



## **POLICY BRIEF**

# **NATIONAL SURVEY OF ALCOHOL AND DRUG ABUSE IN THE COAST REGION OF KENYA.**

## **Background**

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is a State Cooperation in the Ministry of Interior and Coordination of National Government. It was established by the NACADA Act of 2012 (CAP 121) of the Laws of Kenya to coordinate a multi-sectoral campaign to prevent, control and mitigate against alcohol and drug abuse in Kenya.

## **Mandate**

The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) is mandated to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the effects of alcohol and drug abuse in Kenya.

## **Purpose of the Brief**

The Government of Kenya recognizes the threat of alcohol and drug abuse to all sectors of the economy. The types of drugs available in the market have increased overtime while channels of communication and distribution have expanded giving drug merchants an ever-increased access to a wider market. In response, it has enacted a legal and institutional framework within which the problem of alcohol dependency and drug abuse can be addressed.

The Government of Kenya recognizes alcohol and drug abuse as a major threat to the life of her citizens and to national development. This National survey on Alcohol and Drug Abuse in Coast region of Kenya contributes to the knowledge and presents information in which the Government requires to handle Alcohol and Drug Abuse at a devolved level.

The **overall objective** is to understand the problem of alcohol and drug abuse in the Coast region of Kenya in order to promote implementation of evidence based public education and awareness programs.

## **Methodology of the study**

The study was drawn from all the 6 counties across the region; Mombasa, Kwale, Kilifi, Lamu, Tana River and Taita Taveta counties. The study population constituted residents of the Coast Region aged 15-65 years covering all the counties.

The survey relied on both primary and secondary data sources. A structured questionnaire with open and closed questions was used to generate quantitative and qualitative data. The questionnaire was used to capture information directly linked to the study objectives.

The survey sampled and interviewed 1,819 respondents (56.5% male and 43.5% female) from the six counties of Coast region representing a response rate of 78.9%. All the sub-counties in each of the six counties were purposively selected. From each sub-county, two sub-locations were randomly selected.

**KEY FINDINGS;** In establishing the level of awareness of drugs there was a spontaneous recall in which data showed that respondents of the Coast Region have highest spontaneous recall to alcoholic drinks (80.0%), bhang 69.0% tobacco products 64.6% and khat 55.1% compared to other drugs.

It is evident that alcohol, tobacco, khat and bhang are the major substances of abuse in the Coast Region. However, heroin, cocaine and chang'aa have been strongly associated with the burden of negative health and social-economic consequences of alcohol and drug abuse in the Coast Region.

45.2% of residents in the Coast Region have ever used at least one substance of abuse. From that it breaks down to individual substances with:

- Alcohol (25.0%),
- Tobacco (24.1%),
- Khat/miraa (21.7%),
- Prescription drugs/sleeping pills (6.2%) and
- Inhalants (1.2%).

Generally, total awareness of tobacco products and alcoholic drinks in Coast Region is high with 98.8% and 97.8% respectively. Awareness of the other drugs stands at follows:

- Bhang (86.3%),
- Khat/ miraa (94.3%),
- Inhalants (48.3%),
- Prescription drugs/ sleeping pills (51.4%),
- Heroin (60.7%),
- Cocaine (61.3%) and
- Hashish (25.1%).

Analysis of individual drugs showed substances the top four reported by residents in the Coast Region are currently using include:

- Alcohol (12.6%),
- Khat/Miraa (12%),
- Tobacco (4.7%) and
- Bhang (4.5%)

Followed by

- Heroin (2.3%),
- Prescription drugs/ sleeping pills (1.3%),
- Cocaine (0.9%) and
- Hashish (0.4%)

Among the young people aged 15-24 years in the Coast Region, substances they are currently using include:

- Alcohol (5.7%),
- Tobacco (8.8%),
- Khat/Miraa (12.7%),
- Bhang (4.6%),
- Heroin (0.9%) and
- Cocaine (0.7%).

The median age of onset to substance use varies with the type of drug. These are the most common and their respective age(s):

- Alcohol (20 years)
- Tobacco (18 years)
- Khat/Miraa (25-35 years)
- Narcotic drugs (Hashish, Cocaine, Heroin, Bhang) – 25-35 years

The commonly used tobacco products in the region include:

- Cigarettes (12.8%),
- Snuff/ chewed tobacco (1.9%),
- Kuber (0.5%) and
- Shisha (0.4%).

The baseline survey also focused on the alcohol and drug dependence in the region. It shows the percentage of residents in the Coast Region:

- Alcohol (7.3%),
- Tobacco (8.1%),
- Khat/ miraa (7.1%),
- Bhang (4.8%),
- Heroin (3.0%) and
- Cocaine (1.2%)

Findings reveal the percentage in which users of various drugs who have ever sought medical treatment:

- Heroin (27.5%),
- Cocaine (26.7%),
- Chang'aa (14.3%),
- Traditional Alcohol (13.4%),
- Legal Alcohol (9.8%),
- Bhang (9.8%) and
- Cigarettes (8.2%)

Findings show that seventeen (17) respondents were injecting drugs. Analysis of individual drugs shows that 23.5% of them were injecting Cocaine while 76.5% were injecting Heroin. As a result, injecting drug users are very vulnerable to infections like Hepatitis C and HIV&AIDS due to *flushing* (injected themselves with someone else's blood).

Alcohol and drug abuse has a direct impact on an individual's productivity and the overall economic development. According to the baseline survey findings, Alcohol, Heroin and Cocaine were singled out as three of the major drugs having the greatest negative effect at the individual, family and community level. Some of the socio-economic effects include:

- Work-related absenteeism.
- Diversion of family resources to fulfil one's desire for alcohol or drugs.
- Harm to self and harm to others by alcohol and drug users.

## **Recommendations**

Based on the survey findings, the following recommendations are made:

1. The County Governments of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta should undertake elaborate public education and awareness campaigns aimed at sensitizing the community and families about the dangers of alcohol and other drugs of abuse;
2. The County Governments of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta in collaboration with State Department of Education should undertake preventive education in schools aimed at preventing initiation of alcohol and other drugs of abuse among school going children.
3. The County Governments of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta should partner with other relevant stakeholders in order to control production, sale and consumption of alcohol and other drugs;
4. The County Governments of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta should develop their alcohol and drug abuse policies in order to harmonize prevention and control efforts by the different stakeholders in their counties particularly at the workplace. These counties should also allocate an annual budget to facilitate the implementation of their ADA policy and other related programs;
5. The County Governments of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta should consider providing affordable and accessible counselling, treatment and rehabilitation services to support persons with substance use disorders;
6. The County Governments of Mombasa, Kilifi, Kwale and Lamu which border the Coastal strip should develop appropriate programs that target the vulnerable groups of narcotic drug users especially heroin and cocaine in order to alleviate the adverse negative effects associated with their usage e.g. HIV/AIDS and Hepatitis C infection.
7. NACADA should continue to enhance the capacity of County Alcohol Control Inter-Agency Committees of Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta and other relevant enforcement agencies to facilitate them to effectively respond to the challenges of alcohol and drug abuse prevention, control and management.

