

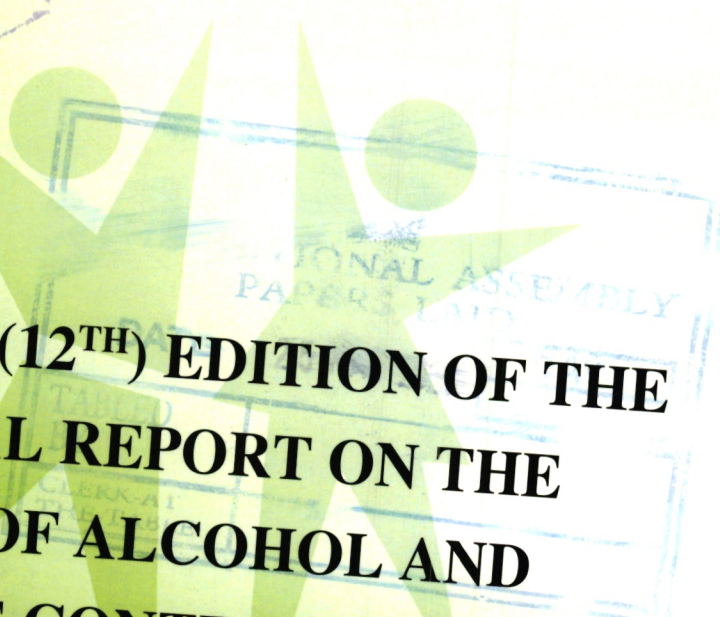


REPUBLIC OF KENYA

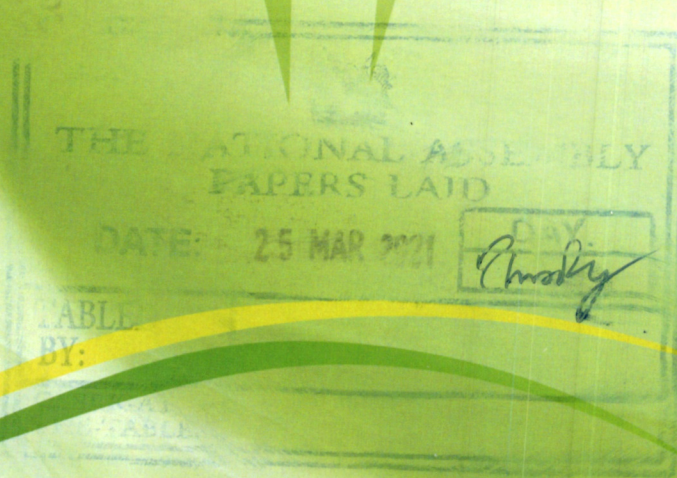


# NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE



# TWELVETH (12<sup>TH</sup>) EDITION OF THE BIANNUAL REPORT ON THE STATUS OF ALCOHOL AND DRUG ABUSE CONTROL IN KENYA

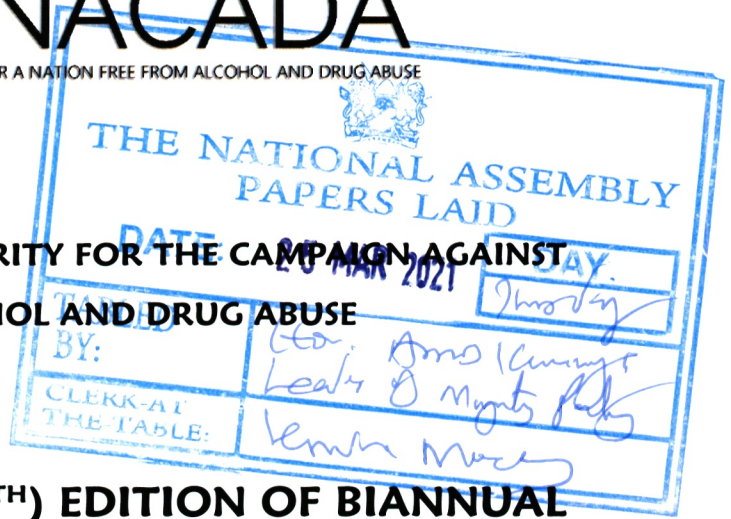


Reporting Period of 1<sup>st</sup> January – 30<sup>th</sup> June 2020



# NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE



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

## **TWELVETH (12<sup>TH</sup>) EDITION OF BIENNIAL REPORT ON THE STATUS OF ALCOHOL AND DRUG ABUSE CONTROL IN KENYA**

Prepared for

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

Prepared by the Chief Executive Officer

**National Authority for the Campaign Against Alcohol and Drug Abuse**

**For the Reporting Period of 1<sup>ST</sup> January – 30<sup>TH</sup> June 2020**



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## **LIST OF ABBREVIATIONS**

<b>ADA</b>	Alcohol and Drug Abuse
<b>ADCA</b>	Alcoholic Drinks Control Act, 2010
<b>AJADA</b>	African Journal of Alcohol and Drug Abuse
<b>ANU</b>	Anti-Narcotics Unit
<b>AUC</b>	African Union Commission
<b>DCI</b>	Directorate of Criminal Investigations
<b>ICCE</b>	International Centre for Credentialing and Education of Addiction Professionals
<b>IDADA</b>	International Day against Drug Abuse and Illicit Trafficking
<b>ISSUP</b>	International Society of Substance Use
<b>KARA</b>	Kenya Alliance of Resident Associations
<b>MoICNG</b>	Ministry of Interior and Coordination of National Government
<b>NACADA</b>	National Authority for the Campaign against Alcohol and Drug Abuse
<b>NPS</b>	National Police Service
<b>NTC</b>	National Technical Committee on Drug Trafficking and Abuse
<b>NYS</b>	National Youth Service
<b>PERAK</b>	Pubs Entertainment Restaurant Association of Kenya
<b>SUD</b>	Substance Use Disorder
<b>TSC</b>	Teachers Service Commission
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the *12<sup>th</sup> Biannual Report on the Status of Alcohol and Drug Abuse Control in Kenya* to both Houses of Parliament, through the Cabinet Secretary for Interior and Coordination of National Government.

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. It updates both Houses of Parliament on the status of alcohol and drug abuse control in the country to facilitate strategic decisions. This report covers the period of 1<sup>st</sup> January – 30<sup>th</sup> June 2020.

Alcohol and drug abuse has been recognized as a major public health problem globally. In Kenya, statistics show that 18.2% (4,913,254) of Kenyans aged 15 – 65 years are currently using at least one drug or substance of abuse. Alcohol continues to be the most widely used drug with a current usage of 12.2% (3,293,495). Statistics also show that 10.4% (2,807,569) of Kenyans have alcohol use disorders.

Enforcement data in the reporting period shows that illicit alcohol accounted for the highest seizures followed by cannabis, heroin and lastly cocaine. Data shows that counties in Rift Valley and Nyanza regions accounted for the highest proportion of alcohol seizures during the reporting period. The data also shows an increasing demand for cannabis trafficked from Ethiopia with Isiolo, Marsabit and Garissa counties accounting for 61.2% of the total seizures of cannabis in Kenya during the reporting period.

Despite the continued efforts towards implementing demand and supply reduction programs, the Authority is faced with a number of challenges. First, the country has witnessed unprecedented challenges associated with the Covid-19 pandemic necessitating the Government to issue containment measures leading to closure of learning institutions and ban of public gatherings. These measures disrupted the operations of major Authority's programs targeting learning institutions, communities and operations of treatment and rehabilitation centres.

Another challenge affecting operations of the Authority is inadequate resources to support the campaign. The Authority's annual funding has reduced drastically over the years. To a large extent, the Authority's programs have been funded from licensing of alcoholic drinks outlets under the Alcoholic Drinks Control Act, 2010 which became a devolved function under the Constitution of Kenya 2010.

The demand for treatment and rehabilitation in the country exceeds the available facilities resulting in a large unmet need for these critical services. Currently, there are only four operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta



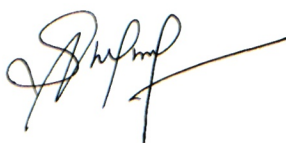
National Hospital and Coast General Hospital. Over 90 percent of the other facilities are privately owned; skewed in urban centres and majorly in Nairobi, Kiambu and Mombasa Counties; and are not affordable to the majority of Kenyans.

There is an emerging challenge of inadequate parental role modeling and parental monitoring leading to increased underage alcohol and drug abuse. This situation is further complicated by inadequate parental monitoring, parental relationship and parental attachment thereby exposing children to negative peer influences.

Online sale of alcohol is another challenge facing the Authority, law enforcement agencies and other regulatory bodies. Due to inadequate regulatory regime of the online alcohol sale platforms, there are potential risks of access to underage drinkers given that there are no structures for age verification. Online sale also hinders regulation of standards for alcoholic drinks thereby posing public health and safety concerns to consumers.

The country is witnessing a growing problem of cannabis trafficking from Ethiopia. This has been further complicated by the long and porous border between Kenya and Ethiopia. Finally, the fight against drug trafficking has realized significant arrests of narcotic drugs offenders. On the other hand, there has been a challenge of delayed prosecution of narcotic drugs offenders. However, the Government has proposed amendments to the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994 through the “Narcotic Drugs and Psychotropic Substances (Control) Amendment Bill, 2019” in order to enhance penalties of trafficking narcotic drugs including prescribing offences for state or public officers who aid or abet any offences under the Act.

I therefore submit this report for your attention.



**Victor G. Okioma, EBS**

**CHIEF EXECUTIVE OFFICER**

## **CHAPTER ONE: INTRODUCTION**

### **1. Background**

This is the 12th 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 is required to in collaboration with other lead agencies submit an alcohol and drug abuse control status report bi-annually to both Houses of Parliament through the Cabinet Secretary for Interior and Co-ordination of National Government. This report covers the biannual period of 1st January – 30th June 2020.

#### **1.1 Status of Alcohol and Drug Abuse in Kenya**

##### **General Population**

According to a survey conducted by NACADA in 2017, 18.2% (4,913,254) of Kenyans aged 15 – 65 years are currently using at least one drug or substance of abuse; 12.2% (3,293,495) are currently using alcohol; 8.3% (2,240,656) are currently using tobacco; 4.1% (1,106,830) are currently using *miraa / khat*; and 1.0% (269,959) are currently using bhang / cannabis.

The survey also showed that 10.4% (2,807,569) of Kenyans aged 15 – 65 years have alcohol use disorders; 6.8% (1,835,718) have tobacco use disorders; 3.1% (836,872) have *miraa / khat* use disorders; and 0.8% (215,967) have bhang / cannabis use disorders.

##### **Secondary Schools**

Alcohol and drug abuse among the school-going children is becoming a major problem of concern in Kenya. Findings from the National Survey on the Status of Drugs and Substances of Abuse among Secondary School Students in Kenya conducted by NACADA in 2016 shows that schools were no longer drug free environments. Data on lifetime or ever use of drugs and substances of abuse showed that 23.4% (508,132) of secondary school students have ever used alcohol; 17.0% (369,155) have ever used *khat / miraa*; 16.1% (349,613) have ever used prescription drugs; 14.5% (314,869) have ever used tobacco; 7.5% (162,863) have ever used bhang / cannabis; 2.3% (49,945) have ever used inhalants e.g. glue, thinner and petrol; 1.2% (26,058) have ever used heroin; and 1.1% (23,887) have ever used cocaine.

##### **Primary Schools**

Data on the status of drugs and substance abuse among primary school pupils conducted by NACADA in 2018 shows that 20.2% of primary school pupils have ever used at least one drug or substance of abuse in their lifetime; 10.4% have ever used prescription drugs; 7.2% have ever used alcohol; 6.0% have ever used tobacco; 3.7% have ever used *miraa / muguka*; and 1.2% have ever used bhang / cannabis. Lifetime use of inhalants, heroin and cocaine among primary school pupils is less than 1%.



## **Emerging Trends of Drugs and Substance Abuse in Kenya**

An assessment of emerging trends of drugs and substance abuse in Kenya was commissioned by NACADA in collaboration with the Pharmacy and Poisons Board, Government Chemist and the Ministry of Interior and Coordination of National Government. The findings of laboratory analysis showed that widespread abuse of prescription drugs was one of the emerging trends in Kenya. Data showed that Diazepam was the most commonly abused prescription drug followed by Artane, Rohypnol, Amitriptyline, Largactil, Codeine, Tramadol and Piriton. Another emerging trend established was the use of prescription drugs (*mchele*) for “spiking” alcohol, food, drinks and other edibles. Rohypnol was the most commonly mentioned drug by key informants that was commonly used for “spiking”;

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 and Kiambu.

## **1.2 Institutional, Policy and Legal Framework**

### **1.2.1 Institutional Framework for 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 Coordination of National Government.

NACADA is mandated to coordinate a national response against alcohol and drug abuse as espoused in the NACADA Act 2012 and the Alcoholic Drink 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 is also a member of the Inter-Agency Taskforce for Control of Potable Spirit and Combat of Illicit Brews as per the Gazette Notice of 10<sup>th</sup> July 2015. The Taskforce is mandated to inspect all the premises manufacturing alcoholic drinks and recommend measures of control including the closure of production premises.

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 membership is drawn from the Ministry of Interior and Coordination of National Government, 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 Committee on Alcohol and Drug Abuse Control in all the 47 counties.

### **1.2.2 Policy and Legal Framework**

The Constitution of Kenya, 2010 provides that all ratified principles of international law, treaties and conventions, become part of the Kenyan law. The country has ratified all the three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances. Therefore, these conventions are part of the Kenyan laws.

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.

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 control and narcotic drugs control. Specifically, the section on narcotic drugs deals with cannabis / marijuana, heroin, cocaine and other psychotropic substances.

### 2.1 Illicit Alcohol Control

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

In the reporting period, data on illicit alcohol seizures shows that a total of 2,052,905 litres of illicit alcohol was seized nationally. County specific data showed that Uasin Gishu accounted for the highest seizures of illicit alcohol (346,496 litres) followed by Nyamira (239,605 litres), Nairobi (192,651 litres), Kakamega (166,061 litres), Elgeyo Marakwet (128,430 litres), Kericho (128,040 litres), Meru (119,164 litres), Homabay (114,264 litres), Nakuru (92,795 litres) and Migori (79,656 litres).

**Table 1: Illicit alcohol seizures by County**

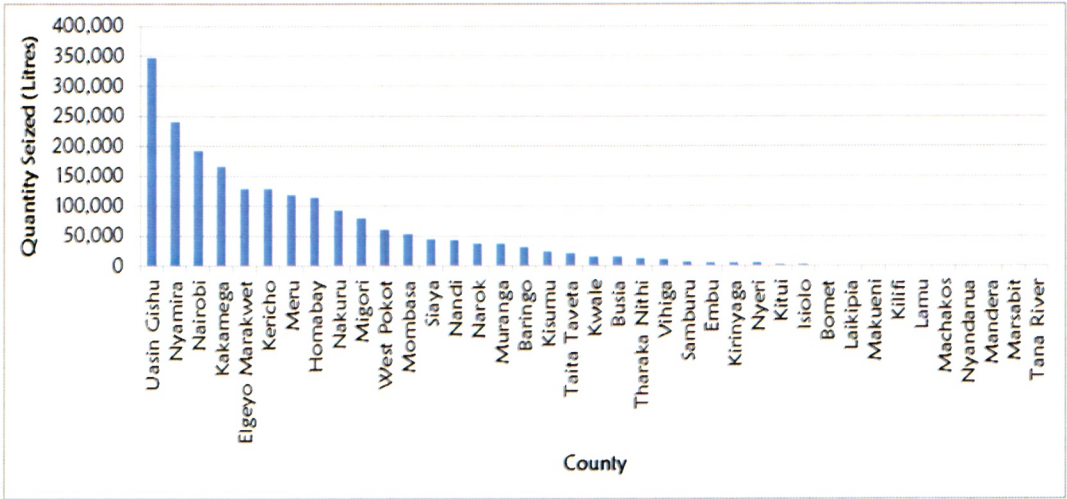
County	Chang'aa (Ltrs)	Illegal Ethanol (Ltrs)	Illegal Neutral Spirits (lts)	Kangara (Ltrs)	Other Traditional Drinks (Lts)	Total Alcohol Seizures (Ltrs)
Uasin Gishu	20,236	-	1,977	193,318	130,965	346,496
Nyamira	7,576	-	-	214,411	17,618	239,605
Nairobi	23,152	-	1,764	97,017	70,718	192,651
Kakamega	25,614	-	-	132,910	7,537	166,061
Elgeyo Marakwet	5,036	-	2,352	94,168	26,874	128,430
Kericho	6,677	-	-	83,763	37,600	128,040
Meru	2,948	-	1,507	1,437	113,272	119,164
Homabay	5,242	-	689	107,218	1,115	114,264
Nakuru	8,749	12	1,610	69,929	12,495	92,795
Migori	3,136	-	-	72,500	4,020	79,656
West Pokot	9,829	-	3,151	36,408	10,908	60,296
Mombasa	2,146	-	590	49,505	1,246	53,487
Siaya	1,138	-	197	41,395	1,813	44,543
Nandi	8,625	-	177	32,861	882	42,545
Narok	740	-	140	17,718	18,715	37,313
Muranga	1,429	-	-	32,935	2,808	37,172
Baringo	1,620	-	-	25,777	4,654	32,051

County	Chang'aa (Ltrs)	Illegal Ethanol (Ltrs)	Illegal Neutral Spirits (lts)	Kangara (Ltrs)	Other Traditional Drinks (Lts)	Total Alcohol Seizures (Ltrs)
Kisumu	2,564	6	151	22,175	220	25,116
Taita Taveta	1,088	-	283	6,159	13,723	21,253
Kwale	287	-	-	434	15,741	16,462
Busia	2,783	-	1,025	9,585	2,040	15,433
Tharaka Nithi	-	-	-	536	12,760	13,296
Vihiga	3,949	-	-	6,275	645	10,869
Samburu	386	-	-	5,645	443	6,474
Embu	3	-	448	874	4,215	5,540
Kirinyaga	-	-	-	-	5,529	5,529
Nyeri	37	-	4	5,000	45	5,086
Kitui	-	-	-	-	2,463	2,463
Isiolo	74	-	143	1,660	440	2,317
Bomet	267	-	-	-	1,755	2,022
Laikipia	257	-	-	1,540	-	1,797
Makueni	100	-	-	38	1,380	1,518
Kilifi	1,040	-	-	400	53	1,493
Lamu	-	-	-	-	905	905
Machakos	45	-	-	200	160	405
Nyandarua	54	-	54	-	120	228
Mandera	-	-	40	-	90	130
Marsabit	-	-	-	-	-	0
Tana River	-	-	-	-	-	0
<b>Total Seizures</b>	<b>146,827</b>	<b>18</b>	<b>16,302</b>	<b>1,363,791</b>	<b>525,967</b>	<b>2,052,905</b>

Source: MoICNG, January – June 2020

Figure I shows that the counties in Rift Valley and Nyanza regions accounted for the highest proportion of alcohol seizures during the reporting period.

**Figure 1: Illicit alcohol seizures by county**



Source: MoICNG, January – June 2020

## 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 relating to the control of narcotics and psychotropic substances. Kenya currently tracks cannabis, heroin, cocaine, new psychoactive substances and precursor chemicals.

### 2.2.1 Cannabis Control

Cannabis is the most widely used narcotic drug in Kenya. Most of the cannabis consumed in Kenya usually originates from bordering countries of Tanzania, Ethiopia and Uganda. In the recent times, there is growing preference for cannabis originating from Ethiopia. Cannabis is mostly trafficked by road.

During the reporting period, data on cannabis / marijuana seizures shows that a total of 5,606 kgs of cannabis were seized nationally. Analysis of county specific data showed that Isiolo accounted for the highest seizures of cannabis / bhang (2,023 kgs) followed by Marsabit (1,091.30 kgs), Garissa (315.0 kgs), Mombasa (258.46 kgs), Vihiga (205.65 kgs), Migori (195.13 kgs), Kisii (165.75 kgs), Kitui (145.80 kgs), Machakos (108.75 kgs) and Kirinyaga (105.90 kgs). This data is presented in Table 2 and Figure 2.

Data also shows that 62,355 rolls, 1,408 plants, 1,848 brooms and 690 stones of cannabis were seized during the reporting period. The counties that reported cultivation were Siaya, Nandi, Meru, Murang'a, Trans Nzoia and Isiolo. Further a total of 1,804 persons were arrested for cannabis possession, cultivation and trafficking where 1,786 were Kenyans while 18 were foreigners. Out of the total arrests, 190 (10.5%) of the cases were finalized. This data is presented in Table 2.



**Table 2: Cannabis seizures by County**

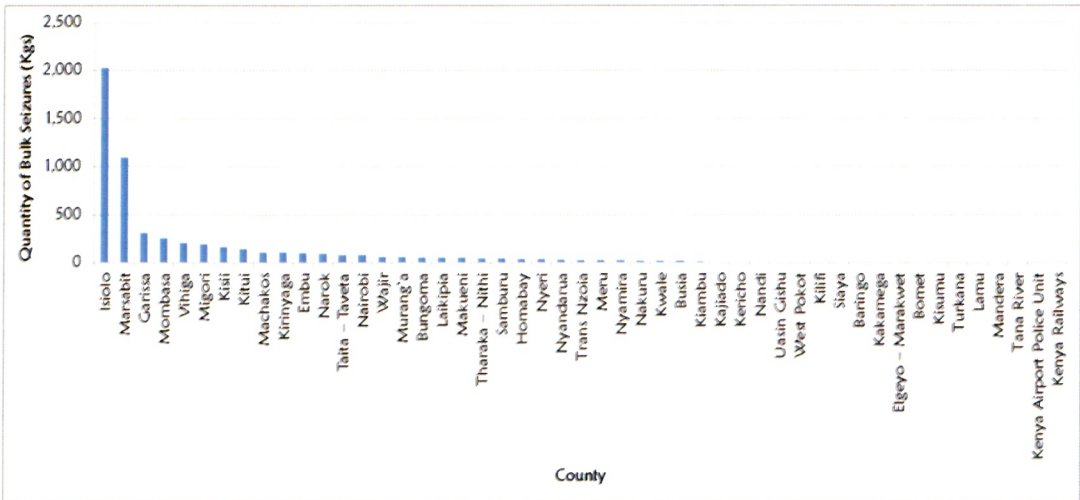
No.	County	Total No. Of Persons Arrested	Nationality		No. of Cases Finalized	Rolls	Plants	Brooms	Stones	Quantity of Bulk Seizures (Kgs)
			No. of Kenyans Arrested	No. of Foreigners Arrested						
1.	Isiolo	18	18	-	2	102	60	-	-	2,023
2.	Marsabit	26	26	-	4	114	-	-	-	1,091.3
3.	Garissa	14	14	-	5	180	-	-	-	315
4.	Mombasa	135	132	3	3	1597			19	258.46
5.	Vihiga	38	38	-	9	390		116	74	205.65
6.	Migori	17	17	-	2	369	183	-	66	195.13
7.	Kisii	59	59	-	12	455	-	3	-	165.75
8.	Kitui	22	22	-	1	94	-	-	1	145.8
9.	Machakos	51	51	-	4	1836	10	71	5	108.75
10.	Kirinyaga	34	34	-	6	486	-	-	15	105.9
11.	Embu	34	28	6	10	1010	3	-	-	101.5
12.	Narok	21	21	-	-	898	-	2	-	95.71
13.	Taita – Taveta	47	47	-	3	165	6	-	9	80.05
14.	Nairobi	198	192	6	19	29,777	20	-	46	79.8
15.	Wajir	13	13	-	1	124	-	-	-	61.0
16.	Murang'a	148	148	-	15	3,649	111	78	6	59.68
17.	Bungoma	17	17	-	1	128	-	-	-	51.65
18.	Laikipia	34	34	-	-	309	-	-	6	51.552
19.	Makueni	33	33	-	7	876	-	-	25	50.285
20.	Tharaka – Nithi	40	40	-	2	1457	-	8	2	48.36
21.	Samburu	18	18	-	1	515	-	-	-	43.5
22.	Homabay	35	35	-	3	362	-	1363	-	39.95
23.	Nyeri	69	69	-	6	1280	14	1	10	39.28
24.	Nyandarua	33	33	-	-	647	6	-	-	30.339
25.	Trans Nzoia	32	32	-	-	563	70	9	-	25.312
26.	Meru	80	78	2	3	844	180	-	2	24.65

No.	County	Total No. Of Persons Arrested	Nationality		No. of Cases Finalized	Rolls	Plants	Brooms	Stones	Quantity of Bulk Seizures (Kgs)
			No. of Kenyans Arrested	No. of Foreigners Arrested						
27.	Nyamira	29	29	-	2	88	-	-	-	22.72
28.	Nakuru	93	93	-	6	2448	-	2	-	20.43
29.	Kwale	16	16	-	-	399	-	-	315	19.577
30.	Busia	45	45	-	3	511	6	14	-	14.5
31.	Kiambu	101	101	-	28	1950	-	-	-	8.273
32.	Kajiado	12	12	-	-	82	-	-	-	6.15
33.	Kericho	14	14	-	5	40	-	-	7	6.0
34.	Nandi	19	19	-	8	10	270	-	-	3.15
35.	Uasin Gishu	31	31	-	2	688	-	-	71	2.15
36.	West Pokot	8	8	-	-	35	-	-	-	2.01
37.	Kilifi	57	57	-	2	5805	-	-	1	1.295
38.	Siaya	26	26	-	3	579	450	17	-	1.05
39.	Baringo	2	1	1	-	59	-	-	-	0.99
40.	Kakamega	26	26	-	8	368	15	159	-	0.69
41.	Elgeyo – Marakwet	8	8	-	1	462	-	-	-	-
42.	Bomet	19	19	-	-	338	4	-	7	-
43.	Kisumu	8	8	-	1	150	-	5	3	-
44.	Turkana	2	2	-	1	57	-	-	-	-
45.	Lamu	9	9	-	-	30	-	-	-	-
46.	Mandera	12	12	-	1	9	-	-	-	-
47.	Tana River	-	-	-	-	-	-	-	-	-
	Kenya Airport Police Unit	1	1	-	-	20	-	-	-	-
	Kenya Railways	-	-	-	-	-	-	-	-	-
	<b>National</b>	<b>1804</b>	<b>1786</b>	<b>18</b>	<b>190</b>	<b>62,355</b>	<b>1408</b>	<b>1848</b>	<b>690</b>	<b>5606</b>

Source: NPS, ANU and DCI, January – June 2020

Figure 2 shows that Isiolo, Marsabit and Garissa counties accounted for 61.2% of the total seizures of cannabis in Kenya. Evidence shows an increasing demand of cannabis trafficked from Ethiopia.

**Figure 2: Cannabis seizures by county**



Source: NPS, ANU and DCI, January – June 2020

**2.2.2 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. Heroin which originates mostly from Afghanistan is trafficked through Kenya via Pakistan, Iran and Turkey. However, Kenya is gradually becoming a destination for heroin despite being a transit route. Heroin is mostly trafficked by sea and air.

During the reporting period, data on heroin seizures shows that a total of 0.5151 kgs of heroin was seized nationally including 551 sachets and 54 pellets. The low seizures of heroin could have been attributed to the Covid 19 containment measures restricting international travels. Further, the law enforcement officers were engaged to enforce the Covid 19 guidelines especially the cessation of movement between counties.

In terms of county specific data, Mombasa accounted for the highest seizures of heroin (0.4011 kgs, 257 sachets and 10 pellets) followed by Kilifi (0.074 kgs and 198 sachets), Nairobi (0.04 kgs and 86 sachets), Kwale (44 pellets) and Lamu (10 sachets). A total of 44 persons were arrested of whom 38 were Kenyans and 6 were foreigners. Of the total cases for heroin related offences, only 2 (4.5%) were finalized (Table 3).

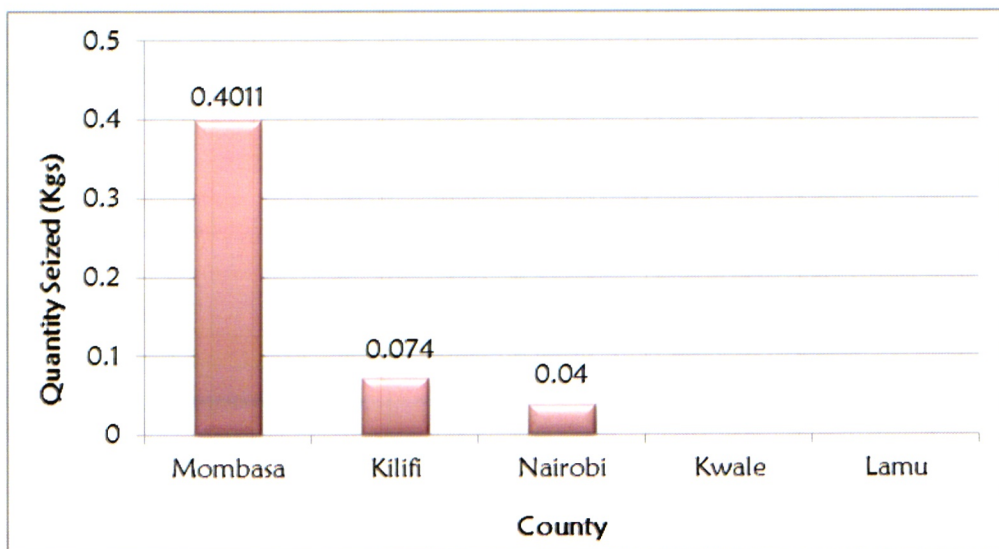
**Table 3: Heroin seizures by county**

No.	County	Total No. Of Persons Arrested	Nationality		No. of Cases Finalized	Pellets Seized	Sachets Seized	Quantity Seized (Kgs)
			No. of Kenyans Arrested	No. of Foreigners Arrested				
1.	Nairobi	5	5	-	-	-	86	0.04
2.	Mombasa	29	23	6	2	10	257	0.4011
3.	Kilifi	7	7	-	-	-	198	0.074
4.	Kwale	1	1	-	-	44	-	-
5.	Lamu	2	2	-	-	-	10	-
	<b>National</b>	<b>44</b>	<b>38</b>	<b>6</b>	<b>2</b>	<b>54</b>	<b>551</b>	<b>0.5151</b>

Source: NPS, ANU and DCI, January – June 2020

Figure 3 and Figure 4 showed that the seizures for heroin in Kenya were commonly reported in Coast and Nairobi regions.

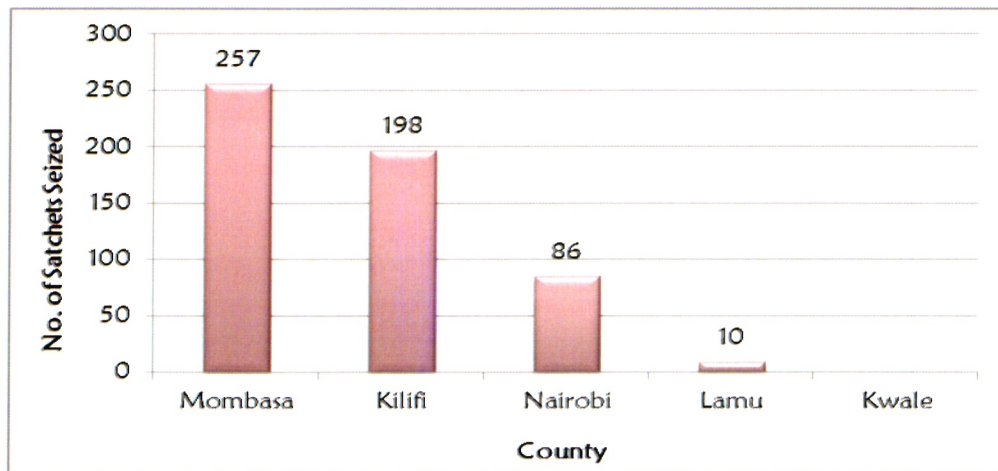
**Figure 3: Quantity of Heroin seized by county**



Source: NPS, ANU and DCI, January – June 2020



**Figure 4: Heroin sachets seized by county**



Source: NPS, ANU and DCI, January – June 2020

### 2.2.3 Cocaine Control

Like heroin, cocaine is an illegal and highly addictive stimulant drug. Cocaine is usually trafficked to the country through air and sea and mostly comes from South American States especially Brazil, Bolivia, Peru, Columbia and Venezuela.

During the reporting period, data shows that a total of 0.201 kgs of cocaine was seized in the country including 202 sachets. Data also showed that a total of 22 offenders were arrested of whom 20 were Kenyans and 2 were foreigners. None of the cases was finalized during the reporting period. This data is presented in Table 4.

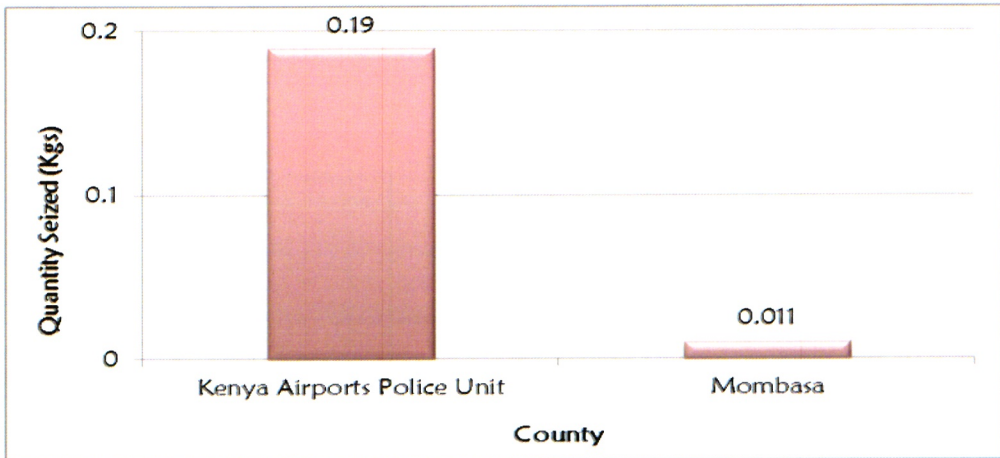
**Table 4: Cocaine seizures by county**

No.	County	Total No. Of Persons Arrested	Nationality		No. of Cases Finalized	Pellets Seized	Sachets Seized	Quantity Seized (Kgs)
			No. of Kenyans Arrested	No. of Foreigners Arrested				
1.	Nairobi	4	4	-	-	-	44	-
2.	Mombasa	4	2	2	-	-	-	0.011
3.	Kilifi	14	14	-	-	-	158	-
4.	Kenya Airport Police Unit	-	-	-	-	-	-	0.19
	<b>National</b>	<b>22</b>	<b>20</b>	<b>2</b>	-	-	<b>202</b>	<b>0.201</b>

Source: NPS, ANU and DCI, January – June 2020

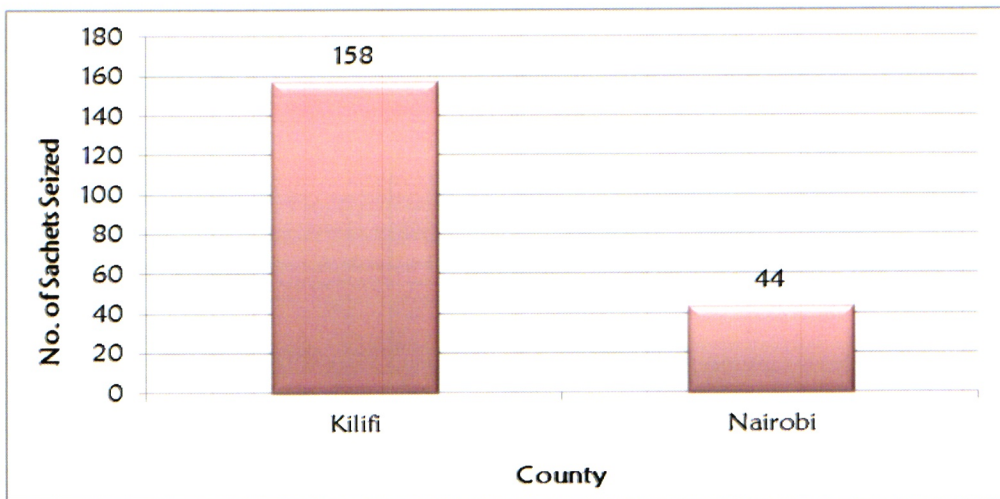
Figure 5 and Figure 6 shows that the seizures for cocaine in Kenya were commonly reported in the Coast region, Nairobi region and Jomo Kenyatta International Airport.

**Figure 5: Cocaine seizures by county**



Source: NPS, ANU and DCI, January – June 2020

**Figure 6: Cocaine seizures by county**



Source: NPS, ANU and DCI, January – June 2020

### 2.3 Limitation of Data Reporting

There have been challenges of harmonizing data from multiple sources to eliminate the risks of duplication or under-reporting. The Authority has been working towards strengthening the reporting system by building capacity of data officers in order to address this limitation.

## **CHAPTER THREE: PREVENTION AND MITIGATION OF ALCOHOL AND DRUG ABUSE**

### **3.1 Introduction**

This chapter presents the major achievements in the 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 to alcohol and drug policies, laws, regulations and standards. With the devolved governance system in Kenya, liquor licensing and drug control functions are assigned to the County Governments. Priority therefore focuses on strengthening partnerships and collaboration at the county level to respond to the emerging issues.

### **3.2 Public Participation and Partnerships**

#### **3.2.1 Partnerships, networks and coalitions**

The Authority continues to forge partnerships, networks and coalitions to support prevention, treatment and control. In this respect, the Authority has undertaken to review the country's legal, policy and institutional drug control framework with a view of harmonizing alcohol and drug abuse policy documents and legislation so as to create a strong legal framework to address existing gaps and emerging challenges.

During the reporting period, the Authority finalized development of the draft National Policy on Alcohol and Drug Abuse. The draft was developed through an elaborate process of consultation with stakeholders drawn from the public and private sector, civil society and other stakeholders. This was implemented in line with Article 10 of the Constitution of Kenya on stakeholder participation in the policy development and implementation process. The NACADA Board of Directors during their meeting held on 12th June 2020 adopted the Draft Policy and recommended its submission for approval to the Ministry of Interior and Coordination of National Government. After approval, the policy will provide a framework for evidence-based approaches to alcohol and drug abuse demand reduction and supply reduction measures in Kenya.

The Authority also continued to collaborate with both international and local partners like the United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO), the African Union Commission (AUC), IOGT International, Colombo Plan, East African Community Secretariat, Civil Society Organizations, County Governments and other National Government Agencies involved in the Country's alcohol and drug abuse control with a view of strengthening the capacity of national alcohol and drug control interventions.

The Authority also supported training and certification of addiction professionals under a partnership with the International Centre for Credentialing and Education of Addiction Professionals (ICCE). Under this program, addiction professionals undergo training in three phases and are certified members of the International Society of Substance Use Professionals (ISSUP).



### **3.3 Public education and advocacy**

Public education and awareness is an important pillar in the prevention of alcohol and drug abuse. The expected outcome of alcohol and drug use prevention is to ensure healthy and safe development of children and youth in order to realize their potential and become contributing members of their community and society.

The Authority has partnered with various stakeholders to implement evidence informed programs and interventions in the following settings; schools, family level, workplaces, community level and using the media as a platform to disseminate prevention messages to different audience segments. Through these programs the Authority sought to reduce the health, social, and economic problems associated with alcohol and drug use in the country especially within the context of the Covid 19 Pandemic.

#### **3.3.1 Family based interventions**

The family is usually considered to be the most important agent of socialization for children and young people. The family gives children their first system of values, norms, and beliefs and their earliest interactions before joining school within the family setting. As such children may be exposed to risks of drug abuse when they interact with parents or care givers who fail to nurture them well due to ineffective parenting skills.

The family-based alcohol and drug interventions programs focus on family risk factors and involve both parents and children. The program aims at strengthening families' capacity to help prevent the onset of substance use in children by improving the education and skills for parents to reduce substance use among children and young people.

During the reporting period, the Authority reached 6,021,630 parents through barazas; church forums; community dialogues; and media engagements. To avert the spread of coronavirus disease, the Government implemented a number of public health measures including the nationwide closure of schools. Alcohol and drug use was reported to be on the rise as a coping mechanism for children, adolescents and adults. There was also a reported increase in online sale of alcoholic drinks.

To respond to this emerging concern the Authority in collaboration with key stakeholders implemented a national media campaign targeting parents. The goal of this campaign was to educate and equip parents with relevant positive parenting skills. The campaign also sought to support parents to achieve the following: interacting constructively with their children; promoting family bonding; creating a daily routine for their children; managing stress and anxiety; identifying signs of substance use and other forms of risky behavior in children; and having conversations about alcohol and other drugs at home. The schedule of sensitization activities is presented in Table 5.

**Table 5: Schedule of sensitization activities**

<b>Activity</b>	<b>No. Reached</b>	<b>Program</b>	<b>Location</b>
Sensitization of Chiefs and Clergy on 14th January 2020;	154 participants	Family Based Intervention	Kisii University, Eldoret Campus, Uasin Gishu County
Sensitization of County Chiefs and Clergy on 24th January 2020;	139 participants	Family Based Intervention	County Commissioner's Hall, Elgeyo Marakwet
Sensitization of parents on 21st January 2020;	302 participants	Family Based Intervention	Kobudho location in Kisumu County
Sensitization of parents on 28th January 2020;	121 participants	Family Based Intervention	Nyamage Primary School, Kisii County
Sensitization of parents on 12th February 2020;	54 participants	Family Based Intervention	Kasarini Primary school, Kiambu County
Sensitization of parents on 14th February 2020;	213 participants	Family Based Intervention	Urudi Secondary School, Kisumu County
Sensitization of parents on 26th February 2020;	98 participants	Family Based Intervention	Mochongoi Technical Training Institute in Baringo County
Sensitization of parents on 1st March 2020;	98 participants	Family Based Intervention	Deliverance church in Utawala, Nairobi County
Sensitization of staff members of the County Government of Nyeri on 25th February 2020;	66 participants	Workplace Interventions	Nyeri County Commissioners Boardroom
Sensitization of parents on 3rd March 2020;	80 participants	Family Based Intervention	Kisauni Sub County, Mombasa County
Sensitization of parents on 4th March 2020;	70 participants	Family Based Intervention	Mombasa County
Sensitization of participants on 2nd - 3rd March 2020;	72 participants	Community Based Interventions	Kagio, Kimbimbi, Mwea and Nguka townships in Kirinyaga County
Sensitization of parents, teachers and non-teaching staff of Gakoigo Primary on 4th March 2020;	119 participants	Family Based Intervention	Kirinyaga County
Sensitization of participants during Nyamira County's men conference on 8th March 2020;	54 participants	Community Based Interventions	Guardian Hotel, Nyamira County

The Authority was also invited to offer psychosocial support to people who had been arrested or violated the curfew order gazetted under the Public Order Act 2020 as one of the measures of containing the spread of the coronavirus disease. A total of 560 people were reached through this program as shown in Table 6.



**Table 6: Number of people reached in the Quarantine Centres**

<b>QUARANTINE CENTRE/LOCATION</b>	<b>DATE</b>	<b>NO.OF PEOPLE REACHED</b>
Kaplelach Holding Quarantine Centre, Uasin Gishu County	13th May, 2020	252
Ngubereti Village, Mogotio, Baringo County	4th June, 2020	72
Kaplelach Holding Quarantine Centre, Uasin Gishu County	26th May, 2020	200
Kisii High School, Kisii County	24th June, 2020	38

### **3.3.2 School based prevention interventions**

Schools form the second most powerful socialization agent for children and young people after families. They are therefore an important setting for interventions aimed at alcohol and drug use prevention. Schools need to play a role in equipping learners with key life skills, imparting them with accurate knowledge and establish sound value base in relation to health and drug use.

During the reporting period NACADA in partnership with the United Nations Office of Drugs and Crime (UNODC), Ministry of Education and the Teachers Service Commission (TSC) scaled up the implementation of evidence informed drug use prevention programs in schools. The scale up was implemented following a successful piloting of the program that took place in 50 pre-selected primary schools during the period 2017-2019. A total of 108 schools (81 primary and 27 secondary schools) across the country were purposively selected to take part in this program.

In the sampled primary schools, the Authority initiated the implementation of a life skills program where trained teachers engaged children with interactive activities while giving them an opportunity to learn and practice a wide range of personal and social skills. This program is delivered to children in Grade 5-7 via a series of structured sessions. The program provides learners with skills to cope with difficult situations in a safe and healthy way. The findings from the pilot phase showed that students who participated in this program were not only better prepared to deal with various challenges in life but were also less likely to smoke, drink or use drugs. Table 7 provides the list of primary schools that participated in the life-skills program

**Table 7: Schools covered by the life-skills program**

<b>Region</b>	<b>Name of School</b>
<b>1. Coast Region</b>	<ol style="list-style-type: none"><li>1. Ng'ombeni Primary School</li><li>2. Denyenye Primary School</li><li>3. Mwachanda Primary School</li><li>4. Mkwakwani Primary School</li><li>5. Mamba Primary School</li><li>6. Kinung'una Primary School</li><li>7. Dera Tumaini Primary School</li><li>8. Mabirikani Primary School</li><li>9. Kizurini Primary School</li><li>10. Kaling'ombe Primary School</li><li>11. Mtopanga Primary School</li><li>12. St. Lwanga Primary School</li><li>13. Miritini Primary School</li></ol>
<b>2. Nyanza Region</b>	<ol style="list-style-type: none"><li>1. Lela Primary School</li><li>2. Opande Primary School</li><li>3. Rabongi Primary School</li><li>4. Gekomu Primary School</li><li>5. Nyanchwa Mixed Primary School</li><li>6. Nyamage Primary School</li><li>7. Kisii Primary School</li><li>8. Okode Primary School</li><li>9. Bobaracho Primary School</li></ol>
	<ol style="list-style-type: none"><li>1. Gicoco Primary School</li><li>2. Wangige Primary School</li><li>3. Kibiku Primary School</li><li>4. Rurii Primary School</li><li>5. Riara Primary School</li><li>6. Juja Farm Primary School</li><li>7. Kasarini Primary School</li><li>8. Gachororo Primary School</li><li>9. Ting'ang'a Primary School</li><li>10. Karura Primary School</li><li>11. Ngure Primary School</li></ol>

Region	Name of School
<b>3. Central Region</b>	12. Mugutha Primary School 13. Kanjeru Primary School 14. Nyacaba Primary School 15. Kiambu Township Primary School 16. Peter Kariuki Primary School 17. Ndera Primary School 18. Gatitu Primary School 19. Gatungano Primary School 20. Gituri Primary School 21. Kirongo Primary School 22. Ignatio Murai Primary School 23. Githanji Primary School 24. Nyakihai Primary School 25. Vidhu Primary School 26. St. Joseph Primary School 27. Kiandieri Primary School 28. Mutuma Primary School 29. Kariani Primary School 30. Mutitu Primary School 31. Kiamaina Primary School 32. Kamuiiri Primary School 33. Ngaru Primary School 34. Gakoigo Primary School 35. Gitwe Primary School
<b>4. North Rift Region</b>	1. Sosian Primary School 2. Iten Primary School 3. Kermuk Primary School 4. Kaptimbor Primary School 5. Chebara Primary School 6. Chugor Primary School 7. Moi Kabartonjo Primary School 8. Flax Boarding Primary School 9. Marigat Primary School 10. Mogotio Primary School 11. Chemolingot Primary School

Region	Name of School
<b>5. Eastern Region</b>	<ol style="list-style-type: none"> <li>1. Tangu Primary School</li> <li>2. Emali Primary School</li> <li>3. Sultan Hamud Primary School</li> <li>4. Mtito Andei Primary School</li> <li>5. Kiboko Primary School</li> <li>6. Unoa Primary School</li> <li>7. Kithingiisyo Primary School</li> <li>8. Kiambani Primary School</li> <li>9. Malili Primary School</li> <li>10. ACK Wote Township Primary School</li> <li>11. Thithi Primary School</li> <li>12. Kibwezi Township Primary School</li> <li>13. Kyumani Primary School</li> </ol>

During the period under review the Authority also supported 27 secondary schools to develop policies on substance use prevention. Guidance and Counselling teachers from the selected schools were trained on the key procedures for dealing with drug use incidents based on the guiding principles for school-based education for drug abuse prevention. School policies on substance abuse provide that drugs should not be used in school premises and during school events and activities by students, teaching and non-teaching staff. The policies also create transparent and non-punitive mechanisms to address incidents of use transforming it into an educational and health promoting opportunity.

Furthermore, school policies may enhance student participation, positive bonding and commitment to various academic and extra-curricular programs in schools. Implementation of this program was affected by the Government's directive on closure of schools as part of efforts to contain the spread of the coronavirus. Table 8 provides the list of secondary schools that participated in this program.

**Table 8: List of secondary schools supported to develop substance use prevention policies**

<b>Region</b>	<b>Name of Participating School</b>
<b>1. Coast Region</b>	<ol style="list-style-type: none"> <li>1. Malindi High school</li> <li>2. Barani Secondary School</li> <li>3. Ngala Memorial Girls</li> <li>4. Chumani Secondary School</li> <li>5. Majaoni Secondary School</li> <li>6. St. Thomas Girls Secondary School</li> <li>7. Muyeye Secondary School</li> <li>8. Kilifi Township Secondary School</li> </ol>
<b>2. Nairobi Region</b>	<ol style="list-style-type: none"> <li>1. Rusinga School</li> <li>2. Ngong Township Secondary School</li> </ol>
<b>3. Nyanza Region</b>	<ol style="list-style-type: none"> <li>1. Joel Omino Secondary School</li> <li>2. Xaverian Secondary School</li> <li>3. St. Theresa Girls Secondary School</li> <li>4. Muslim Secondary School</li> <li>5. Kisumu Day Secondary School</li> <li>6. St. Aloy's Gem Secondary School</li> <li>7. Kasagam Secondary School</li> <li>8. Lions high School</li> <li>9. St. Peters Nanga Secondary School</li> <li>10. Urudi Secondary School</li> </ol>
<b>4. Central Region</b>	<ol style="list-style-type: none"> <li>1. Murang'a High School</li> <li>2. Broadways Thika High School</li> <li>3. Muhoho high School</li> </ol>
<b>5. North Rift Region</b>	<ol style="list-style-type: none"> <li>1. RCEA Biwot Ng'elel Tarit</li> <li>2. St. Joseph's Boys high school</li> <li>3. Simat High School</li> <li>4. Turbo Girls High School</li> <li>5. St. Monica Girls High School</li> <li>6. Poror High School</li> </ol>



### 3.3.3 **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 substance use disorders may have lower productivity rates and are more likely to cause accidents at the workplace, and have higher health care costs and turnover rates.

The Authority has therefore partnered with various stakeholders to promote establishment of workplace prevention programmes. These programs seek to help institutions to put in place proper infrastructure and mechanisms to address work related influences that may affect people's risk of substance use. The program involves undertaking situational analysis on the status of alcohol and drug abuse; developing workplace policy and programs for early identification and intervention; and referrals for treatment and rehabilitation.

During the reporting period, the Authority engaged the Public Service Performance Management Unit to reinstate the indicator on prevention of alcohol and drug abuse at the workplace in the Performance Contracting Guidelines for the FY 2020/2021. This therefore means that all Ministries, Departments and Agencies will be required to mainstream alcohol and drug abuse prevention in the work place for the financial year 2020/2021.

### 3.3.4 **Community based prevention interventions**

Community-based prevention programs are effective towards addressing major 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 comprised of representatives from different community based organizations within a given region.

During the period under review, the Authority partnered with UNODC and the Media Council of Kenya to commemorate the International Day Against Drug Abuse and Illicit Trafficking held on 26<sup>th</sup> June 2020. The theme for this year's commemoration was **Better Knowledge for Better Care**

The following activities were conducted to commemorate the event;

#### a. **Arts and essay competition**

The competition was launched on 9<sup>th</sup> May 2020 under the theme **"Stuck at home during COVID-19. This is my story."** The competition sought to provide an opportunity to assess the impact of COVID-19 from the perspective of children. The competition was advertised in the national dailies, on the Authority's website, social media platforms as well as the mainstream media. The competition attracted over 1,200 art and essay entries from children in Grade 3 to Form 4 across the country. The following is a list of the winning schools in the Art and Essay categories (Table 9 and Table 10).

**Table 9: Winning Schools in the Essay Category**

S/No.	Name of School	County
1.	Juja Preparatory school	Kiambu
2.	Memon Academy	Mombasa
3.	St. Mary's Kibabii Boys High	Bungoma
4.	Kangundo Junior Academy	Machakos
5.	Milimani Primary School	Nairobi
6.	Butere Girls High	Vihiga
7.	Gfe Tumaini School	Kakamega
8.	Thika Road Christian	Nairobi
9.	Graceland Girls Senior School	Laikipia

**Table 10: Winning Schools in the Art Category**

S/No.	Name of School	County
1.	Shree Swaminarayan Academy	Mombasa
2.	Mary Immaculate Primary	TransNzoia
3.	Pioneer School Muranga	Muranga
4.	Victory Academy Masii	Machakos
5.	Tassia Catholic Primary	Nairobi
6.	St. Augustine, Mlolongo	Machakos
7.	Harvard School Dagoretti	Nairobi
8.	Shree Swaminarayan Academy	Mombasa
9.	Kenya High School	Mombasa

The list of winners was published in the Standard and the Daily Nation on 26<sup>th</sup> June as part of the IDADA supplement. The same was also posted in the Authority's website and other social media platforms.

### **IDADA Press Conference and the Launch of the World Drug Report**

The commemoration of the International Day Against Drug Abuse and Illicit Trafficking (IDADA) was scheduled to take place in Kakamega County. However due to COVID-19 restrictions, the Authority held a virtual event as per the Covid-19 containment measures. The Authority's Board Chair, Directors and CEO participated in a TV Interview on KTN and KBC to highlight the impact of the pandemic on the campaign against alcohol and drug use during commemoration of IDADA on 26th June 2020.

This was followed by a virtual launch of the World Drug Report organized by the United Nations Office of Drugs and Crime. The report provided a global overview of the supply and demand of opiates, cocaine, cannabis, amphetamine-type stimulants and new psychoactive substances, as well as their impact on health. The launch was followed by a discussion on the impact of the COVID-19 pandemic on the world drug situation.

### 3.4 Access to Quality and Holistic Treatment and Rehabilitation Services

Part of the Authority's mandate is in collaboration with other lead agencies, provide and facilitate the development and operation of treatment and rehabilitation facilities, programs and standards for persons suffering from substance use disorders.

During the reporting period, NACADA supported the County Government of Kwale towards equipping Kombani treatment and rehabilitation facility located in Matuga sub-county. This was the second phase of support following previous support of construction. The Authority also held a series of consultative forums with key stakeholders towards operationalization of the Miritini Treatment and Rehabilitation Centre in Mombasa County. During the period under review, eighty-six (86) clients with substance use disorders were able to access various services at the Miritini facility. These included Medically Assisted Therapy (methadone use); HIV/AIDS and Hepatitis B counselling and testing; and treatment for tuberculosis. All these services are geared towards reducing the harm associated with drug use.

The Authority also received support from various partners including the State Department of Youth Affairs, County Government of Mombasa, Kenya Red Cross, MEWA, Reach out Trust Centre, and the Youth Enterprise Development Fund. Other key achievements related to the fulfillment of the mandate included inspection of 110 treatment and rehabilitation facilities where fifty-seven (57) of them were accredited. This was done in collaboration with the Ministry of Health and the respective County Governments where the centers were located.

Lastly, through the Authority's 24-hour service helpline (1192) and Huduma Centre desks, three thousand and five hundred clients (3,500) were reached with counselling and referral services.

### 3.5 Research and development

In the reporting period, the Authority commissioned a survey on "*Assessment of Emerging Trends of Drugs and Substance Abuse in Kenya*." This survey was a multi-agency collaboration between NACADA, Pharmacy and Poisons Board, Government Chemist and Ministry of Interior and Coordination of National Government.

The survey was conducted from 21<sup>st</sup> October – 12<sup>th</sup> November 2019 covering 18 purposively sampled counties in the eight (8) regions of Kenya. The suspected samples were forwarded to the Government Chemist for analysis and identification. The findings of laboratory analysis showed evidence of the widespread abuse of prescription drugs and cannabis edibles e.g. *cookies*, "*mabuyu*", *sweets* or *candies*. Emerging evidence also showed that the abuse of heroin has penetrated to other non-traditional counties like Nakuru, Uasin Gishu, Kisumu, Isiolo and Kiambu. However the survey is awaiting validation to facilitate release of the findings to the general public. In the reporting period, the Authority published Volume 3 of the African Journal of Alcohol and Drug Abuse (AJADA). This is an open access journal that publishes peer reviewed research articles on alcohol and drug abuse. The objective of the journal is to provide a platform for dissemination of the current trends on alcohol and drug abuse research. A total of eight (8) journal articles were published.

The published articles are as follows;

- 1) Effects of Parental Abandonment and Strife on Youth Drug Use;
- 2) Determinants of Alcohol use by Students in Medical Training Colleges in South Nyanza Region, Kenya;
- 3) Policy Brief on Status of Drugs and Substance Use among Primary School Pupils in Kenya;
- 4) Innovations and Opportunities in Social Media for Management of Drug and Substance Abuse in Selected Informal Settlements of Nairobi County, Kenya;
- 5) Effects of Environment and Parenting Practices on Alcohol Use among Primary School Pupils in Kenya;
- 6) Policy Brief on National Survey on Alcohol and Drug Abuse among Secondary School Students in Kenya;
- 7) Communication and Addiction;
- 8) Hierarchy of Help Model in Addiction;

### 3.6 **Compliance with Policies, Laws, Regulations and Standards**

The Authority is a member of the National Inter-Agency Committee for Control of Alcoholic Drinks and Combat of Illicit Brews established under the Kenya Gazette Notice 5069 of July 10, 2015.

The Authority also coordinates the National Technical Committee on Drug Trafficking and Abuse established under the Kenya Gazette Notice 2332 of March 10, 2017. This is an inter-agency forum comprising of Government departments and lead agencies involved in drug demand reduction and supply reduction for the purposes of enhancing coordination in development of plans of action, implementation and enforcement of laws and policies relating to alcohol and drug abuse control.

During the reporting period, the Authority in collaboration with key stakeholders conducted training programs for bar owners and their employees. The goal of the exercise was to enforce compliance to alcohol control legislations and policies at both national and county levels. The Authority also enforced compliance with the Covid-19 guidelines issued by the Ministry of Health targeting bars, restaurants, supermarkets and wines and spirits outlets. A total of one thousand, one hundred and ninety nine (1,199) bar owners were reached in the following Counties; Uasin Gishu, Baringo, Transnzoia, Kisumu, Nyamira, Homabay, Siaya, Nairobi, Muranga, Kiambu, Nyeri, Kwale, Kilifi, Mombasa, Embu, Kitui, Meru, Machakos, Tana River, Garissa, Narok and Nakuru.

Additionally, the Authority organized a national panel discussion on the emerging concerns around alcohol control during the COVID 19 pandemic. The discussion was hosted by NTV and KTN TV stations. The following stakeholders took part in the discussion;

- 1) Kenya Alliance of Resident Associations (KARA)
- 2) Pubs Entertainment Restaurant Association of Kenya (PERAK)
- 3) Directorate of Alcoholic Drinks Control-County Government of Nyeri

The panel discussion for NTV was conducted on 20<sup>th</sup> May 2020 reaching a target audience of 1,621,000.

Finally, towards fulfillment of the Authority's mandate to assist and support county governments in developing and implementing policies, laws and plans of action on the control of alcohol and drug abuse, NACADA supported the following counties to conduct crackdowns on illicit brews, counterfeit alcoholic products and illicit drugs in order to enforce compliance with alcohol and drug control legislation: Nairobi, Nyandarua, Muranga, Kiambu, Mombasa, Kilifi, Kwale, Kisii, Nyamira, Machakos, Meru, Isiolo, Nandi, West Pokot, Trans Nzoia, Elgeyo Marakwet, Narok, Bomet, Kericho, Busia, Vihiga, Bungoma, Garissa, Tana River and West Pokot counties. A total of 43 persons were arrested for various offences and 138 non-compliant premises were closed. The summary is presented in Table 11.

**Table 11: Summary of Enforcement by Region**

Region	Duration	Counties Covered	No. of Premises Visited	No. of Premises Closed	No of Persons Arrested
Nairobi	5 <sup>th</sup> to 11 <sup>th</sup> June, 2020	Nairobi	255	6	157
Coast	June-July, 2020	Kilifi, Kwale and Mombasa	142	6	10
North Rift	24 <sup>th</sup> to 29 <sup>th</sup> June, 2020	Nandi, West Pokot, Trans Nzoia, Elgeyo Marakwet	55	25	57
South Rift	25 <sup>th</sup> to 30 <sup>th</sup> June, 2020	Narok, Bomet, Kericho and Laikipia	73	43	83
Nyanza	22 <sup>nd</sup> to 30 <sup>th</sup> June, 2020	Kisii, Nyamira and Siaya	90	9	15
Western	26 <sup>th</sup> June to 14 <sup>th</sup> July, 2020	Busia, Vihiga and Bungoma	116	38	57
Central	16 <sup>th</sup> to 27 <sup>th</sup> June, 2020	Nyandarua, Muranga and Kiambu	54	8	21
Eastern	26 <sup>th</sup> June to 3 <sup>rd</sup> July, 2020	Machakos, Meru and Isiolo	73	3	33
North Eastern	8 <sup>th</sup> to 17 <sup>th</sup> June, 2020	Garissa and Tana River	44	-	-
<b>TOTAL</b>		<b>26</b>	<b>902</b>	<b>138</b>	<b>43</b>



## **CHAPTER FOUR: CHALLENGES IN THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE**

The campaign against alcohol and drug abuse in Kenya faces a number of challenges that include:

### **4.1 Covid-19 related challenges**

The country has witnessed unprecedented challenges associated with the Covid-19 pandemic necessitating the Government to issue containment measures leading to closure of learning institutions and ban of public gatherings. These measures disrupted the operations of major Authority's programs targeting learning institutions, communities and operations of treatment and rehabilitation centres. Towards responding to Covid-19 containment guidelines, the Authority invested more on media-based and social media programs to target parents, children and the general public with positive parenting skills, provision of safe spaces for children and sensitization on alcohol and drug abuse prevention, control and management.

### **4.2 Inadequate resources for the campaign**

The Authority's annual funding has reduced drastically over the years. To a large extent, the Authority's programs have been funded from licensing of alcoholic drinks outlets under the Alcoholic Drinks Control Act, 2010 which became a devolved function under the Constitution of Kenya 2010. This has therefore seen the Authority's budgetary allocation decline from Ksh 1 billion in the FY 2011 / 2012 to Ksh 489 million in FY 2019 / 2020 thereby limiting the implementation and scope of NACADA's programs. Towards realizing the funding gaps, the Authority is pursuing alternatives through partnerships and engaging the treasury through the Ministry of Interior and Coordination of National Government to enhance budgetary allocation.

### **4.3 Access to treatment and rehabilitation services**

The demand for treatment and rehabilitation in the country exceeds the available facilities resulting in a large unmet need for these critical services. Currently, there are only four operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta National Hospital and Coast General Hospital. Over 90 percent of the other facilities are privately owned; skewed in urban centres and majorly in Nairobi, Kiambu and Mombasa Counties; and are not affordable to the majority of Kenyans. Towards increasing coverage and access to treatment and rehabilitation services for persons with substance use disorders, the Authority has partnered with the County Governments of Kwale, Kakamega, Mombasa, Taita Taveta, Bomet, Kisii, Nyeri and Elgeyo Marakwet to support the establishment, refurbishment and equipping of treatment and rehabilitation facilities.

Red Cross has also set up a modern treatment and rehabilitation centre in Lamu and NACADA has supported with Ksh 2,350,000 for equipment. In addition, the Authority with the support of the Ministry of Interior and Coordination of National Government and other partners are working towards implementing the Presidential directive to operationalize the Miritini NYS Camp as a model treatment and rehabilitation centre.

The Authority continues to engage the county governments to ring-fence resources acquired from liquor licensing and invest on establishing more treatment and rehabilitation facilities and implementation of demand reduction programs.

#### **4.4 Inadequate parental role modeling and parental monitoring**

In the recent past, the country has witnessed an emerging trend of underage alcohol and drug abuse. In March 2020, the Government issued Covid-19 containment measures that led to the closure of bars and restaurants. The guidelines provided that alcohol could only be accessed from wines and spirit shops or supermarkets as a takeaway. This resulted to an alarming increase in the incidences of alcohol consumption within the home environment putting children at risk of exposure to negative influence by their parents or guardians. This situation is further complicated by inadequate parental monitoring, parental relationship and parental attachment thereby exposing children to negative peer influences. Towards addressing this challenge, NACADA is engaging the public with positive parenting skills through the mainstream media, local radio stations and other social media platforms. In addition the Authority is implementing life skills training program targeting primary schools pupils with the aim of equipping them with decision making, self-management, resistance and social communication skills. However, there is need for more resources in order to scale up and sustain the positive parenting and life skills training programs.

#### **4.5 Online alcohol sale**

Following the Government's Covid-19 containment measures affecting bars and restaurants, there has been an upsurge of online sale of alcoholic drinks in the country thereby posing serious health and regulatory challenges. Due to the inadequate regulatory regime of the online alcohol sale platforms, there are potential risks of access to underage drinkers given that there are no structures for age verification. Online sale also hinders regulation of standards for alcoholic drinks thereby posing public health and safety concerns to consumers. Towards addressing this challenge, the Authority has proposed amendments in the Alcoholic Drinks Control (Amendment) Bill 2017 for regulation of online sale of alcoholic drinks.

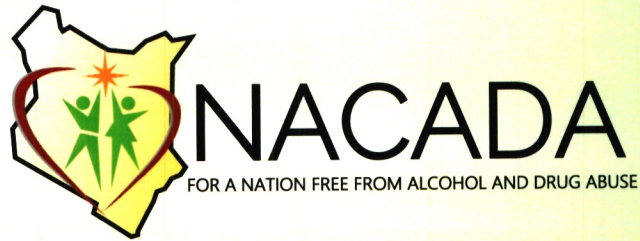
#### **4.6 Cannabis trafficking**

The completion of Isiolo – Marsabit – Moyale road has facilitated easy movement of goods and services in the region. One of the unintended outcomes of the improved infrastructure is an upsurge of cannabis trafficking from Ethiopia. This has been further complicated by the long and porous border between Kenya and Ethiopia. Towards responding to this challenge, the Government has established a multi-agency enforcement team to deal with cannabis trafficking along the new emerging cannabis trafficking corridor. NACADA has continued to undertake regular engagements with the County and Regional Security Committees of Eastern and North Eastern Regions in order to address the challenges of cannabis trafficking. Nevertheless, there is need to invest more resources on facilitation and equipment needed by law enforcement agencies to control cannabis trafficking.

#### **4.7 Prosecution of narcotic drugs related offenders**

The fight against drug trafficking has realized significant arrests of narcotic drugs offenders. On the other hand, there has been a challenge of delayed prosecution of narcotic drugs offenders. Other cases have been finalized with very lenient judgements. Delayed prosecution, release of offenders through bail and lenient judgements has led to an increase of repeat offenders. Towards responding to these challenges, the Government has proposed amendments to the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994 through the “Narcotic Drugs and Psychotropic Substances (Control) Amendment Bill, 2019” in order to enhance penalties of trafficking narcotic drugs including prescribing offences for state or public officers who aid or abet any offences under the Act.





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