



NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

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

**FOURTEENTH (14TH) EDITION OF BIANNUAL
REPORT ON THE STATUS OF ALCOHOL
AND DRUG ABUSE CONTROL IN KENYA**

Prepared for

Parliament of Kenya (National Assembly and Senate)

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National Authority for the Campaign Against Alcohol and Drug Abuse

For the Reporting Period of 1ST January – 30th June 2021

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LIST OF ABBREVIATIONS

ADA	Alcohol and Drug Abuse
ADCA	Alcoholic Drinks Control Act, 2010
AJADA	African Journal of Alcohol and Drug Abuse
ANU	Anti-Narcotics Unit
AUD	Alcohol Use Disorder
CND	Commission on Narcotic Drugs
DCI	Directorate of Criminal Investigations
INCB	International Narcotic Control Board
MDAs	Ministries, Department and Agencies
MoH	Ministry of Health
MoICNG	Ministry of Interior and Coordination of National Government
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NPS	National Police Service
NTC	National Technical Committee on Drug Trafficking and Abuse
SUD	Substance Use Disorder
TCB	Tobacco Control Board
TSC	Teachers Service Commission
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

I am pleased to present the 14th *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 1st January – 30th June 2021.

Enforcement data during the reporting period showed that illicit alcohol accounted for the highest seizures followed by cannabis, heroin and lastly cocaine. Data showed that counties in Nyanza and Rift Valley regions were the most affected in terms of illicit alcohol seizures while counties in Nairobi, Nyanza, Eastern and North Eastern reported the highest seizures of cannabis during the reporting period.

The Authority is faced with a number of challenges that hinder effective and optimal implementation of its activities. One of the major setbacks to the campaign is inadequate funding. During the FY 2020/ 2021, the Authority's budgetary allocation was Ksh 529 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's programs. Further, the limitation of resources has affected establishment of offices including staffing in each of the 47 counties. Currently, NACADA has devolved to nine (9) regional offices.

The country has witnessed a growing problem of underage alcohol and drug abuse among school going children with evidence showing that both primary and secondary schools are no longer drug free environment. In addition, the country has witnessed rising cases of student unrest and burning of schools where alcohol and drug abuse features as one of the major underlying factor as evidenced by three taskforce reports namely: Wangai Report (2001); Koech Report (2008); and Clare Omolo Report (2017).

On the other hand, the demand for treatment and rehabilitation services in the country exceeds the available facilities. Currently, there are only five operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta National Hospital, Coast General Hospital and Miritini Treatment and Rehabilitation Centre, Mombasa. 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.

Further, the country has witnessed increased trafficking of cannabis from Ethiopia, Tanzania and Uganda, an indicator that Kenya is a key destination country. The seizures for cannabis have been on an upward trend despite the heightened enforcement efforts by the Government security agencies.—

Besides, under the Constitution of Kenya 2010, the function of liquor licensing was devolved to the county governments. This has resulted in the mushrooming of bars and other alcohol selling outlets with the sole purpose of generating revenue. The country has also witnessed increased licensing of alcohol selling outlets in restricted zones especially residential areas and environs near learning institutions.

In addition, one of the emerging challenges in the campaign is the rising use of online sale and marketing of alcohol and drugs of abuse thereby posing serious public health as well as regulatory challenges. This challenge is further complicated by the penetration of mobile transfer services in Kenya, one of the most desired modes of making online purchases. Online sale platforms are increasing availability and access of alcohol and other drugs to underage children because there are no mechanisms for age verification. Online sale also hinders enforcement and regulation of standards thereby posing public health safety concerns of the users.

Lastly, the Covid-19 pandemic has disrupted the operations of the Authority's programs especially those targeting learning institutions, communities as well as the workplace. The country has also witnessed creation of new alcohol and drugs consumption spaces thereby presenting enforcement challenges including exposure to under-age children.

I therefore submit this report for your attention.



Victor G. Okioma, EBS
CHIEF EXECUTIVE OFFICER

CHAPTER ONE: INTRODUCTION

1.0 Background

This is the 14th 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 2021.

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 *bhanga* / cannabis (Table 1).

Table 1: Current use of drugs and substance abuse among the general population in Kenya

No.	Drug / Substance	National Prevalence	No. of Affected Kenyans
1.	At least one substance of abuse	18.2	4,913,254
2.	Alcohol	12.2	3,293,495
3.	Tobacco	8.3	2,240,656
4.	<i>Khat</i> / <i>miraa</i>	4.1	1,106,830
5.	<i>Bhang</i> / marijuana	1.0	269,959

Source: NACADA, 2017

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 *bhanga* / cannabis use disorders (Table 2).

Table 2: Substance use disorders (SUDs) among the general population in Kenya

No.	Drug / Substance	National Prevalence	No. of Affected Kenyans
1.	Alcohol	10.4	2,807,569
2.	Tobacco	6.8	1,835,718
3.	<i>Khat</i> / <i>miraa</i>	3.1	836,872
4.	<i>Bhang</i> / marijuana	0.8	215,967

Source: NACADA, 2017

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 (Table 3).

Table 3: Lifetime / ever use of drugs and substances of abuse among secondary school students in Kenya

Drug / substance	Prevalence (%)	Number of students
Alcohol	23.4	508,132
<i>Khat / miraa</i>	17.0	369,155
Prescription drugs	16.1	349,613
Tobacco	14.5	314,869
Marijuana	7.5	162,863
Inhalants	2.3	49,945
Heroin	1.2	26,058
Cocaine	1.1	23,887

Source: NACADA, 2016

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% (Table 4).

Table 4: Lifetime / ever use of drugs and substance abuse among primary school pupils in Kenya

No.	Drug / Substance	Prevalence (%)
1.	Alcohol	7.2
2.	Tobacco	6.0
3.	<i>Khat / miraa</i>	3.7
4.	Bhang / marijuana	1.2
5.	Cocaine	0.7
6.	Heroin	0.4
7.	Inhalants	0.5
8.	Prescription drugs	10.4
9.	At least one substance of abuse	20.2

Source: NACADA, 2018

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 covering 18 sampled counties. 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 syrup, tramadol, piriton, biperiden, haloperidol, propofol (used in anaesthesia) and olanzapine (anti-psychotic drug). The survey also identified a worrying trend in the abuse of cannabis with evidence showing an increase in the abuse of cannabis edibles. Laboratory analysis identified cannabis edibles e.g. cookies, “mabuyu”, sweets or candies. Emerging evidence also showed that abuse of heroin has penetrated to other non-traditional counties like Nakuru, Uasin Gishu, Kisumu, Isiolo, Nyeri and Kiambu.

Public Sector Workplace

In 2021, NACADA conducted a national survey to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. Findings on lifetime use of drugs and substances of abuse in the public sector workplace showed that 44.5% of the employees had ever used alcohol, 15.3% had ever used tobacco, 11.3% had ever used *miraa* / *khat*, 8.2% had ever used bhang / marijuana, 2.3% had ever used prescription drugs, 1.3% had ever used cocaine and 1.2% had ever used heroin.

Findings on use in the last 30 days prior to the survey (current use) showed that 23.8% of employees in the public sector workplace were currently using alcohol. 4.8% were currently using tobacco, 2.9% were currently using *khat* / *miraa*, 1.9% were currently using bhang / marijuana, 1.0% were currently using prescription drugs, 0.8% were currently using heroin and another 0.8% were currently using cocaine (Table 5).

Table 5: Drugs and substances of abuse among employees in the public sector workplace in Kenya

Drug / substance	Lifetime Prevalence (%)	Current Prevalence (%)
Alcohol	44.5	23.8
Tobacco	15.3	4.8
Khat / miraa	11.3	2.9
Bhang / marijuana	8.2	1.9
Prescription drugs	2.3	1.0
Heroin	1.2	0.8
Cocaine	1.3	0.8

Source: NACADA, 2021

Data also showed that the prevalence of alcohol use disorders (AUD) among employees in the public sector workplace in Kenya was 13.2% implying that approximately 89,127 employees had an alcohol use disorder. Further categorization of AUDs by severity showed that 5.7% of the employees in the public sector workplace had a mild alcohol use disorder (AUD), 3.0% had a moderate AUD while 4.5% had a severe AUD. This implied that approximately 38,487 employees in the public sector workplace presented with a mild AUD, 20,256 employees presented with a moderate AUD while 30,384 employees presented with a severe AUD.

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 Drinks Control Act (ADCA) 2010. The NACADA Act provides for a Board of Directors to guide on the strategic direction geared towards achievement of the Authority's mandate.

The Authority is also the secretary to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27th November 2020. This committee replaces 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 committee is mandated to ensure consumer protection from illicit adulterated alcoholic beverages in Kenya.

To facilitate inter-agency collaboration and liaison among lead agencies responsible for alcohol and drugs demand reduction and supply suppression, the Authority convenes the National Technical Committee on Drug Trafficking and Abuse (NTC). The committee has membership drawn from the Ministry of Interior and 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 Committees 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 protocols 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.

During the reporting period, data on illicit alcohol seizures showed that a total of 1,724,440 litres of illicit alcohol was seized nationally. County specific data showed that Kisii accounted for the highest seizures of illicit alcohol (389,346 litres) followed by Nyamira (165,579 litres), Kericho (156,381 litres), Siaya (114,385 litres), Narok (102,913 litres), Elgeyo Marakwet (88,679 litres), Mombasa (84,207 litres), Nandi (77,787 litres), Migori (71,757 litres) and Uasin Gishu (66,842 litres) (Table 6).

In terms of individual alcohol types seized, data showed that a total of 91,798 litres of *chang'aa* was seized. County specific data showed that Kericho accounted for the highest seizures of *chang'aa* (19,224 litres), followed by Nakuru (7,181 litres), Kisii (6,720 litres), Mombasa (6,634 litres) and Nandi (6,021 litres).

Statistics on *kangara* showed that a total of 1,278,205 litres were seized in the reporting period. County specific data showed that Kisii accounted for the highest seizures of *kangara* (363,759 litres) followed by Nyamira (146,780 litres), Siaya (106,343 litres), Kericho (85,800 litres) and Nandi (70,814 litres).

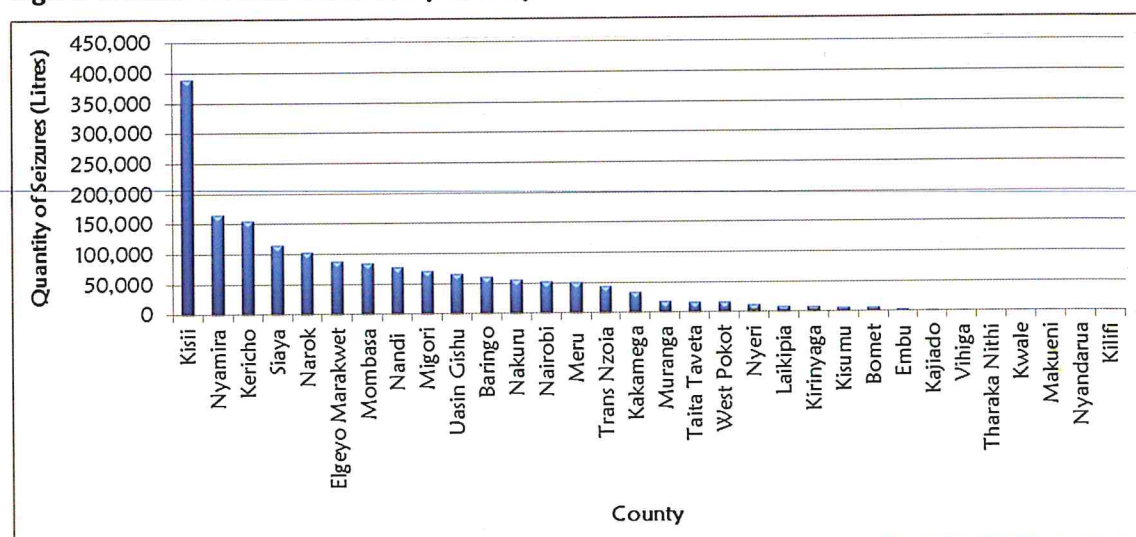
Data on other types of traditional brews showed that a total of 336,261 litres were seized in the reporting period. County specific data showed that Narok accounted for the highest seizures (95,735 litres) followed by Kericho (49,030 litres), Meru (38,082 litres), Elgeyo Marakwet (20,182 litres) and Kisii (18,767 litres) (Table 6).

Table 6: Illicit alcohol seizures by county

County	Chang'aa (Ltrs)	Kangara (Ltrs)	Other Traditional Drinks (Ltrs)	Illegal Neutral Spirits (Ltrs)	Illegal Ethanol (Ltrs)	Total Alcohol Seizures (Ltrs)
Kisii	6,720	363,759	18,767	100	-	389,346
Nyamira	4,130	146,780	14,576	-	93	165,579
Kericho	19,224	85,800	49,030	2,327	-	156,381
Siaya	4,482	106,343	3,400	160	-	114,385
Narok	155	7,023	95,735	-	-	102,913
Elgeyo Marakwet	3,810	64,417	20,185	267	-	88,679
Mombasa	6,634	63,723	13,679	171	-	84,207
Nandi	6,021	70,814	745	207	-	77,787
Migori	2,792	68,945	20	-	-	71,757
Uasin Gishu	3,977	47,767	15,028	70	-	66,842
Baringo	3,174	50,352	7,306	4	-	60,836
Nakuru	7,181	35,443	13,550	549	20	56,742
Nairobi	4,753	41,817	4,442	1,600	-	52,612
Meru	860	-	38,082	12,506	-	51,448
Trans Nzoia	3,282	34,587	7,035	-	-	44,904
Kakamega	629	33,385	860	-	-	34,874
Muranga	2,714	14,325	1,188	-	-	18,227
Taita Taveta	814	3,042	13,093	48	-	16,996
West Pokot	4,788	10,225	1,665	-	-	16,678
Nyeri	1,012	11,681	20	34	-	12,747
Laikipia	404	8,436	610	-	-	9,450
Kirinyaga	172	280	7,594	-	-	8,046
Kisumu	405	5,207	996	6	-	6,614
Bomet	2,120	340	4,026	-	-	6,486
Embu	-	914	2,590	-	-	3,504
Kajiado	365	1,900	297	-	-	2,562
Vihiga	1,152	860	-	-	-	2,012
Tharaka Nithi	3	-	1,151	-	-	1,154
Kwale	20	-	371	-	-	391
Makueni	-	-	180	-	-	180
Nyandarua	5	40	-	8	8	61
Kilifi	-	-	40	-	-	40
National	91,798	1,278,205	336,261	18,057	121	1,724,440

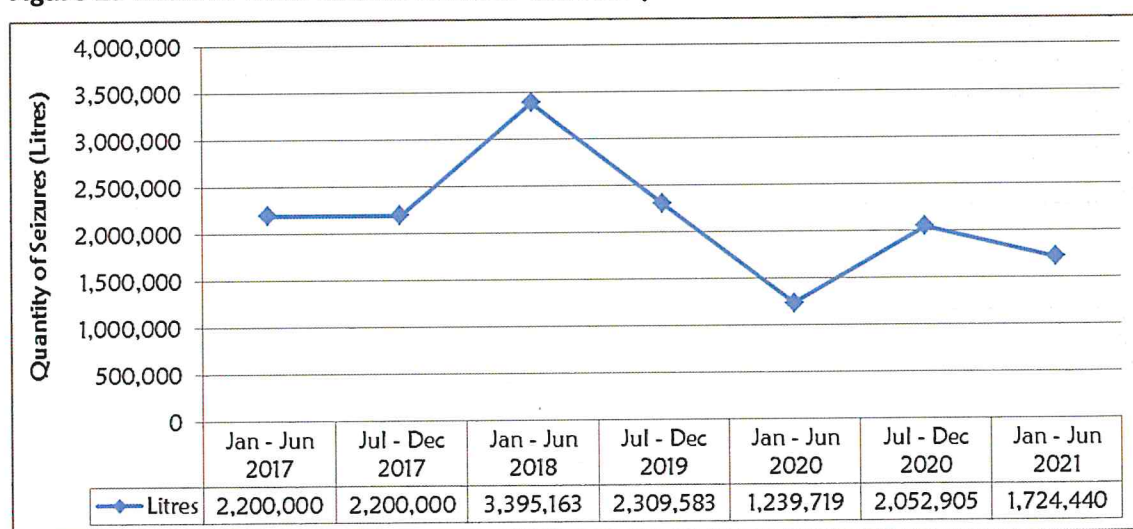
Source: MoICNG, January – June 2021

Figure 1 showed that Kisii and Nyamira counties accounted for the highest seizures of illicit alcohol nationally. Generally, illicit alcohol seizures were more prevalent in the counties of Nyanza and Rift Valley regions.

Figure 1: Illicit alcohol seizures by county

Source: MoICNG, January – June 2021

Figure 2 showed that the trend of illicit alcohol seizures had been on an upward trend from January to June 2020. However, in the reporting period of January to June 2021, a downward trend of illicit alcohol seizures was recorded. Data showed that a total of 2,052,905 litres of illicit alcohol was seized in the period of July – December 2020 while a total of 1,724,440 litres of illicit alcohol were seized in the current reporting period of January – June 2021.

Figure 2: Trend of illicit alcohol seizures nationally

2.2 Narcotic Drugs and Psychotropic Substances Control

The Narcotic Drugs and Psychotropic Substances Control Act, 1994 is the principal legislation in the enforcement of laws 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 as well as local cultivation. In the recent times, there is growing demand for cannabis originating from Ethiopia. Cannabis is mostly trafficked by road.

During the reporting period, data on cannabis / marijuana seizures showed that a total of 6,932.093 kgs of cannabis were seized nationally. Analysis of county specific data showed that Nairobi accounted for the highest seizures of cannabis / bhang (1,640.436 kgs) followed by Migori (741.0 kgs), Busia (696.46 kgs), Kisumu (692.36 kgs), Kisii (602.105 kgs), Wajir (469.145 kgs), Makueni (360.045 kgs), Machakos (316.955 kgs), Meru (304.53 kgs) and Embu (254.165 kgs). This data is presented in Table 7 and Figure 3.

Data also showed that 52,600 rolls, 6,574 plants, 5,519 brooms and 505 stones of cannabis were seized during the reporting period. Data showed that there was an increase in the cultivation of cannabis locally. The counties where evidence of cannabis cultivation was shown included Embu (1,510 plants), Kitui (738 plants), Trans Nzoia (700 plants), Nyeri (679 plants) and Narok (655 plants) (Table 7).

Table 7: Cannabis seizures by county

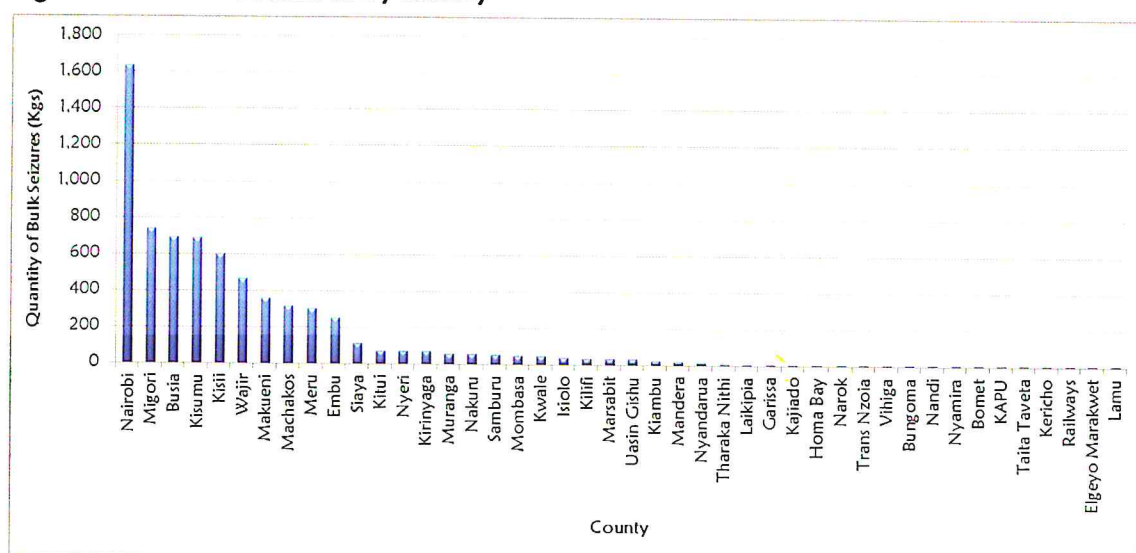
County	No. Persons Arrested	Quantity of Bulk Seizures (Kgs)	Rolls	Plants	Stones	Brooms	Bales
Nairobi	206	1,640.436	6,896	-	-	-	-
Migori	28	741.0	1,692	10	-	32	2
Busia	37	696.46	1,296	-	-	648	11
Kisumu	24	692.36	328	-	-	2,351	-
Kisii	63	602.105	829	500	-	526	-
Wajir	11	469.145	3	-	-	-	93
Makueni	57	360.045	2,820	204	81	4	-
Machakos	98	316.955	4,042	3	-	7	-
Meru	66	304.53	1,943	481	15	400	76
Embu	78	254.165	1,401	1,510	26	353	-
Siaya	45	111.575	970	-	-	164	2
Kitui	34	73.4	1,909	738	15	-	-
Nyeri	59	72.415	953	679	-	-	-
Kirinyaga	123	71.4	2,132	40	14	60	-
Muranga	121	58.85	2,740	103	21	51	9
Nakuru	120	56.902	3,305	34	100	506	-
Samburu	23	55.0	906	-	-	-	-
Mombasa	111	50.508	1,222	-	114	-	-
Kwale	3	48.0	-	-	5	-	-
Isiolo	18	40.83	15	-	-	30	1

County	No. Persons Arrested	Quantity of Bulk Seizures (Kgs)	Rolls	Plants	Stones	Brooms	Bales
Kilifi	61	36.87	720	-	-	-	-
Marsabit	14	36.54	84	-	-	-	-
Uasin Gishu	49	34.005	1,918	-	-	-	-
Kiambu	129	25.125	5,060	-	-	2	-
Mandera	4	20.0	52	-	-	-	-
Nyandarua	26	13.752	270	34	-	-	-
Tharaka Nithi	54	8.988	909	448	-	50	1
Laikipia	18	5.0	645	29	1	-	-
Garissa	5	5.0	18	-	-	-	-
Kajiado	22	4.5	2,296	-	-	-	-
Homa Bay	24	4.0	2,063	92	100	158	33
Narok	9	4.0	124	655	-	9	3
Trans Nzoia	24	3.8	256	700	-	1	-
Vihiga	25	3.25	254	-	-	14	-
Bungoma	37	2.4	627	30	4	-	1
Nandi	3	2.31	-	-	-	-	-
Nyamira	26	1.905	91	-	-	-	-
Bomet	27	1.4	200	-	-	-	-
KAPU	2	0.92997	-	-	-	-	-
Taita Taveta	26	0.887	129	128	-	-	-
Kericho	18	0.84	245	152	-	6	-
Railways	1	0.3	-	-	-	-	-
Elgeyo Marakwet	13	0.2	118	-	-	-	-
Lamu	16	0.01	770	-	-	-	-
West Pokot	4	-	38	4	-	147	-
Tana River	2	-	19	-	9	-	-
Baringo	4	-	165	-	-	-	-
Kakamega	13	-	123	-	-	-	-
Turkana	1	-	4	-	-	-	-
National	1,982	6,932.093	52,600	6,574	505	5,519	232

Source: NPS, ANU and DCI, January – June 2021

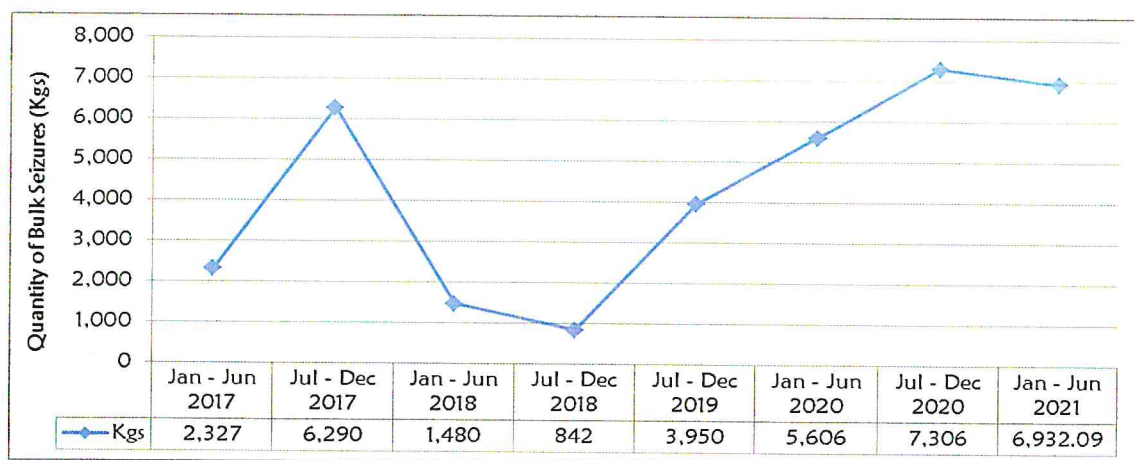
Data according to Figure 3 showed that Nairobi county accounted for the highest seizures of cannabis in Kenya. The reason for this observation was that any cannabis that is seized on transit is usually booked in Nairobi for prosecution.

Data indicated that cannabis trafficking from Tanzania, Uganda and Ethiopia remains a major problem of concern with Kenya being a key destination country. Cannabis is trafficked from Uganda through Busia, Tanzania through Isebania border and Ethiopia through Marsabit.

Figure 3: Cannabis seizures by county

Source: NPS, ANU and DCI, January – June 2021

Figure 4 showed that the quantity of bulk seizures of cannabis had declined slightly from 7,306 kgs (July – December 2020) to 6,932.09 kgs (January – June 2021). This showed that the demand for cannabis continued to increase steadily from July – December 2018 to the period of January to June 2021.

Figure 4: Trend of cannabis seizures nationally

Due to the rising problem of cannabis trafficking, the Government has adopted a multi-agency approach to suppress supply of cannabis in Kenya. NACADA has been coordinating regional security meetings to address the emerging challenge of cannabis trafficking especially along the new emerging route of Ethiopia – Marsabit corridor. Security agencies had mapped the trafficking routes for cannabis from Ethiopia. In the Eastern region, cannabis was trafficked from Moyale, Godoma or Yamicha to destination counties of Mombasa and Nairobi (Table 8).

Table 8: Trafficking routes mapped in Eastern region

Region	Trafficking Routes
Eastern	Moyale - Marsabit - Isiolo / Meru - Nanyuki - Nairobi / Mombasa
	Moyale - Marsabit - Isiolo / Meru - Embu - Makueni - Mombasa
	Moyale / Sololo - Merti - Isiolo - Nanyuki - Nairobi - Mombasa
	Moyale - Basir / Arbajahan - Degogicha - Kurow Bisan Owo - Biliqo - Malkadaka /
	Merti - Kinna - Maua - Mikinduri - Tharaka Nithi - Mwingi - Mombasa
	Godoma - Takaba - Wajir - Modogashe - Garbatulla - Kinna - Meru / Isiolo / Maua /
	Mikunduri - Nairobi
	Yamicha - Sericho - Modogashe - Garbatulla - Kinna - Meru / Isiolo / Maua / Mikunduri
	- Nairobi / Mombasa
	Yamicha - Urura - Alango - Sericho - Garbatulla - Kinna - Meru / Isiolo / Maua /
	Mikunduri - Nairobi / Mombasa
	Yamicha - Harkori - Degogicha - Kuro - Bisan Hawo - Gotu - Isiolo - Meru / Nanyuki -
	/Mombasa
	Yamicha - Degogicha - Dambala - Diri - Jajuz - Dimaado - Biliqo Marara - Garissa -
	Tana River - Mombasa
	Yamicha - Urura - Malkagalla - Saleti - Merti - Kombola - Garbatulla - Kinna - Maua -
	Meru / Mikunduri - Nairobi / Mombasa
	Yamicha - Urura - Macharo - Sericho - Merti - Isiolo - Meru / Nanyuki - Nairobi /
	Mombasa
	Yamicha - Degogicha - Mado Simpire - Gotu - Isiolo-Meru / Nanyuki - Nairobi /
	Mombasa
	Yamicha - Sabarwawa - Kom - Archers / Gotu - Isiolo - Meru / Nanyuki - Nairobi /
	Mombasa
	Yamicha - Urura - Malkagalla - Saleti - Merti - Bulesa - Biliqo - Gotu - Isiolo - Meru /
	Nanyuki - Nairobi / Mombasa
	Yamicha - Sabarwawa - Koya in Laisamis - Wamba - Rumuruti - Nanyuki - Nairobi /
	Mombasa
	Yamicha - Degogicha - Garse - Kumbi Matamuki - Archers / Gotu Isiolo-Meru /
	Nanyuki - Nairobi / Mombasa
	Yamicha - Urura - Alango - Hawii - Sericho - Maua / Mikunduri - Nairobi / Mombasa

Source: MoICNG, 2020

Table 9 presents the trafficking routes of cannabis in the Coast region. Cannabis was trafficked from Lunga Lunga, Shimon Port, Vanga, Taveta, Kisumu or Garissa to destination counties of Mombasa and Lamu. Cannabis was trafficked by road and sea in this corridor of Coast region.

Table 9: Trafficking routes mapped in Coast region

Region	Trafficking Routes
Coast	Lunga Lunga - Msambweni - Diani - Mombasa - Malindi - Lamu (by land)
	Shimon Port, Vanga, Msambweni - Diani, Mombasa - Malindi - Lamu (by sea)
	Taveta - Voi - Mombasa - Lamu
	Kisumu - Nairobi - Mombasa - Lamu
	Garissa - Hola - Garsen - Lamu

Source: MoICNG, 2020

Table 10 presents the trafficking routes of cannabis in the Central region. Cannabis was trafficked from Moyale to destination counties of Mombasa and Nairobi. Cannabis was trafficked by road in this corridor of Central region.

Table 10: Trafficking routes mapped in Central region

Region	Trafficking Routes
Central	Moyale – Marsabit - Isiolo / Meru - Nanyuki - Nyeri - Murang'a – Thika - Nairobi / Mombasa
	Moyale – Marsabit - Isiolo / Meru – Embu – Sagana - Murang'a – Thika - Nairobi / Mombasa
	Moyale – Loyangalani - Lake Turkana (boats) – Lowdar – Eldoret – Nakuru – Nyandarua – Nyeri - Murang'a – Thika - Nairobi / Mombasa

Source: MoICNG, 2020

Table 11 presents the trafficking routes of cannabis in the North Eastern region. Cannabis was trafficked from Moyale or Mombasa to destination counties of Mombasa, Nairobi and Garissa as well as Somalia. Cannabis was trafficked by road in this corridor of North Eastern region.

Table 11: Trafficking routes mapped in North Eastern region

Region	Trafficking Routes
North Eastern	Moyale - Godoma - Takaba - Bullahawa - Mandera - Elwak / Somalia
	Moyale - Watiti - Korondile - Eldas - Arbahajan – Lolkuta – Merti – Isiolo - Meru / Nanyuki - Nairobi / Mombasa
	Moyale - Bute - Buna - Basir - Modogashe - Isiolo / Meru - Nairobi / Mombasa
	Moyale - Takaba – Tarbaj – Wajir – Garissa - Nairobi / Mombasa
	Mombasa - Malindi - Mpeketoni - Masalani – Yumbis - Dadaab
	Mombasa - Lamu - Mkowe - Masalani - Yumbis - Fafi - Garissa

Source: MoICNG, 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 to Western Europe and United States of America. According to UNODC, there is another trafficking route from Myanmar to Thailand, East Africa to Western Europe and United States of America. Kenya is a major transit route for heroin and is mainly trafficked by sea and air.

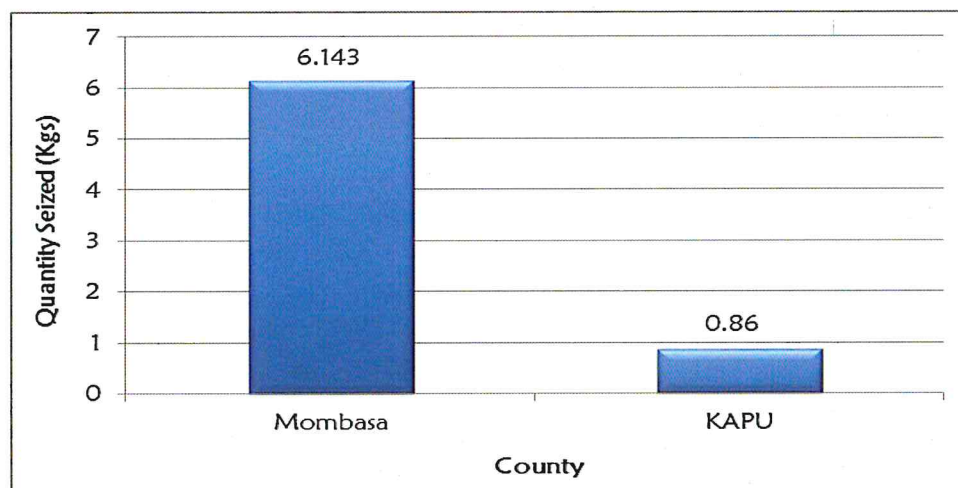
During the reporting period, data on heroin seizures showed that a total of 7.003 kgs of heroin was seized nationally including 1,020 sachets. In terms of county specific data, Mombasa accounted for the highest seizures of heroin (6.143 kgs). Data also showed that 0.86 kgs of heroin were seized at the Jomo Kenyatta International Airport. A total of 70 persons were arrested (Table 12).

Table 12: Heroin seizures by county

No.	County	No. of Persons Arrested	Quantity Seized (Kgs)	No. of Sachets Seized
1.	Mombasa	20	6.143	443
2.	KAPU	-	0.86	-
3.	Kiambu	3	-	264
4.	Kilifi	9	-	114
5.	Nyeri	2	-	80
6.	Nakuru	2	-	72
7.	Nairobi	28	-	40
8.	Lamu	5	-	7
9.	Taita Taveta	1	-	-
	National	70	7.003	1,020

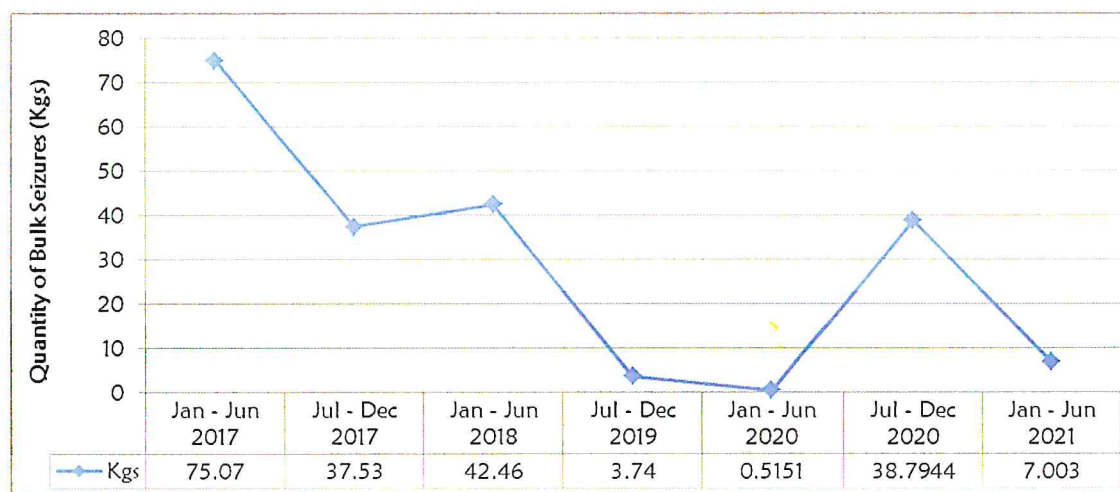
Source: NPS, ANU and DCI, January – June 2021

Figure 5 showed that the seizures for heroin in Kenya were commonly reported in Mombasa region. However, counties like Kiambu, Kilifi, Nyeri, Nakuru, Nairobi, Lamu and Taita Taveta reported seizures for heroin (Table 12). This observation showed that the use of heroin may be an emerging problem following evidence of seizures in other non-traditional consumption zones especially Central and Rift Valley regions.

Figure 5: Quantity of heroin seized by county

Source: NPS, ANU and DCI, January – June 2021

Figure 6 shows that the trend of heroin seizures had declined in the first half of year 2021. Data showed that 38.7944 kgs were seized during the reporting period of July – December 2020 and 7.003 kgs during the current reporting period of January – June 2021. Generally, the data showed that heroin seizures were on a downward trend from January - June 2017 to January – June 2021.

Figure 6: Trend of heroin seizures nationally

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 Latin American States especially Bolivia, Peru, Columbia and Venezuela.

During the reporting period, data showed that a total of 0.185 kgs of cocaine was seized in the country including 9 sachets. County specific data showed that 0.1 kgs of cocaine were seized in Isiolo and 0.085 kgs were seized in the Jomo Kenyatta International Airport. Data also showed that a total of 7 offenders were arrested. This data is presented in Table 13.

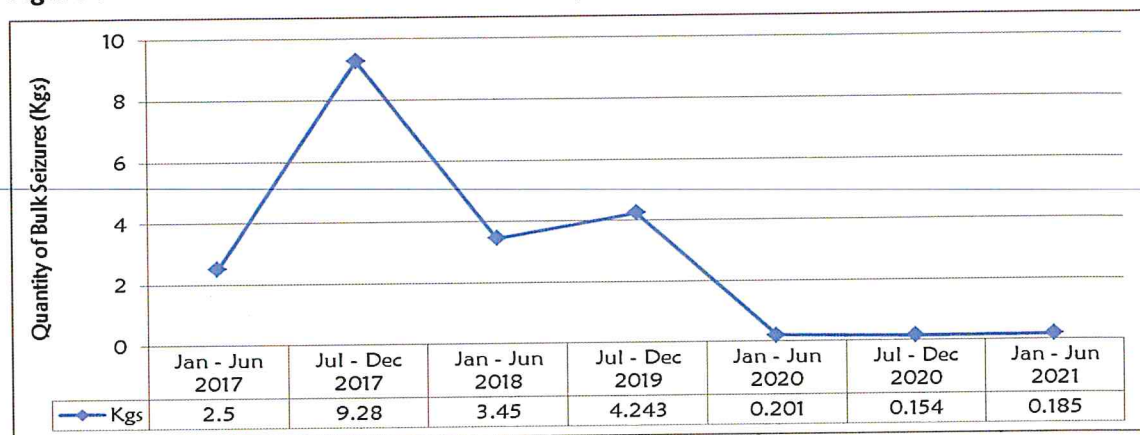
Table 13: Cocaine seizures by county

No.	County	No. Of Persons Arrested	Quantity Seized (Kgs)	No. of Sachets Seized
1.	Isiolo	1	0.1	-
2.	KAPU	-	0.085	-
3.	Nairobi	4	-	6
4.	Taita Taveta	2	-	3
	National	7	0.185	9

Source: NPS, ANU and DCI, January – June 2021

Figure 7 shows that the seizures for cocaine had generally declined over the years from July – December 2017 to January – June 2021. Due to the cost implication of acquiring cocaine, its use is also low and only affordable by the affluent Kenyans.

Figure 7: Trend of cocaine seizures nationally



2.3 Limitation of Under Reporting

There have been deliberate efforts by the Authority to address the challenges of under-reporting of seizure data especially illicit alcohol seizures. The Authority has been engaging the regional security committees to address the challenges of under-reporting of county related seizure data.

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 system of governance 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 Partnerships, networks and coalitions

The Authority participated in the 64th session of the Commission on Narcotic Drugs (CND) held in Vienna Austria. The key discussions that took place during the forum include; challenges and future work of the CND, the World Health Organization (WHO) and the International Narcotics Control Board (INCB) in the review of substances for possible scheduling recommendations and International cooperation to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes while preventing their diversion.

3.3 Public education and advocacy

Public education and awareness on alcohol and drug abuse is an important aspect in alcohol and drug abuse prevention. The general aim of alcohol and drug use prevention is to ensure healthy and safe development of children and youth so as to realize their potential and become contributing members of their community and society.

In the reporting period, the Authority partnered with various stakeholders to implement evidence informed programs and interventions in the following settings; schools, family level, workplaces and community level. This included the use of media as a platform to disseminate prevention messages to different audiences. Through these programs the Authority sought to reduce the significant health, social, and economic problems associated with alcohol and drug use in the country 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 schooling takes place within the family setting. As such, children may encounter risks when they interact with parents or care givers who fail to nurture them well due to inadequate parenting skills thereby exposing them to early onset of alcohol and drug abuse. The family-based alcohol and drug interventions programs focus on the family related risk factors and involve both parents and children. The program aims at strengthening families' capacity to prevent the early onset of drugs and substance use by children.

During the reporting period, the Authority continued to partner with multiple stakeholders to implement a national wide media campaign to respond to the challenges faced by children due to the challenges of Covid 19 pandemic.

The objective of the campaign was to equip and empower parents and caregivers with relevant skills and information to assist them to interact positively with their children. A total of one million, four hundred and eleven thousand and seven (1,411,007) parents were reached through community dialogues and media engagements (Table 14).

Table 14: Type of media engaged

Media Channel	No's reached
NACADA and HOPE FM Facebook a/c	27,143
NACADA Twitter	4,812
NACADA LinkedIn	532
Media	1,378,000
Webinar meetings	520
Total	1,411,007

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 values base in relation to health and drug use prevention.

During the period under review, the Authority in partnership with the Ministry of Interior and Coordination of National Government, Ministry of Education and the Teachers Service Commission (TSC) launched the National Guidelines on Prevention and Management of Alcohol and Substance Use in Basic Education Institutions. The launch was officiated by the Cabinet Secretary, Ministry of Education and the Principal Secretary in the State Department of Interior and Citizen Services. These guidelines will provide a framework for the implementation of evidence-based approaches to alcohol and drug abuse demand reduction measures in basic education institutions across the country.

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 present with low productivity rates, increased workplace related accidents, higher health care costs and turnover rates.

Following the reinstatement of the indicator on prevention of alcohol and drug abuse at the workplace in the Performance Contracting Guidelines for the FY 2020/2021, all Ministries, Departments and Agencies (MDAs) are required to mainstream alcohol and drug abuse prevention at the workplace as part of their performance contract. During the period under review, the Authority supported 160 MDAs to mainstream this indicator within their workplaces (Table 15). The program involves undertaking situation analysis to assess the status of alcohol and drug abuse, developing workplace policy and implementation programs for early identification and intervention, including the establishing and training of ADA committees, sensitization of staff and referrals for treatment and rehabilitation for employees with substance use disorders.

Table 15: Type of performance contract sub-indicator implemented

Performance contract sub-indicator	Number of MDAs reached
Number of MDAs trained on workplace based prevention interventions	65
Number of MDAs that have undertaken baseline surveys on alcohol and drug abuse	60
Number of MDAs supported to mainstream the ADA workplace program	160

3.3.4 Community based prevention interventions

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

During the period under review, the Authority finalized the development of the National Guidelines for Alcohol and Drug Use Prevention. These Guidelines are anchored on the International Standards on Drug Use Prevention (UNODC, 2015) that elaborates the science underpinning evidence-based prevention interventions and policies for preventing or reducing substance use. They will provide a framework for state and non-state actors to effectively undertake prevention programs and interventions that are applicable within the Kenyan context.

The guidelines were launched as part of the commemoration of the International Day Against Drug Abuse and Illicit trafficking which took place on 26th June 2021. The theme for the commemoration was “*Share Facts on Drugs and Save Lives*”. The theme was aimed at combating misinformation and promotes sharing of facts on drugs from health risks and solutions to tackle the world drug problem, to evidence-based prevention, treatment, and care.

The Authority also collaborated with the WHO and the Tobacco Control Board (TCB) to commemorate the World No Tobacco Day on 31st May 2021. The theme for event was “*Commit to Quit*”. A series of activities were undertaken as part of the build up to the actual commemoration. One of these activities was a campaign to support tobacco users who were actively taking steps to quit, but still needed additional help to overcome. The Authority held an online campaign to sensitize the community about the negative consequences associated with tobacco use and the Covid 19 pandemic.

The Authority also partnered with the County Governments of Murang’a and Busia to equip and empower 89 community health workers with basic knowledge and skills on ADA prevention, conducting early screening and referral of affected persons for treatment of substance use disorders.

3.4 Access to Quality and Holistic Treatment and Rehabilitation Services

Substance use disorders (SUDs) continues to be a major public health problem in Kenya with demand to treatment and rehabilitation services increasing each year. Towards expanding access to these services, the Authority provided counselling and referral services to twelve thousand, three hundred and twenty (12,323) persons with substance use disorders through the toll free help line (1192), Huduma centre desk and other outreach activities undertaken across the country.

As part of the technical and financial support received from the WHO and the Ministry of Health (MoH), the Authority was able to engage additional counsellors that were deployed to the helpline and also upgrade the software used to facilitate the tele-counselling program.

Further, the Authority partnered with the MoH and county governments to undertake inspection of one hundred and twenty-eight (128) treatment and rehabilitation centres for compliance with the national standards. Out of these, sixty-nine (69) facilities were accredited having complied with the national standards for treatment and rehabilitation.

As part of the process of operationalizing the Miritini Treatment and Rehabilitation centre, the Authority finished the renovation works for the male hostel and administration Block. This paved way for the initiation of the inpatient program at the facility. During the period under review a total of 16 male clients were admitted and treated for various drug use disorders. Further, as part of the outpatient program, the facility enrolled two hundred and fifty-eight (258) clients on methadone (236 male and 22 female).

Lastly the Authority supported one hundred and sixteen needy female drug users (116) across the country by facilitating them to acquire NHIF medical insurance cover. Additionally, the Authority handed over the Kiamwasi Treatment and Rehabilitation Centre to the leadership of Kisii County. The facility was constructed by NACADA in collaboration with the County Government of Kisii. This was implemented in line with one of the Authority's strategy to increase access to affordable, quality and holistic treatment and rehabilitation services for persons with SUD's.

3.5 Research and development

In the reporting period, the Authority conducted a survey on the "Status of Alcohol and Drug Abuse in the Public Sector Workplace in Kenya." NACADA partnered with 50 Ministries, Departments and Agencies (MDAs) that were identified from a sampling frame of 500 MDAs (Table 16).

Table 16: Type of sampled MDA

No.	Type of sampled MDA	No. of MDAs sampled
1.	Ministries	2
2.	State Departments	4
3.	Parastatals	29
4.	Tertiary institutions	10
5.	Universities	5
	Total	50

In addition, the Authority published Volume 5 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 seven (7) journal articles were published. The published articles during the reporting period were as follows;

1. Candy Consumption- An Inquiry on the Candy Crush Hypothesis;
2. Separate and Combined Effects of Chronic Administration of Codeine and Tramadol on Food Intake and Body Weight in Male Albino Rats;

3. Factors Influencing the Use of Discretion in The Control of Illicit Brew Trade in Kenya, A Case of Kakamega and Uasin Gishu Counties;
4. Emerging Trends on Non-Medical Use of Prescription Drugs in Kenya;
5. Exploring the Role of Spousal Communication as a Predictor of Relapse among Individuals in Recovery from Substance Use Disorders Implications for Treatment Programs;
6. Does Family Structure Predispose Youth to Drug Use - The Case of Kajiado County, Kenya;
7. Emerging Trends on Smokeless Tobacco Use in Kenya;

3.6 Compliance with Policies, Laws, Regulations and Standards

The Authority is the secretary to the National Alcohol Control Committee established under the Kenya Gazette Notice 9775 of 27th November 2020. This committee replaces 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.

Compliance with alcohol and drug control laws, regulations and standards is a major challenge in Kenya. Towards this end, the Ministry of Interior and Coordination of National Government has set up an inter-agency committee comprising of Government departments and lead agencies involved in drug demand reduction and drug 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, in collaboration with key stakeholders, the Authority conducted training programs for bar owners and their employees. The goal was to enhance compliance to alcohol control legislations and policies both at the national and county levels. The Authority also used these forums to ensure that bars, restaurants, supermarkets and wines and spirits outlets were operating in conformity with the COVID 19 prevention guidelines issued by the Ministry of Health regarding alcohol control. A total of one thousand, nine hundred and eighty (1,980) bar owners were reached across the 8 NACADA regions.

To address the influx of cannabis into the country from Ethiopia, the Authority held a consultative meeting in Meru County. Present at the meeting were Regional Commissioners from Eastern, Central, North Eastern and Coast Regions together with their respective regional security teams and representatives from NACADA. During the meeting, an action plan was developed to guide the process of addressing the influx of cannabis from Ethiopia.

The Authority also participated in various alcohol control inter-agency meetings held in the following counties; Uasin Gishu, Turkana, Baringo, Elgeyo Marakwet, Nandi, Trans Nzoia, West pokot, Isiolo, Marsabit, Tharaka Nithi, Wajir, Garissa, Mandera, Embu, Vihiga and Murang'a.

CHAPTER FOUR:

CHALLENGES IN THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

The campaign against alcohol and drug abuse in Kenya was faced by a number of emerging challenges during the reporting period. These were as follows:

4.1 Under-funding of the Authority's programs

NACADA's annual budgetary allocation has been inadequate to fund the Authority's programs. During the FY 2020/ 2021, the Authority's budgetary allocation was Ksh 529 million. To a large extent, inadequate budgetary allocation has limited the scope and impact of the Authority's programs. Further, the limitation of resources has affected establishment of offices including staffing in each of the 47 counties. Currently, NACADA has devolved to nine (9) regional offices.

Towards addressing the funding gap, the Authority is pursuing alternatives through strengthening of partnerships as well as engaging the national treasury through the Ministry of Interior and Coordination of National Government to enhance NACADA's annual budgetary allocation.

4.2 Underage alcohol and drug abuse

The country has witnessed a growing problem of underage alcohol and drug abuse among school going children with evidence showing that both primary and secondary schools are no longer drug free environment. In addition, the country has witnessed rising cases of student unrest and burning of schools where alcohol and drug abuse features as one of the major underlying factor as evidenced by three taskforce reports namely: Wangai Report (2001); Koech Report (2008); and Clare Omolo Report (2017).

Towards mitigating this emerging challenge, the Authority has developed and launched "National Guidelines on Prevention and Management of Alcohol and Substance Use in Basic Education Institutions".

4.3 Inadequate access to treatment and rehabilitation services

The demand for treatment and rehabilitation services in the country exceeds the available facilities. Currently, there are only five operational public treatment and rehabilitation facilities. These are Mathari Teaching and Referral Hospital, Moi Teaching and Referral Hospital Eldoret, Kenyatta National Hospital, Coast General Hospital and Miritini Treatment Rehabilitation Centre, Mombasa. 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 expanding 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. 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 will continue to engage the County Governments to ring-fence resources acquired from liquor licensing and invest on establishing more treatment and rehabilitation facilities as well as implementation of demand reduction programs.

4.4 Cannabis trafficking

The country has witnessed increased trafficking of cannabis from Ethiopia, Tanzania and Uganda, an indicator that Kenya is a key destination country. The seizures for cannabis have been on an upward trend despite the heightened enforcement efforts by the Government security agencies. Towards responding to this emerging challenge, the Government has established multi-agency enforcement teams to deal with cannabis trafficking along mapped hotspot corridors. Further, NACADA has continued to undertake regular engagements with the County and Regional Security Committees in order to address the challenges of cannabis trafficking. These initiatives have realized increased seizures of narcotic drugs especially cannabis. Nevertheless, there is need to devote more resources towards facilitation and equipment needed by law enforcement agencies to control and counter trafficking of narcotic drugs.

4.5 Influx of liquor selling outlets

Under the Constitution of Kenya 2010, the function of liquor licensing was devolved to the County Governments. This has resulted in the mushrooming of bars and other alcohol selling outlets with the sole purpose of generating revenue. The country has also witnessed increased licensing of alcohol selling outlets in restricted areas. This includes licensing of bars in residential areas and those areas near learning institutions.

Towards mitigating these challenges, the Authority has continued to support County Governments through capacity building of liquor licensing committees including undertaking joint enforcement activities to ensure compliance with the provisions of ADCA 2010 and the respective County legislations. The Authority will also continue to engage County Governments to ring-fence collections from liquor licensing to support alcohol and drug abuse intervention programs.

4.6 Online sale of alcohol and drugs

One of the emerging challenges in the campaign is the rising use of online sale and marketing of alcohol and drugs of abuse thereby posing serious public health as well as regulatory challenges. This challenge is further complicated by the penetration of mobile transfer services in Kenya, one of the most desired modes of making online purchases. Online sale platforms are increasing availability and access of alcohol and other drugs to underage children because there are no mechanisms for age verification. Online sale also hinders enforcement and regulation of standards thereby posing public health safety concerns of the users.

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. The Authority is proposing similar amendments to the Narcotics and Psychotropic Substances (Control) Act, 1994.

4.7 Covid-19 related challenges

The Covid-19 pandemic has disrupted the operations of the Authority's programs especially those targeting learning institutions, communities as well as the workplace. The country has also witnessed creation of new alcohol and drugs consumption spaces thereby presenting enforcement challenges including exposure to under-age children.

Towards responding to Covid-19 related challenges, the Authority will integrate media and other online platforms in its programing. Further, the Authority will continue to collaborate with the relevant agencies to enforce compliance to the existing legislations.