**MINISTRY OF INTERIOR**
**AND**
**NATIONAL ADMINISTRATION**

# NATIONAL POLICY FOR THE PREVENTION, MANAGEMENT AND CONTROL OF ALCOHOL, DRUGS AND SUBSTANCE ABUSE

KENYA VISION 2030
Towards a globally competitive and prosperous nation.

## ACRONYMS AND ABBREVIATIONS

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| **ADA** | Alcohol and Drug Abuse |
| **ADOs** | Alcohol, Drugs and Other Substances |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ATS** | Amphetamine-Type Stimulants |
| **AU** | African Union |
| **CBO** | Community Based Organizations |
| **CAP** | Common African Position |
| **CND** | Commission on Narcotic Drugs |
| **CSOs** | Civil Society Organizations |
| **FBOs** | Faith Based Organizations |
| **HIV** | Human Immunodeficiency Virus |
| **ICT** | Information, Communication and Technology |
| **KRA** | Kenya Revenue Authority |
| **SDGs** | Sustainable Development Goals |
| **NACADA** | National Authority for the Campaign Against Alcohol and Drug Abuse |
| **NGOs** | Non-Governmental Organizations |
| **NCDs** | Non-Communicable Diseases |
| **NHIF** | National Health Insurance Fund |
| **NPS** | New Psychoactive Substances |
| **ODPP** | Office of the Director of Public Prosecutions |
| **PPB** | Pharmacy and Poisons Board |
| **SUD** | Substance Use Disorder |
| **UN** | United Nations |
| **UNGASS** | United Nations General Assembly Special Session on Drugs |
| **UNODC** | United Nations Office on Drugs and Crime |
| **WHO** | World Health Organization |
| **NPS** | National Police Service |

## CONCEPTS AND TERMINOLOGIES

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| **Addiction** | A chronic relapsing brain disease characterized by compulsive drug seeking and use despite harmful consequences |
| **Alcohol and Drug Abuse** | A maladaptive pattern of use of alcohol and drugs that causes damage to health (physical, mental, social or occupational) and can lead to physiological and psychological dependence |
| **Amphetamine Type Stimulants** | Refers to stimulants of the Central Nervous System used clinically to treat attention deficit disorder and attention deficit hyperactivity disorder. |
| **Brief Interventions** | These are practices that aim to identify a real or potential alcohol problem and motivate an individual to do something about it. |
| **Continuum of Care** | An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to the individual's need. A continuum of care may include prevention, early intervention, treatment, continuing care, and recovery support |
| **Dependence** | A cluster of physiological, biological and cognitive phenomena in which the use of a substance or class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value |
| **Drug Demand Reduction** | Policies and programs aimed at reducing the desire for and use of alcohol and illicit drugs |
| **Drug** | Any chemical capable of altering the mind, body, behaviour or character of any individual and includes both lawful drugs (alcohol, tobacco, *miraa*, prescribed medications) or narcotic and psychotropic substances |
| **Alcohol and Drug Abuse** | This refers to the habitual use of alcohol and other drugs to alter one's mood, emotion, or state of consciousness |
| **Evidence based/Informed Programs** | Practices which over the years have proved to be effective in preventing substance use or impacting known protective or risk factors for substance use when targeting children and youth |
| **Harm Reduction** | Policies or programs focusing directly on reducing the harm resulting from the use of alcohol or other drugs, both to the individual and community |
| **Illicit Drugs** | Psychoactive substances whose production, sale, use or purchase is generally prohibited by law and for which violators are subject to criminal penalties |
| **Indicated Population** | A subset of the population identified as being at particular risk for substance use or for substance use disorders |
| **Licit Drugs** | Psychoactive substances whose production, distribution, sale, use or purchase is generally legally accepted. |
| **Risk factors** | Factors that increase the likelihood of beginning drug use, of regular and harmful use, and of other behavioural health problems associated with use |
| **Protective factors** | Factors that directly decrease the likelihood of substance use and behavioural health problems or reduce the impact of risk factors on behavioural health problems |
| **Selective Population** | A subset of the population that are at an increased risk of substance use |

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| **Substance Use Disorders** | A general term used to describe a range of problems associated with substance use (including alcohol, illicit drugs and misuse of prescribed medications), from substance abuse to substance dependence and addiction |
| **Substance Use Prevention** | Substance use programs and policies aimed at preventing and delaying substance use and the transition to substance use disorders |
| **Supply Reduction** | Intervention programs and activities designed to stop the production, manufacture and distribution of illicit drug including policy implementation and law enforcement |
| **Treatment and Rehabilitation** | Healthcare services that help a person regain physical, mental, and/or cognitive abilities that have been lost or impaired as a result of addiction |
| **Youth** | As prescribed by the Kenya Constitution, 2010. |

# CHAPTER ONE
# INTRODUCTION

## Background

Alcohol and drug abuse continue to pose the biggest threat to health and wellbeing of nations and societies. Although significant strides have been made in the prevention, mitigation and control of alcohol and drug abuse globally, regionally and nationally, several challenges continue to undermine the efforts to address this problem. Globally, alcohol is one of the leading risk factors for population health which has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs). Globally an estimated 900,000 deaths from injuries were attributable to alcohol. Around 370 000 of these deaths were due to road injuries, 150 000 to self-harm and around 90 000 due to interpersonal violence (WHO 2018). Tobacco use is another major public health problem worldwide killing more than 7 million people each year, including more than 890 000 non-smokers who die from exposure to tobacco smoke. According to the WHO report, nearly 80% of these deaths occur in low and middle-income countries that are still grappling with communicable diseases, while up to half of the world's 1 billion smokers will eventually die of a tobacco-related disease.

According to the United Nations Office on Drugs and Crime (UNODC), the World Drug Report, 2018; and WHOs Global Status Report on Alcohol and Health 2018, global challenges on alcohol and drugs have been compounded by: the common use of cannabis as a preferred drug of choice by young people; the emerging complex global supply chain of drugs and other substances, whose use is attributed to poverty and lack of opportunities for socio- economic growth; advanced transnational organized crimes such as piracy and international terrorism associated with alcohol and drug Abuse; and lack of tailored services, with few treatment programmes to address the specific needs of those abusing alcohol and drugs. The fact that growing evidence of a contributing role of harmful use of alcohol and drug abuse to the infectious disease burden such as HIV, tuberculosis, viral hepatitis and sexually transmitted infections has not yet been sufficiently recognized and addressed in the relevant global strategies and action plans.

In Kenya 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: 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 for prevention and treatment programs; criminalization and stigma of persons with substance use disorders; new and emerging drugs; and effects of communication technology. Additionally, Kenya is faced with a major epidemic of Non-Communicable Diseases. According to the World Health Organization, the WHO NCDs Progress monitor report;2017, NCDs currently account for 33% of deaths in the country up from 27% in 2014.They also account for approximately half of hospital admissions. NCDs are estimated to decrease household income by 28.6%; households affected by NCDs are 30% more likely to be impoverished than households with communicable diseases. Along with diet and lack of exercise harmful use of Alcohol and Tobacco use have been recognized as two of the four major risk factors for NCDs.

The National Policy on Alcohol and Drug Abuse will therefore set a platform for comprehensive implementation mechanisms to ensure efficient and effective prevention interventions, treatment & rehabilitation programs, enforcement and monitoring mechanisms for reducing the harmful effects of alcohol and drug abuse.

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

**Rationale**

The rationale is to offer comprehensive set of measures to develop, and implement interventions that will mitigate the effects of harmful alcohol, drug and substance use on the individual, family, community and the nation as a whole. These include demand and supply reduction measures, the use of cultural and social structures, best buy areas as well as coordinating, monitoring and evaluation and economic interventions. The policy, therefore, intends to initiate programmes to improve quality and coverage of prevention, treatment and care interventions on harmful use of alcohol and drugs as well as increase awareness of the effects of alcohol and curb harmful consumption of alcohol including underage drinking and drink driving. In addition, the Policy encourage and promote abstinence from alcohol and drugs, reduce harmful alcohol consumption and regulate production, marketing and sale of alcoholic beverages. This is in recognition that alcohol, drugs and substance consumption can only be reduced if the government actively participates in and takes effective actions in ensuring that the general population complies with alcohol and drug abuse regulation.

**Linkages with international and national legislative and policy framework**

**Linkages with international Instruments:**
This policy takes Cognizant's of the following international laws and conventions:

- **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;
- **WHO Concept on Health for All**: which seeks to provide not just availability of health services within reach of everyone in the country but a personal state of well-being that enables a person to lead a socially and economically productive life;
- Article 2 (6) which provides that any treaty or convention ratified by Kenya shall form part of the laws 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 implementation of international obligations whilst County Governments are mandated to undertake liquor licensing and drug control.
- **East African Community Regional Policy on Prevention, Management and Control of Alcohol, Drugs and Other Substance Use**: provides a comprehensive framework covering prevention, control and management of alcohol and drug use, including strategies for rehabilitation of drug users.

**Linkages with National Laws and Sectoral Policies**

The Policy recognizes the existing laws and regulations. These are:

- Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 of 1994;
- Pharmacy and Poisons Act, Chapter 244;
- East African Community Customs Management Act, 2004;
- Standards Act, Chapter 496;
- Tobacco Control Act 2007;
- Mental Health Act Cap 248;
- Anti-Counterfeit Act No. 13 2008;
- Proceeds of Crime and Anti-Money Laundering Act of 2009;
- Alcoholic Drinks Control Act, 2010;
- Mutual Legal Assistance Act No.26 of 2011;
- Extradition (Contiguous and Foreign Countries) Act, Cap 76;
- KRA Act Cap 469;
- Public Health Act, Cap 242;
- Food, Drugs and Chemical Substances Act Cap 254;
- The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act, 2012; and
- Kenya Citizenship and Immigration Act, 2015.

# CHAPTER TWO
# SITUATION ANALYSIS

## 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 humankind.

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 reduction 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 continue 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 promotion of healthy lives for all and 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 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 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.

## Regional Context

The Common African Position (CAP) for the UNGASS on the World Drug Problem, 2016 also reaffirms 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. 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 (2019 - 2023);
- That effective drug policies are those that achieve a balanced and integrated approach between supply reduction, demand 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 (2019 - 2023) 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.

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 2019-2023.

In this regard, particular progress has been made by the member States of East Africa Community 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.

**The Kenyan Context**

Kenya faces a number of challenges concerning ADA. The problem, which is no respecter of persons, race, income level, economic or social status, continues to permeate and affect the overall productivity of Kenyans. NACADA as the body mandated to address this problem in collaboration with other state and non-state actors has been carrying out various studies and the results presented below show alarming statistics demonstrating the gravity of the situation in the country.

**ADA Status and Challenges**

**General population**

According to a survey conducted by NACADA in 2022 in collaboration with the Kenya National Bureau of Statistics and the Tobacco Control Board, 17.5% (4,733,135) of Kenyans aged 15 – 65 years are past month users of at least one drug or substance of abuse; 11.8% (3,293,495) are past month users of alcohol; 8.5% (2,305,929) are past month users of tobacco; 3.6% (964,737) are past month users of *khat*; 1.9% (518,807) are past month users of cannabis; and 0.2% (60,407) are past month users of prescription drugs. The survey also showed that 9.7% (2,613,735) of Kenyans aged 15 – 65 years have alcohol use disorders; 6.8% (1,846,868) have tobacco use disorders; 2.6% (700,834) have *khat* use disorders; 1.6% (431,640) have cannabis use disorders; and 0.2% (42,579) have prescription drugs use disorders.

**Secondary schools**

Alcohol and drug abuse among the school-going children is an emerging problem 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*; 16.1% (349,613) have ever used prescription drugs; 14.5% (314,869) have ever used tobacco; 7.5% (162,863) have ever used cannabis; 2.3% (49,945) have

ever used inhalants e.g. glue, thinner and petrol; 1.2% (26,058) have ever used heroin; and 1.1% (23,887) have ever used cocaine.

### Primary schools

Data on the “Status of Drugs and Substance Abuse among Primary School Pupils in Kenya” 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 *khat*; and 1.2% have ever used cannabis. Lifetime use of inhalants, heroin and cocaine among primary school pupils is less than 1.0%. This survey covered primary school pupils from class 5 – 8.

### Public sector workplace

In 2021, NACADA conducted another 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 cocaine and 1.2% had ever used heroin. Findings on past month (30-day) use of drugs and substances of abuse showed that alcohol was the most widely used substance with a prevalence of 23.8% followed by tobacco (4.8%), *khat* (2.9%), cannabis (1.9%), 1.0% prescription drugs (1.0%), heroin (0.8%) and cocaine (0.8%).

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.

### Emerging trends of drugs and substance abuse in Kenya

In 2021, NACADA conducted an assessment on “Emerging Trends of Drugs and Substance Abuse in Kenya” in collaboration with the Pharmacy and Poisons Board, Government Chemist and the Ministry of Interior and National Coordination. Evidence showed that the abuse of prescription drugs was an evolving trend in Kenya. Data showed that Diazepam was the most commonly abused prescription drug followed by 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.

### Challenges

The Constitution of 2010 established Counties in 2013 which further made efforts to deal with 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 inter-governmental, inter-ministerial and stakeholder co-ordination and enforcement of alcohol and drug abuse laws;
- Non-compliance with statutory requirements by alcoholic drinks manufacturers and retail outlets;
- Overlapping mandates on control of alcohol and drugs thus constraining implementation;
- Increased smuggling of illicit alcohol and drugs into the country;
- Proliferation of illicit brews and unlicensed liquor 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 such as ban of Shisha and tobacco sale, and KRA, Anti-Counterfeit, regulations; and
- Low community participation in the fight against alcohol and drug abuse.

The current challenges in dealing with ADA issues therefore point to a need of a review and harmonize all policies dealing with ADA and the legal framework. Further as a 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.

# CHAPTER THREE
# POLICY GOAL, OBJECTIVES AND STRATEGIES

## Policy Goal

To safeguard the society from the harmful effects of alcohol, drug, and substance use.

## Policy Objectives

This policy is founded on the following objectives:

i. Promote healthy and empowered communities by preventing the initiation and-reducing the use of alcohol, drugs and substances of abuse and mitigate their associated harms;
ii. Promote provision of and access to quality and affordable treatment, rehabilitation, and aftercare services for persons with substance use disorders (SUDs);
iii. Prevent, reduce, and control access to and availability of alcohol, drugs and substances of abuse;
iv. Protect children and the public from excessive, misleading, or deceptive inducements of alcohol advertising, promotion, and marketing;
v. Promote and coordinate research on alcohol, drugs and substance use to inform evidence-based policies and programmes;
vi. Promote national, regional, and international cooperation, collaboration, and partnerships on alcohol, drugs and substance use control; and
vii. Promote development, integration and adoption of information and communication technologies (ICT) and communication strategies on alcohol, drugs and substance use control.

## Guiding principles

The guiding principles of this Policy are:

i. Human rights. The policy will ensure the right to health and safe environment. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol and substance use;
ii. Evidence -based. The policy will be based on evidence informed approaches to reduce harmful use of alcohol and drugs;
iii. Protection of vulnerable groups. All children and youth have the right to grow up in an environment protected from the negative consequences of alcohol and drug use and, to the extent possible, from the promotion of alcoholic beverages. The policy will emphasize the protection of vulnerable groups such as children, adolescents, and person with substance use disorder;
iv. Universal coverage/equity. All person with substance use disorder and members of their families have the right to accessible treatment and care; and
v. Multi-sectoral cooperation and community involvement. The policy will be implemented through a multi-sectoral and community involvement approach.

**Policy Approach**

The policy prescribes intervention measures and actions that shall be taken to address drug demand reduction, supply reduction, harm reduction and ensuring a coordinated framework, legislation, implementation framework and M&E of ADA. These are major interventions to address the problem of alcohol and drug abuse, illicit drug cultivation, trafficking and take into account factors that predispose individuals, families and communities to the risk of ADA. 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.

**Policy Outcomes**

The anticipated outcome of this policy is:

- A harmonized framework for laws and policies on ADA;
- Effective liaison, coordination, collaboration, partnerships and linkages among all stakeholders;
- Enhanced compliance with laws, regulations and standards;
- Improved health, security and socio-economic outcomes;
- Promote access to quality treatment, rehabilitation and after care services as well as multi-disciplinary protocols and practices in treatment of substance dependence;
- Effective and efficient structures for provision of a continuum of qualified and competent addiction professionals;
- Functional and effective institutions addressing ADA problems;
- Collaboration in the effective enforcement of ADA regime to eradicate illicit and counterfeit alcohol and trafficking in narcotics drugs in the country;
- Provision of a platform to provide relevant and up-to-date research and uptake of research findings; and
- Increased level of awareness knowledge and capacity on the issues of ADA.

**POLICY PRIORITY ACTIONS**

**Promote healthy and empowered communities by preventing the initiation and reducing the use of alcohol, drugs and substances of abuse and mitigate their associated harms:**

The government shall:

- Enhance levels of awareness and knowledge on the harmful health, economic and social consequences of alcohol, drugs and substance abuse and appropriate prevention and mitigation measures;
- Promote the development, adoption and implementation of evidence-based policy and program interventions that seek to modify and mitigate key risk and protective factors at school, workplace, family, medical facilities and community levels, including targeting out of school youth and most at-risk populations;
- Provide and promote greater protection from the pressures to use alcohol and other drugs for persons under the age of 18, youth and those who choose to abstain from alcohol and drug use;

- Promote the development and implementation of alcohol and drug use cessation programmes, services and access to related health products;
- Promote and facilitate capacity development and credentialing of prevention professionals and development of relevant professional practice standards;
- Develop and promote national standards on drug use prevention;
- Promote and facilitate mobilization, empowerment and capacity development of public sector, private sector, civil society organizations, faith-based organizations, communities and other stakeholders to develop, adopt, coordinate and implement evidence-based interventions on prevention of alcohol, drugs, and substance use and mitigate their associated harms; and
- Promote the establishment and protection of alcohol-free environments, especially the children, youth and other at-risk population.

**Promote provision of and access to quality and affordable treatment, rehabilitation, and aftercare services for persons with substance use disorders (SUDs):**

The government shall:

- Promote and facilitate provision and access to treatment, rehabilitation, reintegration and aftercare services and programs, including distinct services and facilities with targeted focus to vulnerable population groups;
- Promote the adoption and implementation of national standards for treatment and rehabilitation of persons with substance use disorders;
- Promote, facilitate and coordinate the accreditation and licensing of treatment programs and facilities;
- Promote and facilitate capacity development and credentialing of treatment professionals and development of relevant professional practice standards;
- Strengthen services for early identification, screening, brief interventions and referral at diverse settings including schools, workplaces, and community levels;
- Creation of a solatium fund to be financed from taxation on manufacture, production and importation of alcoholic drinks to support treatment and rehabilitation programs and services for persons with substance use disorders; and
- Promote and adopt recognition of substance use disorders as treatable medical conditions that qualify for private and public medical insurance cover.

**Prevent, reduce, and control access to and availability of alcohol, drugs and substances of abuse:**

The government shall:

- The minimum legal age for handling, purchasing, consuming and selling of alcohol shall be 18 years;
- The size, packaging, packing and labelling including ingredients, health warnings and messages alcoholic drinks shall be regulated;
- The following modes and places of sale shall be prohibited;
    i. Vending machines;

ii. Public beaches, public parks, amusement parks, recreational facilities, sports facilities, bus parks, bus stops, petrol stations and along the highways;
iii. Hawking;
iv. Online sale and delivery of alcohol;
v. Home deliveries;
vi. Outlets selling products associated with children such as toyshops;
vii. Residential premises and areas;
viii. Restaurants; and
ix. Basic education institutions.

- Licensing of any outlet retail (on-license and off-licence) or wholesale located at least three hundred metres from any nursery, primary, secondary or other learning institutions for persons under the age of eighteen years shall be prohibited;
- Prohibition of sale and consumption of alcohol to anyone accompanied by a child, and provision or consumption of alcohol in children-oriented events such as festivals, parties, sporting and recreation events;
- Prohibition of purchase and sale of alcohol by and to persons who are armed with weapons such as guns, knives, machete, axe etc;
- There shall be restrictions in relation to number of alcohol selling outlets allowed to operate in a given locality based on the population density and other relevant considerations with restrictions with the types of licenses;
- The alcohol retail outlets (on-license and off-license) operating hours conditions shall be regulated;
- Adopting national standards and guidelines on alcoholic drinks licensing framework;
- Review and enhance the legal framework regarding penalties to alcohol related offences;
- There shall be no person below the age of eighteen allowed to access or enter any alcohol selling outlets whether alone or accompanied;
- Where alcoholic drinks are sold at supermarkets or other related franchise outlets, there shall be designated alcohol selling points that should not be accessible to persons under the age of eighteen;
- Prescribe the actual minimum size of alcohol packages e.g. not less than 300 or 750 ml;
- Review and enforce an upper limit for blood alcohol concentration, with a reduced limit for professional drivers and young or novice drivers that meets international standards;
- Promote sobriety check points and random breath-testing on regular basis;
- Take administrative measures such as suspension of driving licenses for drink-driving and drug driving offenders;
- Issue graduated licensing for novice drivers with zero-tolerance for drink-driving;
- Ensure mandatory driver-education, counselling and, as appropriate, treatment programs for alcohol and drug use problems;
- Maintain a system of domestic taxation on alcoholic beverages based on alcohol content, as well as regular review on taxes in relation to the level of inflation;
- Ban the use of direct and indirect price promotions, discount sales, sales below cost and flat rates for unlimited drinking or other types of volume sales;
- No subsidies and other incentives shall be adopted to promote alcohol production and sale;
- Enhance compliance with standards for alcoholic drinks with regard to production and distribution;

- Adoption of good manufacturing and production practices on informal/traditional alcoholic drinks and bring it into the regulatory framework the commercialization of informal/traditional drinks;
- Develop and strengthen tracking and tracing systems for alcoholic drinks and raw materials;
- Ensure necessary cooperation and exchange of relevant information on combating illicit alcohol among authorities at all levels;
- Promote safe alternative livelihoods for people involved in production of illicit and informal alcohol;
- Strengthen the law enforcement system and community policing for effective control of alcohol and drug abuse;
- Enhance the capacity of criminal justice system and regulatory agencies in combating illicit cultivation, production, trafficking, sale, and associated crimes;
- Strengthen government systems including health, law enforcement, financial and data management to provide for effective use of controlled substances;
- Enhance, adopt and implement strategies to effectively respond to the increasing link between drug trafficking, corruption, money-laundering, illicit financial flows, and other forms of organized crime;
- Promote proportionate sentencing for drug related offences in accordance with relevant and applicable laws with alternative to incarceration for petty drug and alcohol offences and offenders with substance use disorders;
- Scale up mechanisms for forfeiture of properties and assets used for illicit alcohol and drug trafficking and commutation of the property to the solatium fund;
- Provide for the efficient and speedy conclusion of alcohol and drug related cases, including handling, storage, management, and the disposal of exhibits;
- Adopt measures to address protective and risk factors that make children and women vulnerable to be recruited as drug couriers;
- Strengthen post judicial mechanisms to promote reform of convicts and counter recidivism; and
- Ensure regular review and updating of scheduled substances in existing legislative framework according to the international drug conventions and national emerging trends.

**Protect children and the public from excessive, misleading, or deceptive inducements of alcohol advertising, promotion, and marketing;**

The government shall:

- Online advertising and promotion and marketing of alcoholic products (except for placing of product prices) shall be banned (including broadcast originating outside Kenya);
- Banning promotion, advertising, sponsorship and marketing targeting children and children-oriented events, learning institutions including institutions of higher learning (including events such as sports, entertainment events, art & music competitions);
- Banning of advertising via audio-visual platforms between 5.00 a.m. -10.00 p.m. (watershed hours) (including broadcast originating outside Kenya);
- There shall be regulation on outdoor advertising of alcoholic drinks in relation to presentation and content;

- Banning of outdoor advertising of alcoholic drinks in public properties and facilities, residential areas and buildings;
- Prohibition of advertising in residential areas and buildings;
- Prohibition of outdoor advertising of alcoholic drinks within a radius of 300 metres from a basic education institution for persons under the age of 18;
- Advertising, promotion and marketing of alcoholic drinks shall be banned within higher learning institutions;
- There shall be no promotion of alcoholic drinks by use of materials that are associated with persons under the age of 18 years;
- Any advertisement of alcoholic products shall be expected to give factual information, emphasize the strength or merit of alcohol, not cast abstinence from alcohol consumption in a negative way and shall not depict alcohol consumption as a lifestyle;
- Advertisements and promotions shall not place emphasis on alcoholic content as being a positive quality of the beverage;
- There shall be no production and broadcasting of music, film, stage plays, or any audio-visual programme that positively depicts consumption of alcohol, drugs and substances in an electronic or print media;
- All alcoholic products' prize-oriented competitions and promotions that encourage more alcohol consumption in order for one to win shall be banned;
- There shall be no use of entertainment, sports, media models, social media influencers or celebrities in endorsing, promoting and advertising alcoholic drinks, drugs and substances;
- Any person used in advertising or endorsing alcoholic drinks shall be above 25 years and further, there shall be no lifestyle advertising through any form of advertisement or promotion;
- A manufacturer, importer and an economic operator of alcoholic drinks cannot name and brand a sports team. Additionally, they are not allowed to sponsor and name a sports league or tournament and brand a national team; and
- Advertising and marketing activities should not imply that it is acceptable to consume alcohol, drugs and substances before, during or after playing sports.

**Promote and coordinate research on alcohol, drugs and substance use to inform evidence-based policies and programmes:**

The government shall:

- Strengthen the National Drug Observatory to provide data for national, regional and international reporting obligations;
- Coordinate and promote research and dissemination of alcohol, drugs and substance use related data and sharing of best practices to enhance evidence-based interventions to inform policy and programs;
- Strengthen knowledge management of alcohol, drugs and substance use information;
- Develop a comprehensive and integrated monitoring, evaluation and learning framework for periodic assessment of the status of implementation of the policies, strategies and interventions in the country;
- Undertake periodic surveillance to identify new psychoactive substances, consequences of their use as well as possible sources of production and distribution and share the

information with national, regional and continental epidemiological networks and drug observatories;

- Enhance the capacity of law enforcement agencies and national laboratories to detect and identify new psychoactive substances, precursors, and clandestine laboratories for early warning, criminal justice purposes and to identify threats associated with drug-related organized crime; and
- Put in place regulatory measures within national and county legislative and administrative systems to address and manage the emerging substances and provide mechanism for information sharing.

**Promote national, regional, and international cooperation, collaboration, and partnerships on alcohol, drugs and substance use control:**

The government shall:

- Enhance partnerships, collaboration and cooperation with regional and international bodies and stakeholders on alcohol, drugs and substance use control;
- Enhance partnerships, collaboration and cooperation at international, regional and national levels to effectively reduce the illicit cultivation, production, trafficking, sale and associated crimes;
- Enhance partnerships, collaboration and cooperation to build capacity of stakeholders for effective coordination of the implementation of National Drug Control Strategies;
- Coordinate the implementation of international drug conventions and protocols and ensure compliance to various international and regional recommendations on alcohol and drug control;
- Strengthen systems for multi sectoral collaboration to support the implementation of existing regulatory policies and laws on the use of Alcohol, Drugs and Substances; and
- Establish a framework for collaboration, partnership and coordination of national government, county government, civil society organizations, private sector and faith-based organizations.

**Promote development, integration and adoption of information and communication technologies (ICT) and communication strategies on alcohol, drugs and substance use control:**

The government shall:

- Enhance the development, adoption and maintenance of an integrated ICT and communication framework on alcohol, drugs and substance use control;
- Enhance the capacity of law enforcement agencies and other relevant stakeholders to identify, trawl, monitor, report and collect evidence as well as to investigate alcohol and drug related criminal activities on the internet, the darknet and other online platforms; and
- Partner with the private sector in internet censorship for alcohol, drugs and substance use control and associated criminal activities.

## CHAPTER FOUR
## INSTITUTIONAL AND IMPLEMENTATIONFRAMEWORK

This chapter presents the institutional and implementation framework for implementing Policy. Implementation of the policy will thus take a multi-sectoral approach cutting across both the state and non-state actors at all levels. The Ministry of Interior and National Development will take the leading role of coordinating all the other players in the country so as to enhance harmony and avoid duplication. Along with the policy a National Action Plan for implementing the policy will be developed in collaboration with key stakeholders. The action plan will provide clear roles and responsibilities as well as targets and timelines for each actor, among other key requirements. The policy recognizes the need for coordination and collaborative efforts to ensure its effective implementation.

### Implementation Framework

Different aspects of the policy will be implemented by various actors including Ministries, Counties, Departments and Agencies (MCDAs), in collaboration with the private sector, Civil Society Organizations, Faith Based Organizations, among other key actors. The table below specifies some of the key institutions identified in the different sectors and their specific the roles:

**Table xx: Matrix of actors and their respective roles**

| INSTITUTIONS | ROLES AND RESPONSIBILITIES |
| --- | --- |
| Ministry responsible for Internal security | |
| NACADA | |
| National Police Service Commission | |
| National Treasury | |
| Ministry Responsible for Education | |
| Ministry Responsible for Health | |
| Ministry Responsible for Youth | |
| Attorney General's Office and Kenya Law Reform Commission | |
| Other line Ministries, Counties, Departments and Agencies (MCDAs) | |
| County Governments | |
| Parliament and County Assemblies | |
| Judiciary | |
| Kenya National Bureau of Statistics (KNBS) | |
| Civil Society Organizations and Faith Based Organizations | |
| Private Sector | |
| Research and Academic Institutions | |
| Media | |
| Individuals and Communities | |

**Resource mobilization**

The successful implementation of this policy will require adequate financial, human and technical resources to ensure effective and efficient implementation for desired policy outcomes. Funding will be sought from the National Treasury driven by the annual budgetary provisions. Additional support will be sought from development partners and Non-State Actors. The strategies include:

- Budgetary allocation from the National Treasury;
- Partnerships through bilateral agreements and support by other international development and grants agencies;
- Partnerships with Corporate Social Responsibility (CSR) in Kenya;
- Partnerships with Faith based Organizations, Civil society Organizations, private sector institutions and other funding agencies for specific projects; and,
- Fundraising activities.

# CHAPTER FIVE
# MONITORING, EVALUATION AND REPORTING

## Overview

Monitoring and evaluation (M&E) shall be an essential strategy in the implementation of the National Policy on Gender and Development. This will ensure that results frameworks on each policy action detailing outputs, outcomes, impacts and key actors shall be developed to facilitate annual plans and development planning processes in all sector at all levels. The M&E processes will follow a strategic implementation plan that will be put in place for each component of the policy commitments. The M&E strategy will involve quarterly and annual updates.

## Monitoring and Evaluation

Establish a monitoring and evaluation mechanism to ensure the policy objectives are monitored, tracked and evaluated Policy Actions:

i. Develop and implement monitoring and evaluation tools and performance indicators that are integrated in the annual plans and development planning processes at the two levels of Government; and,
ii. Develop and institutionalize tools for effective monitoring and evaluation.

## Reporting

### Policy Action

i. Produce quarterly and annual progress reports in a consultative manner; and
ii. Facilitate timely reporting, decision making and direction on progress of implementation at both levels of Government.

## Policy Review

This Policy will be reviewed after every five years or any such other period as may be determined by the Ministry of Interior and National Administration.