



NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE



**TWENTY-SECOND (22ND) EDITION OF BIANNUAL
REPORT ON THE STATUS OF ALCOHOL
AND DRUG ABUSE CONTROL IN KENYA**

**Prepared for
Parliament of Kenya (National Assembly and Senate)**


Prepared by the Chief Executive Officer
National Authority for the Campaign Against Alcohol
and Drug Abuse
For the Reporting Period of 1st January – 30th June 2025



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

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THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 11 FEB 2026	DAY: WEDNESDAY
TABLED BY: CLERK-AT-TABLE	LEADER OF MAJORITY PARTY (HON. KIMANI CHUNGWA) J. LEMERELLE

Prepared by the Chief Executive Officer
National Authority for the Campaign Against Alcohol and Drug Abuse

For the Reporting Period of 1st January – 30th June 2025

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LIST OF ABBREVIATIONS

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act, 2010
AJADA	African Journal of Alcohol and Drug Abuse
ANU	Anti-Narcotics Unit
AUD	Alcohol Use Disorder
CEO	Chief Executive Officer
CSOs	Civil Society Organizations
DCI	Directorate of Criminal Investigations
DSA	Drugs and substances of Abuse
DSU	Drugs and Substance Use Disorders
JKIA	Jomo Kenyatta International Airport
MDAs	Ministries, Department and Agencies
MoINA	Ministry of Interior and National Administration
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NDO	National Drug Observatory
NPS	National Police Service
NTC	National Technical Committee on Drug Trafficking and Abuse
SUDs	Substance Use Disorders
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I present the 22nd Biannual Report on the Status of Alcohol and Drug Abuse Control in Kenya covering the period of 1st January – 30th June 2025 to both Houses of Parliament to facilitate strategic decisions through the Cabinet Secretary for Interior and National Administration. This report is published in compliance with the provisions of Section 5(j) and 26(C) of the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act, 2012.

Overall, the data shows a decline in the seizures of alcohol, cannabis and other narcotic drugs during the reporting period, an indicator of the gains made by the multi-agency enforcement teams to suppress supply.

Enforcement data during the reporting period showed that illicit alcohol continued to account for the highest seizures (2,846,590 litres) followed by cannabis (12,752.52 kgs), cocaine (8.43 kgs), methamphetamine (2.128 kgs) and heroin (0.701 kgs).

The Authority was faced with various challenges during the reporting period. One of the key challenges affecting the campaign was inadequate budgetary allocation to fund the Authority's programs. During the FY 2024/ 2025, the Authority's recurrent budgetary allocation was Ksh 968,000,000 million far below the KSh 2.4 billion annual strategic plan estimates needed for nationwide scaling.

Besides, the demand for treatment and rehabilitation services in the country far exceeds the available facilities. Over 90 percent of the existing treatment and rehabilitation centres in Kenya are privately owned. This problem is worsened by extreme affordability barrier, urban concentration of facilities, long waiting lists in the limited public facilities, limited outpatient and community-based options, and shortage of professional human resource.

In addition, the country is witnessing a growing problem in the recruitment of Kenyan women as traffickers in the international drug trafficking trade. International drug trafficking syndicates recruit women because they are simultaneously less suspicious looking to authorities, more vulnerable to manipulation, more economically deprived and have more physical concealment options compared to men.

As well, the country faces a growing rise in availability of drugs especially alcohol, cannabis and prescription drugs in the environments and neighbourhoods near primary schools, secondary schools, tertiary institutions and universities.

Likewise, Kenya faces a growing proliferation of illicit (e.g., unregulated traditional homemade brews) and counterfeit alcohol fueled by smuggling of ethanol, tax evasion, and increase in commercial-scale artisanal alcohol production.

Also, Kenya’s strict prohibition on cannabis under the Narcotic Drugs and Psychotropic Substances (Control) Act of 1994 amended in 2022 coupled with active surveillance by enforcement agencies discourages local cultivation of cannabis thereby creating significant vulnerabilities of cannabis import from neighbouring African countries (e.g., Ethiopia, Uganda and Tanzania) and emerging global markets from countries that have legalized or decriminalized cannabis use e.g., USA, Portugal, and Thailand.

Finally, Kenya’s strategic location-bridging East Africa, the Indian Ocean maritime routes, and global air corridors has positioned it as a key transit hub for illicit drugs like heroin (from Afghanistan via the “Southern Route”), cocaine (from South America), methamphetamine, precursors, and synthetic opioids. While this facilitates trafficking to Europe, North America, and other African markets, it imposes severe multi-dimensional challenges where Kenya’s transit role has spilled over into local markets, mutating from pure transit to a rising domestic consumption hub.

I therefore submit this report for your attention.



Dr. Anthony Omerikwa, MBS
Chief Executive Officer.

CHAPTER ONE: INTRODUCTION

1.1 Background

This is the 22nd progressive report on the status of alcohol and drug abuse control in Kenya. The report is a requirement under Section 5(j) of NACADA Act, 2012. The Authority in collaboration with other lead agencies is required to submit an alcohol and drug abuse control status report biannually to both Houses of Parliament through the Cabinet Secretary for Interior and National Administration. This report covers the period of 1st January – 30th June 2025.

1.2 Status of alcohol and drug abuse in Kenya

General population

According to a survey conducted by NACADA in 2022 in collaboration with the Kenya National Bureau of Statistics and the Tobacco Control Board, 17.5% (4,733,135) of Kenyans aged 15 – 65 years were currently using at least one drug or substance of abuse; 11.8% (3,293,495) were currently using alcohol; 8.5% (2,305,929) were currently using tobacco; 3.6% (964,737) were currently using khat; 1.9% (518,807) were currently using cannabis; and 0.2% (60,407) were currently using prescription drugs (Table 1.1).

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

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

Source: NACADA, 2022

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

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

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

Source: NACADA, 2022

Prevalence of drugs and substance use among university students in Kenya

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

Findings on individual drugs showed that 18.6% of university students were currently using alcohol followed by tobacco (12.0%), cannabis (10.7%), khat (10.2%), inhalants (4.3%), prescription drugs (2.2%), heroin (1.7%), cocaine (1.6%), and methamphetamine (1.4%) (Table 1.3).

Table 1.3 Summary of past-month use of DSA among university students in Kenya

Substance	Prevalence (%)	Population affected
Alcohol	18.6	1 in every 5
Cigarettes	7.2	1 in every 14
Vape/ e- cigarettes	5.8	1 in every 17
Shisha	4.6	1 in every 22
Nicotine pouches	4.2	1 in every 24
Kuber	2.8	1 in every 36
Snuff/ chewed tobacco	2.6	1 in every 38
At least one tobacco product	12.0	1 in every 8
Cannabis smoked	9.1	1 in every 11
Cannabis edibles	6.4	1 in every 16
At least one type of cannabis	10.7	1 in every 9
Miraa	8.4	1 in every 12
Muguka	8.2	1 in every 12
At least one type of khat	10.2	1 in every 10
Inhalants	4.3	1 in every 23
Prescription drugs	2.2	1 in every 45

Substance	Prevalence (%)	Population affected
Heroin	1.7	1 in every 59
Cocaine	1.6	1 in every 63
Methamphetamine	1.4	1 in every 71
At least one drug or substance of abuse	26.6	1 in every 4

Source: NACADA, 2024

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

Emerging trends of drugs and substance abuse in Kenya

In 2021, NACADA conducted an assessment on “Emerging Trends of Drugs and Substance Abuse in Kenya” in collaboration with the Pharmacy and Poisons Board, Government Chemist and the Ministry of Interior and Coordination of National Administration. The findings of laboratory analysis showed that the abuse of prescription drugs was an evolving trend in Kenya.

Data showed that diazepam was the most commonly abused prescription drug followed by trihexyphenidyl (artane), flunitrazepam (rohypnol), amitriptyline, largactil, codeine, tramadol, piriton, biperiden, haloperidol, propofol (used in anaesthesia) and olanzapine (anti-psychotic drug).

The survey also identified a worrying trend in the abuse of cannabis with evidence showing an increase in the abuse of cannabis edibles. Laboratory analysis identified cannabis edibles e.g. cookies, “mabuyu”, sweets or candies. Emerging evidence also showed that abuse of heroin has penetrated to other non-traditional counties like Nakuru, Uasin Gishu, Kisumu, Isiolo, Nyeri and Kiambu.

Public sector workplace

In 2021, NACADA conducted another survey to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. Findings on lifetime use showed that 44.5% of the employees had ever used alcohol, 15.3% had ever used tobacco, 11.3% khat, 8.2% cannabis, 2.3% prescription drugs, 1.3% cocaine and 1.2% heroin. Findings on current (30-day) use showed that alcohol was the most widely used substance with a prevalence of 23.8% followed by tobacco (4.8%), khat (2.9%), cannabis (1.9%), 1.0% prescription drugs (1.0%), heroin (0.8%) and cocaine (0.8%) (Table 1.4).

Table 1.4 Drugs and substance use among employees in the public sector workplace in Kenya

Drug/ substance	Lifetime prevalence (%)	Current (30-day) prevalence (%)
Alcohol	44.5	23.8
Tobacco	15.3	4.8
Khat	11.3	2.9
Cannabis	8.2	1.9
Prescription drugs	2.3	1.0
Heroin	1.2	0.8
Cocaine	1.3	0.8

Source: NACADA, 2021

Data also showed that the prevalence of alcohol use disorders (AUD) among employees in the public sector workplace in Kenya was 13.2%. Further categorization of AUDs by severity showed that 5.7% of the employees in the public sector workplace had a mild alcohol use disorder (AUD), 3.0% had a moderate AUD while 4.5% had a severe AUD. This implied that approximately 30,384 employees in the public sector workplace had a severe AUD and therefore in need of addiction treatment services.

1.3 Institutional, policy and legal framework

Institutional framework for alcohol and drug abuse control in Kenya

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is a State Corporation established under the NACADA Act, 2012 in the Ministry of Interior and National Administration.

NACADA is mandated to coordinate a national response against alcohol and drug abuse as outlined in the NACADA Act 2012 and the Alcoholic Drinks Control Act (ADCA) 2010. The NACADA Act provides for a Board of Directors to guide on the strategic direction geared towards achievement of the Authority's mandate.

The Authority also provides secretarial services to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27th November 2020. The committee is mandated to ensure consumer protection from illicit adulterated alcoholic beverages in Kenya. This committee replaced the National Inter-Agency Committee for Control of Alcoholic Drinks and Combat of Illicit Brews which had been established under the Kenya Gazette Notice 5069 of July 10, 2015.

To facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drugs demand reduction and supply suppression, the Authority convenes the National Technical Committee on Drug Trafficking and Abuse (NTC). The committee has membership drawn from the Ministry of Interior and National Administration, Directorate of Public Health, Pharmacy and Poisons Board, State Department of Immigration and Registration of Persons, Government Chemist Department, Anti-Narcotics Police Unit, National Police Service, Kenya Prisons Service, Kenya Revenue Authority, Kenya Airports Authority, Kenya Ports Authority, State Law Office, Kenya Bureau of Standards and the National Intelligence Service. The committee facilitates establishing plans of action, strategies and collaboration in the development, implementation and enforcement of laws and policies relating to drug abuse control. The Authority has also established the County Inter-Agency Committees on Alcohol and Drug Abuse Control in all the 47 counties.

The adoption of the United Nations Conventions has made it compulsory for Member States to regularly report on the drugs situation as well as on interventions, covering both supply and demand reduction. NACADA has therefore established a National Drug Observatory (NDO) that coordinates data collection, collation and reporting in order to facilitate the country to meet its national, regional and international reporting obligations.

The membership comprises all members of the NTC including the Assets Recovery Agency, Financial Research Centre, National AIDS and STIs Control Programme, Anti-Narcotics Unit, Directorate of Criminal Investigations, Pharmacy and Poisons Board, Government Chemist, Kenya Prisons, Judiciary, Customs and Kenya Coast Guard Service.

Policy and legal framework

The Constitution of Kenya, 2010 provides that all ratified protocols of international law; treaties; and conventions; become part of the Kenyan law. The country has ratified all the three United Nations Conventions on Narcotic Drugs and Psychotropic Substances of 1961, 1971 and 1988. Towards the domestication of these Conventions, the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994 was enacted. It makes provision with respect to the control of the possession and trafficking of narcotic drugs and psychotropic substances as well as cultivation of controlled plants.

The Proceeds of Crime and Anti-Money Laundering Act, 2009 creates a comprehensive legislative framework to combat the offense of money laundering in Kenya. It also provides for the identification, tracing, freezing, seizure and confiscation of the proceeds of crime related to drugs. In addition, the Alcoholic Drinks Control Act, 2010 provides for the control of production, sale, and consumption of alcoholic drinks while the Tobacco Control Act, 2007 provides for the control of manufacture and production of tobacco products in Kenya.

CHAPTER TWO: ENFORCEMENT

This section presents enforcement data on seizures and arrests. It covers illicit alcohol and narcotic drugs control. Specifically, the section on narcotic drugs deals with cannabis, heroin, cocaine and other nationally and internationally controlled substances.

2.1 Illicit alcohol control

The Alcoholic Drinks Control Act (2010) is the principal legislation in the enforcement of laws related to production, distribution, sale and consumption of alcohol. This Act has enabled the County Governments to enact the County Alcoholic Drinks Control Acts.

During the reporting period, data on illicit alcohol seizures showed that a total of 2,846,590 litres of illicit alcohol was seized nationally. County specific data showed that Kisii accounted for the highest seizures of illicit alcohol (353,178 litres) followed by Nairobi (309,408), Kakamega (261,595 litres), Nakuru (256,276 litres), West Pokot (200,688 litres), Meru (151,773 litres), Busia (146,504 litres), Migori (143,152 litres), Trans Nzoia (110,070 litres) and Nandi (107,986 litres) (Table 2.1).

In terms of seizures of individual alcohol categories, data showed that a total of 276,842 litres of chang'aa was seized nationally. County specific data showed that West Pokot accounted for the highest seizures of chang'aa (54,759 litres), followed by Nakuru (40,184 litres), Kisii (17,429 litres), Nairobi (17,037 litres) and Trans Nzoia (16,594 litres) (Table 2.1).

Statistics on kangara showed that a total of 1,877,473 litres were seized in the reporting period. County specific data showed that Kisii accounted for the highest seizures of kangara (324,408 litres) followed by Kakamega (195,122 litres), Nakuru (180,803 litres), Nairobi (146,655 litres) and West Pokot (117,764 litres) (Table 2.1).

Data on other types of traditional alcohol showed that a total of 665,453 litres were seized in the reporting period. County specific data showed that Meru accounted for the highest seizures (146,997 litres) followed by Nairobi (144,522 litres), Busia (60,965 litres), Kakamega (56,778 litres) and Migori (45,864 litres) (Table 2.1).

Table 2.1 Illicit alcohol seizures by county

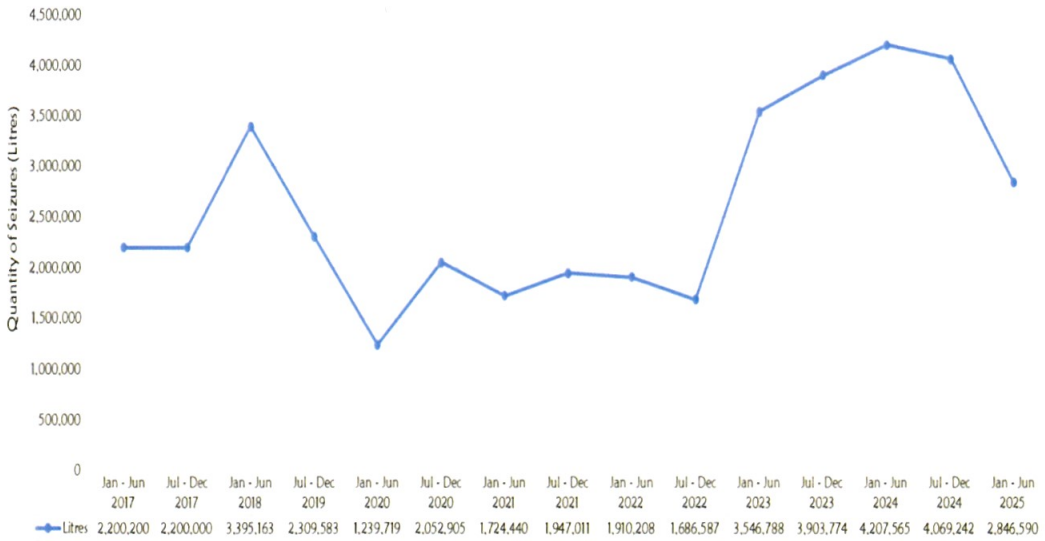
County	Chang'aa (ltrs)	Kangara (ltrs)	Other traditional alcohol (ltrs)	Illegal ethanol/neutral spirits (ltrs)	Counterfeit alcohol (ltrs)	Total alcohol seizures (ltrs)
Kisii	17,429	324,408	11,341	-	-	353,178
Nairobi	17,037	146,655	144,522	-	1,194	309,408
Kakamega	9,695	195,122	56,778	-	-	261,595
Nakuru	40,184	180,803	32,935	190	2,167	256,279
West Pokot	54,759	117,764	28,001	-	164	200,688
Meru	3,756	900	146,997	61	59	151,773
Busia	3,753	73,036	60,965	8,750	-	146,504
Migori	13,893	83,395	45,864	-	-	143,152
Trans Nzoia	16,594	72,090	21,386	-	-	110,070
Nandi	15,623	90,935	877	89	462	107,986
Bungoma	3,959	60,389	13,935	8,750	-	87,033
Elgeyo Marakwet	4,045	65,242	14,224	513	1,094	85,118
Nyamira	7,830	68,972	3,238	-	-	80,040
Siaya	2,299	66,046	4,782	-	882	74,009
Kisumu	3,409	67,710	1,060	-	174	72,353
Kericho	16,064	24,706	17,474	-	-	58,244
Uasin Gishu	9,969	45,130	2,145	-	264	57,508
Mombasa	3,210	39,144	1,702	-	-	44,056
Homa Bay	2,551	29,518	42	-	2	32,113
Laikipia	2,725	25,452	348	114	206	28,845
Baringo	2,856	14,272	8,122	-	-	25,250
Murang'a	2,099	20,120	2,802	-	-	25,021
Kiambu	2,875	12,770	4,929	-	84	20,658
Machakos	688	17,056	828	-	598	19,170
Samburu	4,158	13,750	70	-	-	17,978
Tharaka Nithi	326	100	14,525	-	10	14,961
Vihiga	7,473	5,325	1,065	-	-	13,863
Narok	3,313	8,491	1,110	-	-	12,914
Taita Taveta	518	1,495	5,800	-	4	7,817
Kitui	-	933	3,610	-	318	4,861
Turkana	795	875	2,080	82	-	3,832

County	Chang'aa (ltrs)	Kangara (ltrs)	Other traditional alcohol (ltrs)	Illegal ethanol/neutral spirits (ltrs)	Counterfeit alcohol (ltrs)	Total alcohol seizures (ltrs)
Kirinyaga	314	30	3,225	-	106	3,675
Lamu	740	-	2,830	-	-	3,570
Isiolo	578	1,464	1,353	-	-	3,395
Kwale	35	700	1,452	-	-	2,187
Marsabit	934	855	-	-	68	1,857
Kilifi	82	1,050	550	-	-	1,682
Embu	-	-	1,289	-	-	1,289
Kajiado	73	660	70	-	-	803
Tana River	150	-	457	-	-	607
Makueni	6	60	502	-	-	568
Nyandarua	47	50	-	19	400	515
Wajir	-	-	108	-	-	108
Garissa	-	-	60	-	-	60
Mandera	-	-	-	-	-	-
Total	276,842	1,877,473	665,453	18,567	8,205	2,846,590

Source: MoINA, January – June 2025

Figure 2.1 shows that there was a decline in illicit alcohol seizures during the reporting period. Data showed that a total of 2,846,590 litres of illicit alcohol was seized during the reporting period of 1st January – 30th June 2025. The decline may be attributed to the continued supply suppression efforts by NACADA and the enforcement agencies.

Figure 2.1 Trend of illicit alcohol seizures nationally



2.2 Narcotic drugs and psychotropic substances control

The Narcotic Drugs and Psychotropic Substances Control Act, 1994 is the principal legislation in the enforcement of laws related to the control of narcotics and psychotropic substances.

Cannabis control

Cannabis is the most widely used narcotic drug in Kenya. Most of the cannabis used in Kenya usually originates from the neighbouring countries of Tanzania, Ethiopia and Uganda as well as local cultivation. Kenya is therefore a key destination country for cannabis in the Eastern African region. In the recent times, there is a growing demand for cannabis originating from Ethiopia. Cannabis is mostly trafficked by road and air.

During the reporting period, data on cannabis seizures showed that a total of 12,752.52 kgs of cannabis were seized nationally. Analysis of county specific data showed that Nairobi accounted for the highest seizures of cannabis (2,067.14 kgs) followed by Nakuru (1,592.01 kgs), Marsabit (1,088.20 kgs), Migori (1,014.03 kgs), Kwale (839.51 kgs), Kiambu (631.85 kgs), Mombasa (545.36 kgs), Kericho (543.32 kgs), Kilifi (538.24 kgs) and Kisii (498.92 kgs). This data is presented in Table 2.2.

Table 2.2 Cannabis seizures by county

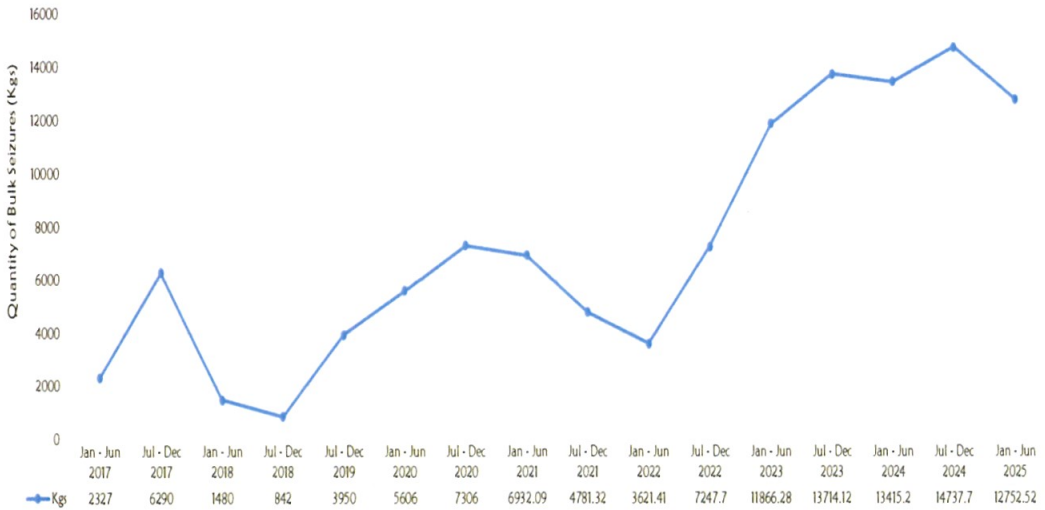
County	No. of persons arrested for possession	No. of persons arrested for trafficking	No. of persons arrested for cultivation	Total no. of persons arrested	Quantity seized (Kg)
Nairobi	290	147	-	437	2,067.14
Nakuru	79	15	2	96	1,592.01
Marsabit	4	11	-	15	1,088.20
Migori	13	4	3	20	1,014.03
Kwale	12	12	-	24	839.51
Kiambu	503	96	5	604	631.85
Mombasa	44	14	-	58	545.36
Kericho	55	1	-	56	543.32
Kilifi	30	34	-	64	538.24
Kisii	85	29	2	116	498.92
Kisumu	8	3	-	11	416.30
Muranga	204	42	3	249	403.10
Machakos	156	12	8	175	322.16
Narok	43	21	-	67	277.91
Busia	25	12	3	40	244.29
Siaya	8	5	-	13	179.20
Embu	66	8	6	80	176.90
Homabay	27	2	-	29	160.30
Meru	46	7	6	59	123.28
Kitui	27	12	1	40	111.79
Vihiga	43	8	-	51	105.75
Elgeyo Marakwet	5	-	2	7	75.05
Uasin Gishu	32	2	-	34	73.76
Nandi	23	1	3	27	47.38
Kakamega	74	-	2	76	36.90
Isiolo	15	35	-	50	34.38
Nyeri	90	10	-	100	21.85
Bungoma	30	2	6	38	20.35
Tharaka Nithi	44	-	1	45	16.95
Makueni	35	4	3	42	14.64
Nyamira	14	-	-	14	13.10
Wajir	17	2	-	19	13.00
Nyandarua	25	1	1	27	12.52

County	No. of persons arrested for possession	No. of persons arrested for trafficking	No. of persons arrested for cultivation	Total no. of persons arrested	Quantity seized (Kg)
Kirinyanga	155	6	4	165	12.49
Turkana	4	-	-	4	10.00
Laikipia	51	-	1	52	6.90
Kajiado	51	-	1	52	71.10
Samburu	1	7	-	8	5.10
Lamu	21	1	-	22	2.40
Bomet	25	4	2	31	2.01
Baringo	5	1	1	7	1.30
Taita Taveta	13	-	-	13	1.01
Trans Nzoia	12	1	-	13	0.83
West Pokot	1	-	-	1	-
Tana River	4	3	-	7	-
Mandera	15	-	-	15	-
Garissa	7	1	-	8	-
Railways	3	-	-	3	-
KAPU	-	1	-	1	379.94
Total	2,540	577	66	3,185	12,752.52

Source: NPS, ANU and DCI, January – June 2025

Figure 2.2 shows that there was a slight decline in the quantity of bulk seizures for cannabis during the reporting period from 14,737.70 kgs in July – December 2024 to 12,752.52 kgs in January - June 2025. Generally, the trend shows that there has been a steady rise in the seizures for cannabis from January – June 2022.

Figure 2.2 Trend of cannabis seizures nationally



Heroin control

Heroin is an illegal opioid and an extremely addictive drug derived from the opium poppy plant. Heroin is the second most widely used narcotic drug in Kenya after cannabis.

During the reporting period, data on heroin seizures showed that a total of 0.701 kgs of heroin were seized nationally. These seizures were made in Lamu and Nyeri counties (Table 2.3).

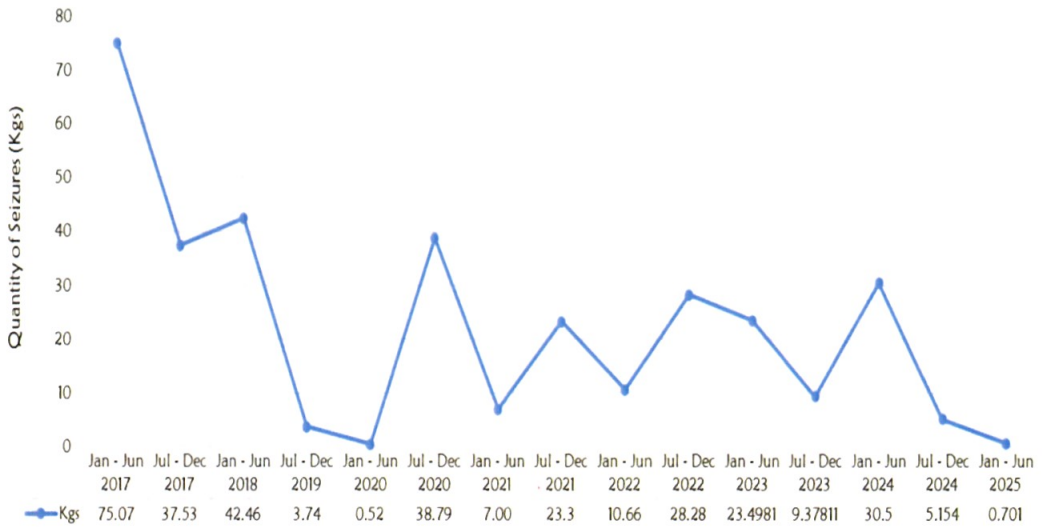
Table 2.3 Heroin seizures by county

County	No. of persons arrested	Quantity seized (Kg)
Lamu	0	0.001
Nyeri	1	0.1
Railways	1	0.6
Total	2	0.701

Source: NPS, ANU and DCI, January – June 2025

Figure 2.3 shows that the trend of heroin seizures had decreased from 5.154 kgs (July - December 2024) to 0.701 kgs (January - June 2025).

Figure 2.3 Trend of heroin seizures nationally



Cocaine control

Cocaine is an illegal and highly addictive stimulant drug under international control. During the reporting period, data showed that a total of 8.43 kgs of cocaine were seized in the country. These seizures were made in Nairobi, Isiolo, Marsabit, Kwale and the Jomo Kenyatta International Airport (JKIA) (Table 2.4).

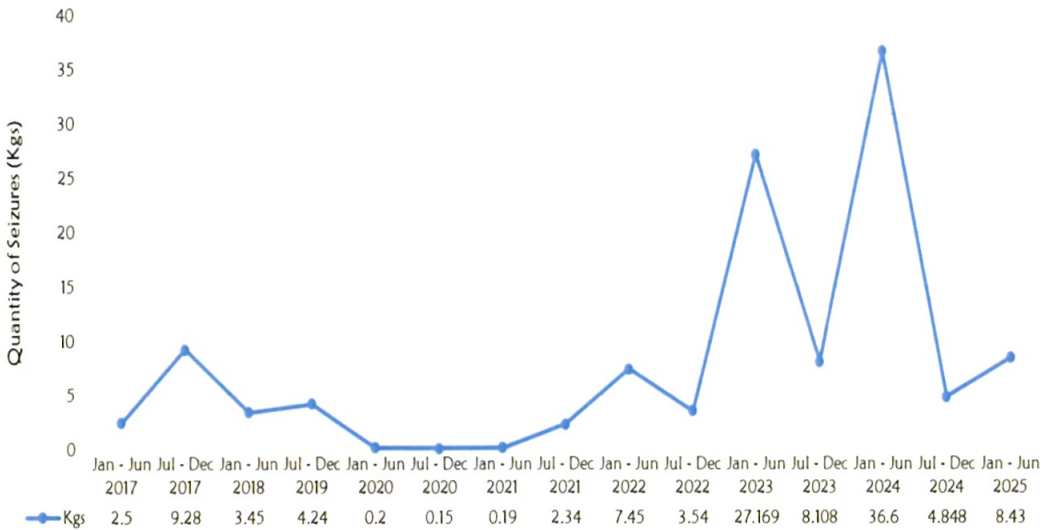
Table 2.4 Cocaine seizures by county

County	No. of persons arrested	Quantity seized (Kg)
Nairobi	15	3.0318
Isiolo	1	1.1
Marsabit	2	0.308
Mombasa	2	0.2
Kwale	1	0.002
JKIA	2	3.78645
Total	23	8.42825

Source: NPS, ANU and DCI, January – June 2025

Figure 2.4 showed a slight increase in cocaine seizures from 4.848 kgs (July – December 2024) to 8.43 kgs (January – June 2025).

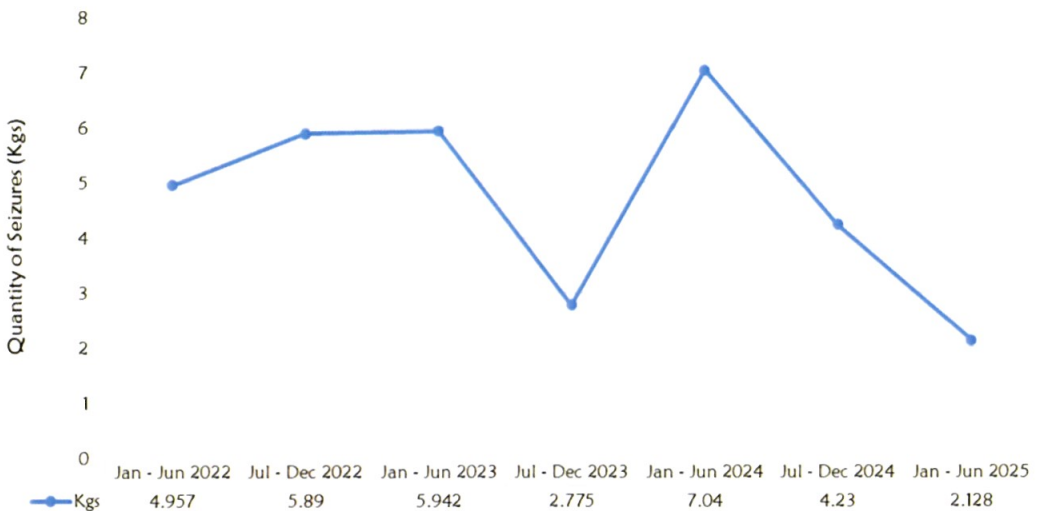
Figure 2.4 Trend of cocaine seizures nationally



Methamphetamine control

Methamphetamine is a synthetic drug and part of the group of drugs called amphetamine-type stimulants (ATS). During the reporting period, data showed that a total of 2.1276 kgs of methamphetamine were seized in the country (Figure 2.5). Methamphetamine seizures emerged in the year 2022.

Figure 2.5 Trend of methamphetamine seizures nationally



2.3 Trafficking routes for narcotic drugs

Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of psychoactive substances which are subject to national and international control. In the reporting period, the commonly trafficked substances in Kenya were cannabis, heroin, cocaine and methamphetamine. The most commonly used modes of trafficking were air cargo and by road. Nairobi is a gateway to the East African region and its geographic position and global connectivity to major world destinations makes Kenya an attractive transit route for drug trafficking.

Cannabis trafficking routes

Kenya is a key destination country for cannabis originating mainly from Ethiopia, Tanzania and Uganda. The most commonly used mode of trafficking is by road. However, inbound data on cannabis seizures from January – June 2025 showed that Kenya was a net destination country for cannabis originating from Ethiopia, Uganda, Tanzania, USA, Portugal and Thailand (Figure 2.6).

Figure 2.6 Cannabis trafficking routes



Source: ANU, January – June 2024

Cocaine trafficking routes

Cocaine is usually trafficked into the country through air and sea and mostly comes from Latin American States especially Bolivia, Peru, Columbia and Venezuela. Inbound – outbound data on cocaine seizures for January – June 2025 showed that Uganda was the main origin country for cocaine destined for Cyprus, Dubai and Mauritius through Kenya (Figure 2.7).

Figure 2.7 Cocaine trafficking routes



Source: ANU, January – June 2025

Methamphetamine trafficking routes

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

The globalization of the illicit synthetic drug market has also led to the emergence of new routes and manufacturing sites, reflecting the growing threat of transnational organized crime groups. Inbound – outbound data on methamphetamine seizures for January – June 2025 showed that Uganda and Burundi were the main departure countries for methamphetamine destined for Australia and Sri-Lanka through Kenya (Figure 2.8).

Figure 2.8 Methamphetamine trafficking routes



Source: ANU, January – June 2025

CHAPTER THREE: PREVENTION AND MITIGATION OF ALCOHOL AND DRUG ABUSE

3.1 Introduction

This chapter presents the major achievements on prevention and mitigation of alcohol and drug abuse in Kenya. The strategies include enhancing public education and advocacy through drug demand reduction initiatives; promotion of quality treatment, rehabilitation and reintegration of persons with substance use disorders (SUDs); and to enhance compliance with alcohol and drug policies, laws, regulations and standards. With the devolved system of governance in Kenya, liquor licensing and drug control functions have been assigned to the County Governments. Priority therefore focuses on strengthening partnerships and collaborations at the county level to enhance uptake of devolved functions.

3.2 Compliance with policies, laws, regulations and standards

Compliance with alcohol and drug control laws, regulations and standards is a major challenge in Kenya. As part of the response measures, the Ministry of Interior and National Administration has set up an inter-agency committee comprising of Government departments and lead agencies involved in drug demand reduction and supply suppression for the purposes of enhancing coordination in the development of plans of action, implementation and enforcement of laws and policies related to ADA control.

During the reporting period, “The National Policy for the Prevention, Management, and Control of Alcohol, Drugs, and Substance Abuse” was adopted by Cabinet in June 2025. The policy serves as Kenya’s strategic blueprint for coordinating all stakeholders in the fight against alcohol and drug abuse. It provides a unified framework to address this growing challenge, with particular emphasis on protecting children, youth, and women, whose vulnerability poses a direct threat to the country’s future productivity and development.

In fulfillment of one of the Authority’s mandate to assist and support county governments in developing and implementing policies, laws and plans of action on control of drug abuse, the Authority supported county governments to conduct crackdowns on illicit brews, counterfeit alcoholic products and drugs. This was part of an effort to enforce compliance with the alcohol and drug control legislation.

This activity was undertaken in 18 counties namely: Elgeyo Marakwet, Nairobi, Samburu, Turkana, Nyandarua, Homabay, Kitui, Baringo, Narok, Lamu, Uasin Gishu, Kajiado, Nakuru, Kwale, Nyamira, Tharaka Nithi, Kisumu, and Kiambu.

Also, the Authority held inter-agency meetings in 7 counties namely: Nakuru, Laikipia, Meru, Tharaka Nithi, Kericho, Samburu, and Kiambu. These county inter-agency committee meetings comprise Government Departments at national and county levels involved in drug demand reduction and drug supply suppression. The purpose of these meetings was to enhance coordination in developing action plans, implementing programs, and enforcing laws and policies related to alcohol and drug abuse control.

In addition, the Authority held sensitization forums targeting law enforcement officers at 8 key exit and entry border points to strengthen national efforts to curb trafficking of illicit drugs. Officers were trained on detection of illicit drugs and related substances. The border points covered were JKIA, Kisumu, Mombasa, and Eldoret Airports, as well as Moyale, Isebania, Namanga, and Lunga Lunga. This initiative forms part of a Whole-of-Government approach, engaging multiple agencies and stakeholders to ensure coordinated action against trafficking and abuse of drugs and alcohol across the country.

3.3 Public education and advocacy

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

The Authority continued to partner with various stakeholders to implement evidence informed programs and interventions in the following settings: schools, at family level, workplaces, and community while leveraging on media as a platform to disseminate prevention messages to different target audiences. Through these programs, the Authority sought to reduce the significant health, social, and economic problems associated with alcohol and drug use in the country.

During the period under review the Authority held capacity building sessions for prevention professionals on the “National Standards on Drug Use Prevention” and the “Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya”. The activity was implemented as part of the Authority’s mandate to guide and regulate the performance of alcohol and drug use prevention practitioners and provide a harmonized approach in prevention science to ensure professionalism and efficiency in prevention interventions. One hundred and seven (107) prevention professionals drawn from 12 counties were trained and sensitized on the codes of practice for ADA practitioners during the reporting period.

School based prevention interventions

Learning institutions are regarded as the second most powerful socialization agent for children and young people after their families. They therefore form an important setting for interventions aimed at alcohol and drug use prevention. Schools play a significant role to equip learners with key life skills, imparting them with accurate knowledge and establishing sound values base in relation to health and drug use prevention.

The Authority in partnership with the Ministry of Education and the Teachers Service Commission and various civil society organizations held dissemination forums for the “National Guidelines for Alcohol and Substance Use Prevention and Management in Basic Education Institutions”. The guidelines provide a framework for evidence-based approaches to alcohol and drug abuse demand reduction measures in basic education institutions in Kenya. Returns for the period showed that a total of 20,843 teaching staff, learners and parents were reached during the reporting period in partnership with 25 counties namely: Kisumu, Nyeri, Busia, Makueni, Kiambu, Bungoma, Tharaka Nithi, Lamu, Elgeyo Marakwet, Nandi, Mombasa, Taita Taveta, Nairobi, Nakuru, Garissa, Isiolo, Siaya, Baringo, Kilifi, Trans-Nzoia, Kajiado, Narok, Siaya, Makueni and Nakuru.

Workplace based prevention interventions

Employers have a duty to provide and maintain a safe and healthy workplace in accordance with the applicable national laws and regulations. The workplace setting may either increase or decrease the likelihood of substance use. Employees with SUDs may have lower productivity rates, are more likely to cause accidents at the workplace, and have higher health care costs and turnover rates.

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

The country’s public transport is particularly vulnerable to the adverse effects of substance abuse, and this has in the past led to increased accidents, injuries, and fatalities. Sensitization efforts ultimately contributes to enhanced road safety, reduced healthcare burdens, and improved the productivity and well-being of employees in this sector. Additionally, educating informal sector workers creates a ripple effect within their communities, promoting a culture of responsibility and well-being.

During the reporting period, the Authority partnered with various stakeholders to undertake training for employees working in the informal sector workplace. A total of 1,822 employees were reached in the counties of Kajiado, Nyeri and, Garissa.

Family based prevention interventions

The family is the most important socialization agent for children and young people. The family gives children their first system of values, norms and beliefs, and their earliest interactions before schooling takes place within the family setting. As such, children may encounter negative risks of early exposure to alcohol and drugs as a result of poor parenting skills. The family-based intervention programs focus on the family related risk factors targeting both parents and children. The program aims at strengthening families' capacity to prevent the early onset to drugs and substance use by children.

Family-based intervention programs address family-related risk factors through the involvement of both parents and children. These programs aim to enhance the families' ability to prevent the early onset of drug and substance use among children. During the reporting period, the Authority collaborated with various stakeholders to implement a nationwide campaign aimed at equipping and empowering parents and caregivers with the necessary skills and information to enable them interact constructively with their children. This initiative reached 17,710 parents and caregivers through school and community dialogues in 27 counties namely: Baringo, Busia, Embu, Homabay, Kakamega, Kajiado, Kiambu, Kilifi, Kitui, Laikipia, Lamu, Machakos, Makueni, Marsabit, Meru, Mombasa, Nakuru, Nandi, Nairobi, Nyeri, Siaya, Tana River, Tharaka Nithi, Trans Nzoia, Uasin Gishu, Vihiga, and West Pokot.

Community based prevention interventions

Community-based prevention programs are effective in addressing challenges caused by alcohol and drug use and their resultant consequences. Such programs are largely coordinated by non-state actors at local levels including community coalitions comprising representatives from organizations within the community.

Thus, the Authority in partnership with various non-state actors developed the "Community Workgroups Alcohol & Drug Use Management Framework" in 2022. The framework promotes the protection of communities from the harms associated with alcohol and substance use. During the reporting period, the Authority in collaboration with other non-state actors facilitated the setting up and training of ten (10) community workgroups in the counties of Siaya, Wajir, Nakuru, Vihiga, Kitui, Samburu, Homabay, Narok, Kericho, and Bomet.

The overall goal of this program is to anchor community led initiatives aimed at ensuring safer, healthier and substance use-free communities across Kenya.

Also, the Authority spearheaded a nationwide “National Alcohol and Drug Prevention Week” through partnerships with both state and non-state actors. This annual initiative aims to enhance public awareness and strengthen prevention programs to foster safer and healthier communities across Kenya.

This commemoration was undertaken across 27 counties namely: Nairobi, Kakamega, Busia, Vihiga, Bungoma, Baringo, Elgeyo-Marakwet, Nandi, Nakuru, Laikipia, Kericho, Embu, Machakos, Meru, Makeni, Kiambu, Kirinyaga, Nyeri, Garissa, Mandera, Wajir, Tana River, Kwale, Mombasa, Taita-Taveta, Kilifi, and Kajiado. The week-long commemoration successfully amplified the national conversation on substance abuse prevention; strengthening multi-sectoral collaboration; and demonstrating the Authority’s leadership in coordinating nationwide prevention efforts.

The Authority also conducted awareness and sensitization programs in Narok, Turkana, Homabay, Taita-Taveta, Kwale, Kericho, Isiolo and Nanyuki counties targeting the youth and communities by leveraging on local influencers, musicians, and National Government Administration Officers (NGAO) to amplify the messaging on prevention and rehabilitation.

Lastly the Authority, in collaboration with religious institutions trained 165 religious leaders on ADA prevention in the counties of Garissa, Kiambu, Kilifi and Kajiado. The goal of this program was to empower and equip religious leaders with knowledge and skills needed to support the Authority in raising awareness on the effects of ADA within their respective communities and to assist persons with SUDs in accessing treatment and care services.

3.4 Access to quality and holistic treatment and rehabilitation services

SUDs continue to be a major public health problem in Kenya with increasing unmet need for treatment and rehabilitation services. Towards expanding access to these lifesaving services, the Authority partnered with various actors to undertake community outreach programmes where citizens were able to access counselling and brief intervention services.

During the reporting period, NACADA continued to provide outpatient and inpatient treatment and rehabilitation services at the Miritini Treatment and Rehabilitation center in Mombasa County. The Authority has also expanded the capacity of the treatment and rehabilitation facility.

A total of 411 clients with SUDs were supported at the outpatient program while 40 clients were supported under the inpatient program.

Also, the Authority inspected 82 treatment and rehabilitation centers in 12 counties namely: Nyeri, Meru, Uasin Gishu, Kakamega, Bungoma, Makueni, Kwale, Mombasa, Kajiado, Kilifi, Kiambu, and Busia. This activity was undertaken in collaboration with the Kenya Medical Practitioners and Dentist Council, Pharmacy and Poisons Board, Ministry of Health and the respective County Governments where the centers are located.

3.5 Research and knowledge management

NACADA in collaboration with the Pharmacy and Poisons Board and the Government Chemist conducted a nationwide study on “Wastewater Analysis to Assess Emerging New Psychoactive Substances and Illicit Drug Use in Kenya” in 12 sampled counties namely: Kisumu, Mombasa, Kilifi, Kwale, Uasin Gishu, Nakuru, Busia, Nairobi, Kilifi, Garissa, Isiolo, and Nyeri. The report provides critical data on emerging drug use trends in Kenya aimed at strengthening mechanisms for early warning of NPS and support evidence-informed law enforcement strategies.

During the reporting period, the Authority published the 13th edition of the African Journal of Alcohol and Drug Abuse (AJADA). AJADA is an open access, peer reviewed, multidisciplinary journal, committed to high quality output publications with an international audience seeking reliable, timely and current information on alcohol and drug abuse. During the reporting period, a total of 16 journal articles were published in this edition. The articles are as follows:

1. Assessment and comparison of the knowledge and attitudes towards drug abuse among male and female secondary school students in Owo, Ondo State;
2. Awareness of factors responsible for, and social implications of, drug abuse among secondary school students in a semi-urban area in Nigeria;
3. Binge eating and drinking among alcoholics at night clubs in Dar es Salaam, Tanzania;
4. Burden of drugs and substance abuse among university students in Kenya;
5. Exploring factors enabling the use of drugs and alcohol among upper secondary school pupils in Ndola District, Copper-belt Province, Zambia;
6. Factors determining alcohol consumption in Burkina Faso;

7. Knowledge and prevalence of substance and drug abuse among secondary school students in a sub-urban area in Nigeria;
8. Personality traits among individuals with substance use disorders attending a psychiatric hospital in Lagos;
9. Self-esteem, attitudes towards alcohol and other substance use among undergraduate students in Nairobi, Kenya: A sex-disaggregated cross-sectional analysis;
10. Socio-demographic correlates of psychoactive substance consumption among secondary school adolescents in a remote district of Buhweju, Uganda;
11. Substance use and behavioral addiction patterns: Treatment outcomes among patients admitted to an addiction treatment and rehabilitation center in a Nigerian teaching hospital;
12. Tackling illicit drugs and substance use and addictions in Nigeria: The social cognitive model as a more effective alternative for rehabilitation;
13. The Brain remembers: Trauma-imprinted pathways to substance use;
14. Gendered pathways and responsive interventions to curb substance use among women;
15. Addressing drug and substance use among university students in Kenya;
16. Addressing emerging drugs and substance abuse among university students in Kenya;

CHAPTER FOUR: CHALLENGES AND WAY FORWARD IN THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

4.1 Challenges

The campaign against alcohol and drug abuse in Kenya was faced by multiple challenges during the reporting period. These are as follows:

A. Inadequate funding for the Authority's programs

NACADA's annual budgetary allocation has been inadequate to fund the Authority's programs. During the FY 2024/ 2025, the Authority's recurrent budgetary allocation was Ksh 968,000,000 million far below the KSh 2.4 billion annual strategic plan estimates needed for nationwide scaling. This shortfall manifests in scarcity of resources, and limited scope and impact of the Authority's interventions.

B. High cost of addiction treatment services

The demand for treatment and rehabilitation services in the country far exceeds the available facilities. Over 90 percent of the existing treatment and rehabilitation centres in Kenya are privately owned. This problem is worsened by extreme affordability barrier, urban concentration of facilities, long waiting lists in the limited public facilities, limited outpatient and community-based options, and shortage of professional human resource. This complex web of challenges facing the treatment and rehabilitation system in Kenya creates a near-complete treatment desert for the majority in need of these vital services.

C. Exploitation of women as emerging drug traffickers

There is a growing problem in the recruitment of Kenyan women as traffickers in the international drug trafficking trade. International drug trafficking syndicates recruit women because they are simultaneously less suspicious looking to authorities, more vulnerable to manipulation, more economically deprived and have more physical concealment options compared to men. Thus, most of these women are facing harsh penalties including life imprisonment, death sentences and executions in foreign prisons.

D. Increased drug supply targeting learning institutions

The growing rise in availability of drugs especially alcohol cannabis and prescription drugs in the environments and neighbourhoods near primary schools, secondary schools, tertiary institutions and universities have devastating, measurable, and multi-generational impacts on Kenya's education system, public health and safety, security, and future economic development.

E. Increasing availability and supply of illicit and counterfeit alcohol

Kenya faces a growing proliferation of illicit (e.g., unregulated traditional homemade brews) and counterfeit alcohol fueled by smuggling of ethanol, tax evasion, and increase in commercial-scale artisanal alcohol production. These interconnected challenges, amplified by poverty and regulatory silos, poses profound public health, economic, social, and enforcement challenges.

F. Emerging new source markets for cannabis

Kenya's strict prohibition on cannabis under the Narcotic Drugs and Psychotropic Substances (Control) Act of 1994 amended in 2022 coupled with active surveillance by enforcement agencies discourages local cultivation of cannabis thereby creating significant vulnerabilities of cannabis import from neighbouring African countries (e.g., Ethiopia, Uganda and Tanzania) and emerging global markets from countries that have legalized or decriminalized cannabis use e.g., USA, Portugal, and Thailand. Partly, this trend has also been influenced by the increasing demand and search for more potent strains of cannabis. These diversified import markets for cannabis have driven domestic use leading to increasing surge in cannabis consumption among the youth.

G. Strategic location of Kenya as a preferred transit route

Kenya's strategic location-bridging East Africa, the Indian Ocean maritime routes, and global air corridors has positioned it as a key transit hub for illicit drugs like heroin (from Afghanistan via the "Southern Route"), cocaine (from South America), methamphetamine, precursors, and synthetic opioids. While this facilitates trafficking to Europe, North America, and other African markets, it imposes severe multi-dimensional challenges where Kenya's transit role has spilled over into local markets, mutating from pure transit to a rising domestic consumption hub.

4.2 Way forward

- a. Towards addressing the funding gap, the Authority needs to continue mobilizing resources through strengthening of strategic partnerships and collaborations. Additionally, the Authority needs to continue engaging the national treasury to enhance the Authority's annual budgetary allocation. This includes the enactment of ring-fenced "sin taxes" as one of the key revenue streams;
- b. Towards responding to the challenges of limited access to addiction treatment and rehabilitation services, there is need for county governments to ring-fence resources acquired from liquor licensing to facilitate establishment of more affordable facilities. The Authority in collaboration with other stakeholders also needs to explore opportunities for outpatient and community-based treatment and rehabilitation options at the county level.
- c. Towards protection of the exploitation of women as emerging drug traffickers, there is need for the Government to implement deliberate measures on prevention and early identification interventions through implementation of national wide awareness campaigns. This is in addition to targeting potential recruitment agencies and networks in the country.
- d. Towards reversing the growing trend of increased availability of drugs and substances of abuse in environments and neighbourhoods near institutions of learning, there is need to adopt a "whole of society" approach where the law enforcement agencies collaborate with the "nyumba kumi", management of learning institutions, and the community, for intelligence sharing and eradication of drug supply networks operating within and areas around primary schools, secondary schools, tertiary institutions and universities;
- e. Towards addressing the problem of increasing availability and supply of illicit and counterfeit alcohol, NACADA needs to continue strengthening the multi-agency enforcement activities and intelligence-led raids that have proved to be effective supply suppression interventions.

- f. Towards responding to the challenges of emerging influx of cannabis from neighbouring African countries and global hubs with legalized or decriminalized markets like the USA, Portugal, and Thailand, the Government needs to adopt a multi-pronged strategy that integrates enforcement, regional and international cooperation, demand reduction, and supply suppression interventions;
- g. Towards disruption of Kenya's role as a major transit hub for heroin, cocaine, methamphetamine, precursors, synthetic opioids, and other emerging substances via maritime routes (e.g., Mombasa port), airports (e.g., JKIA), and land borders demands a multi-layered, evidence-informed response. Drawing from UNODC strategies (2021–2025), recent East African initiatives, and global best practices, there is need for the Government to strengthen border and maritime controls, enhance inter-agency and regional cooperation, address enforcement gaps, corruption, effects of domestic spillover, and socio-economic drivers through a balanced approach of supply suppression, demand reduction, and harm mitigation.