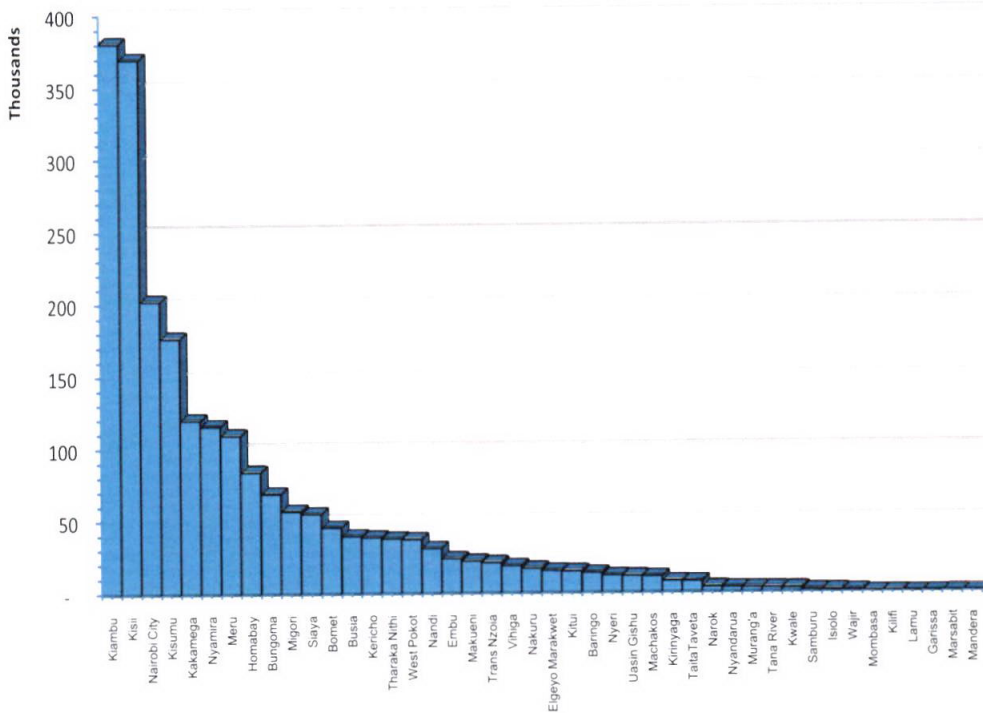
Figure 2: Monthly trend of illicit alcohol seizures



2.2.2. Illicit alcohol seizure: County illustration

Kiambu County reported the highest volume of illicit alcohol seizure with 381,229 litres out of the national 2,194,180 litres followed by Kisii 370,228 litres and Nairobi 202,555 litres. Manderla County reported the lowest returns for illicit alcohol seizures at 39 litres. (Figure 3)

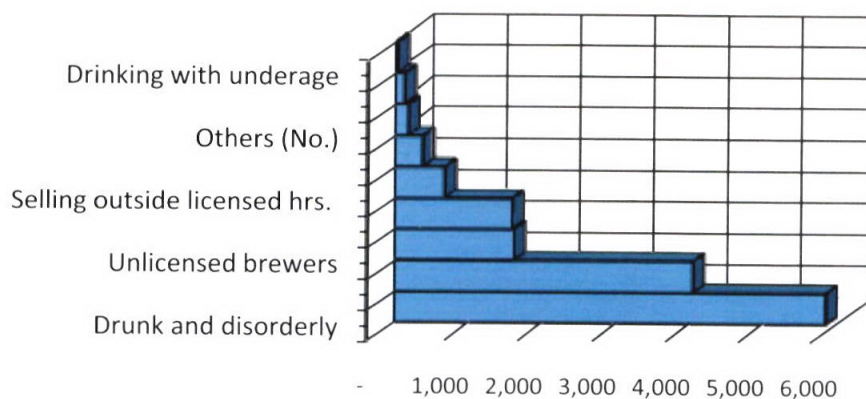
Figure 3: County illicit alcohol Seizures



2.2.3. Alcohol related offences

As shown in Figure 4, the offence of drunk and disorderly topped the list during the reporting period followed by trading in illicit brews.

Figure 4: Alcohol offences



During the reporting period, a total of 22,223 persons were apprehended on alcohol related offences, of whom 22,246 (99.8%) were Kenyans and 41 (0.26%) were foreigners. The gender distribution was 14,947 (67%) male and 6,283 (33%) female. This is shown in Table 1.

Table 1: Alcohol offenders

Offenders Gender	Male	14,947	67%
	Female	6,283	33%
Offenders Nationalities	Kenyans	22,246	99.8%
	Foreigners	41	0.2%
Total	Total offenders	22,223	

As further shown in Table 2, majority (45%) of the offences are still pending before court and most of the concluded cases were settled by court fines.

Table 2: Status of illicit alcohol cases⁴

Category	No.	%
Cases pending before courts (PBC)	6,155	45
Cases pending investigation (PUI)	3,596	26
Cases pending arrest of known accused (PAKA)	2,154	16
Cases Fined	785	6
Cases released on community service order (CSO)	361	3
Cases dismissed	350	3
Cases imprisoned	198	1
Cases released on probation order (PO)	173	1
Total	13,772	100

2.3. Narcotic drugs seizures

Kenya currently tracks cannabis, heroine and other opiate drugs, cocaine, Amphetamine Type Stimulants (ATS) and precursor chemicals.

2.3.1. Cannabis (bhang) seizures

Cannabis is the most commonly seized narcotic drug in Kenya in terms of frequency and volume. In terms of cannabis seizures in the past months, a total of 24,734 rolls of cannabis were detected countrywide, 15,091 cannabis stones, 3 hashish bars, 761 plants, 462 brooms and 7,124 Kgs of cannabis in bulk packages. Table 3 shows the seizures.

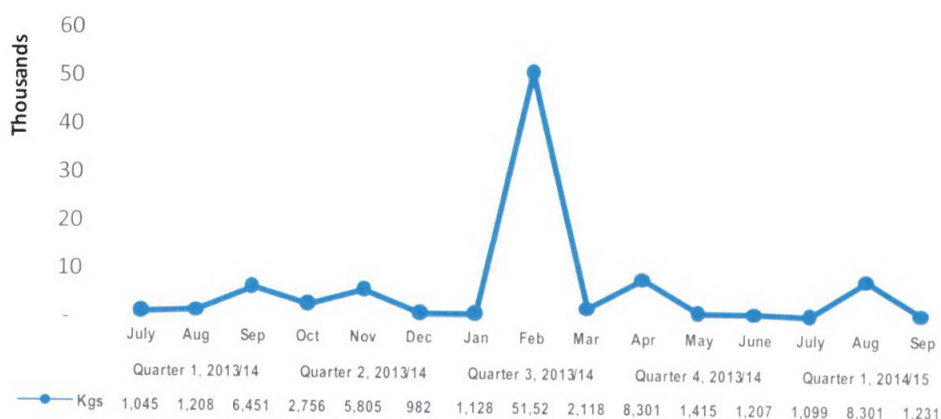
Table 3: Cannabis seizure

Form of Cannabis	Number	Approximate Weight (Kgs)
Rolls	24,734	74
Stones	15,091	7546
Brooms	462	299
Bulk package	-	7,124
Hashish	3	2
Plants	761	-
Total		14,838

⁴ Cases pending before courts (PBC), Cases pending investigation (PUI), Cases pending arrest of known accused (PAKA), Cases released on community service order (CSO) and Cases released on probation order (PO)

Figure 5, summarizes the trend of cannabis seizures. There was a steady up-shot of cannabis seizures in February 2014 that could have been associated with the bulk seizure incidences during that period.

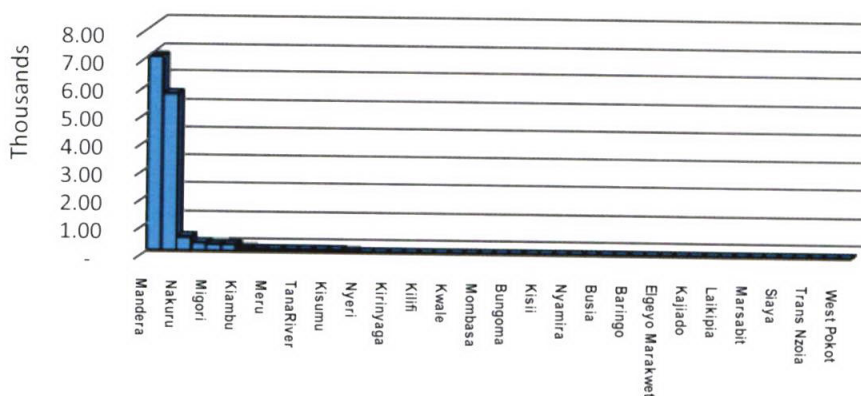
Figure 5: Cannabis seizure trend



2.3.2. County cannabis seizures

In terms of cannabis seizures, Mandera County reported the highest total volume of cannabis seizure during the reporting period amounting to 7,000Kgs out of the national 14,838Kgs followed by Nairobi 5,667kgs, Nakuru 507kgs, Embu 307kgs, Migori 256kgs, Homabay 254kgs and Kiambu 121kgs. (Table 4)

Table 4: Cannabis seizures



2.3.3. Cannabis-related offences

Analysis of offenders in relation to cannabis in the past six months, show that majority of cannabis-related offenders were male Kenyans on suspicion

of either possession/handling or trafficking of the narcotic drug. Most of the cases are pending in court. (Table 5)

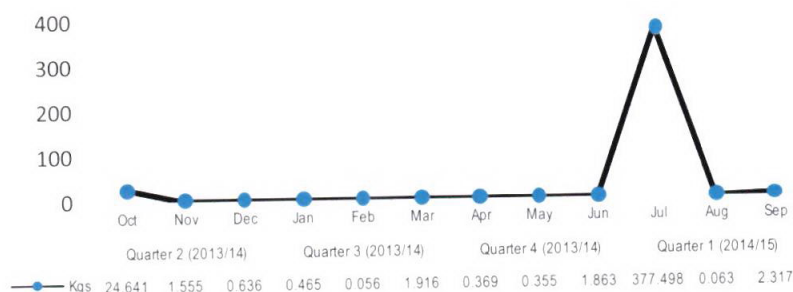
Table 5: Cannabis offenders

Cannabis-related offences	Variable	Number	Percent
Nationality of offender	Kenyans (No.)	1,748	99
	Foreigners (No.)	20	1
	Total	1,768	100
Gender of offenders	Male (No.)	1,539	87
	Female (No.)	229	13
	Total	3,536	100
Types of cases	Possession (No)	1,290	88
	Trafficking (No.)	66	5
	Handling (No)	94	6
	Others (No.)	9	1
	Total	1,459	100
Status of pending cases	No of cases PBC	855	94
	No. of cases PAKA	37	4
	No. of cases PUI	21	2
	Total	913	100
Outcome of finalized cases	No. of cases Fined	343	71
	No. of cases on CSO	27	6
	No. of cases on PO	16	3
	No of cases imprisoned	83	17
	No. of cases dismissed	15	3
	Total	484	100

2.4. Heroin seizures

As shown in Figure 6, reports from the Anti-Narcotics Police Unit indicate that availability of heroin in the past one year has been steady. The highest seizure was July 2014 that recorded 377kg of heroine.

Figure 6: Heroin seizure



There was also a seizure of 3,200 Liquid Heroin and 2,400 liters of Diesel mixed with Heroin reported by Anti-Narcotics Police Unit in the month of July 2014.

2.4.1. Heroin offenders

Analysis of offenders during the reporting period in relation to heroin indicate that majority were Kenyan male apprehended on suspicion of either possession or trafficking. Majority of the cases are pending before courts. (Table 6)

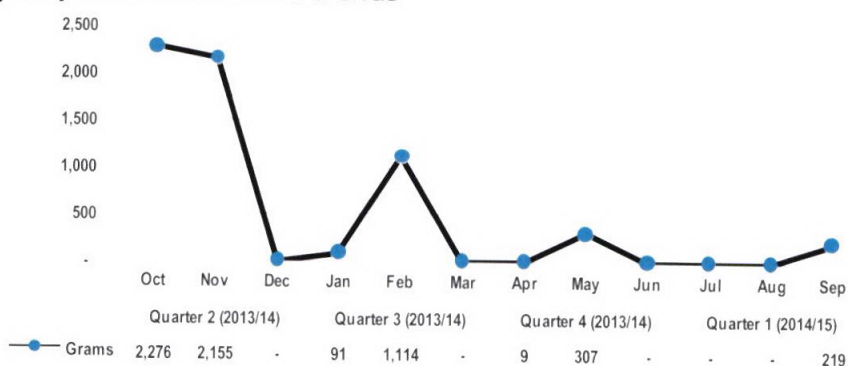
Table 6: Heroin offenders

Heroin-related offences	Variable	Number
Nationality of offender	Kenyans (No.)	54
	Foreigners (No.)	13
Gender of offenders	Male (No.)	62
	Female (No.)	5
Type of offences	Possession (No)	35
	Trafficking (No.)	17
	Others	15
Status of cases	No of cases PBC	49
	No. of cases Fined	2
	No of cases imprisoned	1

1.3. Cocaine seizures trends

During the period from April – September 2014, law enforcement agencies reported sporadic cocaine seizures nationally presented on Figure 7.

Figure 7: Cocaine Seizure trends



2.5.1. Cocaine offenders

During the reporting period, eleven offenders were suspected of cocaine offences out of whom eight are foreigners and three Kenyans as shown in

Table 7: Cocaine offenders

Heroin-related offences	Variable	Number
Nationality of offender	Kenyans (No.)	3
	Foreigners (No.)	8
Gender of offenders	Male (No.)	10
	Female (No.)	1
Type of offences	Possession (No)	4
	Trafficking (No.)	1
	Others (No)	6
Status of cases	No. of cases PBC	4
	No. of cases PAKA	6

1.4. Amphetamine-type stimulants (ATS)

There are many essential chemicals diverted into the illicit manufacture of drugs like amphetamine-type stimulants (ATS). The main precursor incidences in Kenya involved ephedrine. There was no case reported during the period from April – Sep 2014 in the county involving Amphetamine-type stimulants (ATS). The latest incidence in the country involving ATS was a clandestine laboratory believed to be used in the manufacture of stimulants discovered in Kiambu County in September 2013. In this incidence, Chemicals weighing 3.314Kgs and equipment was recovered. Nine suspects were arrested (five Kenyans and four foreigners) and charged with trafficking of the drug. The case is pending before court.

2.7. Drug Precursors

These are chemicals diverted from the legitimate use to the manufacture of illicit drugs. During the reporting period, there were no new incidences. The last incidences were in August and September 2013 where approximately 39 Kgs of Ephedrine was seized in Nairobi. Eleven suspects were arrested (five Kenyans and six foreigners). In another incidence reported by the Anti-Narcotic police unit, approximately 25kg of Ephedrine was stolen in September 2013 at the Jomo Kenyatta International Airport (JKIA). Three suspects were arrested and charged with stealing the chemical. The cases are pending before court.

2.8. Incarceration of narcotic offenders

As shown in Table 8, data from the Kenya Prison Service indicate that a total of 34,522 offenders were incarcerated in relation to alcohol and narcotic drugs between April – September 2014. Out of these, 22,399 were incarcerated during the reporting period.

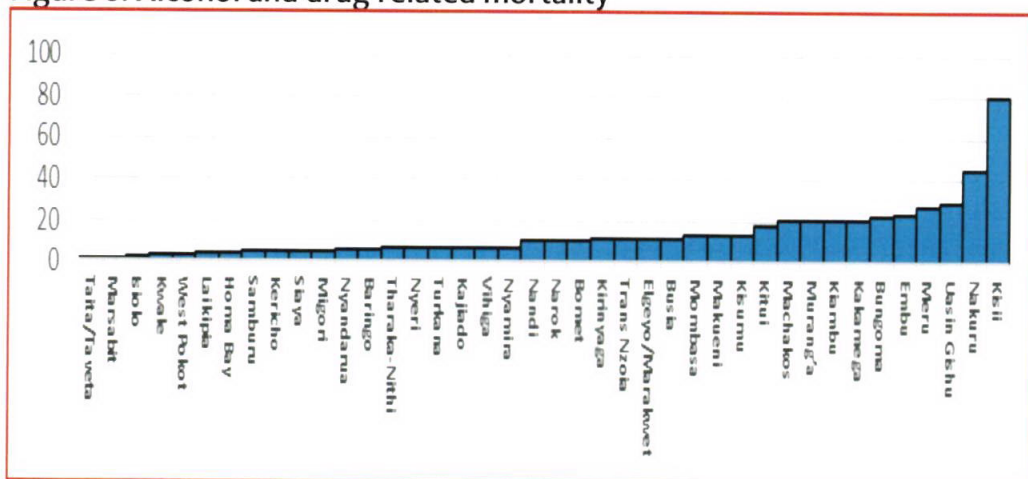
Table 8: Incarcerated of alcohol and drug offenders

Period	Alcohol	Narcotics	Total
October – December 2013	679	5,104	5,783
January - March 2014	1,065	5,275	6,340
April – June 2014	2273	6026	8,299
July – September 2014	8370	5730	14,100
Total	12,387	22,135	34,522

1.5. Alcohol and drug related mortality

Reports from the Directorate of Immigration and Registration of Persons on alcohol related deaths indicate that a total of five hundred and forty two (542) people lost their lives between May and August 2014. Kisii County led in alcohol related deaths followed by Nakuru, Uasin Gishu, Meru and Embu. As shown in figure 8.

Figure 8: Alcohol and drug related mortality



CHAPTER THREE: DEMAND REDUCTION

3.1 Introduction

Kenya recognizes that the most effective approach towards the alcohol and drug problem consists of a comprehensive, balanced and coordinated strategy, encompassing demand reduction and supply suppression. Demand reduction interventions in the country are coordinated by National Authority for the Campaign against Alcohol and Drug Abuse (NACADA). This is a state corporation established under the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012 (NACADA Act) and mandated to coordinate the national response aimed at prevention, control, management and mitigation of ADA as well as coordinate international, regional and national collaboration networks towards ADA control. The key partners in demand reduction include the County Governments, public sector institutions, learning institutions, youth groups, civil society organizations, faith-based institutions as well as treatment and rehabilitation service providers.

NACADA implements demand reduction strategies in the country through six strategic objectives namely: (i) Strengthen the capacity to coordinate the campaign against ADA in Kenya, (ii) Develop a comprehensive prevention program so as to reduce demand for alcohol and drugs of abuse, (iii) Strengthen control measures for alcohol and drug abuse supply suppression, (iv) Ensure quality treatment and rehabilitation for persons with Substance Use Disorders, (v) Undertake quality research on alcohol and drug abuse in Kenya in order to guide policy and programmes, and (vi) Strengthen inter-sectoral coordination and collaboration amongst stakeholders.

3.2 Capacity to respond to Alcohol and Drug Abuse in Kenya

In order to strengthen coordination of alcohol and drug control, the Authority focused on the development of its strategic framework and facilitating development of the institutional framework to support drug control initiatives at the lower administrative levels.

3.2.1 Development of a Strategic Framework

The Authority new Strategic Plan is in the final stages of validation by stakeholders. The development process is being facilitated by University of Nairobi, School of Business. The Plan will provide the strategic direction to the Authority for the period 2014-2018.

3.2.2 Support to County governments in developing plans of action on control of alcohol and drug abuse.

During the reporting period the Authority facilitated all counties to hold a stakeholders' meeting from the National government agencies, County administration and Civil Society Organizations involved in alcohol and drug abuse control. The forums identified challenges the respective Counties had in addressing alcohol and drug abuse and developed the way forward for the future. The Authority is committed to continue building the capacity of County Government in order to facilitate their taking up the functions on liquor licensing and drug control fully in line with the constitution.

3.3 Public education and awareness programs

Section 5 (a) of NACADA Act, 2012 requires the Authority to carry out public education on Alcohol and Drug Abuse directly and in collaboration with other public or private bodies and institutions. Pursuant to this mandate, the Authority developed and implemented activities aimed at promoting public awareness and strengthen capacity to respond to alcohol and drug abuse in Kenya. These included youth and children ADA prevention outreach programmes, mass media education and advocacy, community driven prevention initiatives on ADA, civil society programs and public sector workplace ADA mainstreaming initiative.

3.3.1 Youth and children ADA prevention programs

Towards scaling up uptake of anti-drug abuse awareness and life skills amongst youth and children in learning institutions, NACADA continued partnering with the Ministry of Education and participated in both Drama and Music Festivals as a theme sponsor.

NACADA remitted a total of Ksh. 8,000,000 to the Ministry of Education towards sponsorship of the 2014 anti-ADA theme in the Drama and Music festivals. NACADA staff attended the National Drama Festivals held from 6th to 16th April 2014 at Kagumo TTC and Bishop Gatimu Ngandu in Nyeri County and awarded trophies to winning performances in the ADA theme. These schools were:

- Kirugoya School for the Hearing Impaired (Humble Pie Play),
- Thogoto TTC (Reversal verse),
- Moi Nairobi Girls (Darling Dolly Verse),
- Highway Secondary School (Apondi Situnya Verse) and
- Kenya Methodist University (Black out Play).

Similarly, NACADA attended the National Music Festival in Mombasa County from 4th to 16th August 2014. The anti-drug abuse message was disseminated through the artistic pieces at the festival to over 124,000 learners from ECDE, Primary, Secondary, TTCs, TTIs and Universities from across the country. Nine winners of the Anti-ADA theme were also presented with trophies.

To support policy formulation and implementation targeting youth in learning institutions, NACADA supported Nkubu High School to develop the School ADA Policy. The Policy was launched at the School on 27th September 2014.

3.3.2 Implementation of a coordinated IEC strategy

During the reporting period, NACADA stocked 59 Kenya National Library Services (KNLS) libraries and 10 University libraries across the country with anti-ADA prevention and advocacy materials. A further 5,000 copies of anti-drug abuse Comic Strip were developed and disseminated to 60 KNLS libraries targeting young readers.

Towards strengthening the NACADA Resource Centre as a repository for anti-drug abuse data, 90 books with relevant alcohol and drug abuse information were purchased from Kenyatta University Library, 83 books sourced from the Kisumu Regional Office and 67 books donated by the United Nations Office on Drugs and Crime (UNODC) were stocked in the Resource Centre. The Resource Centre also subscribed to 4 online-resources, that is, HINARI, ARDI, GORA and OARE.

NACADA carried out cluster County roadshows in Coast region in April 2014, Central region in May 2014, Eastern and North Rift regions in May-June 2014, Nyanza and Western regions in July 2014, Lower Rift region in August 2014 and Coast region in September 2014. The road-shows were conducted largely in partnership with the County Governments, Civil Society and Faith Based Organizations, and were utilized to disseminate anti-drug abuse information, education and communication (IEC) materials countrywide.

In order to enhance public awareness on the dangers of alcohol, the Authority participated in National Trade Fairs and ASK shows. During the reporting period, the Authority exhibited in Nairobi International Trade Fair, Mombasa International Show, Kisii ASK Show and Nyeri ASK Show. Further, the Authority participated in some public *barazas* organized by the Parent Ministry to facilitate communities' discussion on Alcohol and Drug Abuse issues in their communities, identify local interventions and develop action plans.

3.3.3 Media-based campaign activities

In response to the alcohol deaths crisis in May-June 2014, NACADA mobilized a massive public education and awareness campaign against adulterated and counterfeit alcohol through various media channels. This comprised of TV documentaries, radio and TV-based infomercials, radio presenter mentions, print media notices, social media posts and road-show activations.

The *High Nation* documentary was re-edited and packaged into 8 minutes mini-documentaries for airing on audio-visual channels. The *High and Dry* and *Bound by the Brew* segments of the documentary were aired on KBC TV, NTV, KTN, K24, Citizen TV, QTV and Factual Films in May and June 2014.

An intensive radio-based public education and advocacy campaign targeting the regions affected by the alcohol deaths was initiated and carried from 7th May to 30th May 2014 on the following stations:

Infomercials, announcements, presenter mentions and talk-ups	Radio outlet	Target Population
	Wimwaro FM	Embu County
	Musyi FM	Makueni, Kitui, Machakos Counties
	Kameme FM	Kiambu, Murang'a, Nyeri Counties
	QFM	Countrywide (public info)
	Milele FM	Countrywide (public info)
	Radio Jambo	Countrywide (public info)

This campaign was later scaled-up to cover a wider target audience as the alcohol deaths spread to other parts of the country, as follows:

Infomercials, announcements, presenter mentions and talk-ups	Radio outlet	Target Population
	Capital FM	Countrywide (public info)
	Classic 105	Countrywide (public info)
	Radio Maisha	Countrywide (public info)
	Radio Salaam	Muslim faith (public info)
	IQRA Radio	Muslim faith (public info)
	Citizen Radio	Countrywide (public info)
Biblia Husema	Christian faith (public info)	

On television and mobile cinema platforms the campaign was carried on the following channels:

DATE	SIZE AND TITLE	MEDIA OUTLET
From 14 May to 30 th May 2014	13 minutes "High & Dry" segment of the NACADA Documentary 'State of the High Nation'	KBC TV
		NTV
		KTN
		K24
		Citizen TV
		QTV
		Factual Films
	30 seconds spot advert "Pombe si Supu"	KBC TV
		NTV
		KTN
		K24
		Citizen TV
		QTV
		Family TV
3 Stones TV		

A dedicated television-based infomercial on counterfeit alcohol was carried out on Citizen TV in August-September 2014.

3.3.4 Capacity building in the public sector

One of the Authority's campaign strategy is mainstreaming implementation of activities aimed at reducing the prevalence and minimizing the negative effects of alcohol and drug abuse in the public sector. Towards enhancing uptake of anti-drug abuse interventions in the public sector, NACADA conducted a Training of Trainers targeting public sector employee. The training took place from 10th to 14th February 2014 at KICD, Nairobi and was attended by 62 participants. Sensitizations were also carried out in 10 MDAs as per the table below:

NO	NAME OF INSTITUTION	DATE/S SENSITISED
	Competition Authority of Kenya	20 th May 2014
	NSSF	14 th – 16 th May 2014
	Tea Board of Kenya	8 th – 9 th May 2014
	Athi Water Services Board	23 rd May 2014
	Media Council	30 th May 2014
	Kenya Ferry	16 th – 18 th June 2014
	NCPD	9 th June 2014
	National Water	1 st – 2 nd July 2014
	RBA	20 th September 2014
	SASRA	4 th September 2014

3.4 Policy and legislative framework for supply suppression

The mandate of NACADA in regard to ADA supply suppression is the coordination and facilitation for the formulation of national policies, laws and plans of action on control of Alcohol and Drug Abuse. This is envisaged through the National Technical Committee on Drug Trafficking and Abuse (NTC)⁵ programmes. During the period under review, the Authority appeared before the Senate Committee on National Security and Foreign Relations to present a memorandum on the amendment of the Alcoholic Drinks Control Act, 2010. The advisories were from stakeholders' deliberations on amendments to align the Act with the constitution and address the gaps faced during implementation. The Alcoholic Drinks Control amendment Bill, 2014 is before Senate. The Authority further initiated stakeholders' deliberations through the NTC initiated stakeholders' deliberations to propose amendments to strengthen the Narcotic Drugs and Psychotropic Substances, Act 1994.

Liquor Licensing and drug control are devolved functions. In order to strengthen the capacity of County Governments to fully take up the functions, the Authority continued to sensitize the counties on the Model County Alcoholic Drinks Control Act to aid them in developing their legislations.

3.5 Treatment and Rehabilitation programmes

In Kenya, changes in the pattern of Alcohol and Drug Abuse highlight the need for accessible treatment and rehabilitation services appropriate for different groups. Statistics show that 11.9% of people aged 15-65 years in Kenya are addicted to at least one substance of abuse. This translates to a high population in need of treatment and rehabilitation services. There are currently about seventy (70) rehabilitation centers in the country out of which 30% of these are within Nairobi and its environs. Four are public institutions while the rest are private. Besides being perceived as unaffordable, the number cannot meet the service demand coupled with regional imbalance.

NACADA is mandated to in collaboration with other lead agencies to provide and facilitate the development and operation of rehabilitation facilities, programs and standards for persons suffering from substance use disorders as well as license and regulate operations of rehabilitation facilities for persons suffering from substance use disorders.

⁵ This is an inter-agency committee established to coordinate the implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya. It has membership drawn from various Government agencies involved in the fight against illicit drugs. NACADA serves as the NTC Secretariat and supports its operations.

3.5.1 Treatment and Rehabilitation Services

Towards increased access to treatment and rehabilitation for persons with Substance Use Disorders, the Authority continued to operate the 24 hour helpline. During the period under review 39,526 calls were attended. The Authority organized a forum for rehabilitation centers managers on management and legislations where 40 facilities were sensitized.

Towards technical/infrastructural support to public treatment and rehabilitation facilities the Authority continued to monitor renovation of a female addiction rehabilitation center at the Coast Provincial General Hospital. This project was supported by the Government in the past financial years but will need more assistance in order to become operational. In addition, a forum was held for managers and directors of private rehabilitation centers to sensitize them on management practices and legislations and their impact on provision of quality services. Further, 47 officers drawn from the Kenya Prison Service, Probation and Children departments were trained on alcohol and drug abuse prevention and management.

The Authority has proposed to support establishment of ten rehabilitation centers in the country in this financial year. These will be done in partnership with respective County Governments and the relevant agencies. Deliberations are on-going

3.5.2 Treatment and rehabilitation Regulatory services

Through partnership with the Ministry of Health and other stakeholders, the Authority continued to monitor compliance with National Standards for treatment and rehabilitation services. 34 facilities were inspected for compliance.

Further, the process of developing regulations for licensing of persons operating in the field of Treatment and Rehabilitation commenced. In order to address the shortage of trained personnel in alcohol and drugs addiction prevention and management, the Authority conducted phases 1 and 2 of National Certification Education Training Programme for Addiction Professionals in Eldoret, Mombasa, Kisumu, Nyeri and Nairobi. 248 persons were trained.

In regard curriculum for professionalizing ADA field, an undergraduate curriculum was developed. The Authority continued to support the operations of the certification council by facilitating their meetings.

3.6 Research and Development programmes

During the reporting period, the Authority released findings of a survey to establish the **“Status of shisha and kuber use in Kenya”**. The study was undertaken in partnership with the Government Chemist Department. The analysis of the samples showed that some Shisha flavors contain narcotics. The report provided for banning of the following shisha flavors by the Ministry of Health: Al Fakher Strawberry Flavor, Al Fakher Orange Flavor, Al Fakher Two Apples with Mint Flavor, Al Fakher Vanilla Flavor, Al Fakher Two Apples Flavor, Al Fakher Orange with Mint Flavor, Al Fakher Orange Flavor, Nakhala Molasses Tobacco Apple Flavor, Strong Formulated Shisha Cocktail, Medium Formulated Shisha Cocktail and Mild formulated Shisha. A policy brief on the study has been disseminated to all the relevant stakeholders to support informed decision making.

The Authority has forged a working relationship with the United Nations Office on Drugs and Crime (UNODC) to support operations of the National Drug Observatory. The information system supports collection, collation and analysis of alcohol and drug-related information by lead agencies involved in drug control in the Country. This has facilitated production of the requisite reports to meet the national, regional and international reporting obligations. Towards continuous improvement of data quality, capacity building of data officers at the county level was prioritized. During the reporting period, the Authority facilitated a meeting for data officers drawn from all counties to share experiences and give feedback on the areas of improvement in the information system. Capacity building at the lower administrative levels was the key recommendation to meet the much required data needs at the county level.

The Authority further participated in forums to share research information and experiences in the country. It was invited by the African Union Commission (AUC) to share the experience in establishment of data collection system on drug trends during the Drug Demand Reduction Continental Experts Consultation forum held on 8th -10th April 2014, Johannesburg, South Africa. The Authority also participated in the 40th Kettil Bruun Society (KBS) Symposium at the Campus Luigi Einaudi (CLE) in Torino, Italy from 9th to 13th June, 2014. Kettil Brunn Society (KBS) is an international organization of scientists engaged in social and epidemiological research on alcohol. NACADA presented a paper on **“Factors associated with harmful alcohol use in Kenya”**. The forums provided an opportunity to share information and served as a platform for future research engagements and collaborations.

3.7 Inter-Sectoral Coordination and Collaboration

The Authority continued to forge partnerships and collaborations with the local, regional and international players in the fight against alcohol and drug abuse. The focus was building the capacity of stakeholders to effectively improve on service delivery. During the reporting period, training for officers drawn from Malaba and Busia border points and Eldoret and Kisumu airports on illicit alcohol and drug surveillance was undertaken. Further ADA warning signposts for border points were procured and will be issued to the respective agencies for mounting. The Regional Conference on alcohol and drugs control scheduled in June 2014 was rescheduled to May 2014. The focus at this period was to respond to the alcohol deaths that affected the country. Further, the Authority developed and disseminated to the County Government's a Training of Trainers (ToT) guide on ADA management.

CHAPTER FOUR: EMERGING CHALLENGES AND RECOMMEDATIONS

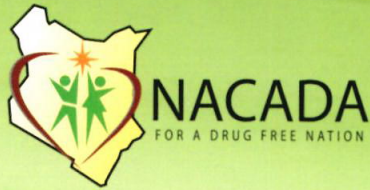
Insufficient treatment and rehabilitation services continue to be the major setback. Except for privately-owned, the country has only four public treatment and rehabilitation centers (Mathari Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta Hospital Patient Support Centre and Coast General Hospital). These cannot meet the public demand coupled with regional imbalance. Further, the country has continued to suffer from a shortage of trained personnel in alcohol and drugs addiction prevention and management. Priority should focus on setting up affordable treatment and rehabilitation services appropriate for different groups in every county.

Funding for control of Alcohol and Drug Abuse campaign in the country is considerably low and therefore programs are underfunded. This has particularly affected the decentralization of NACADA services in line with the Constitution of Kenya. With the devolved system of government, drug control and liquor licensing is now assigned as an exclusive function to the County Governments. This requires a major shift of the Authority's role from implementation to facilitation and therefore calls for greater presence of the Authority at the grassroots level. The Authority currently has presence in Nairobi, Nyeri, Mombasa, Kisumu and Eldoret. The funding should therefore be enhanced to support continuous capacity building of drug control agencies at all levels to undertake their mandate at all levels of governance.

The country national drug policy is critical for development of Alcohol and Drug Abuse legislation. This remains a key gap especially at the regional level as the country is still operating without a national drug policy. This gap affects coordination and guidance of key players. Gazettment of the draft National Drug Abuse Policy, the Narcotic Drugs and Psychotropic Substances Control Policy, National Alcohol Policies and the National Strategy for Prevention, Control and Mitigation of Alcohol and Drug Abuse should be prioritized by the relevant agencies.

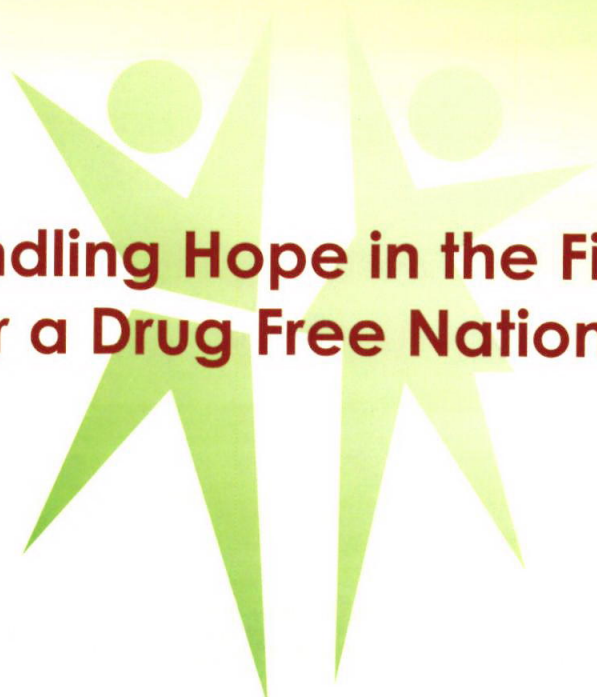
Transitional challenges emerged with the transfer of liquor licensing and drug control functions without necessary legal and institutional framework to perform these functions. This resulted in suspension of licensing in most counties leading to mushrooming of unlicensed premises that have led to increased fatalities related to consumption of toxic brews. All Counties should prioritize development of county laws in order to facilitate the function.

The Alcoholic Drinks Control Act, 2010 has a gap hampering achievement of purpose. Parliament should speedily amend the law to align it with the Constitution of Kenya and enhance it in terms of emerging challenges in implementation and enforcement.



**National Authority for the Campaign against Alcohol
and Drug Abuse (NACADA)**

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