MINISTRY OF INTERIOR
AND
COORDINATION OF NATIONAL GOVERNMENT

NATIONAL ALCOHOL AND DRUG ABUSE POLICY

September, 2018

FOREWORD

The National Alcohol and Drug Abuse Policy has been a product of an intensely engaging, consultative and inclusive process involving a wide range of stakeholders from across the government, private sector, civil society and the general public towards arriving at a common approach for prevention, mitigation and control of Alcohol and Drug Abuse in the country. It takes cognizance of the fact that alcohol and drug abuse poses a grave threat to human life and national development. The policy therefore provides a framework for sustainable, multi-sectoral and balanced approach in the management of ADA involving emphasizing both demand reduction and supply suppression in equal measure. This policy also draws from the basic principles which undergird the three United Nations drug control conventions.

It will also be a useful guide for coordinating various stakeholders including the County Government to partner with to manage alcohol and drug abuse by to providing a common front to address the scourge which is rapidly progressing among children, young adults and women. This situation is causing serious harm particularly because these groups are vital in the productivity and development of this nation. There is also great concern about the increasing variety and potency of drugs of abused and the escalation of illicit trafficking in narcotic drugs, psychotropic substances.

The enactment of this policy therefore calls for all stakeholders to find their rightful place and commence the arduous but rewarding task of restoring order wherever the threat of alcohol and drug abuse has sought to prevail. Stakeholders should therefore take advantage of the environment of opportunity provided in this policy to forge coordinated and well synchronized alliances with each other and the Government so that we can assure our youth and children they can live in an alcohol and drug free Kenya.

Dr. Fred Matiang'I PhD, EGH.
Cabinet Secretary,
Ministry of Interior and Coordination of National Government

ACKNOWLEDGEMENT

The Cabinet Secretary and Principal Secretary, Ministry of Interior and Coordination of National Government as well as the Chairman, National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) acknowledge and sincerely wish to thank the Ministries, Departments and Agencies; the corporate sector, civil society and the general public, for participating in the various stages and levels of formulation of this National Alcohol and Drug Abuse Policy.

Our sincere appreciation goes to the National Technical Committee on Drug Abuse and Trafficking (NTC) who initiated the drafting process as well as those who subsequently participated in its development in order to produce this policy. We appreciate county leadership, members of the criminal justice system and drug activists who participated forums conducted in various counties and to the general public who attended the National and County Stakeholder and Validation Conferences organized by NACADA in 2018 respectively where this Policy was presented and disseminated for their comments.

Finally, we immensely appreciate the tireless efforts of the Consultant as well as the technical team from NACADA who seamlessly collaborated with and ably facilitated the process of producing this comprehensive National Alcohol and Drug Abuse Policy.

Victor G. Okioma, EBS
CHIEF EXECUTIVE OFFICER
NACADA

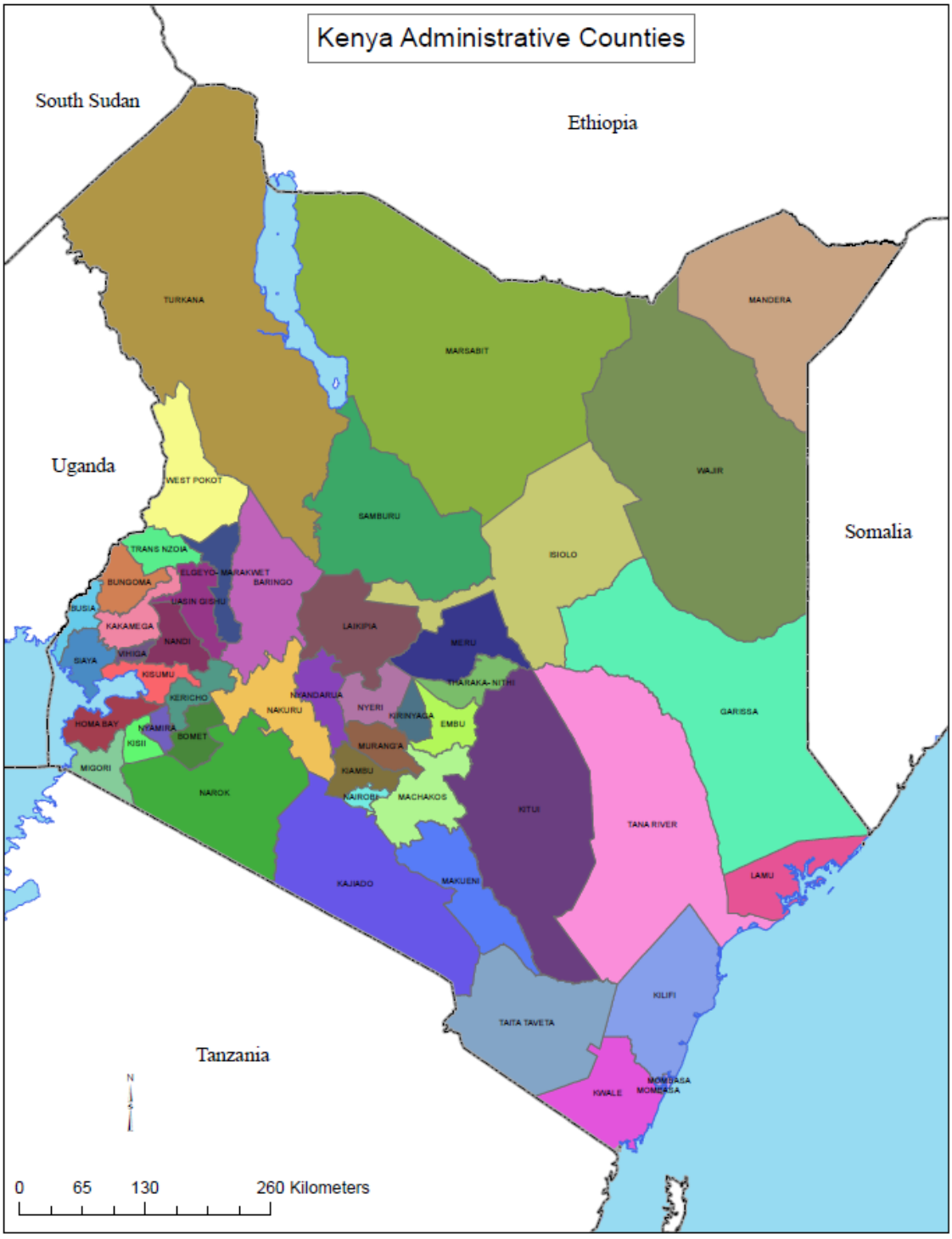
TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

AA	Alcoholics Anonymous
ADA	Alcohol and Drug Abuse
AIDS	Acquired Immune Deficiency Syndrome
ANU	Anti-Narcotics Unit
ATS	Amphetamine-Type Stimulants
CBO	Community Based Organizations
CID	Criminal Investigation Department
FBOs	Faith Based Organizations
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug User
KRA	Kenya Revenue Authority
SDGs	Sustainable Development Goals
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
NGOs	Non-Governmental Organizations
PPB	Pharmacy and Poisons Board
SUD	Substance Use Disorder
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Map of Kenya

Figure 1: Map of Kenya



Source: Kenya National Bureau of Statistics (KNBS)

Executive Summary

Alcohol and drug abuse remains a major challenge to the socio-economic development of the country. Kenya, like the rest of the World, recognizes alcohol and drug abuse (ADA) as a major threat to life and national development. This ADA overarching policy provides a national framework for addressing alcohol, drug and substance abuse in order to protect and promote the health, safety and well-being of the Kenyan population. The policy also aims at enhancing harmony, coordination as well as providing clear approaches for ADA management.

This policy takes cognizance of the international conventions ratified by Kenya on ADA control as well as the Constitution of Kenya, 2010 and various national legislations. In particular the following global resolutions from international Conferences also apply - WHO Concept on Health For All, Sustainable Development Goals, UNGASS, 2016 outcomes and related resolutions, AU and Eastern Africa ADA related policies.

Still at the global level, the policy is in line with the three UN international conventions on drug control that creates an international control system to monitor the production of narcotic drugs and psychotropic substances. These are: the Convention on Narcotic Drugs of 1961 (as amended by the 1972 Protocol); the Convention on Psychotropic Substances of 1971; and, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

The 30th Special UN Assembly, commonly referred to as the United Nations General Assembly Special Session on the world drug problem (UNGASS 2016), in its final declaration noted that globally, drug abuse and illicit drug trafficking has been recognized as a shared problem requiring concerted control mechanisms. Owing to persistent, new and evolving challenges that member states face, the declaration aptly recognized the flexibility of State Parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law.

The Common African Position (CAP) for the UNGASS on the World Drug Problem, 2016 also reaffirmed that the Conference outcome document has provided an opportunity for Member States to address substantive issues on the basis of the principle of common and shared responsibility and in full conformity with the purposes and principles of the Charter of the United Nations, International Law and the Universal Declaration of Human Rights.

NACADA reports indicate that ADA prevalence in Kenya cuts across all religions, gender and regions though disparities exist. The most commonly abused drugs and substances in Kenya are Alcohol, Tobacco, Bhang, Glue, Miraa (Khat) and Psychotropic Substances. The NACADA Survey of 2017 indicates that 12.2% of persons aged between 15 and 65 or about 3.3 million Kenyans are active users of alcohol, with 10.4% of them being addicted. This survey also indicates that other substances of abuse included: tobacco, at 8.3% of the population or 2.2 million persons; Miraa at 4.1% or 1.1 million persons; and, Cannabis at 1.0% or 270,000 persons.

The current challenges in dealing with ADA issues therefore points to a need of a review of all policies dealing with ADA, the legal framework further as concerted efforts by stakeholders at both levels of Government, enforcement agencies, the Judiciary ,non-state actors other players in order to make progress in the Vision of making the Country a drug free nation.

Over the last decade, tremendous effort has been made in addressing ADA to ensure the country's social, economic and political stability necessary for the attainment of the Kenya Vision 2030 and SDGs. Moving forward, Kenya intends to focus on four Strategic Pillars in its ADA policy. This will be:

- Demand reduction;
- Supply Suppression;
- Harm reduction; and,
- Co-ordination framework, legislation, implementation framework and M&E.

Within the four strategic pillars, key interventions will address the problem of alcohol and drug abuse, illicit drug cultivation and trafficking and further take into account factors that predispose individuals, families and communities to the risk of alcohol and drug abuse. Interventions shall be scientific; evidence based and age appropriate targeting all members of the community. Stakeholders shall be included in the implementation of the policy including the design of appropriate interventions.

The Government through NACADA will use a multi-sectoral approach in its efforts to deal with alcohol and drug abuse in order to achieve its vision of drug free nation. The implementation of this overarching policy, therefore, creation the requisite legal framework and environment which shall require active involvement, commitment of resources and action by all stakeholders both state and non-state actors at national and county level. Partners, the development agencies and international agencies involved in dealing with the world drug abuse will be expected to support these efforts. Areas of action and the support required will be indicated in the implementation framework for this policy.

1. AIMS OF THE OVERARCHING POLICY

1.1. Introduction

Alcohol and Drug Abuse (ADA) remains a major challenge to the socio-economic development of the country. Its devastating effects cut across all sectors of the economy including health, food security, manufacturing and housing. Indeed, the World Health Organization (WHO) recognizes addiction as a disease and that should be entrenched within the policies and laws of member states towards ensuring the wellbeing of their people.

Kenya recognizes ADA as a major threat to life and national development. Furthermore the Constitution of Kenya, Article 21 requires that the State observes respect, protects, promote and fulfill the rights and fundamental freedoms in the Bill of Rights. Due to its magnitude and negative impacts, ADA can no longer be ignored in national development especially in the attainment of the Kenya Vision 2030, Big Four Agenda as well as the SDGs.

This policy therefore provides a national framework for addressing alcohol, drug abuse in order to protect and promote the health, safety and well-being of the Kenyan population. The policy also aims at enhancing harmony, coordination as well as providing clear approaches for ADA management.

1.2. Policy Objectives

This Policy document has been developed to accomplish the following objectives

i. To provide a framework for partnerships with stakeholders and actors since the drug problem is multifaceted and the health, security and socio-economic problems cannot be dealt with by one sector
ii. To create an environment for those a for those who directly or indirectly cause the problem to contribute to solutions to the ADA problem
iii. To ensure enforcement and compliance to laws, standards and regulations set in manufacturing of products, such as alcohol In the provision of services such as treatment and rehabilitation.

1.3. Policy Values

This Policy acknowledges and will promote the values of respect for human dignity, freedom, democracy, equality, solidarity, responsibility, the rule of Law and human rights particularly the right to health care, consumer protection and equal access to treatment and rehabilitation services.

1.4. Policy Interventions

The policy prescribes intervention measures and actions that shall be taken to address drug demand reduction, supply suppression and harm reduction. These are major interventions to address the problem of alcohol and drug abuse and illicit drug cultivation and trafficking as well as take into account factors that predispose individuals, families and communities to the risk of alcohol and drug abuse. Interventions shall be evidence based and age appropriate targeting all members of the community. Stakeholders shall be included in the implementation of the policy including the design of appropriate interventions.

1.5. Policy Outcomes

It is expected that this policy when implemented shall reduce harmful use of alcohol and drugs of abuse and in turn improve public health and socio-economic conditions. The specific outcomes of the policy among other things are as follows:

1. Harmonized framework for laws and policies on ADA;
2. Effective liaison, coordination and collaboration, partnerships and linkages among all players;
3. Enhanced compliance with laws, regulations and standards;
4. Reduced negative social and economic impact of ADA;
5. Increased access to quality treatment, rehabilitation and multi-disciplinary protocols and practices in treatment of substance dependence;
6. Functional and effective institutions addressing ADA problems;
7. Effective and efficient structures for provision of a continuum of qualified and competent addiction professionals;
8. Collaboration in the effective enforcement of ADA regime to eradicate illicit and counterfeit alcohol and narcotics drugs in the country;
9. Provision of a platform to provide relevant and up-to-date research and uptake of research findings.

1.6. Justification

To address the growing threat of production, consumption and trafficking of drugs, the country has developed various laws and policies on alcohol and drugs of abuse. This policy therefore aims at facilitating coordinated implementation of intervention measures to realize the country's vision of attaining "*an alcohol and drug abuse free nation*" and takes cognizance of the various international legislations and conventions ratified by Kenya on drug control. In particular the following legislations will apply in the implementation of this policy:

- WHO Concept on Health for All: which seeks to provide not just availability of health services but a personal state of well-being that enables a person to lead a socially and economically productive life within reach of everyone in the country.
- The UN Drug Conventions: mainly the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
- The Sustainable Development Goals (SDGs): in particular Goal 3. Target 3.5 on Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol and on ensuring healthy lives and promotion of well-being for all at all ages
- UNGASS, 2016: which is geared towards meeting targets set by the international community in countering the world's drug problem. The policy in particular focuses on the Common African Position for the UNGASS World Drug Problem.

The formulation of this policy is justified by the following Articles in the Constitution of Kenya:

- Article 2 (6) which provides that any treaty or convention ratified by Kenya shall form part of the law of Kenya under this Constitution;
- Article 21 on implementation of fundamental freedoms and fundamental rights;
- The Constitution of Kenya under Article 26 which appreciates the sanctity of life and acknowledges the right of every person to life;
- Article 43. (1) (a) on the right to the highest attainable standard of health by all, e.g. the right to health care services including reproductive health care;
- Article 46 which provides for consumer protection and for fair, honest and decent advertising; and
- Article 186 which provides for the distinct functions of County and National Government where the National Government is charged with policy and international interventions whilst County Governments are mandated to undertake liquor licensing and drug control

1.6.1. International Conventions

At international level, the policy is in line with the following laws and conventions:

- East African Customs Management Act 2004 (amended in 2009): to ensure economic, social and political integration in the East African region.

- WHO Framework Convention on Tobacco Control (WHO FCTC), 2007: developed in response to the globalization of the tobacco epidemic and reaffirms the right of all people to the highest standard of health.
- Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 2009: devoted to adopting a political declaration and other measures to enhance international cooperation in countering the world drug problem.
- WHO Global Strategy on Alcohol Control, 2012: a strategy to confront the harmful use of alcohol.
- Addis Ababa Declaration on Scaling up Balanced and Integrated Responses Towards Drug Control in Africa 2014: to upscale advocacy for an evidence-driven balanced and integrated approach to drug control and to encourage a shift from ineffective polices.
- AU Plan of Action on Drug Control (2013-2017): whose fundamental goal is to improve health, security and socio-economic well-being of people of Africa by reducing illicit drug use, trafficking and associated crimes.

2. SITUATION ANALYSIS

2.1. Statement of the Problem

The use of addictive substances is a complex and multi-faceted phenomenon involving a range of interactive risks to both individuals and society compounded by the following:

- Illicit and counterfeit alcohol in the market
- Weak/inadequate enforcement
- Low awareness levels on dangers of ADA
- Weak linkages between and among public and private stakeholders
- Inadequate monitoring, evaluation and research
- High demand for addiction treatment and rehabilitation services
- Increase in drug related crimes
- High demand and availability of cheap, illicit alcohol and other drugs
- Immigration and porous borders
- Lack of information in accessible format to persons with disability
- Inadequate funding lack of funding for prevention and treatment programs
- Criminalization and stigma of users

2.2. The Global Situation

The 30th Special UN Assembly held between 19th and 21st April, 2016, commonly referred to as the UNGASS 2016, in its final declaration noted that globally, drug abuse and illicit drug trafficking has been recognized as a shared problem requiring concerted control

mechanisms. Member states, therefore, reaffirmed their commitment to the goals and objectives of the three international drug control conventions and other UN related instruments as well as concerns for the health and welfare of human kind.

The declaration further observed that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach. Member states further committed themselves to ensuring that all aspects of demand reduction and related measures and supply suppression and related measures are fully addressed in conformity with the UN Charter, international law and the Universal Declaration of Human Rights. It also underscored that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 and other relevant international instruments continued to constitute the cornerstone of the international drug control system.

Further, while adopting the United Nations 2030 Agenda for Sustainable Development, member states committed to strengthen prevention and treatment of substance abuse, including abuse of narcotic drug and harmful use of alcohol and tobacco towards the overall promotion of healthy lives for all at all ages, noting that efforts to achieve the Sustainable Development Goals and to effectively address the world drug problem are complementary and mutually reinforcing.

Owing to persistent, new and evolving challenges that member states face regarding drug abuse and trafficking, the declaration aptly recognized the flexibility for State parties to design and implement national drug policies according to their priorities and needs, consistent with the principle of common and shared responsibility and applicable international law. The need to mobilize adequate resources to address and counter the world drug problem as well as the enhancement of assistance to developing countries was also recognized. Recognition further included the need for specific assistance required by transit States that continued to face multifaceted challenges hence requiring enhancement of their capacities to effectively address and counter the world drug problem.

2.3. Regional Context

The Common African Position (Cap) for the UNGASS on the World Drug Problem, 2016 also reaffirms the Conference outcome document has provide an opportunity for Member

States to address substantive issues on the basis of the principle of common and shared responsibility and in full conformity with the purposes and principles of the Charter of the United Nations, International Law and the Universal Declaration of Human Rights. In the ten-point which stated commitments by African Member states, among other issues, observed that:

- That the main objective of drug policies should be to improve the health, safety, welfare and socio-economic well-being of people and societies by adopting appropriate measures to combat illicit crop cultivation and the illicit production, manufacture, transit, trafficking, distribution and use of narcotic drugs and psychotropic substances, as well as its associated crimes, as outlined in the AU Plan of Action on Drug Control (2013 - 2017);

- That effective drug policies are those that achieve a balanced and integrated approach between supply reduction, demand reduction, harm reduction and international cooperation as agreed in 2009;

- That the consumption of drugs and drug addiction should be considered as public health problems that have socio-economic root causes and consequences. As such, drug education should be prioritized in education curricula. People Who Use Drugs (PWUDs) must be given support, and must benefit from treatment, health services and protection. Resources should be allocated towards treatment programmes, including in prisons. In this regard, the integration of the drug treatment and prevention services within broader health programs should become an imperative for all Member States;

- That there is urgent need to respond to the serious challenges posed by the increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and in some cases, terrorism and money-laundering, including money-laundering in connection with the financing of terrorism and to the significant challenges faced by law enforcement and judicial authorities in responding to the ever-changing means used by transnational criminal organizations to avoid detection and prosecution; and,

- To support the collaboration of public health and justice authorities in pursuing alternative measures to conviction or punishment for appropriate drug-related

offences of a minor non-violent nature, in accordance with the international drug conventions.

The AU Plan of Action on Drug Control (2013 - 2017) has an overarching goal of improving the health, security and socio-economic well-being of the people of Africa by reducing drug use, illicit trafficking and other associated crimes. Four priorities are indicated as being key to addressing the problem, including:

- Regional, sub-regional and national management, oversight, reporting and evaluation;
- Scale-up of evidence based services to address the health and social impact of drug use;
- Countering drug trafficking and related challenges to human security, in accordance with fundamental human rights principles and the rule of law; and,
- Capacity building with the aim of improving research and data collection.

The UNODC Report/ICBN 2009 indicates that there is regional cooperation in East Africa. Under the African Union's current Plan of Action on Drug Control and Crime Prevention, the African Union Commission has strengthened its cooperation in the areas of drug control and crime prevention with relevant international organizations, such as INTERPOL, the African Institute for the Prevention of Crime and the Treatment of Offenders and UNODC, and with the European Commission within the framework of the Africa-European Union Strategic Partnership.

In terms of drug use, alcohol is the biggest and number one problem. Cannabis is the second largest problem faced by the East Africa region. Urban slum youth also widely use paint thinner and other solvents including petrol for abuse. Injecting drug use has also been reported in Kenya, Zanzibar and Tanzania and is the problem is widely spreading. Recent Studies by UNODC have confirmed the increasing availability and accessibility of heroin, cannabis and cocaine in Eastern Africa. The region has continued to access the drugs through the ports and coast lines in Djibouti, Eritrea, Kenya and Tanzania owing to inadequate monitoring controls, unethical practices in the entry points, among other reasons. Trafficking in drugs has also increased in the region as evidenced by the various seizures. On co-operation, Police chiefs in the region regularly meet to review and discuss efforts to deal with the emerging drugs related challenges. UNODC has been very supportive of efforts to help the states improve their capacities in prevention, law enforcement and treatment to governments and NGOs.

It is also imperative to note that regional economic communities in Africa are expected to play a key role in the implementation of the African Union Plan of Action. In this regard, particular progress has been made by the member States of East Africa who have adopted a sub-regional action plan on drug trafficking, organized crime and drug abuse. The region has also launched a joint programme to build national and regional law enforcement capacity including in the areas of drug interdiction, forensics, intelligence, border management, money-laundering and criminal justice.

2.4 The Kenyan Context

2.4.1 Geography and Population

The Republic of Kenya is situated on the East African coast on the equator. It is bordered by Ethiopia and Sudan to the north, the Indian Ocean and Somalia to the east, the United Republic of Tanzania to the south, and Uganda and Lake Victoria to the west. The total area of the country is 582, 646 Square km and an estimated population of 47 Million people with the population growth rate estimated at 2.9%. The Arid and Semi-Arid Lands (ASALs) make up more than 80% of the country's land mass and are home to approximately 36% of its population. The remaining 64% of the population lives in medium-and high-potential areas in the Central and Western parts of the country, where the population density is up to ten times the National average of 85 people per square km. More than 75% of the population lives in rural areas. For administrative purposes the country is subdivided into 47 Counties. See Figure 1: Map of Kenya.

The Country faces the challenge of reduction of poverty despite the decline to 36.1% of the population living below the poverty line in 2015 from 45% in 2005, according to the Kenya Integrated Household Budget Survey (KIHBS) 2015/16. It is estimated that 32% were living below the food poverty line. Income inequality has continued remained a problem, with 55.9% of income being under the control of the top-quintile of the population.

In the 2015/16 KIHBS, the recorded number of persons aged 15-64 was estimated at 25.0 million. The break-down of the 25.0 million people in the 15-64 age range indicate that 19.3 million were in the labour force with 17.9 million employed and 1.4 million unemployed. 20.4% of the workforce were recorded as being under-employed, as compared with 15.2% in the 2009 census and 18.7% in the 2005/06 KIHBS. Most of the underutilized were aged 15-19 followed by those aged 60-64. Under-employment was higher in the rural areas at 26.6% compared to the urban areas at 11.0%. Urban population in Kenya is estimated at nearly 34 per cent (2009 Census).

Kenya's youth aged between 18-35 years old accounts for 35.4% of the total population and constitutes 60% of the total labour force, of which only 10% is participating directly in the agricultural sector (World Bank Report, 2014). Unemployment among youth is high. About 64% of the 2.3 million registered unemployed Kenyans are youth with the majority moving out of the rural agricultural sector into urban areas. Radicalization and indulgence in illegal activities are judged by many as a direct result of lack of employment opportunities among the youth.

In October 2014, Kenya became classified as a Low-Middle-Income Country. The economy has registered resilient strong growth over the past five years as reflected in its broad-based nature; largely driven by growth in the non-agricultural sectors, which have remained vibrant, growing at over 6.7% in 2016 and 2017 from 5.4% in 2013.

2.4.2 ADA Status and Challenges

NACADA reports indicate that ADA is prevalence in Kenya across religions, gender and regions though disparities exist. The most commonly abused drugs and substances in Kenya are alcohol, tobacco, bhang, glue, miraa (Khat) and psychotropic substances. The NACADA Survey of 2017 indicates that 12.2% of persons aged between 15 and 65 or about 3.3 million Kenyans are active users of alcohol, with 10.4% of them being addicted. This survey also indicated that other substances of abuse included: Tobacco, at 8.3% of the population or 2.2 million persons; Miraa at 4.1% or 1.1 million persons; and, Cannabis at 1.0% or 270,000 persons.

Various reports also show that ADA is more prevalent among persons between 15-35 years who fall within the prime working age thus undermining national development. A NACADA study conducted in 2016 focusing on secondary schools indicated that 23.4% (508,132) of students had at some point used alcohol, 17%(369,155) had used miraa, 16.1%(369,613) prescription drugs, 14.4%(314,869) tobacco, 7.5%(162, 863) bhang, 1.2%(26,058) heroin and 1.1%(23, 887) cocaine.

With respect to alcohol abuse, there has also been widespread use of illicit alcohol in the Country. NACADA data indicates that over 3 million litres of illicit alcohol were seized and destroyed by administration police officers in 2017.

In addition, Kenya is now recognized as a significant transit country for cocaine, heroin and a source of miraa (khat). Its strategic position as a regional hub for trade and finance in

Eastern Africa, as well as a transport hub for air traffic in and out of the African continent with easy air access to Europe and the rest of the world has led to drug traffickers to use the Country as a key transit point in the trade. In addition, the country's sea port is also the main entry into the land-locked countries of Eastern and Central African regions. According to NACADA in 2017, 8, 645 kgs of cannabis was netted while in transit in the Country as well as 4.1 Kgs of heroin, 103 kgs of cocaine and 8.93 kgs of methamphetamine. As a Country, Kenya is also a popular tourist destination. The combination of these factors have made Kenya an increasingly preferred transit and destination point for drug trafficking, making narco-tourism a major problem.

The promulgation of the Constitution of 2010 which led to creation of Counties in 2013 has further made efforts to deal ADA more complicated, especially with regard to alcohol. The licensing of alcoholic drinks outlets is now a function of Counties. NACADA indicates that the shift has led to a number of challenges including:

- Inadequate co-ordination and enforcement of alcohol and drug abuse laws;
- Non-compliance with statutory requirements on alcoholic drinks;
- Overlapping mandates on control of alcohol and drugs thus constraining implementation;
- Increased smuggling of illicit alcohol and drugs across the country;
- Proliferation of illicit brews and unlicensed outlets;
- Exclusion of National Government Officials in the licensing process;
- Non-compliance with other laws governing alcohol sale and location of outlets, including public health standards;
- Failure to adhere to KRA and Ministry of Health requirements, such as ban of Sisha and tobacco sale regulations; and,
- Low community participation in the fight against alcohol and drugs abuse.

The current challenges in dealing with ADA issues therefore point to a need of a review of all policies dealing with ADA, the legal framework further as concerted efforts by stakeholders at both levels of Government, enforcement agencies, the Judiciary and other players in order to make progress in the Vision of making the Country a drug abuse free nation.

LEGAL FRAMEWORK

To address the challenges emerging from the situation above, it is vitally important for the country to put in place a legal framework to address them. This policy recognizes that there are various existing laws and institutions that deal with the management of alcohol

and drug abuse, but the duty bearer to the highest standards of health vests in the state. As such, all institutions shall be expected to address ADA corporately.

As a party to the three international protocols, Kenya has enacted a number of laws to govern the diversity of state response to alcohol and drug abuse in the country. Key among them was the enactment of the National Authority for Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012 which re-established NACADA with an expanded mandate to coordinate a multi sectoral campaign against alcohol and drug abuse.

In addition, there are other laws that address different aspects of the control of drugs. These include:-

1) Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 of 1994
2) Pharmacy and Poisons Act, Chapter 244
3) East African Community Customs Management Act, 2004
4) Standards Act, Chapter 496
5) Tobacco Control Act 2007
6) Counsellors and Psychologists Act 2014
7) Hiv And Aids Prevention and Control Act 2006
8) Mental Health Act Cap 248
9) Anti-Counterfeit Act No. 13 2008
10) Proceeds of Crime and Anti-Money Laundering Act of 2009
11) Alcoholic Drinks Control Act, 2010
12) Mutual Legal Assistance Act No.26 of 2011
13) Extradition (Contiguous and Foreign Countries) Act, Cap 76
14) KRA Act Cap 469
15) Public Health Act, Cap 242
16) Food, Drugs and Chemical Substances Act Cap 254
17) The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act, 2012
18) Kenya Citizenship and Immigration Act, 2015

The above legislations address both possession and use of alcohol and drug abuse and will be harmonized to establish a more efficient platform for addressing the ADA situation in the country.

3. FOCUS OF THE CURRENT EFFORTS

In an effort to address the challenge of alcohol and drug abuse in the country, the Government has collaborated with various stakeholders, beneficiaries and development

partners have undertaken various interventions. These interventions have largely focused on demand reduction and supply suppression as enumerated below;

3.1. Demand Reduction

Numerous efforts have been undertaken in order to reduce the demand for both licit and illicit drugs in the country especially to protect the live and welfare of youth. These include the following:

- Sustained public education and awareness including mass media campaigns, targeting youth in school and out of school
- Implementation of life skills programs mainly for the youth and vulnerable groups in institutions and amongst communities;
- Expansion and networking of treatment and rehabilitation facilities and other related services in the country including provision of protocols and standards for treatment of SUDs
- Holding of numerous stakeholder engagements targeting the Civil Society, Faith Based Organizations, Youth Organizations etc.at the National and County levels to build their capacity to manage and coordinate the campaign against ADA
- Focus on programmes that ensure the involvement of communities as the basic focus of a successful campaign against ADA
- Establishment and operationalization of public sector led, Inter-Agency collaboration in enforcement of alcohol and drugs related legislation through various committees at the National and County levels
- Research and surveillance by various public, private sector and civil society organizations e on new and emerging trends in drug abuse including the establishment of a National Drug Observatory in NACADA with the assistance of UNODC to provide a repository for all drug related surveys conducted;
- Institutionalization and mainstreaming of ADA in public and private sector due to increasing prevalence and development of a reporting system to monitor and evaluate trends.
- Provision of a Biannual Report on the status of ADA in the country which is regularly provided to Parliament. This is developed in partnership with National and County Government.
- The country has entrenched evidence-based prevention interventions on alcohol and drug abuse such as family-based, community based life skills, workplace based, school-based and media-based prevention in its programs
- Kenya has developed National Standards for Treatment and Rehabilitation facilities in line with international standards to ensure the provision of quality and

holistic services to the public; Regular inspections are carried out to enforce the standards

- A 24-hour toll free call center, has been established to offer counseling and support services for persons with SUDs and their families

3.2. Supply Suppression

The country has continued to develop, implement and review of policies and legislation on alcohol and drug control by various Ministries, Departments, Agencies as well as County Governments;

- Multi-agency efforts have been put in place to strengthen border control and transit points through provision of infrastructure, system and capacity building as well as strengthening surveillance and liaison with bordering countries to address the problem of trafficking and production and infiltration of counterfeit goods
- To ensure that precursor chemicals are utilized for the purposes intended, there has been increased enforcement of laws and regulations to control of harmful substances and precursor chemicals.
- The government has developed and operationalized standards to ensure safe and quality products through the various Ministries, Departments and Agencies that have a mandate to deal with ADA including measures to control production, marketing, trafficking and sale of both licit and illicit substance

The following are other achievements in the combat of alcohol and drug abuse;

- Enactment of several legislations to administer alcohol and drug abuse regime. They include the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994.
- The government has designed and implemented mechanisms for improving existing working relations and effective engagement with CSOs including provision of funding for CSO programmes in alcohol control through the Alcoholic Drinks Control Act, 2010. The Act is in the process of being reviewed to strengthen functions if liquor licensing and drug control which have been devolved to the County level.
- Instituted regular National Forums for sharing of experiences on ADA by the public sector institutions, civil society as well as local and international researchers
- Built a pool of trained of prevention and treatment professionals through establishment of a regular training program, in collaboration with international partners
- Inclusion of insurance coverage for addiction treatment and rehabilitation by the National Hospital Insurance Fund (NHIF)

4. CONTINUING AND EMERGING PROGRAMME CHALLENGES

The Government of Kenya took cognizance of alcohol and drug Abuse as a major threat to life and national development. Over the last decade, tremendous effort has been made in addressing ADA to ensure the country's social, economic and political stability necessary for the attainment of the Kenya Vision 2030 and SDGS.

Notable challenges are as follows:

- Poor access and unaffordability of Universal Health Care particularly by the poor and vulnerable members of society
- Lack of harmonized policies and legislation leading to disjointed efforts leading to policy gaps
- Weak enforcement of laws due to gaps in the criminal justice system such as unavailability of alternatives to incarcerations on ADA; flouting of standards and proliferation of licit and illicit drugs in the country, production and sale of counterfeit drugs, trafficking in various drugs
- Inadequate funding of alcohol and drug control programmes to ensure effective intervention
- Unaffordable and inadequately networked treatment and rehabilitation facilities
- Lack of data on drug mortality and morbidity to inform policy
- Emerging drug trends and attendant threats including new psychoactive substances, precursors and the non-medical use and misuse of pharmaceutical drugs
- Ease of availability and accessibility of substances of abuse, particularly by the youth and other vulnerable groups
- Complacence and tolerance in society towards use of harmful substances hence facilitating trafficking and infiltration of counterfeit drugs
- Non-accountability of industry players to take responsibility for the negative effects of drugs
- Poor enforcement of laws and standards, relating to adverts particularly on alcohol, hence the airing of adverts particularly during prime time
- Inadequate M&E and reporting structures and systems to determine impact of ADA at the National and County levels

5. STRATEGIC PILLARS

5.1. Introduction

This policy will be founded on the following 4 Strategic Pillars:

1. Demand reduction – these are a range of programmes designed to reduce the demand for and use of illicit drugs through prevention and education programmes, treatment programs aimed and research.

2. Supply Suppression - This refers to a wide range of intervention programmes and activities designed to stop the production, manufacture and distribution of illicit drug including policy implementation and law enforcement.
3. Harm reduction- which refers to policies or programme interventions that focus directly on reducing the harm resulting from the use of alcohol or other drugs, both to the Individual and the larger community
4. Co-ordination framework, legislation, implementation framework and M&E: this is the framework for reporting on the status of implementation of this policy.

5.1.1. POLICY PILLAR 1: PROVIDE A FRAMEWORK FOR EVIDENCE BASED APPROACH TO DEMAND REDUCTION

This policy prescribes an optimal mix of three categories of prevention interventions: universal, selective and indicated. Universal Interventions refer to those that target all the members of a given population; Selective interventions are aimed at a group within the general population that is determined to be at high risk for substance use and Indicated Interventions are targeted at Individuals who are already using substances but have not developed a substance use disorder.

a) Drug Use Prevention

1. To increase access to evidence based policy actions to protect human life in particular children, youth and other vulnerable persons.
2. To integrate alcohol drug abuse education into the school curriculum for elementary, primary, secondary, tertiary and university levels;
3. To promote the implementation of evidence based programs that seek to modify key risk and protective factors in various settings; namely in schools, workplace, family and at community levels.
4. To raise public awareness on harmful substances by use of internet and social media, mobile apps recreational activities and peer to peer engagement and screening to create awareness on ADA
5. To strengthen the capacity of stakeholders to adapt and implement evidence-based prevention measures

6. To promote the establishment of community based coalitions that will implement prevention programs that will be effective in helping to address the social and environmental determinants of substance use

b) Treatment of Substance Use Disorders (SUDs), rehabilitation and social reintegration

1. Avail resources and supportive structures for drug addiction treatment to improve access
2. Adapt drug treatment programmes for all persons especially those in prisons, low resource settings and vulnerable persons
3. To promote voluntary participation and informed consent in treatment of persons with substance use disorders
4. To provide structures for after-care, social re-integration into the community
5. To promote the use of national and international treatment standards and protocols that provide for a wide range of treatment and rehabilitation; and
6. To enhance the capacity of health professionals on drug dependency to increase access to affordable evidence based drug addiction treatment services through sustainable funding mechanisms, including medical insurance and taxation policies.
7. To mainstream/align substance use disorder treatment as part of the services offered within the national health care system

c) Ensure availability of controlled substances for medical and scientific purposes while preventing diversion

1. Improve access to controlled substances for medical and scientific purposes.
2. Ensure regular review of substances with potential for abuse and schedule as appropriate.
3. Strengthen Government systems including health, law enforcement, financial and data management to provide for effective use of controlled substances.
4. Undertake regular national data collection on the consumption needs of controlled substances to ensure their availability at the required levels with relevant regulatory authorities

5.1.2. POLICY PILLAR 2: PROVIDE A FRAMEWORK FOR SUPPLY SUPPRESSION

a) Prevention and countering of drug related crime and illicit production

1. To promote multi-disciplinary efforts at national and county levels to prevent and address drug use, trafficking and related crimes.

2. To use of alternative measures to incarceration, treatment and rehabilitation to address petty drug offences.
3. To monitor current trends in drug trafficking and related crimes and share experiences.
4. To foster socio-economic development and inclusiveness through integration into lawful enforcement efforts into policies and programmes
5. Enhance programmes through sharing of information and best practices
6. Review and implement national legislation to counter drug trafficking.
7. Strengthen the law enforcement system and community policing for effective control of alcohol and drug abuse.
8. Enhance cooperation at international, regional and national levels to effectively reduce the cultivation and trafficking of illicit drugs such as cannabis plant, opium poppy and coca bush.

b) Addressing links with money laundering, corruption and other forms of organized crime

1. To design and implement evidence-based strategies to effectively respond to the increasing link between drug trafficking, corruption and other forms of organized crime.
2. To promote effective measures to address drug-related crime, corruption and obstruction of justice.
3. Enhance national capacity to prevent and counter money-laundering and illicit financial flows from drug trafficking and related crimes.

c) Sustainable Alternative Development Programmes

1. Introduce alternative development programmes to target the cultivation and production of scheduled crops used to manufacture illicit products.
2. Encourage and support alternative development programmes to ensure in sustainable economic development through involvement of stakeholders and communities.
3. To involve communities in the design and implementation of alternative development programmes.
4. Enhance the capacity of law enforcement agencies in combating illicit cultivation.
5. Involve agricultural agencies and partners in the provision of alternative development programmes to affected communities.

5.1.3. POLICY PILLAR 3: PROVIDE FRAMEWORK FOR HARM REDUCTION

1. Reduce stigma and discrimination towards people who use drugs and people who inject drugs and their families
2. Enhance the quality and accessibility of the MAT services in order to ensure MAT (and ART if relevant) treatment adherence to reduce incidence of blood borne infections among them
3. Strengthen the psycho-social management of people who use drugs through comprehensive and evidence based approaches to promote their social integration
4. Scale up comprehensive needle substitution programs to reduce incidence of blood borne infections (Including HIV, Hepatitis B and C) among people who use drugs and reduce rates of morbidity and mortality among them
5. Scale up the provision of comprehensive drug use and HIV related services in prison settings and referral to care services in the community upon their release.

5.1.4. POLICY PILLAR 4: ADDRESS CROSS-CUTTING ISSUES, EMERGING TRENDS, REALITIES AND THREATS IN MANAGEMENT OF ALCOHOL AND DRUG ABUSE

a) Human rights, youth, women, children and communities

1. Uphold the rights and dignity of persons using or affected by drug abuse.
2. Improve the access to preventive, legal, health services and palliative care for all the affected people.
3. Enhance policy maker's knowledge on the need for specialized programmes targeting children, youth and women owing to their unique needs and degree of vulnerability.
4. Enforcement of appropriate legislative, administrative, social, economic and educational measures, to prevent and address the use of children and their participation in the cultivation or trade in illicit substances.

b) Proportionate and effective policies and responses to criminal justice proceedings and reform

1. Promote proportionate sentencing of drug related offences in accordance with relevant and applicable law with alternative to incarceration for petty drug offences
2. Provide for the efficient and speedy conclusion of drug related cases and the destruction of exhibits after conclusion of the case
3. Provide effective measure for the identification, tracking, freezing and seizing of proceeds derived from offences relating to the possession of production, trafficking in narcotic drugs and psychotropic substance, except as is reasonable exempted by law including property, equipment or other instrumentalities used in or destined for use in such offences for the purpose of eventual confiscation including forfeiture

c) Addressing new psychoactive substances (NPS), precursors and the non-medical use and misuse of pharmaceuticals

1. Increase awareness on the adverse risks and effects of new psychoactive substances (NPS), Amphetamine Type Stimulants (ATS), precursors and pre-precursors for health and safety.
2. Enhance the capacity of law enforcement agencies to detect and identify ATS, NPS, and precursors, and promote cross-border cooperation.
3. Strengthen collaboration among agencies including chemical and pharmaceutical industries and other private entities for effective monitoring, evaluation and reporting on scheduled substances.
4. Put in place regulatory measures within national legislative and administrative systems to address and manage the emergence substances and provide mechanism for information sharing.
5. Strengthen the capacity of government personnel to control the use of precursor chemicals and to make the requisite returns to the International Narcotics Control Board (INCB)

d) Use of Information Communication and Technology platforms

1. Enhance law enforcement agencies' capacity to prevent and counter the use of ICT, to facilitate criminal activities including drug trafficking, money laundering and terrorism.
2. Develop and implement measures, in accordance with national legislation, prevention strategies, programmes and measures to protect children and youth from the potential risk associated with the illicit sale and purchase.
3. Use of ICT to facilitate access to current information of access of ADA and reporting.

6. IMPLEMENTATION FRAMEWORK: DELIVERING THE POLICY VISION

The implementation of ADA measures under this policy shall require active involvement, commitment of resources and action by all stakeholders both state and non-state actors at national and county level. The role of each is outlined as follows:

6.1. County Governments

Adopt and implement ADA interventions at the County level – liquor licensing, awareness creation, provision of primary health, addiction treatment and rehabilitation and drug control. County Governments should factor in ADA in their programs and budgets.

6.2. NACADA

Coordinate a multi-sectoral approach against alcohol and drug abuse. Awareness creation; policy development and dissemination; licensing of treatment and rehabilitation facilities; research, monitoring, evaluation, reporting and training.

6.3. Ministries, Departments and Agencies (MDAs)/Sectors

- Provision of funding
- Mainstreaming ADA in the public sector
- Law enforcement
- Policy formulation and implementation
- Inter-agency collaboration
- Providing health facilities
- Conducting public education and advocacy
- Promoting human rights and national values
- Development of legislation
- Research
- Monitoring, evaluation and reporting

6.4. Private sector

- Funding
- Mainstreaming ADA in private sector institutions
- Support/undertake ADA activities

6.5. Civil Society

Funding, grass-root implementation i.e prevention, Advocacy, Treatment and Rehabilitation, social reintegration, awareness programmes, Research, Monitoring, evaluation and Reporting, Paralegal, Sustainable livelihood programmes, Training,

6.6. Partners

- Funding
- Technical
- Support

6.7. The Community

- Home based care
- Advocacy
- Re-integration,
- Outreach
- Community Policing

8 RESOURCES

Summary Sources:

8.1. Government

- National - Budget
- Fiscal taxes – Earmarked
- Forfeiture
- County – Cost Sharing

8.2. Medical Insurance

- Private
- Universal Health coverage
- Partners

8.3. Private Sector

- Employees, etc.

8.4. Civil Society

- NGOs/FBOs

The policy recognizes the fact that ADA is a serious health problem that has impacted every sector negatively. In appreciating the complex nature and negative impact of ADA on national development, the government in collaboration with stakeholders shall commit significant resources to ADA management. This policy will facilitate the strategy of delivering 'as one'

8.3 Government

In appreciating the complex nature and negative impact of ADA on national development, the Government in collaboration with stakeholders, will commit significant resources to the management of ADA.

8.4 MDA's

The Government will make adequate budgetary allocation to support state and non-state actors in the management of ADA.

Operationalize ADA Fund

8.5 Fiscal Tools

The Government shall ensure that part of the taxes collected from licit drugs and proceeds from penalties of illicit drug convictions are used to fund ADA management activities including awareness creation, research, treatment and rehabilitation.

8.6 Cost Sharing

The Government will mobilize human, material and financial resources from stakeholders towards sharing of ADA management costs.

8.7 Forfeiture

Instrumentalities of crime shall be forfeited to the state.

8.8 Mainstreaming ADA in the Budgetary Process

Each Government sector will allocate a portion of its resources towards ADA management within their institutions.

8.9 Medical Insurance

The Government will extend the National Hospital Insurance Fund (NHIF) to cover the cost of treatment and rehabilitation in both public and private institutions. The Government will further sensitize and encourage other medical insurance providers to cover ADA related issues

8.10 Private Sector and Civil Society

Organizations in the private sector and civil society are encouraged to support Anti-ADA Programmes in the community

8.11 Capacity Development

The Government will, in collaboration with stakeholders, facilitate capacity development of all relevant professionals including health workers, criminal justice agents, law enforcement officers and prevention experts.

9 RESEARCH AND REPORTING

The policy shall be evaluated every five years. The results of the policy evaluation shall be used to inform review and adoption of lessons learnt.

9.1. Research

- The Government shall in collaboration with stakeholders, facilitate independent research that informs policy directions and intervention programmes that are effective in ADA management.
- Promote production and use of reliable, disaggregated data, research and sharing of information and best practices to support the design and implementation of effective appropriate ADA programmes

9.2. Dissemination for Advocacy and Sensitization

Facilitate the dissemination of the research findings to all stakeholders at all levels

10 MONITORING, EVALUATION AND REPORTING

Strengthen (M&E) framework to facilitate the tracking of progress and ensure efficiency and effectiveness in the implementation of this Policy.