



**NACADA**  
FOR A DRUG FREE NATION



**Republic of Kenya**  
**Ministry of Interior and Coordination of**  
**National Government**

**Report on Alcohol and Drug Abuse**  
**Control Status in**  
**Kenya**

**APRIL – SEPTEMBER, 2013**



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# **Report on Alcohol and Drug Abuse Control Status in Kenya**

**April – September, 2013**

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**Chief Executive Officer**  
**National Authority for the Campaign against**  
**Alcohol and Drug Abuse**

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## LIST OF ABBREVIATIONS

<b>ADA</b>	Alcohol and Drug Abuse
<b>ADCA</b>	Alcoholic Drinks Control Act, 2010
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CSOs</b>	Civil Society Organizations
<b>FBOs</b>	Faith Based Organizations
<b>GoK</b>	Government of Kenya
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human Resource
<b>IDADA</b>	International Day against Drug Abuse and Illicit Trafficking
<b>IDUs</b>	Intravenous Drug Users
<b>IEC</b>	Information, Education and Communication
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MDGs</b>	Millennium Development Goals
<b>NACADA</b>	National Authority for the Campaign against Alcohol and Drug Abuse
<b>NACC</b>	National AIDS Control Council
<b>NCPD</b>	National Council for Persons with Disabilities
<b>NDO</b>	National Drug Observatory
<b>NGOs</b>	Non-Governmental Organizations
<b>PCSC</b>	Public Complaints Steering Committee
<b>SUD</b>	Substance Use Disorder
<b>T&amp;R</b>	Treatment and Rehabilitation
<b>TOT</b>	Training of Trainers
<b>UNODC</b>	United Nations Office on Drugs and Crime

## FOREWORD

The Second Bi-annual Report on the status of Alcohol and Drug Abuse Control highlights the Country's milestones in prevention, control and mitigation of alcohol and drug abuse (ADA) during the period of April to September 2013.

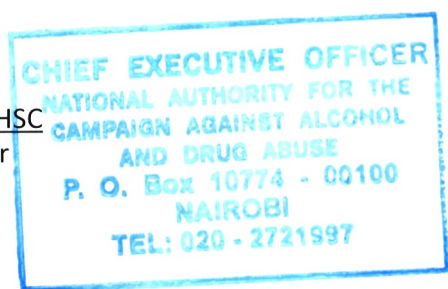
During the said period, the various agencies mandated to control and mitigate the impact of alcohol and drug abuse continued to work together towards supply suppression and demand reduction. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) coordinated the various stakeholders' activities and has compiled this report as part of its mandate under the NACADA Act (2012).

Among other achievements highlighted in this report, it is imperative to point out that the implementing agencies have been able to synergise their operations especially in the area of surveillance and monitoring of emerging trends in consumption of alcohol and other intoxicating drugs. This was made possible through establishment of the National Drug Observatory (NDO) that is also serving as the repository for all National alcohol and drug related data. A national study commissioned to establish level of alcohol consumption and to estimate the related morbidity and mortality is also expected to feed into the NDO. The data collected from surveys, supply suppression and demand reduction Agencies and from the County Governments will yield data that will inform policy formulation and implementation of anti-drug abuse interventions.

Further, devolution led to the establishment of County Governments and subsequent assignment of alcohol and drug control to this level of Government thereby making the response to this vice a community-owned initiative. During the reporting period, only a few of Counties were able to commence setting up of policy and structures to undertake this mandate. With the support of NACADA, it is expected that more Counties will be able to operationalize their anti-drug abuse and alcohol control mechanisms in the near future.

A major setback in the control of alcohol and drugs of abuse is the reduction of NACADA budget by the National Treasury by 30 percent compared to last financial year thereby limiting the extent to which demand reduction and treatment interventions may be implemented nationally and regionally.

Dr. William N. Okedi, HSC  
Chief Executive Officer



## ACKNOWLEDGMENTS

This publication provides the status of alcohol and drug abuse control in Kenya and was prepared in collaboration with state and non-state agencies involved in alcohol and drug abuse prevention control and mitigation in Kenya.

Data collection was facilitated by technical officers from the National Technical Committee on Drug Trafficking and Abuse (NTC). This is an inter-agency committee established to coordinate implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya. The Committee has membership drawn from various Ministries, State Departments and Agencies involved in the fight against illicit alcohol and drugs. Treatment data was provided by public and private treatment and rehabilitation centers in the county. NACADA is the secretariat and convened the technical working committee to compile this report.

United Nations Office on Drugs and Crime (UNODC) provided resources and technical support to set-up a national drug control information system (National Drug Observatory); the first of its kind in East African region. This is a key milestone to enable the Country determine the current trends and consequently inform interventions as well as fulfil the relevant reporting requirements. We particularly wish to acknowledge Dr. Fayzal Sulliman for his time in operationalization of the information system.

## EXECUTIVE SUMMARY

The Second Bi-annual Report on Alcohol and Drug Abuse Control Status covers the period from April to September 2013. This is a follow-up to the first report covering the period from November 2012 when the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012 took effect. The report is a compilation of inputs from law enforcement and related agencies (supply suppression) as well as prevention, awareness and treatment agencies (demand reduction) sectors of alcohol and drug control.

Supply suppression aims at reducing the availability of illicit alcohol and controlled drugs through various intervention activities and legal processes. Demand reduction on the other hand focuses on reducing the consumption of addictive substances, as well as effective treatment programmes.

During the reporting period, over three million litres of illicit alcohol were impounded out of which 61% was kangara, while 30% consisted of other traditional brews such as busaa and muratina, and 9% consisted of chang'aa. 26,237 suspects were arrested in connection with alcohol-related offences, 23,525 of these were charged in courts and 6,017 imprisoned.

Cannabis remains the most trafficked and abused narcotic drug in Kenya. During the reporting period, law enforcement agencies seized over 952 kilogrammes of cannabis countrywide packaged as rolls, stones or brooms. A total of 329 offenders were apprehended and 296 taken to court on charges ranging from possession, trafficking, handling and consumption. Further, 1,086 sachets of heroin were seized and 68 suspects apprehended, 51 of whom were arraigned in courts and charged with either possession or trafficking. Similarly, 9.7 kilogrammes of cocaine was seized during the period, and 15 suspects were arrested and arraigned in court on trafficking charges.

In September 2013, a clandestine laboratory with chemicals and equipment believed to be for use for the illicit manufacture of amphetamine-type stimulants was discovered, 9 suspects were arrested and 2 of them charged in court. In total, more than 1,917 offenders were incarcerated in relation to narcotic drugs and psychotropic substances offences out of whom 1,627 were male and 290 were female.

A key milestone under public education was inclusion of anti-ADA theme in the 2013 schools and colleges drama and music festivals. To enhance prevention programs, NACADA conducted sensitization for journalists, held workshops for community leaders and supported public sector ADA mainstreaming. Towards technical and infrastructural support to public national treatment and rehabilitation facilities, Kshs. 3,247,155 disbursed to Moi Teaching and Referral Hospital and Kshs. 3,935,000 to Coast Provincial General Hospital for renovation of the rehabilitation center.

Under policy development, five policy documents were finalized and validated, including the National Drug Abuse Control Policy (2013) and Narcotic Drugs and Psychotropic Substances Control Policy (2013), among others. In addition, development and



operationalization of guidelines to vet alcoholic drinks promotions and advertisements as set out in the Alcoholic Drinks Control Act, 2010 were finalized.

The control of alcohol and other intoxicating drugs is often hampered by many challenges. During the reporting period, some of the key challenges included inadequate resources, insufficient treatment and rehabilitation services, sale and consumption of sub-standard alcoholic drinks and limited stakeholder participation in the campaign.

The report recommends scaling up training of addiction professionals as well as improving access to addiction treatment services; stringent enforcement and surveillance of alcohol standards; and building the capacity of agencies mandated to enforce anti-drug laws and regulations to undertake their mandate by providing equipment and modern technology for effective screening. In view of reduced funding for NACADA in the current financial year, it is recommended that National Treasury should provide supplementary funding to cover the shortfall.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

The Second Bi-annual Report on Alcohol and Drug Abuse Control Status covers a six months period from April 2013 to September 2013. Section 5 (j) of the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012 requires NACADA to submit an alcohol and drug abuse control status report to both Houses of Parliament through the Cabinet Secretary twice a year. Section 26 (c) further empowers NACADA to require reports from lead agencies relating to drug control to facilitate preparation of the Bi-annual report for submission to Parliament. The Act was signed into Law on 24th July 2012 and came into effect in November 2012.

In a bid to set-up a drug information system which will enable determination of current trends in ADA and consequently inform interventions as well as fulfil the relevant reporting requirements, the Authority has partnered with the United Nations Office on Drugs and Crime (UNODC) to establish a National Drug Observatory (NDO). Towards this, a training workshop was held with participants from National Police Service, Kenya Bureau of Standards, Kenya Ports Authority, Kenya Prison Service, Kenya Revenue Authority, Ministry of Health, Ministry of Interior and Coordination of National Government, National Intelligence Service, Government Chemist Department and NACADA. A separate workshop was also held with public and private treatment and rehabilitation centers. These workshops built consensus on standard data collection tools and submission formats that are the basis of compiling this report.

### 1.2 Overview of the Current Situation of Alcohol and Drug Abuse (ADA) in Kenya

According to the World Drug Report (UNODC 2013), trends in emerging routes for trafficking of drugs and production of illicit substances indicate that Africa is increasingly becoming vulnerable to drug trade and organized crime. The current statistics on the prevalence of drug use shows trends of a sizeable and growing consumer market in Africa. This may over time increase its importance as a destination and as a re-distribution point for other destinations.

Kenya is no exception and is increasingly having to confront the challenges on substance abuse and trafficking. Statistics from the National Rapid Situation Assessment on Drug Abuse in Kenya, 2012 indicated an overall shift towards reduced incidences of drug abuse among respondents aged 15-65 years compared to 2007. Cannabis remains the most currently trafficked and abused narcotic drug in Kenya as compared to hashish (cannabis resin), heroin and cocaine. The statistics show that although there was a slight reduction among those aged 15-65 years from 6.5% in 2007 to 5.4% in 2012 who reported ever use of cannabis, those aged 10-14 years show an increase from 0.3% in 2007 to 1.1% in 2012.

In general, there is a reduction in the use of any alcohol from 14.2% in 2007 to 13.3% in 2012. Although there is a reduction in those reporting current use of packaged/legal alcohol and traditional liquor, there is an increase in those reporting use of chang'aa. On the basis of regions, Nairobi reported the highest proportion of those who use alcohol

(22%), followed by Rift Valley (15.6%) and Eastern (13.1%) respectively. Worth noting is North Eastern region which recorded 5.4% in 2012 against insignificant levels of alcohol use in 2007.

Current use of tobacco products for 15-65 years respondents reveals a reduction in the proportion of those reporting cigarettes use (from 10% in 2007 to 8.6% in 2012) as well as in the use of sniffed/chewed/piped tobacco (from 1.5% in 2007 to 0.7% in 2012). North Eastern has the highest reported current use of tobacco (16.1%) followed by Nairobi (14.4%) and Central and Eastern (10%).

Reported current usage of khat reduced from 5.5% in 2007 to 4.2% in 2012. In terms of regions, highest use was reported in North Eastern (28%) followed by Nairobi (7.2%), Coast (6.2%) and Eastern (5.4%). Lowest current use was recorded in Western.

Data also shows that 5.5% of Kenyans are dependent on alcohol use, 4.5% are dependent on tobacco use, 1.5% are dependent on khat use and 0.4% are dependent on cannabis use. Overall, the data supports a gradual shift towards a reduced incidence of alcohol and drug abuse.

### **1.3 Policy environment on alcohol and drug reduction**

Kenya has ratified all three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances i.e. the 1961 Convention on Narcotic Drugs, the 1971 Convention on Psychotropic substances and the 1988 Convention against illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

Towards domestication of the above conventions, the Narcotic Drugs and Psychotropic Substances (Control) Act was enacted in 1994. It makes provision in respect to the control of the possession and trafficking in narcotic drugs and psychotropic substances and cultivation of certain plants. The Proceeds of Crime and Anti-Money Laundering Act, 2009 creates a comprehensive legislative framework to combat the offence of money laundering in Kenya as well as provide for the identification, tracing, freezing, seizure and confiscation of the proceeds of crime among other things.

The Fourth Schedule; article 185(2), 186(1) and 187(2) of the Constitution of Kenya 2010 on the distribution of functions between the two levels of Government assigns drug control and liquor licensing as an exclusive function to the County Governments.

The Tobacco Control Act came into operation in July 2008 and provides for control of manufacture and production of tobacco products as well as banning of smoking in public places. The Alcoholic Drinks Control Act enacted in 2010 provides for the control of the production, sale and consumption of alcoholic drinks. Enforcement of alcohol and drug control regulations in the country remains a key challenge in this front.

### **1.4 Institutional environment for management of ADA**

The campaign against alcohol and drug abuse is two pronged, that is, demand reduction and supply suppression. Demand reduction involves providing preventive education, public awareness, life skills, treatment and rehabilitation, and psycho-social support to the general public or specific target population. Players in demand reduction include NACADA, public sector institutions, learning institutions, youth groups, civil society organizations, faith-based institutions as well as treatment and rehabilitation service providers.

NACADA was established under an Act of Parliament in July 2012 as the National Authority for the Campaign against Alcohol and Drug Abuse and mandated to coordinate the national response aimed at prevention, control, management and mitigation ADA as well as coordinate international, regional and national collaboration networks towards ADA control.

Supply suppression on the other hand is the formulation, enactment and enforcement of policy, legislation and other means to control the production, trafficking and sale of alcohol and intoxicating drugs. Players in supply suppression include Parliament, County governments, and the National Technical Committee on Drug Trafficking and Abuse (NTC).

The National Technical Committee on Drug Trafficking and Abuse (NTC), an inter-agency committee, was formed to coordinate implementation of policy and measures to curb illicit drug trafficking and abuse in Kenya.

The Committee has membership drawn from various Government Ministries and agencies involved in the fight against illicit drugs including: NACADA as the secretariat, Ministry of Interior and Coordination of National Government, Ministry of Health, Ministry of Immigration & Registration of Persons, Government Chemist, Kenya Police Service (Anti-Narcotics Police Unit), 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 Ministry of Interior and Coordination of National Government is responsible for administration and internal security through the National Administration system. Key anti-drug agencies in the Ministry include National Police Service (Anti-Narcotics Unit), National Intelligence Service, Directorate of Immigration and Registration of Persons, and Kenya Prisons Service. The Ministry of Health contributes to the anti-drug interventions through the Pharmacy and Poisons Board as well as the Government Chemist Department.

The Ministry of Transport and Infrastructure encompasses a transport system comprising of road, rail, air and maritime. The sector is very crucial in the control of drugs gate-ways within the transport network, and key anti-drug agencies are Kenya Ports Authority (KPA) and Kenya Airports Authority (KAA). The Ministry of Industrialization and Enterprise Development has the Kenya Bureau of Standards (KEBS) as the key anti-drug agency. KEBS is mandated to develop standards, provide product testing services, measurement services, quality assurance services, product and management system certification services.

The National Treasury under which the Kenya Revenue Authority (KRA) falls is charged with the responsibility of collecting revenue on behalf of the Government of Kenya. KRA is strategically positioned to counter drug smuggling through control of imports and exports. Lastly, the State Law has the overall responsibility of providing advice on all legal matters to the Government of Kenya and its agencies. It also functions to ensure to that the Kenya Legal system effectively offers opportunity for the activities to be carried out within the Law.

## CHAPTER TWO: DEMAND REDUCTION

Demand reduction focuses on bringing about a decline in the consumption of these substances, as well as effective treatment, aftercare, rehabilitation and social reintegration of persons with substance use disorders (SUD). The campaign against alcohol and drug abuse in Kenya was undertaken mainly by NACADA. Interventions were implemented under various thematic areas, these are public education and advocacy, treatment and rehabilitation service provision, policy and strategy development, strategic partnership, research, monitoring and evaluation.

### 2.1 Public Education and Advocacy

#### 2.1.1 Public sensitization

Public education and advocacy thematic area responds to the mandate to carry out public education on alcohol and drug abuse as well as coordinate and facilitate public participation in the control of alcohol and drug abuse. During the reporting period, the key milestone was inclusion of the anti-ADA theme in the 2013 colleges and schools drama festival. NACADA remitted Kshs. 5,610,000 to the Kenya National Drama Festival and the Kenya Music Festival Secretariats under Ministry of Education for sponsorship of the ADA category as well as enable training of drama and music on anti-drug abuse themes to facilitate inclusions from the grassroots to national level. There were more entries with ADA themes compared to the previous year with seven (7) items presented in the winners' gala. Four of these anti-ADA items were presented during the State concert at State House-Mombasa.

#### 2.1.2 Youth programs

Towards outreach and sensitization for youth with special needs, the Authority partnered with the National Council for Persons with Disabilities (NCPWD) and conducted preventive education and life skills sensitization for youth with special needs in Nairobi, Nyanza and Rift Valley regions. The outreach sensitization targeted visually, hearing and physically impaired and caregivers/service providers of the mentally impaired. A National Youth Forum bringing together youth representatives from all counties was also held to articulate the youth role in alcohol and drug abuse control.

Further training was held for youth leaders from Nyanza, Western and North Rift regions on life skills for scaling up of anti-drug abuse initiatives as well as sensitization of youths in high schools from Trans Nzoia County through the County Scouts Association to highlight drug abuse among the students thus enhancing their skills on ADA prevention.

Towards outreach to out-of-school youth that have been identified to the highest rates of alcohol and drug abuse, regional choir competitions were carried out targeting youth out of schools with performances having anti-alcohol and drug themes. Further, towards sensitization of the general public, anti-drug abuse and life skills exhibitions were held in various national trade fairs and Agricultural Society of Kenya (ASK) shows. These included Kisii ASK Show, Mombasa International Show, Nyeri ASK Show, and Garissa ASK Show.

### **2.1.3 Community-based interventions**

In an effort to enhance community driven ADA prevention program, sensitization for journalists drawn from community and vernacular radio stations on alcohol and drug abuse was carried out in North Eastern and Nairobi regions. Community leaders drawn from Western, Nyanza, Eastern, Coast, Nairobi, North Rift and South Rift had workshops to discuss the regional magnitude of alcohol and drug abuse problem and develop remedial actions plans. Existing ADA resource persons were supported to implement preventive and life skills programs by engaging them in sensitization/trainings in their respective catchment areas.

### **2.1.4 Mainstreaming ADA in the Public Sector**

Towards mainstreaming workplace alcohol and drug abuse prevention program, three clustered trainings on ADA mainstreaming were carried out targeting Government ministries, departments and agencies (MDAs). Further, support was provided to public sector institutions to formulate and implement ADA workplace policies as well as to undertake baseline surveys on the prevalence of ADA in their workplace.

## **2.2 Treatment and Rehabilitation**

Alcohol and drug addiction is a complex illness that is more than just compulsive drug taking - it can also produce far-reaching health and social consequences. NACADA in collaboration with other lead agencies is required 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. This update is intended to highlight progress in the treatment and rehabilitation services in the country.

### **2.2.1 Infrastructural development**

Towards provision of technical and infrastructural development support to public national treatment and rehabilitation facilities, Ksh. 3,247,155 was disbursed to the Moi Teaching and Referral Hospital towards on-going treatment and rehabilitation construction project. Further Ksh. 3,935,000 was set aside towards renovation of a female addiction rehabilitation centre at the Coast Provincial General Hospital.

### **2.2.2 Technical support**

Kenya Prison Service staff were trained on alcohol and drug abuse prevention and treatment in the prisons settings at training sessions held at Tom Mboya Labour College Kisumu from 14th to 16th May 2013 and 27th to 28th May 2013 at Shimo La Tewa Borstal Institution. A total of 35 corrective facilities were represented.

### **2.2.3 Capacity building for addiction professionals**

Further, towards introduction of certification regime for addiction counselors, a substantive Certification Council was constituted and inaugurated. Three certification trainings for

addiction professionals were held in Mombasa, Eldoret and Nairobi, with a total of 107 trainees.

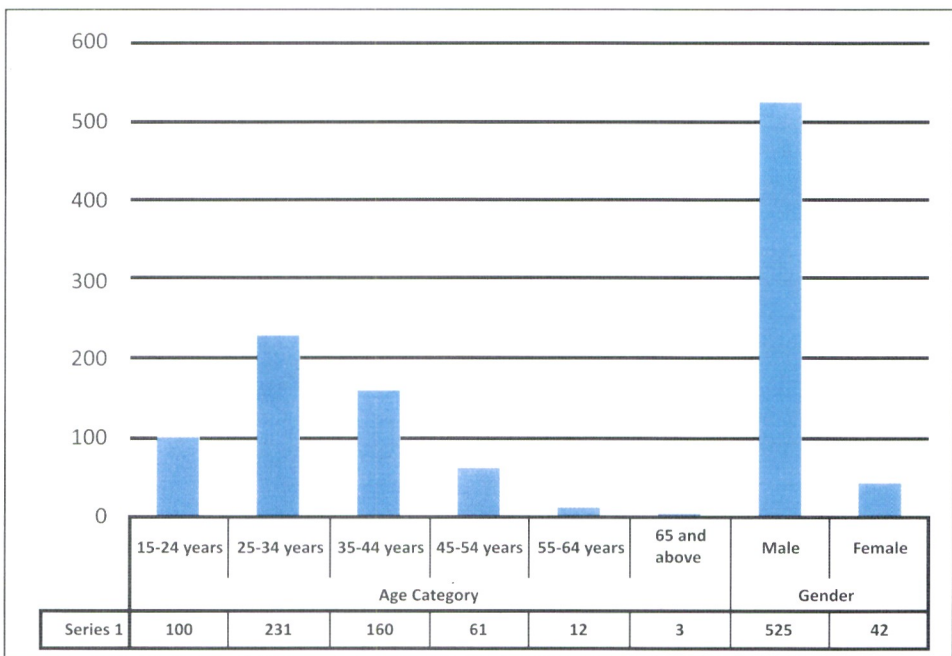
### 2.2.4 Licensing of treatment and rehabilitation facilities

Inspections were carried out in rehabilitation centers at Coast, Nyanza, North Rift, Central and Nairobi regions to review implementation of the National Standards for treatment and rehabilitation centers. Licensing regulations for treatment and rehabilitation centers were developed, validated and forwarded to the Ministry of Interior and Coordination of National Government for gazettelement.

### 2.2.5 Treatment and rehabilitation admissions

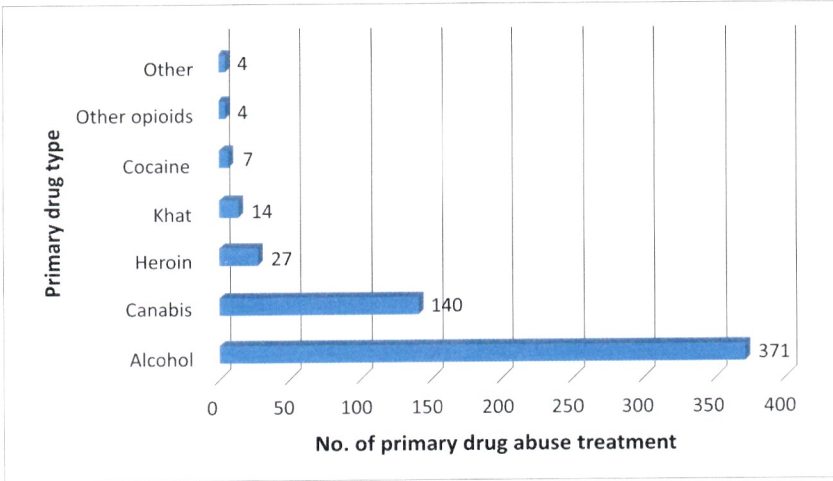
The substance abuse treatment admissions are based on data from 19 treatment centers. Two (2) are public and 17 are private and, in total reported 567 treatment episodes during the period under review. Figure 1 presents the demographics of the treatment admissions during the period under review where an overwhelming majority was male. The mean age of treatment was 33.5 years with the majority of the people seeking treatment aged between 25 and 34 years.

**Figure 1: ADA treatment admission demographics**



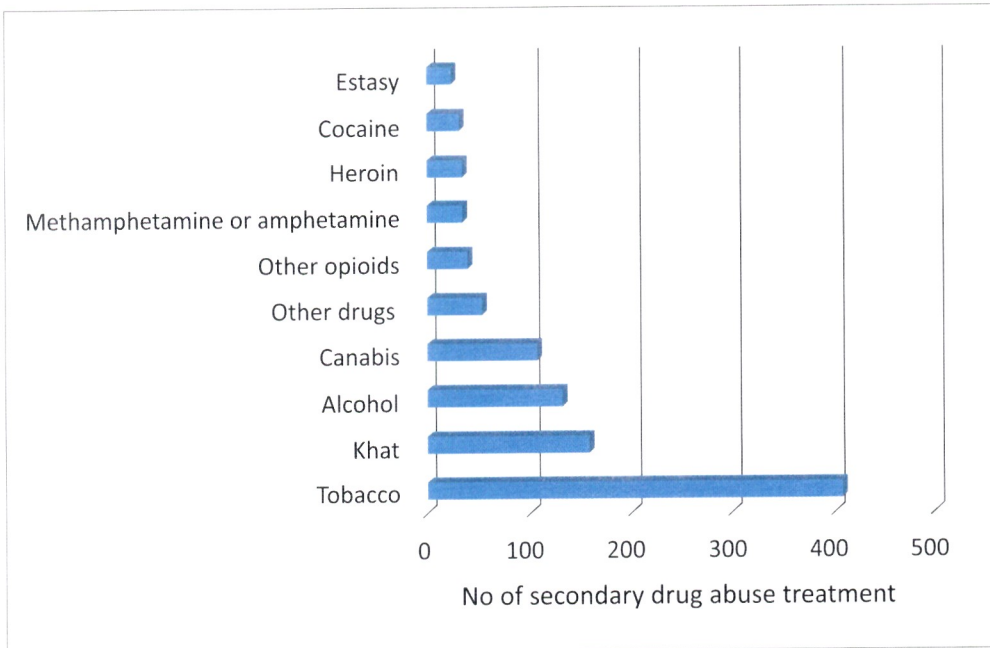
The data show that alcohol, followed by cannabis, is the most commonly cited drug among primary drug treatment admissions in the country (Figure 2)

**Figure 2: Primary treatment drug**



As regard secondary drugs use, tobacco and khat are the most common drugs. Further, Amphetamine-Type Stimulants (ATS) and Ecstasy are used as secondary drugs as opposed to primary drugs. (Figure 3)

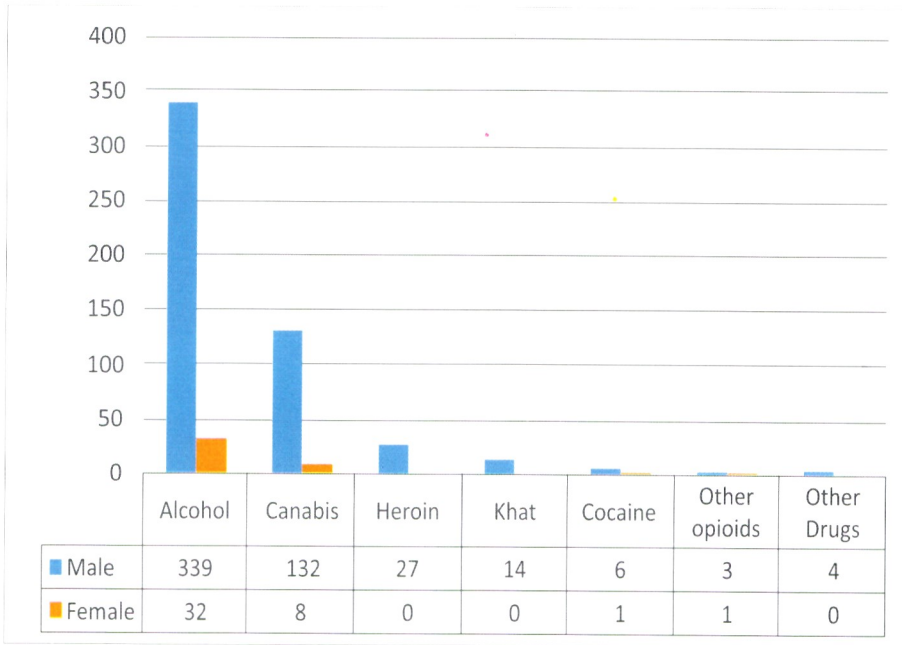
**Figure 3: Secondary drugs of use**



Disaggregation of the admission data by gender shows that in comparison to male who present with the majority of drugs, most females seeking treatment have alcohol or cannabis addictions. (Figure 4)



**Figure 4: ADA admissions by Gender**



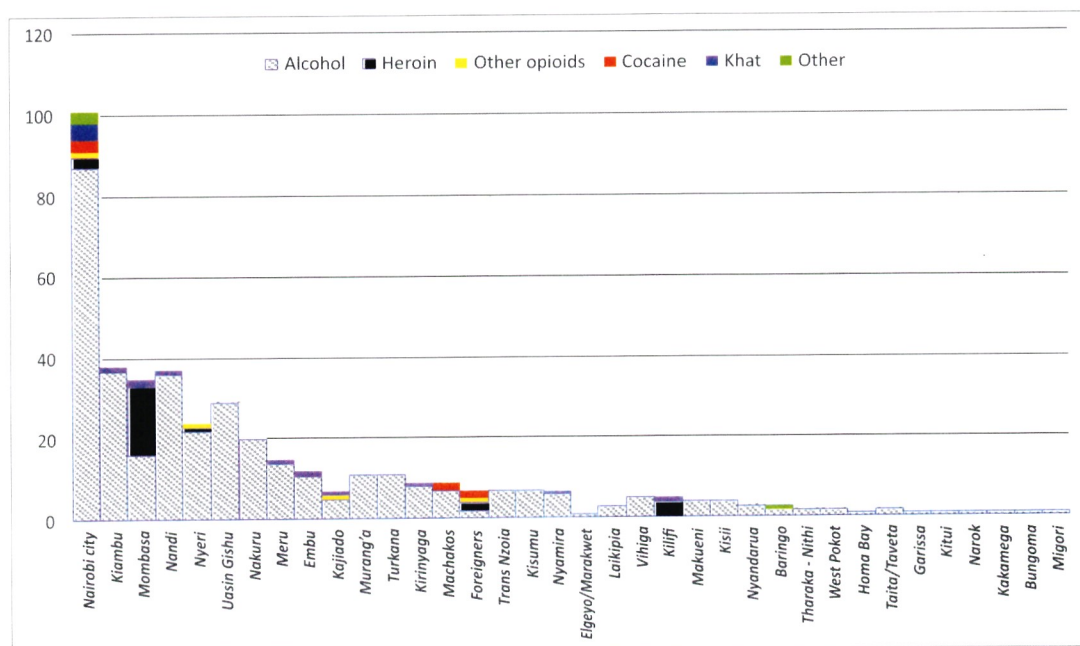
As shown in table 1, analysis of the main drugs of choice against the various age categories seeking treatment indicate that the hard drugs are mostly preferred by younger generations.

**Table 1: Main drug problem and age category**

		Alcohol	Cannabis	Heroin	Khat	Other opioids	Cocaine	Other	
Age Category	15-24 years	40	51	3	2	1	1	2	
		10.8%	36.4%	11.1%	14.3%	25.0%	14.3%	50.0%	
	25-34 years	136	67	15	7	2	4	-	
		36.7%	47.9%	55.6%	50.0%	50.0%	57.1%	-	
	35-44 years	127	18	6	4	1	2	2	
		34.2%	12.9%	22.2%	28.6%	25.0%	28.6%	50.0%	
	45-54 years	54	4	2	1	-	-	-	
		14.6%	2.9%	7.4%	7.1%	-	-	-	
	55-64 years	11	-	1	-	-	-	-	
		3.0%	-	3.7%	-	-	-	-	
	65 and above	3	-	-	-	-	-	-	
		0.8%	-	-	-	-	-	-	
	Total		371	140	27	14	4	7	4

Figure 5, shows the County of residence for persons seeking treatment for various drugs. Alcohol is across board with narcotics prominent at the coastal counties.

**Figure 5: County of residence for patients**



### 2.3 Policy Development

During the period under review, the following policies on alcohol and drug abuse prevention, control and management were finalized and validated under the coordination NACADA:

- (i) The National Drug Abuse Control Policy, 2013
- (ii) The Narcotic Drugs and Psychotropic Substances Control Policy, 2013
- (iii) The National Alcohol Policy, 2013
- (iv) The National Strategy for Prevention, Control and Mitigation of Alcohol and Drug Abuse
- (v) The National Policy for HIV Prevention, Treatment and Care among People who Inject Drugs in Kenya (developed in collaboration with the Ministry of Health, National AIDS Control Council and NASCOP.

In addition, guidelines to vet alcoholic drinks promotions and advertisements as set out in the Alcoholic Drinks Control Act, 2010 were developed and operationalized during the reporting period. These guidelines will facilitate the setting up of multi-stakeholder

committees to review and advice on suitability of alcohol related advertisements before they are broadcast.

NACADA submitted the National Drug Abuse Policy, the Narcotic Drugs and Psychotropic Substances Control Policy, the National Alcohol Policies and the National Strategy for Prevention, Control and Mitigation of Alcohol and Drug Abuse respectively to the Ministry of Interior and Coordination of National Government for review and approval.

## **2.4 Implementation of the Alcoholic Drinks Control Act, 2010**

Sensitization of stakeholders from government institutions and civil society organizations in three county clusters was undertaken during workshops held in Embu, Kakamega and Nakuru. The forums identified the challenges the region had in addressing alcohol and drug abuse and developed the way forward for the future.

Further, the Alcoholic Drinks Promotions Regulation Ad Hoc committee was established pursuant to Part VI of the Alcoholic Drinks Control Act, 2010. The committee membership constitutes of representatives from the Ministry of Information and Communication, the Kenya Film Classification Board, Ministry of Gender, Children and Social Development (Children's Department), Betting and Licensing Control Board, the Kenya Police, Ministry of Education, Communication Commission of Kenya and NACADA. The mandate of the committee is to vet promotions and advertisements before they are put up and aired with the view to protect individuals in the light of the dangers of excessive consumption of alcoholic drinks. The committee meets on a monthly basis.

The Alcoholic Drinks Control Act establishes the Alcoholic Drinks Control Fund which consists largely of license and other fees as may be payable under the Act. The fund is to educate the public on the harmful health, economic and social consequences of the consumption of alcoholic drinks, enhance law enforcement on the production sale and consumption of alcoholic drinks, promote research and dissemination of information on the effects of alcoholic drinks consumption, promote and provide for treatment and rehabilitation programs for those addicted or dependent on alcoholic drinks as well as meet the capital and recurrent expenditure relating to the District Alcoholic Drinks Regulation Committees and relevant civil society programs.

Towards operationalization of the fund, the National Fund Management Committee was set up and a Fund Management Agency recruited to administer the funds. To facilitate prudent administration of the fund, refresher training was conducted for all District Alcoholic Drinks Regulation Committees countrywide on the licensing procedures, development of annual work plans for the Fund and reviewing the Civil Society proposals.

## **2.5 Research and Dissemination**

A national study was commissioned to establish the level of alcohol consumption in Kenya and to estimate the related morbidity and mortality. The study draws technical inputs from the National Commission for Science, Technology and Innovation (NACOSTI),

Directorate of Research and Development, World Health Organization, Kenya National Bureau of Statistics, Government Chemist, Department of Civil Registration and NACADA. The following research proposals have been funded at Ksh. 2 million each to address data gaps:

- Magnitude, socio-economic and health impacts of ADA among the pastoralist communities in Kenya;
- Magnitude and impact of ADA in the private sector workplace;
- Knowledge, attitudes and practices of Christian FBOs on ADA.

## **2.6 Partnerships**

Partnerships were engaged with national, regional and international stakeholders in the control of alcohol and other intoxicating drugs. These included:

### **2.6.1 Providing consultative forums for stakeholders**

Towards enhancing partner's capacity through best practices, the 2nd National Conference on Alcohol and Drug Abuse was held from 10th to 13th June 2013 at the Moi International Sports Centre Kasarani, Nairobi County. The conference was officiated by H.E. the President of the Republic of Kenya and was attended by over 1,000 persons. Among others, partners shared their experiences in the fight against alcohol and drug abuse and came up with several resolutions that informed the Authority's performance contract for the year 2013/14.

### **2.6.2 Collaboration with national-level stakeholders**

Towards facilitating the Civil Society Organizations (CSO) to undertake anti-drug abuse interventions, proposals from 153 organizations were funded during the reporting period. The support has gone a long way to enhance public education on the dangers of drug abuse, advocacy, and community-based prevention, treatment at the local level, health-care, social services and protection of vulnerable populations. This is expected to complement the government efforts.

In April 2013, NACADA partnered with National AIDS Control Council (NACC) during the 3rd Bi-annual Conference on HIV and AIDS. This is in recognition of the correlation between drug abuse and HIV/AIDS.

The National Technical Committee on Drug Trafficking and Abuse (NTC) developed a document that outlines basic infrastructural requirements at the airports and border points towards curtailing illicit drug trafficking.

As regards to recognition of anti-ADA champions, NACADA partnered with the Kenya National Examination Council (KNEC) to mark the essays from the national call that had a feedback of Three hundred and fifty one (351). After the adjudication exercise scheduled for 2nd quarter, the winners received certificates and trophies during the National ADA Conference in June 2013.

Collaboration talks were initiated with the key youth institutions aimed at reaching out to the youth of this country who are hard hit by ADA. The institutions include National Youth Service, Kenya Scouts Association, Kenya Girl Guides Association, Kenya Muslim Youth Alliance, Young Men's Christian Association and Young Women Christian Association.

Further, partnerships were established with several Faith Based Organizations including the Anglican Church of Kenya, Pentecostal Church of East Africa (PCEA) and Supreme Council of Kenya Muslims (SUPKEM). The partnerships entail training key staff who would take their place as peer educators and campaigners against alcohol and drug abuse.

NACADA has held forums with the County Governors and expressed its willingness to support their efforts in undertaking the campaign against alcohol and drug abuse at the County level. In a meeting held on 15th June 2013 in Mombasa, NACADA committed to provide technical assistance to the County Government in developing County legislation on the control of alcohol in order to facilitate their taking up the function on liquor licensing. On this, NACADA sensitized County officials on the need for an Alcoholic Drinks Control Law and developed a model County Alcoholic Drinks Control Act. The model law was disseminated to the County Governments for customization and a number of the counties have since enacted the Law. NACADA has further extended to assist the County Government in developing their county work plans on Alcohol and Drug Abuse.

### **2.6.3 Collaboration with international partners**

The Authority participated in the following international meetings where countries exchanged lessons on alcohol and drug abuse prevention and mitigation strategies:

- (i) 25th World Federation of Therapeutic Conference in Bali-Indonesia
- (ii) 23rd meeting of Heads of Law Enforcement Agencies in Addis Ababa, Ethiopia

In pursuit of additional resources and technical collaboration with international organizations, NACADA has secured the commitment by the United States Government through the International Bureau for International Narcotics and Law Enforcement Affairs (INL), to support the country's addiction professional's certification programme and curriculum development curriculum.

As the US Government does not fund organizations directly, the programme will be implemented in liaison with the Colombo Plan. The Colombo Plan is a regional organization established on 1st January 1950 that embodies the concept of collective inter-governmental effort to strengthen economic and social development of member countries in the Asia-Pacific region.

The Country further sent a delegation to the East African community meeting for Directors of criminal investigations and the registrar of motor vehicles in Kigali-Rwanda. The forum was to review the current crime trend in the region and make recommendations for joint redress.

## 2.7 Establishment of a National Drug Observatory

A key mandate for alcohol and drug control is to keep statistics on the level of alcoholic drinks consumption and related deaths in the country. As such, the Authority has partnered with the United Nations Office on Drugs and Crime (UNODC) to establish a National Drug Observatory (NDO) serve as the repository of all alcohol and drugs data.

The initiative is the first of its kind in Eastern Africa and it is expected that other countries will emulate Kenya's experience.

## 2.8 Support to County Governments

Following devolution of drug control and liquor licensing to the County, NACADA sought guidance on the meaning and interpretation of the term drug control, which has both a demand and supply connotation. On the other hand, NACADA is required by the Constitution to ensure that its services are availed at the grassroots level for its services to be discharged efficiently and effectively.

In the meantime, NACADA continued to support County Governments in developing and implementing policies, laws, plans of action on control of drug abuse. Campaigns to sensitize specific target groups including women, men, youth, children and special groups (boda boda cyclists, prisoners) and institutions including Universities, Faith Based Organizations, Non-Governmental Organizations and through events such as ASK shows, international trade fairs and commemorative days. Some of these activities conducted during the period under review the following activities were conducted in all regions:

- Training for County officials on legislative drafting
- Training workshops on development of County Alcoholic Drinks Model Laws
- Funding of prevention and public awareness programs carried out by civil society organizations through the Alcoholic Drinks Control Fund;
- Training workshops to develop respective County Alcoholic Drinks Bills;
- Support for various community driven initiatives through capacity building sensitization programs;
- Establishment of partnerships e.g. Community Anti-Drugs Coalitions of America (CADCA), Kwale Community Anti-Drugs Coalition, Kenya HIV/AIDS Private Sector Business Council.

## CHAPTER THREE: ALCOHOL AND DRUGS SUPPLY SUPPRESSION

Supply suppression aims at reducing the availability of illicit alcohol and controlled drugs through various interdiction activities and legal processes. Illicit alcohol and drugs supply suppression strategy is approached primarily through enforcement of legislations, policies and control regulations. Interventions are carried out by enforcement agencies and have both domestic and international dimensions in the detection of offenders, seizures, arrest and charging offenders as well as incarceration of drug offenders. It also includes control of chemical precursors and anti-money-laundering initiatives.

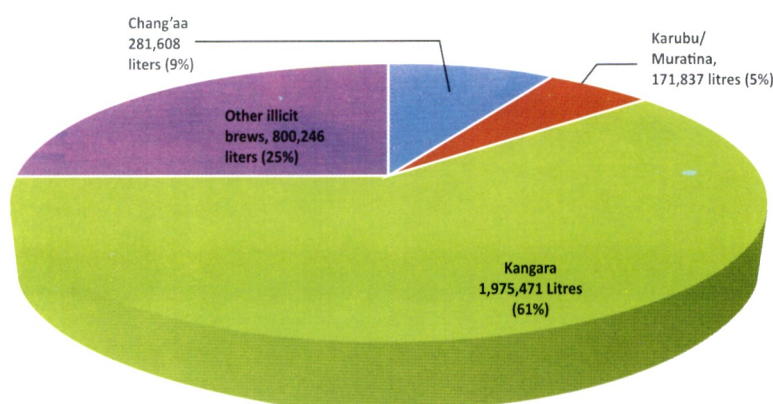
### 3.1 Alcohol

Ethyl alcohol or ethanol is the intoxicating ingredient found in liquor produced by the fermentation of yeast, sugars, and starches. The production, sale and consumption of alcoholic drinks are controlled by the Alcoholic Drinks Control Act enacted in 2010. The legislation was enacted in 2010 and subsequently repealed the Chang'aa Prohibition Act - CAP 70 of 1980 and the Traditional Liquor Act - CAP 122 of 1991 that were the main legislations that outlawed brewing and consumption of traditional brews. This has subsequently increased social acceptability of the brews especially among the rural communities where enforcement of control regulations remains a key challenge. Production and consumption of illicit alcoholic drinks is still a major national issue in Kenya.

#### 3.1.1 Illicit Alcohol Seizure

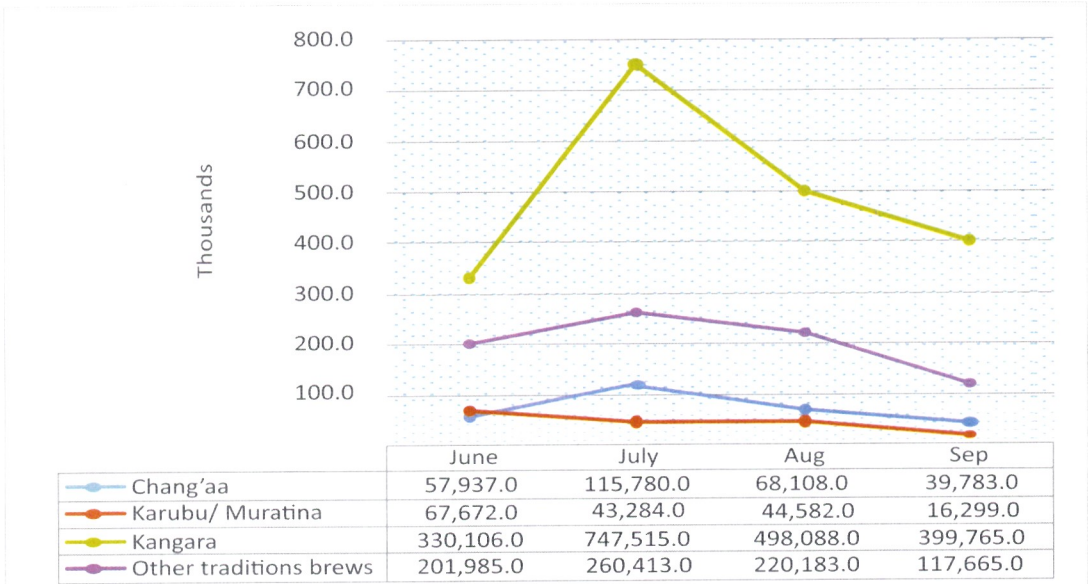
During the reporting period, production of illicit drinks was tracked for the period of June to September 2013, a total of 3,229,162 liters of illicit alcohol were impounded out of which 61% was kangara or jiggery that is essentially chang'aa in processing, 30% consisted of other traditional brews like busaa karubu/muratina and other opaque brews. Chang'aa accounted for 9% of the total seizures. (Figure 6)

Figure 6: Illicit Alcohol Seizure



As shown in Figure 7, analysis of the monthly trends of the amount of illicit brews impounded, indicate a steady increase and then a reduction attributed to enhanced enforcement for the reporting period. June registered 20.4% of the total illicit liquor impounded and 36.1%, 25.7% and 17.8% respectively for the months of July, August, and September respectively.

**Figure 7: Illicit alcohol seizure trend**



**3.1.2 Arrests and prosecution**

Table 2 shows that a total of 26,237 suspects were arrested in connection with alcohol offences with majority being suspected of production of illicit brews. Over 23,525 have been charged with the various offences.

**Table 2: Alcohol offences**

	Illicit production	Drunk and disorderly	Unlicensed sellers	drinking/ selling before hrs	Selling sub-standard alcohol	Total Suspects	Total Charged
June	4,665	331	39	32	12	5,079	4,973
July	6,812	470	128	86	121	7,617	7,612
Aug	6,439	3,130	116	73	58	9,816	9,720
Sep	2,554	958	140	59	14	3,725	1,220
Total	20,470	4,889	423	250	205	26,237	23,525



Data from Kenya Prisons Services indicate that during the period from April and September 2013, there were a total of 6,017 inmates imprisoned with alcohol and drug related offences (Table 3).

**Table 3: Alcohol related offenders**

MONTHS (PERIOD)	ALCOHOL OFFENDERS IN PRISON		Total
	MALE	FEMALE	
April – June	961	846	1,807
July - September	3,313	897	4,210
Total	4,274	1,743	6,017

### 3.2 Cannabis (Bhang) Seizures

Cannabis is the most widely produced, seized and abused narcotic drug in Kenya with cross-border sources. Table 4 shows the seizures by law enforcement agents in small quantities in the form of cannabis rolls, stones and brooms of cannabis, as well as hashish bars.

**Table 4: Cannabis seizure (small quantities)**

Month	Cannabis Rolls		Cannabis Stones		Hashish	Cannabis Broom	
	No	Approx. Weight (Grams)	No.	Approx. Weight (Grams)	Approx. Weight (Grams)	No.	Approx. Weight (Grams)
April	650	455	60	6,600	-	-	
May	2	14	-	-	-	-	
June	5,314	3,719.8	1,539	169,290	-	1	35
July	6,789	4,752.3	859	94,490	-	154	1,514
Aug	4,208	2,945.6	5,934.5	652,795	-	-	
Sep	13,899	9,729.3	58	6,490	10	-	
Total	30,862.0	21,603.4	8,451.0	929,610.0	10	155	1,549

**Table 5** summarizes cannabis bulk seizures, plants and acreage under cannabis detected during the period under review.

**Table 5: Bulk Cannabis seizure**

Month	Bulk	Cultivation	Plant
	Kgs	Acres	No
April	-	-	-
May	-	-	-
June	384,750	-	-
July	944	-	545
Aug	552	2	11,202
September	6,435	1	380
Total	392,681	3	12,127

### 3.2.1 Arrests and prosecutions

Analysis of offenders in relation to cannabis, a total of 329 offenders were apprehended during the reporting period on suspicion of either possession or trafficking of the narcotic drug (Table 6).

**Table 6: Cannabis offenders**

Month	Offenders arrested			Gender		Nature of offence charged				
	Kenyans	Foreign	Total	Male	Female	Possession	Trafficking	Handling	Consumption	Total
April	114	4	118	106	12	35	17	1	98	151
May	42	-	42	35	7	10	11		30	21
June	131	1	132	122	10	38	24	2	1	65
July	18	-	18	17	1	5	10		18	33
Aug	13	-	13	9	4	3	4	1	6	14
Sep	6	-	6	5	1	1	5		6	12
Total	324	5	329	94	35	92	71	4	271	296

### 3.3 Heroin seizures

During the period of April-September 2013, a total of 1,086 sachets of heroin and 54 grams in bulk form were seized in Kenya (Table 7).

**Table 7: Heroin seizure**

Month	Heroin Sachets		Heroin in bulk
	No.	Approx. Weight (Grams)	Grams
April	180	9	4,570
May	171	9	50
June	143	7	226
July	32	2	6,754
August	135	7	352
Sep	425	21	102
Total	1,086	54	12,054

### 3.3.1 Arrests and prosecutions

Analysis of offenders in relation to heroin, a total of 68 offenders were apprehended during the reporting period on suspicion of either possession or trafficking of the narcotic drug (Table 8).

**Table 8: Heroin offenders**

Month	Offenders arrested		Gender of offenders		Nature of offence/prosecution	
	Kenyans	Foreign	Male	Female	Possession	Trafficking
April	11	1	10	2	4	6
May	25	2	23	4	10	9
June	12		11	1	4	7
July	4		3	1	2	2
August	9	2	8	3	2	4
Sep	1	1	1	1		1
Total	62	6	56	12	22	29

### 3.4 Cocaine seizures, arrests and prosecutions

Cocaine is in powder or crystal form. During the reporting period, law enforcement agencies seized cocaine as shown in table 9.

**Table 9: Cocaine Seizure**

Month	Cocaine Sachets		Bulk Cocaine	Offenders arrested		Gender		Charge
	No.	Approx. Weight (Grams)	Approx. Weight (Grams)	Kenyans	Foreign	Male	Female	Trafficking
April	-	-	--	--	-	-	-	-
May	-	-	8,163	5	1	6	-	3
June	-	-	1,371	-	2	2	-	1
July	4	3	-	2		1	1	1
August	-	-	47	1	-	1		1
Sep	-	-	164	2	2	3	1	1
Total	4	3	9,745	10	5	13	2	7

### 3.5 Amphetamine-type stimulants (ATS) seizures, arrests and prosecutions

These are a group of substances comprised of synthetic substances including amphetamine, methamphetamine and ecstasy among other emerging substances.

In September 2013, a clandestine laboratory with chemicals and equipment believed to be for use for the illicit manufacture of amphetamine-type stimulants was discovered. Table 10 shows the seizures related to amphetamine-type stimulants and clandestine laboratory.

**Table 10: ATS manufacture**

Month	Methamphetamine	Clandestine Labs	Offenders arrested		Gender		offence
	Approx. Weight (grams)	No	Kenyans	Foreign	Male	Female	Trafficking
April	-	-	-	-	-	-	-
May	-	-	-	-	-	-	-
June	1,800	-	2	0	-	2	1
July	-	-	-	-	-	-	-
Aug	-	-	-	-	-	-	-
Sep	3,314	1	3	4	7	-	1
Total	5,114	1	5	4	7	2	2

### 3.6 Chemical precursors

These are mainly essential chemicals used for the illicit manufacture of drugs like amphetamine-type stimulants (ATS). The main precursor chemical in Kenya was Ephedrine. This is a controlled Class A precursor chemical that can be diverted from legitimate activities to the illegal manufacture of drugs. During the reporting period, 39kgs of ephedrine were seized in two incidences. Table (11)

**Table 11: Ephedrine seizure**

Month	Approx. Weight (Kgs)	Nationalities and Gender				Offences
		Kenyans	Foreigners	Male (No.)	Female (No.)	Possession
Aug	5	2	2	4	-	1
Sep	34	3	4	7		1
Total	39	5	6	11	-	

In another incidence of diversion of ephedrine, approximately 25kg of Ephedrine were reported stolen at the Jomo Kenyatta international Airport (JKIA) during the reporting period. (Table 12)

**Table 12: Theft of Precursor Chemicals**

Month	Approx. Weight (Kgs)	Nationalities and Gender		Offenders
		Kenyans	Male (No.)	Stealing
Sep	25	3	3	1

### 3.7 Imprisonment and deportation of drug offenders

As shown in Table 13, a total of 1,917 offenders were incarcerated in relation to narcotic drugs and psychotropic substances offences between April and September 2013. Among these, 1,627 were males and 290 females.

**Table 13: Incarcerated drug offenders by gender**

Period	Gender of narcotics offenders		Total
	Male	Female	
April – June	679	110	789
July - September	948	180	1,128
Total	1,627	290	1,917

A total of 30 foreigners of various nationalities were deported during the reporting period on suspicion of dealing with narcotic drugs and psychotropic substances. (Table 14)

**Table 14: Deported drug offenders**

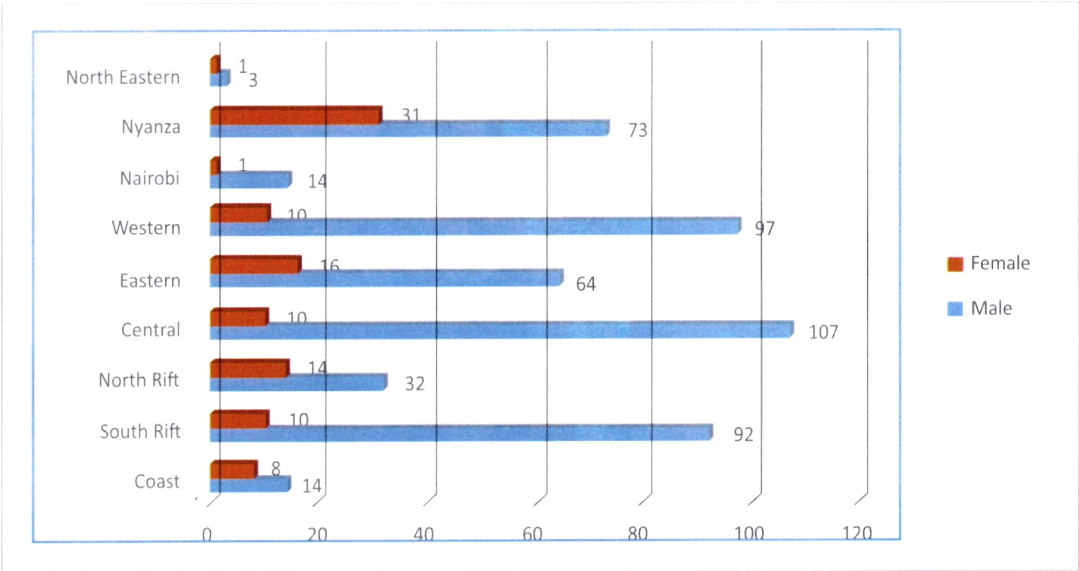
	Nationalities										Gender		Total
	Nigerians	Sierra Leone	South Africans	Guineans	Cote d'Ivoire	Pakistanis	Ethiopians	Burundians	Russians	Japanese	Male	Female	
No.	17	3	1	1	1	2	1	1	1	1	29	1	30

**3.8 Drug Related Mortality**

Mortality in this context is used to refer to deaths happening after consumption of alcohol or other intoxicating drugs. Data from the Department of Civil Registration on the registered deaths caused by alcohol from April to September 2013 shows that most of the deaths were of male persons from Central Kenya region. (Figure 8)

**Figure 8: Alcohol induced mortality**

Data on the toxicology findings from Government Chemist’s Department after analyses of thirty eight (38) unnatural deaths for the period under review, 35 cases were attributed to ethanol ingestion, 4 cases were attributed to methanol ingestion, and one case to heroin poisoning.



## CHAPTER FOUR: EMERGING CHALLENGES AND GAPS

As is the case in many parts of the world, the campaign against alcohol and drug abuse is often hampered by various challenges.

### i) Inadequate resources

Funding for control of alcohol and drug abuse is considerably low and therefore programs to manage use and abuse of alcohol and drugs are not comprehensive. A major setback in the campaign against alcohol and drug abuse is the reduction of NACADA budget by the National Treasury by 29.5 percent compared to last financial year thereby limiting the extent to which demand reduction and treatment interventions may be stretched nationally and regionally.

### ii) Insufficient treatment and rehabilitation services

Insufficient treatment and rehabilitation services- With only three Government treatment and rehabilitation centres (Mathari Hospital, Moi Teaching and Referral Hospital Eldoret and Coast General Hospital) cannot meet the demand. The rest of the treatment and rehabilitation facilities are privately-owned coupled with regional imbalance and thus issues of access.

### iii) Sub-standard alcoholic drinks

The Alcoholic Drinks Control Act 2010, repealed the Chang'aa Prohibition Act which used to criminalize the manufacture and sale of traditional liquor that subsequently translated to increased acceptability rates of illicit brews. This scenario coupled with poor enforcement of alcohol standards and control regulations results to continued exposure to unhealthy consumption of alcoholic drinks.

### iv) Limited stakeholder participation

The campaign has exhibited limited participation by civil society and non-state actors, yet the anti-drug abuse response requires multi-sectoral interventions aimed at preventing, controlling and mitigating the impact of drug abuse in the country.

### v) Inadequate surveillance

Inadequate drugs surveillance equipment coupled with the geographical position of Kenya and the challenges of effective border control, makes it a key entry point for illicit drug trafficking.

### vi) Shortage of trained personnel

The country has continued to suffer from a shortage of trained personnel in alcohol and drugs addiction prevention and management.

### vii) Diversion of precursor chemicals

There is limited capacity in the relevant agencies to monitor and control diversion of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances.

viii) Policy environment

- a) The country has been operating without a national drug policy to guide development of effective anti-drug implementation strategies and interventions both at national and grassroots levels. This gap has been responsible for the poor coordination and guidance of key players and thus hindering effective implementation of anti-ADA interventions.
- b) Litigations leading to conservatory orders halting implementation of various provisions of the Alcoholic Drinks Control Act (2010), Cap 121A.
- c) Transfer of liquor licensing to county governments has resulted in suspension of licensing in some counties over the last 6 months, leading to mushrooming of unlicensed premises and laxity in enforcement.
- d) Duplication or overlap in various pieces of legislation e.g. sections of the Alcoholic Drinks Control Act, 2010 and the Customs and Excise Act 2012, resulting in amendment of important provisions of Alcoholic Drinks Control Act.



## CHAPTER FIVE: LESSONS LEARNT

The key learning during reporting period emanate from interaction with the County Governments in regard to willingness to support efforts in undertaking the campaign against alcohol and drug abuse at the County level. The Authority is committed to provide technical assistance to the County Government in developing County Laws on the control of alcohol in order to facilitate their taking up the function on liquor licensing.

Funding of Civil Society Organizations (CSO) on ADA programs and research on ADA research gaps has widened the scope of interventions. Further, the involvement of a Fund Management Agency has proven to be efficient in support of CSOs to use the funds prudently. This funding has further emerged as a key strategy that needs to be enhanced at the national and county level.

Through pursuit of additional resources and technical collaboration with international organizations, the Authority was able to set-up a drug information system in partnership with the United Nations Office on Drugs and Crime (UNODC). This has enabled determination of current trends in ADA and consequently inform interventions as well as fulfil the relevant reporting requirements. There is more awareness of opportunities for more partnerships.

The requirement for bi-annual submission of an alcohol and drug abuse control status report to both Houses of Parliament has enabled compilation of trends in regard to law enforcement and related agencies (supply suppression) as well as prevention, awareness and treatment agencies (demand reduction) sectors on alcohol and drug control. This will enable the National Assembly and Senate to make evidence based policy for alcohol and drugs control.

Most of the treatment and rehabilitation facilities are for males and therefore females with substance use disorders have limited access to treatment services. It is prudent that the country prioritize in establishment of female only treatment centers to bridge the imbalance.

Whilst there are limitations to the campaign against alcohol and drug abuse, the country remains committed to the war on alcohol and drug abuse. With the coming of the devolved governance system, there is structured partnership with the County Governments, providing the necessary support particularly technical support in formulation of comprehensive evidence based policy and programmes.

## CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

Availability of alcohol, drugs and substances of abuse has remained a critical problem for the Country aggravated by inadequate comparable data on the trends. This has over time restricted the country's ability to engineer evidence-based policies and initiatives for addressing the health and social impacts of substance abuse. During the reporting period, the key milestone was the establishment of a National Drug Observatory (NDO) to serve as the repository of alcohol and drug control data. This was initiated in partnership with the United Nations Office on Drugs and Crime (UNODC) and lead agencies involved an enforcement, treatment and awareness on alcohol and drug abuse. The information collected through the information system formed are the basis of compiling this report. The future focus of the information system will be analysis of county specific data to inform the development and refinement of policy and intervention within the national and devolved system.

During the period, the Authority within the expanded mandate to coordinate and facilitate other lead agencies and non-state actors involved in drug control continued to engage various stakeholders in formulation of national policies, laws and plans of action on control of alcohol and drug abuse. Operationalization of regional offices in Nairobi, Kisumu, Nyeri, Mombasa and Eldoret has further actualized decentralization the Authority services in support of the devolved Governments and ensuring access to its services by stakeholders.

Building on the success of the 1st National Conference on Alcohol and Drug Abuse, the second was held in June at the Moi Sports Centre Kasarani Gymnasium provided a much needed platform to share experiences and to document best practices in undertaking alcohol and drug related programs. The Conference was for the first time graced by His Excellency the President on 10th June 2013. The Head of State used the occasion to issue a directive to all drug control agencies to embark on a countrywide crackdown and progress within three months. This has energized national effort to respond to illicit brews and drugs.

Key demand reduction achievements during the period under review were inclusion of the anti-ADA theme in the annual colleges and schools drama and music festival. This is a major stride in the country's response to the alcohol and drug abuse as it facilitates children and young people participation in the prevention, control and mitigation of alcohol and drug abuse.

Inadequate enforcement of laws and regulations for alcohol and drug control as well as accessibility to treatment and rehabilitation services continues to be the major challenge in the national campaign. A major setback for the Authority is the reduction budget by the National Treasury by 30 percent compared to last financial year thereby limiting the extent to which demand reduction and treatment interventions may be stretched nationally and regionally in view of support needed in assisting the county Governments to come up with framework for liquor licensing and drug control

Towards addressing challenges that hamper the successful control of alcohol and drug

abuse in the country, the following recommendations are made:

- i) In view of the budgetary constraints, National Treasury should provide supplementary funding to cover the shortfall.
- ii) County Government to set up treatment facilities to enhance access to services for persons with substance use disorders (SUD)
- iii) There is need for enforcement agencies to enhance surveillance of alcohol standards in view of the increased acceptability traditional brews.
- iv) To address the limited role of the civil society and non- state actors in drug control, it is recommended that inter-sectoral collaboration is prioritized by the National and County Governments
- v) To address the shortage of addiction professionals, it is recommended that training of addiction professionals is scaled up in the Country.
- vi) The capacity of agencies mandated to enforce ADA laws and regulations needs to be enhanced to undertake their mandate by providing equipment and modern technology for effective screening. It is also necessary to train all Agency Officers to harness collective response towards detecting and interdicting illicit drugs especially at the airports and borders.
- vii) To address the emerging challenge of diversion and theft of precursors and chemicals, strengthening of the Pharmacy and Poisons Board should be prioritized.

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



## Rekindling Hope in the Fight For a Drug Free Nation



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