REPUBLIC OF KENYA

NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

NATIONAL SURVEY ON THE STATUS OF DRUGS AND SUBSTANCE USE IN KENYA

NATIONAL SURVEY ON THE STATUS OF DRUGS AND SUBSTANCE USE IN KENYA

REPUBLIC OF KENYA

NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

REPUBLIC OF KENYA
MINISTRY OF HEALTH

TOBACCO CONTROL BOARD
KENYA
Tobacco free nation

KNBS
KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS AND ACRONYMS

ADA	Alcohol and Drug Abuse
AUDs	Alcohol Use Disorders
CAPI	Computer-Assisted Personal Interviewing
CS0s	Civil Society Organizations
CUDs	Cannabis Use Disorders
DSA	Drugs and Substance Abuse
DSM-V	Diagnostic and Statistical Manual of Mental Disorders – V
DSU	Drugs and Substance Use
EA	Enumeration Area
FBOs	Faith-Based Organizations
K-HSMF	Kenya Household Master Sample Frame
KUDs	Khat Use Disorders
KNBS	Kenya National Bureau of Statistics
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NGOs	Non-Governmental Organizations
NTSA	National Transport and Safety Authority
PAPI	Paper-Assisted Personal Interviews
PHQ – 9	Patient Health Questionnaire - 9
PDUDs	Prescription Drugs Use Disorders
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
SUDs	Substance Use Disorders
TADSAS	Tobacco, Alcohol, Drugs, and Substance Abuse Survey
TCB	Tobacco Control Board
TUDs	Tobacco Use Disorders

FOREWORD

I am pleased to present the report of the 2022 national survey on the "Status of Drugs and Substance Use in Kenya". The cross-sectional study provides estimates of the prevalence of drugs and substance use at the national and regional levels and for rural and urban areas.

The findings in this report are based on interviews with 3,314 scientifically selected individuals aged 15-65 years and 3,797 households. The sample for the survey was obtained from the Kenya Household Master Sample Frame maintained by the Kenya National Bureau of Statistics.

The national survey is conducted every five years to assess the trend of drug and substance use programing indicators. The survey is used as an evaluation tool to assess the effectiveness of drug and substance use demand and supply reduction programs implemented over 5 years. The survey findings in this report will inform evidence-based policies and programs for the next 5 – year programing phase. The findings also support other program implementers and stakeholders in the sector of drug and substance use prevention to tailor their interventions toward addressing the most critical areas of need. This report also facilitates priority setting and prudent utilization of resources to the most deserving program areas in the next programing phase.

This report provides findings on awareness of psychoactive substances, health and socioeconomic consequences of alcohol and drug use, the extent of alcohol and drug use dependence, and the status of alcohol and drug control in the country.

Victor Okioma, EBS
Chief Executive Officer
NACADA

ACKNOWLEDGEMENT

First, I would like to extend my sincere gratitude to Mr. Victor Okioma, Chief Executive Officer, NACADA; Ms. Nancy Gachoka, Chairperson, Tobacco Control Board; Mr. Macdonald Obudho, Director General, Kenya National Bureau of Statistics; and Dr. Ephantus Maree, Head of the Department of Non-Communicable Diseases, Ministry of Health for their technical support and overall guidance through the entire survey process.

This work would also not have been possible without the dedicated effort of the technical teams: NACADA - Morris Kamenderi, Stephen Kimani, Kirwa Lelei, Alice Njagi, and Judith Twala; Tobacco Control Board - Susan Mutua, Gamaliel Omondi, Caren Sang, Dorcas Kiptui, Dr. Gladwell Gathecha, Anne Kendagor, Hadija Lelei, Grace Tarbei, and Rachel Githiomi; KNBS – Abdulkadir Awes, Rosemary Bowen, Elias Nyaga, Paul Waweru, John Bore, Godfrey Otieno, Renice Bunde, Jim. Kirimi, and Edwin Metto.

Special thanks go to the field work supervisors, research assistants, and county statistical officers for their devotion to the implementation of the survey.

I would also like to appreciate hundreds of study participants who freely shared their sensitive personal information during the interviews. Their cooperation in providing invaluable information has resulted in the production of this report

Prof. John Muteti
Director, Research, Policy, and Planning
NACADA

EXECUTIVE SUMMARY

The Government of Kenya recognizes drugs and substance abuse (DSA) as a major threat to the well-being of its citizens and national development. DSA has increased in magnitude and threatens to undermine the social, economic, and political transformation achieved over the years. Prevention and control of DSA are critical for national development and the realization of the Kenya Vision 2030. The national survey on the "Status of Drugs and Substance Use in Kenya, 2022" is a five-year survey conducted to assess the trends of DSU programing indicators. The survey is used as an evaluation tool to assess the effectiveness of drugs and substance use demand and supply reduction programs implemented in the last 5-years. The findings of this survey are used to inform evidence-based policies and programs for the next 5-year programing phase.

The survey results on awareness show that tobacco was the most widely known substance at 97 percent, closely followed by alcohol at 95 percent. The overall awareness of "legal" psychoactive substances was higher compared to the "illegal" substances. Among the narcotic drugs, cannabis recorded the highest overall awareness compared to hashish, heroin, and cocaine.

Findings on drug use show that more than half of the population had ever used a drug or substance of abuse in their lifetime. The survey revealed that only 43 percent of Kenyans had abstained from drugs and substances of abuse in their lifetime. Further analysis of lifetime prevalence shows that alcohol and tobacco were the most widely used substances at 19 percent and 15 percent, respectively.

The results also show that the past month's prevalence of at least one drug or substance of abuse was 18 percent. Analysis of individual drugs revealed that the most widely used substances were alcohol (11.8%) and tobacco (8.5%). The study also revealed an increasing demand for cheaper and readily available alcoholic products especially chang'aa (3.4%) and traditional brews (3.1%). Generally, the findings show that males had a higher past-month prevalence of drugs and substance use (DSU) compared to females. In addition, persons aged 25 – 35 years, which represents the most productive population segment, were most affected by DSU. The survey also established that the past month's use of commonly used drugs and substances of abuse namely alcohol, tobacco, khat, cannabis, and prescription drugs were risk factors for depressive disorders.

Although findings on DSU point to a slow downward trend, the burden of substance use disorders (SUDs) is a major concern with most of the SUDs being categorized as severe. Results showed that alcohol use disorders (AUDs) were the most commonly reported disorders (2.7% mild AUDs, 2.0% moderate AUDs, and 5.0% severe AUDs).

Perceptions of Kenyans on the different aspects of enforcement show that 39 percent of the population were of the view that production of illicit brews was widespread in their community; 47 percent opined that distribution and sale of illicit brews were widespread; 54 percent of Kenyans believed that consumption of illicit brews was widespread in their community while 49 percent perceived that the number of bars had increased in the last 5 years; and 53 percent opined that there was an increase in underage drinking in the last 5 years. The problem of illicit brews was higher in Western and Nyanza compared to other regions.

Based on the findings of the survey, the following recommendations are made. There is a need for:

- Enhanced collaboration between the national and county governments to scale up joint enforcement efforts to control the production, distribution, sale, and consumption of illicit brews;

- NACADA in collaboration with the relevant enforcement agencies to ensure compliance with provisions of the ADCA 2010 especially under-age use and access to alcohol and liquor selling outlets; control of alcohol selling outlets near basic institutions of learning and residential areas; and control of alcohol advertisements;

- County governments to review the licensing regime and incorporate public participation to regulate the increased proliferation of liquor-selling outlets in the counties;

- NACADA in collaboration with the FBOs to scale up "positive parenting" and "strengthening families" programs to moderate risks of early exposure to DSA by children and young adolescents;

- NACADA to leverage on the social media and other online platforms to reach the youth with tailored prevention programs and regular factual messaging to counter myths, misinformation, and misconceptions related to alcohol, drugs, and substances of abuse;

- Deliberate measures to be put in place to address the myths, misinformation, and misconceptions of cannabis use among the youth;

- Security committees at national, regional, and county levels to coordinate sustainable and effective approaches to control the trafficking of narcotic drugs;

- NACADA and the Ministry for Youth Affairs, Sports and the Arts to identify opportunities for youth engagement to facilitate implementation of tailored drugs and substance use prevention programs for youth out of school;

- NACADA to collaborate with the Ministry of Education to upscale prevention programs and the roll-out of a tailored life skills program aimed at sustaining abstinence or delaying initiation to drugs and substance use by children and students in primary and secondary schools in Kenya;

- NACADA to collaborate with the Ministry of Health (MoH) and other relevant stakeholders to develop and enforce standard operating procedures for the management of co-occurring substance use and mental health disorders including relapse prevention interventions for addiction treatment and rehabilitation practitioners;

- NACADA to collaborate with MoH, County Governments, CSOs, NGOs, FBOs, and other partners to expand addiction treatment services with an emphasis on a community-based model anchored through out-patient services to address the challenges of affordability and physical access;

- NACADA to collaborate with the relevant enforcement agencies to regulate the handling of ethanol, and accountability of ethanol utilized by manufacturers of potable spirits, including proposing a special tax to regulate the availability and affordability of potable spirits;

- Kenya Bureau of Standards to review standards for alcoholic drinks to regulate the potency of cheap and readily available liquor in the market;

- NACADA to propose amendments to the ADCA 2010 and the Narcotics and Psychotropic Substances (Control) Act, 1994 to address the emerging supply suppression challenges including regulation of online sale and marketing of alcoholic drinks, drugs, and other substances of abuse.

CHAPTER ONE: INTRODUCTION

1.1 Background

The Government of Kenya recognizes drugs and substance abuse (DSA) as a major threat to the well-being of its citizens and national development. DSA has increased in magnitude and threatens to undermine the social, economic, and political transformation achieved over the years. Prevention and control of DSA are critical for national development and the realization of Kenya's Vision 2030.

The campaign against DSA in Kenya is premised on a two-pronged approach namely, demand reduction and supply suppression strategies. Demand reduction involves a wide range of activities that aim to reduce individuals' desire to use drugs. The ultimate desired outcome of demand reduction initiatives is to delay or sustain abstinence, encourage drug-free lifestyles, or create awareness of the risks of DSU. Supply suppression aims at preventing or reducing harm by controlling the availability and accessibility of drugs and substances of abuse, both licit and illicit. For licit drugs, this involves restricting their sale, distribution, and consumption. On the other hand, control of illicit drugs focuses primarily on supply suppression activities especially drug cultivation and trafficking.

1.2 Rationale of the survey

The national survey on the "Status of Drugs and Substance Use in Kenya, 2022" is a five-year survey conducted to assess the trends of DSU programming indicators. The survey is used as an evaluation tool to assess the effectiveness of drugs and substance use demand and supply reduction programs implemented in the last 5-years. The findings of this survey are used to inform evidence-based policies and programs for the next 5-year programming phase. The findings also support other program implementers and stakeholders in the area of drugs and substance abuse to tailor their interventions toward addressing the most critical areas of need. Further, the findings bolster priority setting and prudent utilization of resources to the most deserving program areas in the next programming phase both at the national and county levels.

1.3 Survey objectives

The overall objective of the survey was to determine the status of drugs and substance use in Kenya.

The specific objectives of the survey were;

i. To determine awareness levels of psychoactive substances in Kenya;

ii. To determine the prevalence of drugs and substance use in Kenya;

iii. To establish the health, social and economic consequences of drugs and substance use in Kenya;

iv. To determine the extent of substance use disorders in Kenya;

v. To identify the status of alcohol and drug control in Kenya.

1.4 Implementation approach

This survey was implemented through a partnership between the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA); the Tobacco Control Board (TCB); and the Kenya National Bureau of Statistics (KNBS). The KNBS provided the lead in the implementation of the survey. The umbrella survey namely, "Tobacco, Alcohol, Drugs and Substance Abuse Survey (TADSAS) 2022" generated two independent reports for NACADA and TCB as follows:

a. Status of Tobacco Use in Kenya 2022
b. Status of Drugs and Substance Use in Kenya 2022

1.5 Definition of key terms and concepts

Alcohol use disorders: A mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of alcohol;

Annual or past year prevalence: Proportion of the population who report using a drug or substance of abuse in the last year before the survey;

Cannabis use disorders: A mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of cannabis;

Depressive disorders: A mental disorder characterized by persistent feelings of sadness and worthlessness and a lack of desire to engage in formerly pleasurable activities;

Effects: These are consequences of drugs and substance use;

Illegal drugs: These are intoxicating substances that are under national or international control e.g., cannabis, heroin, and cocaine;

Khat use disorders: A mental disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of khat;

Legal drugs: These are intoxicating substances that are not under national or international control e.g., alcohol, tobacco, and prescription drugs;

Lifetime abstainers: Proportion of the population (15 years or older) who have never used any drug or substance of abuse in their lifetime;

Lifetime prevalence: Proportion of the population who report having ever used a drug or substance of abuse at some point in life;

Manufactured legal alcohol: Alcoholic products that go through fermentation and or distillation processes at the premises of the bottling companies;

Miraa: This is a variant of khat where the user chews the thin stems to derive the stimulant effect and is native to Meru county.

Muguka: This is a variant of khat where the user chews the tiny leaves to derive the stimulant effect and is native to Embu county.

Overall awareness: This is the combination of spontaneous and probed awareness of psychoactive active substances;

Past month prevalence: Proportion of the population who report using a drug or substance of abuse in the last 30 days before the survey;

Perceived risk: The belief that a drug or substance of abuse is not harmful;

Polydrug use: This is the use of two or more drugs by an individual at the same time or sequentially, usually to enhance, potentiate, or counteract the effects of another drug;

Potable spirits: These are alcoholic products produced by simply mixing neutral spirits (ethanol) with water and flavours. There are no fermentation and distillation processes involved;

Prescription drugs use disorders: A mental disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of prescription drugs;

Psychoactive substances: These are substances that change a person's mental health e.g., alcohol, tobacco, khat, cannabis, prescription drugs, hashish, and inhalants;

Spontaneous awareness: This is awareness of psychoactive substances without probing the respondents;

Substance use disorder: A mental disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of drugs or substances of abuse. Symptoms range from mild, moderate to severe;

Traditional brews: Alcoholic drinks that are naturally brewed and have a cultural identity e.g., busaa, mnazi, and muratina, among others;

Tobacco use disorders: A mental disorder that affects a person's brain and behaviour, leading to a person's inability to control their use of tobacco;

Treatment and rehabilitation: Supporting an individual with an addiction to cease substance abuse to avoid the psychological, legal, financial, social, and physical consequences that can be caused especially by excessive abuse.

CHAPTER TWO: METHODOLOGY

2.1 Study design

The 2022 Tobacco, Alcohol, Drugs, and Substance Abuse Survey (TADSAS) used a cross-sectional study design to provide reliable estimates to track the national, regional, rural, and urban drugs and substance use indicators.

2.2 Study coverage

The survey was undertaken in all 47 counties of the Republic of Kenya. The data was collected from representative samples drawn from both rural and urban areas. This was achieved by selecting clusters and households from these areas before undertaking the survey.

2.3 Study population

The target population was persons aged 15 to 65 years. All individuals in the household who were in this age cohort were eligible for the survey. Only one person was selected from the list of eligible individuals in the selected household using Kish Grid, to participate in the study.

2.4 Sample size determination

The computation of the sample size took into consideration several factors including the desired level of accuracy, the proportion of the population with the characteristic of interest, and the anticipated non-response among others. The following formula (Kothari, 2003) was used to compute the sample size for the survey.

$$n = \frac{z^2.p.q.N}{e^2.(N-1) + z^2.p.q}$$

Where:

z = 1.96 (z-value for 95% significance level)

p = 0.371 (NACADA, 2017) [sample proportion of the population with the desired characteristics]

q = 0.629 (1-p)

e = 0.016 (acceptable error)

n = sample population

N = 27,042,214 [(KNBS, 2019) (total population aged 15-65 years in Kenya)]

The sample was further adjusted for anticipated non-response at both the household and individual levels at 10 percent each. This resulted in a sample size of 4,330 households which was then distributed to the 47 counties using the power allocation method. The households were randomly sampled from 217 clusters spread across the country. Given that one eligible respondent was selected in every sampled household, the total number of respondents sampled was 4,330.

2.5 Sampling frame

The sample for the survey was obtained from the Kenya Household Master Sample Frame (K-HMSF), a household-based master sample frame maintained by the Kenya National Bureau of Statistics (KNBS). The frame was developed using the 2019 Kenya Population and Housing Census (KPHC) data. The frame comprises 10,000 clusters selected with probability proportional to size (PPS) from approximately 128,000 Enumeration Areas (EAs) created during the 2019 KPHC cartographic mapping.

The frame is stratified into 92 sampling strata, that is, urban and rural strata in 45 counties plus Nairobi and Mombasa counties that are purely urban. The frame is further divided into four sub-samples (C1, C2, C3, and C4) each composed of 2,500 clusters that can each serve as independent sample frames. Any two or more sub-samples can be combined whenever a bigger sample size is required. The clusters were drawn from component 2 (C2) of the frame.

2.6 Sampling

The survey utilized a stratified multi-stage cluster sampling method in which the units were selected in three stages: The first stage of sampling involved the selection of 297 clusters from the K-HMSF frame. The selection of clusters was done using simple systematic random sampling with equal probability. The clusters were the primary sampling units for the survey and were selected independently from each of the 92 strata in the K-HMSF frame. The second stage of sampling was the selection of households from the list of households in the selected clusters. The households were listed during the 2019 KPHC. A total of 20 households per cluster were sampled systematically (with a random start) from the list of households.

The final stage of sampling was the selection of one eligible individual at the household level to participate in the survey. The names of all household members of the sampled households were listed (together with their ages) to form a household member roster. One individual aged 15 to 65 years was then randomly selected using the Kish grid with the aid of the data capture system. The questionnaire was then administered to the sampled individuals only. The first two stages of sampling were done centrally at KNBS head office while the last stage of sampling was done in the field before the start of the interviews.

2.7 Data types

Two types of data – quantitative and qualitative data – were generated. The quantitative data was obtained from individual respondents because the survey focused on individuals rather than group behaviour. Those interviewed were asked to respond to a survey questionnaire. Qualitative data was captured from the open-ended questions. This method captured rich qualitative data that aided the deeper understanding of perceptions, attitudes, and behaviour around drugs and substance use.

2.8 Survey response rate

Out of the 4,340 sampled households, 3,797 households were found to be eligible for the survey (with at least one individual aged 15 to 65 years). The total number of individual interviews conducted was 3,314 representing an 87 percent individual response rate.

2.9 Data collection tools

The responses to the survey questions were captured using Computer Assisted Personal Interviewing (CAPI) devices. The questionnaire was programmed using Survey Solutions software developed by the World Bank Group. The questionnaire was designed to capture some information at the household level such as construction materials for the main dwelling and the main source of drinking water for the household. The majority of questions were asked at the individual level.

2.10 Training of personnel

To ensure the data collected was of high quality, the data collection personnel were trained on both the questionnaire and the CAPI system in Thika, Kiambu county, before the commencement of the fieldwork. The training entailed detailed discussions of each question in the questionnaire and mock interviews among team members.

Commonly known street names of the drugs and substances of abuse available in the country were also used during the training to enhance understanding among the trainees. Towards the end of the training, a field practice was carried out in nearby enumeration areas to enable trainees to dry-run interviewing with CAPI and also to point out any inconsistencies in the system for improvement. The questionnaire was then revised based on the feedback from the field practice before embarking on the actual data collection.

2.11 Fieldwork

The data collection was implemented by a team of personnel that comprised supervisors and research assistants. The teams were grouped according to regions for ease of survey implementation. The supervisors assigned daily work to research assistants. The research assistants would then visit the sampled households, sought informed consent, and proceed with the interviews. The supervisors reviewed the daily data as part of quality assurance before submitting it to the central server for further quality checks and processing. A team of coordinators monitored the data collection exercise to ensure the survey progressed as planned.

2.12 Data processing and analysis

The 2022 survey employed the use of CAPI devices which not only eliminated the need to undertake data entry but also improved the quality of data. The responses from the survey participants were captured directly into the tablet by the research assistants in the field and sent directly to a central server in Nairobi. The data was then downloaded from the server, cleaned, and analyzed using SPSS software. After analysis, the results were presented using contingency tables, descriptive statistics, pie charts, and bar graphs.

2.13 Sampling weights

Since the sample was not self-weighting, the data was weighted to compensate for unequal selection probabilities and unit non-response to make the weighted sample distribution conform to known population distributions and eliminate any possible bias.

2.14 Ethical consideration

Participation in the survey was entirely voluntary. All sampled individuals were asked if they were willing to participate in the survey and only those who consented to the survey were interviewed. Interviews were terminated for respondents who did not consent. Enumerators were trained to keep survey responses confidential to safeguard the privacy of the respondents. The survey data was anonymized and only aggregated information would be published.

CHAPTER THREE: BACKGROUND CHARACTERISTICS OF THE POPULATION

3.0 Introduction

This chapter provides the background characteristics of the population aged 15 – 65 years. The information is presented by age group, sex, residence, and marital status for the eight regions. Further background information is given by religion, education status, and employment status. The regions are Nairobi, Central, Coast, Eastern, Nyanza, Rift Valley, Western, and North Eastern.

3.1 Background characteristics of the population aged 15 - 65 years

The background characteristics of the population aged 15 – 65 are presented in Table 3.1. Forty-four percent of the population is 36 years and above. The majority of the population were females (54.5%). Sixty-four percent were in rural areas while 36 percent lived in urban areas.

Over half (54.7%) of the population aged 15 – 65 years were either married or living with a partner. Most of the population were Protestants (63.4%) followed by Catholics (20.5%) with the rest belonging to various religions. More than half of the population had completed secondary education or higher, while 37 percent had only attained primary education. The majority of the population was employed (43.7%) while 28.9 percent were unemployed.

Table 3.1: Percentage distribution of the population aged 15 – 65 years by region and background characteristics

Background characteristic	Region								Total
	Nairobi	Central	Coast	Eastern	Nyanza	Rift Valley	Western	North Eastern	
Age group									
15-17	4.7	5.1	10.3	6.7	11.5	8.0	10.7	12.1	8.2
18-24	29.2	10.5	16.9	16.1	18.3	18.1	17.0	25.1	18.2
25- 35	35.4	27.0	25.7	30.5	29.5	32.7	26.6	25.9	30.0
36+	30.7	57.4	47.2	46.7	40.6	41.2	45.7	36.8	43.6
Sex									
Male	44.6	45.9	42.7	48.7	43.6	44.8	46.2	50.3	45.5
Female	55.4	54.1	57.3	51.3	56.4	55.2	53.8	49.7	54.5
Residence									
Rural	0.0	55.3	45.6	83.4	83.7	73.6	89.1	48.5	63.8
Urban	100.0	44.7	54.4	16.6	16.3	26.4	10.9	51.5	36.2
Marital status									
Never married	37.8	30.9	31.0	28.9	30.1	32.0	30.5	33.9	31.6
Married/living with a partner	50.7	52.5	54.9	51.4	59.2	55.9	55.4	60.4	54.7
Divorced/ separated	10.4	12.8	8.7	13.9	2.5	6.9	9.8	0.9	8.7
Widowed	1.1	3.9	5.5	5.9	8.2	5.2	4.3	4.8	5.0

Background characteristic	Region								Total
	Nairobi	Central	Coast	Eastern	Nyanza	Rift Valley	Western	North Eastern	
Religion									
Catholic	27.0	28.8	11.1	16.2	21.6	21.6	22.1	0.0	20.5
Protestant	62.3	66.7	51.0	72.0	59.3	70.3	74.1	0.8	63.4
Muslim	4.4	0.1	31.7	7.2	0.4	0.6	2.1	99.2	9.2
Hindu	0.0	0.0	0.8	0.0	0.0	0.0	0.4	0.0	0.1
Traditionalist	0.6	0.0	0.7	0.2	3.3	0.0	0.0	0.0	0.6
No religion	5.7	3.9	4.8	4.4	3.7	5.3	1.0	0.0	4.1
Others	0.0	0.5	0.0	0.0	11.7	2.2	0.3	0.0	2.1
Education status									
No formal education	3.0	4.3	15.2	14.9	6.4	12.2	8.0	61.1	11.9
Primary	23.2	35.9	42.4	41.7	42.3	34.6	49.1	9.8	36.5
Secondary	48.0	42.1	31.7	32.0	36.1	39.0	34.8	18.7	37.0
Post-secondary	25.8	17.6	10.7	11.3	15.1	14.2	8.2	10.4	14.5
Employment status									
Employed	47.0	61.4	32.7	56.2	30.4	40.6	41.8	26.0	43.7
Unemployed	27.5	20.5	30.9	27.2	37.9	26.7	29.8	43.0	28.9
Student	12.0	9.3	16.3	12.5	20.8	15.3	20.8	15.4	15.1
Others	13.4	8.8	20.0	4.1	10.9	17.4	7.5	15.6	12.3
Population	**2,958,531**	**3,450,670**	**2,442,588**	**3,966,042**	**3,361,870**	**7,010,685**	**2,660,759**	**1,191,069**	**27,042,214**

CHAPTER FOUR: AWARENESS OF PSYCHOACTIVE SUBSTANCES

4.0 Introduction

This chapter presents findings on the knowledge of psychoactive substances for the population aged 15 – 65 years. In assessing the level of awareness of the different drugs and substances of abuse, respondents were required to answer two separate but interlinked questions. The first question sought to generate spontaneous knowledge of all the psychoactive substances a respondent was aware of. After the spontaneous response, all the respondents were prompted about the psychoactive substances that they did not mention. The spontaneous response and the prompted response were combined and used to estimate the overall awareness level of psychoactive substances among the interviewed respondents.

4.1 Spontaneous awareness of psychoactive substances for the population aged 15 – 65 years

4.1.1 Spontaneous awareness of tobacco

Table 4.1 shows the spontaneous awareness of tobacco for the population aged 15 – 65 years. The survey findings show that the population had the highest spontaneous awareness of cigarettes at 81 percent followed by sniffed/ chewed/ piped tobacco at 31 percent. Betel quid with tobacco/ pan, nicotine pouches, and electronic cigarettes each had a spontaneous awareness of less than 10 percent of the population. The results also show that 86 percent of the population was aware of at least one tobacco product.

The distribution of the population with a spontaneous awareness of at least one tobacco product by sex was 87 percent for males and 85 percent for females. Overall spontaneous awareness for the population in the rural and urban areas was 87 percent and 83 percent, respectively. The population in the North Eastern region had the highest spontaneous awareness of at least one tobacco product at 97 percent followed by the Western region (95.6%). The Coast region had the lowest level of spontaneous awareness of at least one tobacco product at 75 percent.

Table 4.1: Spontaneous awareness of tobacco for the population aged 15 – 65 years

Age group	Percentage of population by spontaneous awareness of tobacco product								Population
	Cigarette	Sniffed/ chewed/ piped tobacco	Kuber	Shisha	Electronic cigarette	Nicotine pouches	Betel quid with tobacco/ Pan	At least one tobacco product	
Age group									
15-17	76.4	25.7	17.7	11.9	5.1	3.3	2.1	81.2	2,211,588
18-24	79.4	30.1	23.6	16.9	3.1	4.5	2.5	84.0	4,918,037
25- 35	82.7	31.7	29.6	17.9	3.7	6.5	2.4	87.3	8,113,749
36+	81.4	31.1	29.3	8.9	3.0	4.3	2.0	86.4	11,798,839
Sex									
Male	82.2	30.9	29.6	15.8	3.7	5.4	2.6	87.2	12,315,019
Female	80.0	30.4	25.6	11.3	3.1	4.5	1.9	84.6	14,727,195
Residence									
Rural	81.7	32.8	28.1	9.1	2.3	4.0	2.5	87.3	17,253,500
Urban	79.8	26.9	26.2	20.7	5.3	6.5	1.7	83.2	9,788,714
Region									
Nairobi	75.0	31.1	22.6	20.2	4.4	3.0	0.8	77.0	2,958,531
Central	77.6	29.3	27.6	18.0	3.1	3.2	1.3	82.3	3,450,670
Coast	67.7	21.7	9.4	11.2	3.0	2.9	1.2	75.2	2,442,588
Eastern	85.2	41.9	16.2	9.3	4.0	3.8	3.2	90.1	3,966,042
Nyanza	83.8	14.0	35.4	9.8	1.6	4.4	0.4	89.1	3,361,870
Rift Valley	79.8	32.9	28.5	10.9	2.5	6.2	2.5	85.2	7,010,685
Western	93.0	32.9	47.6	10.6	2.1	4.1	4.3	95.6	2,660,759
North Eastern	91.8	42.9	40.0	30.2	13.8	17.9	6.0	97.0	1,191,069
National	**81.0**	**30.7**	**27.4**	**13.3**	**3.4**	**4.9**	**2.2**	**85.8**	**27,042,214**

4.1.2 Spontaneous awareness of alcohol

The spontaneous awareness of alcohol for the population aged 15 – 65 years is presented in Table 4.2. The results reveal that the population had the highest spontaneous awareness of manufactured legal alcohol (56.5%) followed by chang'aa (46.7%). Spontaneous awareness of at least one alcohol product was 73 percent.

Those aged 15 – 17 years had the highest level of spontaneous awareness of at least one alcohol product at 78 percent. Three in every four males had a spontaneous awareness of at least one alcohol product. The spontaneous awareness of at least one alcohol product was higher in rural areas at 77 percent compared to urban areas at 67 percent.

The results further show that the Western region had the highest spontaneous awareness of at least one alcohol product (96.2%) while the Coast region had the lowest level of spontaneous awareness of at least one alcohol product (57.4%).

Table 4.2: Spontaneous awareness of alcohol for the population aged 15 – 65 years

Background characteristic	Percentage of population by spontaneous awareness of alcohol product					Population
	Manufactured legal alcohol	Chang'aa	Traditional liquor	Potable spirits	At least one alcohol product	
Age group						
15-17	62.9	46.4	35.2	23.5	77.8	2,211,588
18-24	57.5	45.1	37.5	28.9	72.7	4,918,037
25- 35	56.9	46.9	39.7	31.8	72.7	8,113,749
36+	54.5	47.4	40.7	31.6	73.0	11,798,839
Sex						
Male	58.4	48.2	40.8	32.2	75.5	12,315,019
Female	54.9	45.6	38.1	29.2	71.4	14,727,195
Residence						
Rural	56.6	51.8	44.1	30.3	76.7	17,253,500
Urban	56.3	37.9	30.9	31.0	67.3	9,788,714
Region						
Nairobi	54.4	35.9	31.6	35.3	60.0	2,958,531
Central	52.3	31.1	23.8	28.7	66.0	3,450,670
Coast	44.0	16.5	24.6	11.2	57.4	2,442,588
Eastern	55.9	38.1	36.4	27.9	73.6	3,966,042
Nyanza	54.6	66.2	42.7	28.7	84.1	3,361,870
Rift Valley	57.2	50.5	42.0	37.5	73.2	7,010,685
Western	71.2	88.5	81.6	38.3	96.2	2,660,759
North Eastern	69.0	39.2	24.2	19.7	77.0	1,191,069
National	**56.5**	**46.7**	**39.3**	**30.5**	**73.3**	**27,042,214**

4.1.3 Spontaneous awareness of narcotics

Spontaneous awareness of narcotic drugs in the population was relatively low. The survey results show that cannabis and cocaine accounted for 56 percent and 21 percent of spontaneous awareness respectively. Hashish (6.5%) and heroin (15.1%) had the lowest spontaneous awareness levels. Spontaneous awareness for cocaine, heroin, and hashish was highest for those aged 18 – 24 years.

Males had a higher spontaneous awareness level for all narcotics compared to females. Cannabis and cocaine had the highest level of spontaneous awareness across the regions. Nyanza region had the highest spontaneous awareness of cannabis (65.1%). Nairobi region had the highest spontaneous awareness of cocaine (30.4%); the Coastal region had the highest spontaneous awareness of heroin (25.6%); while the North Eastern region had the highest spontaneous awareness of hashish (19.1%) as shown in Table 4.3.

Table 4.3: Spontaneous awareness of narcotics for the population aged 15 – 65 years

Background characteristic	Percentage of the population by spontaneous awareness of a narcotic drug				Population
	Cannabis	Cocaine	Heroin	Hashish	
Age group					
15-17	67.1	26.9	17.3	5.9	2,211,588
18-24	59.5	28.7	20.2	10.4	4,918,037
25- 35	56.6	21.8	16.6	6.2	8,113,749
36+	52.2	15.0	11.5	5.1	11,798,839
Sex					
Male	57.2	22.0	16.2	6.7	12,315,019
Female	55.1	19.2	14.2	6.3	14,727,195
Residence					
Rural	54.1	16.5	12.1	5.2	17,253,500
Urban	59.6	27.6	20.4	8.7	9,788,714
Region					
Nairobi	61.4	30.4	19.4	10.8	2,958,531
Central	57.1	16.3	12.9	5.4	3,450,670
Coast	58.0	23.8	25.6	4.7	2,442,588
Eastern	36.6	13.4	10.1	3.0	3,966,042
Nyanza	65.1	17.2	12.6	6.6	3,361,870
Rift Valley	56.7	21.8	15.9	6.4	7,010,685
Western	64.0	23.6	11.2	4.2	2,660,759
North Eastern	54.6	19.7	17.2	19.1	1,191,069
National	**56.1**	**20.5**	**15.1**	**6.5**	**27,042,214**

4.1.4 Spontaneous awareness of khat and other psychoactive substances

The two variants of khat found in Kenya are miraa and muguka. The results show that the spontaneous awareness of khat for the population aged 15 – 65 years was 42 percent. Miraa recorded the highest spontaneous awareness at 39 percent of the population while muguka was 23 percent as shown in Table 4.4.

Males' spontaneous awareness of all psychoactive substances was higher compared to females except for prescription drugs. Generally, spontaneous awareness in the urban areas was higher than that of the rural areas. North Eastern region recorded the highest spontaneous awareness of khat, inhalants, and prescription drugs at 86 percent, 12 percent, and 18 percent, respectively. Spontaneous awareness of prescription drugs and inhalants was very low at 5 percent and 6 percent, respectively.

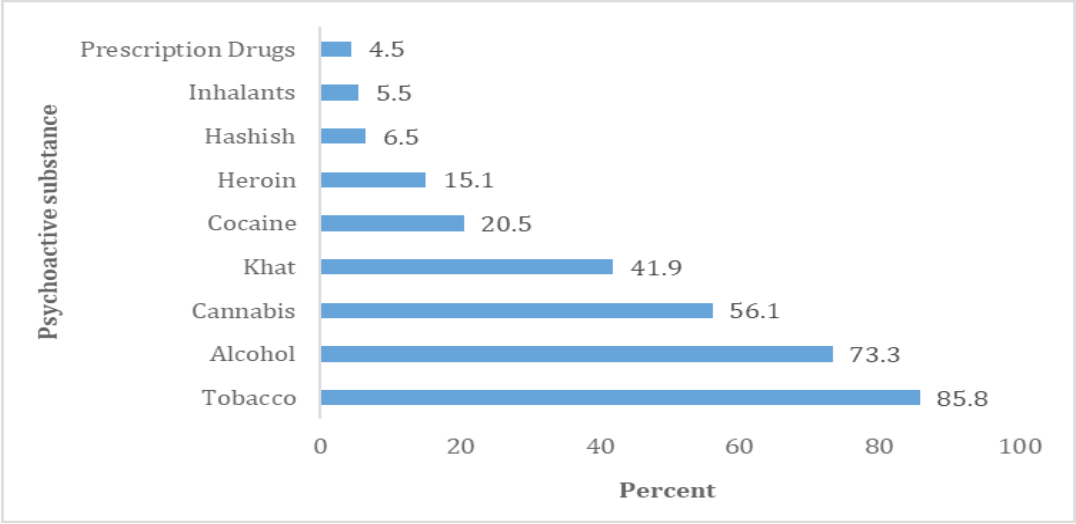
Table 4.4: Spontaneous awareness of other psychoactive substances for the population aged 15 – 65 years

Age group	Psychoactive substance					Population
	Khat			Inhalants	Prescription drugs	
	Miraa	Muguka	At least one type of Khat			
Age group						
15-17	52.4	19.6	53.6	7.1	3.3	2,211,588
18-24	44.4	24.7	46.7	5.8	3.5	4,918,037
25- 35	38.1	25.2	41.2	6.1	5.0	8,113,749
36+	35.5	20.4	38.3	4.6	4.9	11,798,839
Sex						
Male	41.5	23.1	44.0	5.2	5.0	12,315,019
Female	37.5	22.1	40.2	5.7	4.1	14,727,195
Residence						
Rural	39.2	20.2	42.1	4.4	3.4	17,253,500
Urban	39.4	26.8	41.8	7.3	6.5	9,788,714
Region						
Nairobi	33.9	25.9	35.2	8.4	7.6	2,958,531
Central	33.5	21.1	37.3	2.0	3.4	3,450,670
Coast	26.9	25.7	33.9	6.5	4.7	2,442,588
Eastern	55.2	31.0	58.2	4.7	1.4	3,966,042
Nyanza	27.0	11.1	28.5	3.3	1.9	3,361,870
Rift Valley	36.6	22.3	39.2	4.2	3.3	7,010,685
Western	42.8	6.6	43.1	10.1	7.9	2,660,759
North Eastern	85.1	54.7	86.1	11.9	17.1	1,191,069
National	**39.3**	**22.6**	**41.9**	**5.5**	**4.5**	**27,042,214**

4.1.5 Summary of spontaneous awareness of psychoactive substances

Figure 4.1 presents the summary of spontaneous awareness of psychoactive substances for the population aged 15 – 65 years. The findings show that tobacco, alcohol, and cannabis, had the highest spontaneous awareness at 86 percent, 73 percent, and 56 percent, respectively. Hashish, inhalants, and prescription drugs each had a spontaneous awareness of less than 10 percent.

Figure 4.1: Summary of spontaneous awareness of psychoactive substances for the population aged 15 – 65 years



4.2 Overall awareness of psychoactive substances for the population aged 15 – 65 years

The overall awareness of psychoactive substances for the population aged 15-65 years was computed as a combined score of both spontaneous awareness and prompted recall.

4.2.1 Overall awareness of tobacco products

Among the tobacco products, the overall awareness for the population aged 15 – 65 years was highest for cigarettes at 95 percent followed by sniffed/ chewed/ piped tobacco (72.9%). Betel quid with tobacco and electronic cigarettes had the lowest overall awareness at 8 percent and 12 percent, respectively. Generally, the overall awareness of at least one type of tobacco product was 97 percent. There was no difference in overall awareness of at least one tobacco product between males and females. Overall awareness of shisha was higher in urban areas (57.7%) compared to rural areas (25.9%). Similarly, e-cigarette overall awareness in urban areas (18.6%) was higher than in rural areas (8.8%). Nyanza region had the highest overall awareness of at least one tobacco product at 99.7 percent as shown in Table 4.5.

Table 4.5: Overall awareness of tobacco for the population aged 15 – 65 years

Background characteristic	Percentage of population by overall awareness of tobacco product								Population
	Cigarette	Sniffed/ chewed/ piped tobacco	Kuber	Shisha	Electronic cigarette	Nicotine pouch	Betel quid with tobacco/ Pan	At least one tobacco product	
Age group									
15-17	95.1	63.7	53.1	34.0	12.9	10.8	7.5	98.0	2,211,588
18-24	95.6	76.2	68.4	47.5	14.8	15.7	7.7	97.6	4,918,037
25- 35	94.6	74.4	69.5	41.6	12.8	17.0	7.6	96.4	8,113,749
36+	93.9	72.3	63.8	31.0	10.8	11.7	7.3	96.0	11,798,839
Sex									
Male	94.4	73.6	70.6	41.2	14.9	14.9	9.2	96.3	12,315,019
Female	94.6	72.4	61.1	34.3	10.2	13.1	6.0	96.8	14,727,195
Residence									
Rural	96.1	73.1	63.7	25.9	8.8	11.4	8.0	98.7	17,253,500
Urban	91.7	72.6	68.5	57.7	18.6	18.5	6.5	92.8	9,788,714
Region									
Nairobi	86.9	78.0	67.3	64.6	17.7	16.0	4.2	86.9	2,958,531
Central	89.5	76.3	66.7	54.0	15.0	15.2	7.0	90.5	3,450,670
Coast	96.3	81.2	58.3	48.0	13.5	12.1	9.4	98.7	2,442,588
Eastern	95.8	80.9	43.8	25.6	10.4	9.0	9.6	98.5	3,966,042
Nyanza	97.7	51.2	77.5	22.9	9.3	16.9	5.8	99.7	3,361,870
Rift Valley	96.0	80.0	68.7	31.9	10.1	13.8	5.3	98.8	7,010,685
Western	98.0	60.6	80.8	20.0	8.8	11.4	13.6	99.5	2,660,759
North Eastern	94.9	54.7	56.6	51.8	25.0	23.7	9.9	98.2	1,191,069
National	**94.5**	**72.9**	**65.5**	**37.4**	**12.3**	**13.9**	**7.5**	**96.6**	**27,042,214**

4.2.2 Overall awareness of alcohol

Overall awareness of alcohol products for the population aged 15 - 65 years shows that manufactured legal alcohol, chang'aa, and traditional liquor had the highest overall awareness at 89 percent, 87 percent, and 84 percent, respectively. Generally, overall awareness of at least one type of alcohol was 95 percent. There was no difference in overall awareness of at least one alcohol product between males and females. Overall awareness of potable spirits was higher in urban areas (79.1%) compared to rural areas (71.7%). The results show that the Western region had the highest overall awareness of at least one type of alcohol at 100 percent as presented in Table 4.6.

Table 4.6: Overall awareness of alcohol for the population aged 15 – 65 years

Background characteristic	Percentage of population by overall awareness of alcohol product					Population
	Manufactured legal alcohol	Chang'aa	Traditional liquor	Potable spirits	At least one alcohol product	
Age group						
15-17	91.3	89.1	83.0	67.7	97.0	2,211,588
18-24	92.3	89.2	85.5	76.6	94.8	4,918,037
25- 35	89.2	85.5	82.4	75.9	94.2	8,113,749
36+	88.1	85.5	84.0	73.7	94.1	11,798,839
Sex						
Male	90.4	86.2	83.0	76.9	94.4	12,315,019
Female	88.6	86.7	84.3	72.3	94.6	14,727,195
Residence						
Rural	89.9	87.2	85.3	71.7	96.1	17,253,500
Urban	88.7	85.3	80.8	79.1	91.7	9,788,714
Region						
Nairobi	84.1	81.7	79.8	80.2	84.8	2,958,531
Central	85.1	82.3	79.8	81.0	89.7	3,450,670
Coast	91.4	89.0	93.0	64.4	99.3	2,442,588
Eastern	81.8	71.2	74.2	64.4	90.8	3,966,042
Nyanza	93.3	95.4	89.7	80.7	98.9	3,361,870
Rift Valley	93.0	94.5	89.3	79.2	98.2	7,010,685
Western	98.4	98.9	98.7	80.0	100.0	2,660,759
North Eastern	84.7	56.1	33.9	36.4	88.0	1,191,069
National	**89.4**	**86.5**	**83.7**	**74.4**	**94.5**	**27,042,214**

4.2.3 Overall awareness of narcotics

Table 4.7 shows the overall awareness of narcotics for the population aged 15 - 65 years. The results show that cannabis had the highest overall awareness at 83 percent followed by cocaine at 50 percent. Overall awareness of narcotics was higher in urban areas compared to rural areas. The overall awareness of cannabis was highest in the Western region at 95 percent while overall awareness of hashish was highest in the North Eastern region at 47 percent.

Table 4.7: Overall awareness of narcotics for the population aged 15 – 65 years

Background characteristic	Percentage of the population by overall awareness of a psychoactive product				Population
	Cannabis	Cocaine	Heroin	Hashish	
Age group					
15-17	88.5	58.5	53.4	17.2	2,211,588
18-24	85.8	61.2	56.2	27.2	4,918,037
25- 35	85.0	51.2	46.3	22.8	8,113,749
36+	80.4	42.8	39.7	18.9	11,798,839
Sex					
Male	83.3	52.2	48.1	23.9	12,315,019
Female	83.6	48.1	43.9	19.4	14,727,195
Residence					
Rural	82.7	43.7	38.8	17.6	17,253,500
Urban	84.7	60.9	58.2	28.2	9,788,714
Region					
Nairobi	82.7	62.3	56.1	31.9	2,958,531
Central	80.7	59.7	56.2	19.2	3,450,670
Coast	90.0	54.6	64.0	25.4	2,442,588
Eastern	64.0	29.9	26.4	11.2	3,966,042
Nyanza	91.1	45.2	40.4	16.5	3,361,870
Rift Valley	87.0	50.8	46.7	21.7	7,010,685
Western	94.9	62.8	48.2	18.1	2,660,759
North Eastern	75.7	27.5	21.6	47.2	1,191,069
National	**83.4**	**50.0**	**45.8**	**21.4**	**27,042,214**

4.2.4 Overall awareness of other psychoactive substances

Overall awareness of khat for the population aged 15 - 65 years was 88 percent. Miraa had the highest overall awareness (86.6%) followed by muguka (70.7%). Overall awareness of all psychoactive substances was higher among males than females. Similarly, the overall awareness was higher in urban areas compared to rural areas. The Coast region recorded the highest overall awareness of khat (95.7%) while the Nairobi region recorded the highest overall awareness of inhalants (72.2%) and prescription drugs (46.0%) as shown in Table 4.8.

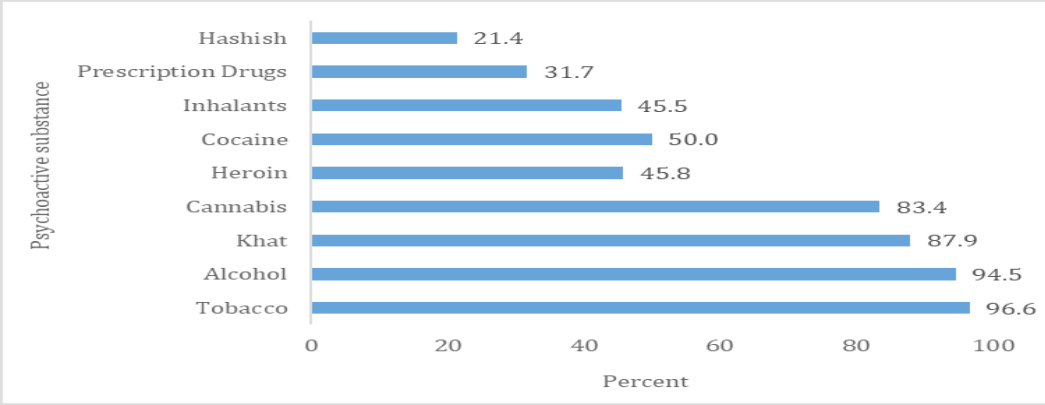
Table 4.8: Overall awareness of other psychoactive substances for the population aged 15 – 65 years

Background characteristic	Percentage of the population's overall awareness of other psychoactive substances					Population
	Khat			Inhalants	Prescription drugs	
	Miraa	*Muguka*	At least one type of khat			
Age group						
15-17	90.5	65.3	91.2	45.8	26.5	2,211,588
18-24	90.4	77.1	91.9	52.4	35.6	4,918,037
25- 35	87.6	72.9	88.7	48.3	34.2	8,113,749
36+	83.6	67.6	85.2	40.6	29.2	11,798,839
Sex						
Male	87.1	73.2	88.4	47.1	33.7	12,315,019
Female	86.2	68.7	87.6	44.1	30.0	14,727,195
Residence						
Rural	85.3	63.4	87.0	37.7	25.3	17,253,500
Urban	88.9	83.6	89.6	59.1	42.9	9,788,714
Region						
Nairobi	86.3	84.0	86.3	72.2	46.0	2,958,531
Central	86.2	81.9	87.1	55.4	37.2	3,450,670
Coast	94.2	93.8	95.7	38.0	31.8	2,442,588
Eastern	91.0	76.3	93.1	35.7	28.1	3,966,042
Nyanza	80.3	51.9	81.4	42.4	21.4	3,361,870
Rift Valley	84.5	65.4	86.5	39.8	26.5	7,010,685
Western	84.8	43.9	85.4	52.2	41.2	2,660,759
North Eastern	92.5	84.0	93.4	25.1	29.6	1,191,069
National	**86.6**	**70.7**	**87.9**	**45.5**	**31.7**	**27,042,214**

4.3 Summary of overall awareness of psychoactive substances

Figure 4.2 presents the summary of overall awareness of psychoactive substances for the population aged 15 – 65 years. The results show that tobacco products, alcohol, and khat had the highest overall awareness at 97 percent, 95 percent, and 88 percent, respectively.

Figure 4.2: Summary of overall awareness of psychoactive substances for the population aged 15 – 65 years



4.4 Perceived risk of the different psychoactive substances for the population aged 15-65 years

Perceived harm from drugs and substances of abuse has an implication on the initiation of use. Table 4.9 shows that khat was the substance with the least perceived harm with 10 percent of the population aged 15 – 65 years reporting no risk. Nearly ninety percent of the population aged 15-65 years perceived chang'aa as a substance with the greatest risk of harm closely followed by cigarettes/ pipes/ cigars at 85.9%.

Table 4.9: Perceived risk of psychoactive substances for the population aged 15 – 65 years

Substances	Perceived risk			
	No risk	Moderate risk	Great risk	Don't know
Cigarettes, pipes, cigars	5.7	5.7	85.9	2.7
Shisha	2.4	2.9	65.0	29.7
Vape/ electronic cigarettes/ heated tobacco products	2.2	2.8	58.0	37.0
Nicotine pouches	1.7	3.5	58.0	37.0
Snuff	5.7	9.0	68.4	16.9
Kuber	2.8	8.0	76.1	13.1
Betel quid with tobacco (pan)	0.8	2.8	53.8	42.6
Manufactured legal alcohol	3.4	15.5	77.6	3.6
Traditional liquor	8.9	18.2	68.2	4.6
Chang'aa	1.6	5.1	89.2	4.1
Potable spirits	0.9	6.3	85.1	7.7
Cannabis	1.1	2.7	92.5	3.7
Hashish	0.7	2.3	65.4	31.6
Khat	9.8	18.4	62.4	9.4
Heroin	0.9	1.3	78.0	19.9
Cocaine	0.7	0.8	79.6	19.0
Inhalants	2.1	6.2	73.1	18.6
Prescription drugs	5.0	6.9	64.6	23.6

CHAPTER FIVE: PREVALENCE OF DRUGS AND SUBSTANCE USE IN KENYA

5.0 Introduction

Findings on initiation (onset age), lifetime use, and past month use patterns of drugs and substances of abuse in Kenya are presented in this chapter. The findings are categorized by age group, sex, residence (rural-urban), and region.

5.1 Initiation age for drugs and substances of abuse

Data shows that the average age category for initiation of tobacco, alcohol, khat, cannabis, prescription drugs, cocaine, and heroin was 16 – 20 years. However, the minimum age of initiation for tobacco was 6 years, alcohol (7 years), cannabis (8 years), khat (9 years), prescription drugs (8 years), heroin (18 years), and cocaine (20 years).

5.2 Lifetime use of alcohol

5.2.1 Lifetime use of alcohol for the population aged 15 – 65 years

The study shows that nearly one in five persons aged 15 – 65 years (19%) had ever used at least one type of alcohol in their lifetime. Persons aged 25 - 35 years had the highest prevalence of lifetime use of alcohol at 22 percent. Males had a higher prevalence of lifetime use of alcohol compared to females. Lifetime use of manufactured legal alcohol was higher in urban areas (17.5%) while lifetime use of chang'aa was highest in rural areas (6.3%). The Western region reported the highest prevalence of lifetime use of chang'aa (13.5%) and traditional liquor (17.4%) as shown in Table 5.1.

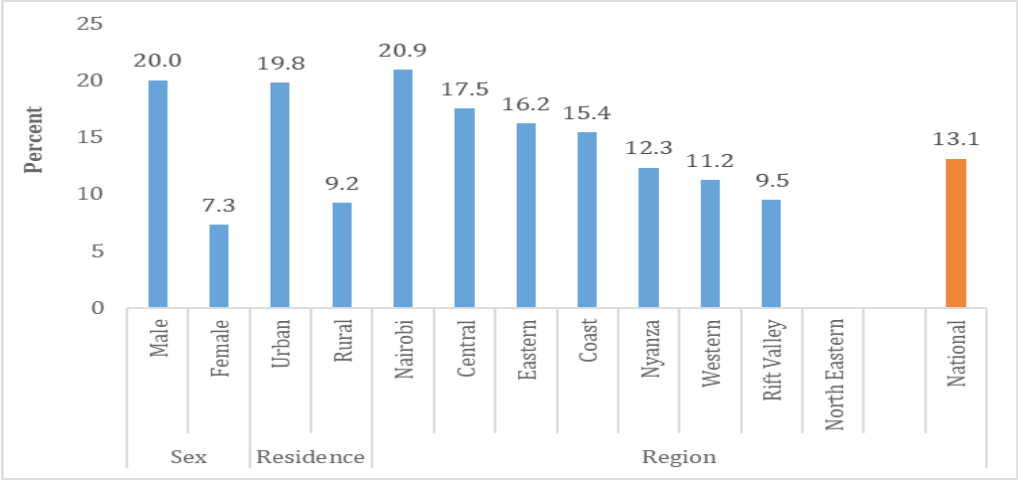
Table 5.1: Lifetime use of alcohol for the population aged 15 – 65 years

Background characteristic	Manufactured legal alcohol	*Chang'aa*	*Traditional liquor*	*Potable spirits*	At least one type of alcohol	Population
Age group						
15-17	1.8	0.3	1.6	0.0	3.7	2,211,588
18-24	11.9	3.6	4.9	4.4	17.3	4,918,037
25- 35	15.3	5.6	6.4	4.6	22.2	8,113,749
36+	13.3	7.0	9.3	4.3	21.3	11,798,839
Sex						
Male	20.4	8.6	12.1	7.1	30.5	12,315,019
Female	6.3	2.7	2.7	1.5	10.1	14,727,195
Residence						
Rural	10.0	6.3	7.8	3.0	17.9	17,253,500
Urban	17.5	3.8	5.5	5.9	22.0	9,788,714
Region						
Nairobi	20.6	3.4	3.0	4.5	23.7	2,958,531
Central	16.7	1.1	4.6	5.1	20.3	3,450,670
Coast	15.4	4.0	14.6	6.5	23.9	2,442,588
Eastern	12.2	2.1	5.6	2.5	15.5	3,966,042
Nyanza	13.1	10.1	4.4	4.2	20.6	3,361,870
Rift Valley	10.4	6.3	6.4	4.9	16.7	7,010,685
Western	8.3	13.5	17.4	1.7	29.3	2,660,759
North Eastern	0.0	0.0	0.0	0.0	0.0	1,191,069
National	**12.7**	**5.4**	**7.0**	**4.1**	**19.4**	**27,042,214**

5.2.2 Lifetime use of alcohol for the population aged 15 – 24 years

Thirteen percent of the population aged 15 – 24 years reported lifetime use of alcohol. Males had a higher prevalence of lifetime use of alcohol (20.0%) compared to females (7.3%). Those in the urban areas had a higher prevalence of lifetime use of alcohol (19.8%) compared to those in the rural areas (9.2%). Nairobi region had the highest prevalence of lifetime use of alcohol (20.9%) closely followed by the Central region (17.5%) as shown in Figure 5.1.

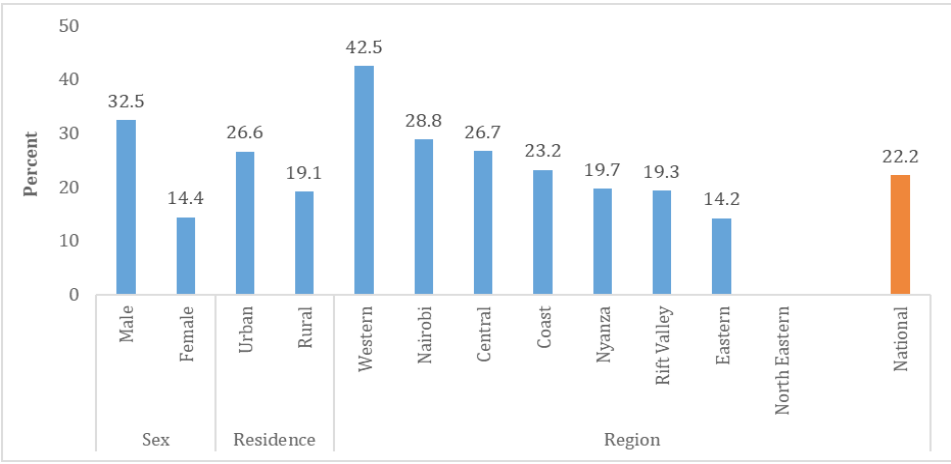
Figure 5.1: Lifetime use of alcohol for the population aged 15 -24 years



5.2.3 Lifetime use of alcohol for the population aged 25 – 35 years

The results show that the prevalence of lifetime use of alcohol for the population aged 25 – 35 years was 22 percent. Males had a higher prevalence of lifetime use of alcohol (32.5%) compared to females (14.4%), while those in the urban areas had a higher prevalence of lifetime use of alcohol (26.6%) compared to those in rural areas (19.1%). Western and Nairobi regions had the highest prevalence of lifetime use of alcohol at 42.5 percent and 28.8 percent, respectively, as shown in Figure 5.2.

Figure 5.2: Lifetime use of alcohol for the population aged 25 -35 years



5.3 Lifetime use of tobacco

5.3.1 Lifetime use of tobacco for the population aged 15 – 65 years

Table 5.2 presents the lifetime use of tobacco for the population aged 15 – 65 years. The results show that 15 percent of the population had ever used tobacco in their lifetime. Twenty-one percent of the population aged 36 years and above had the highest prevalence of lifetime use of at least one tobacco product. Males had a higher prevalence of lifetime use of tobacco for all tobacco products compared to females. There was not much variation in the lifetime use of tobacco between those in urban areas and rural areas. The Central region reported the highest prevalence of lifetime use of tobacco at 20 percent while the North Eastern region reported the lowest prevalence of lifetime use of tobacco at 5 percent.

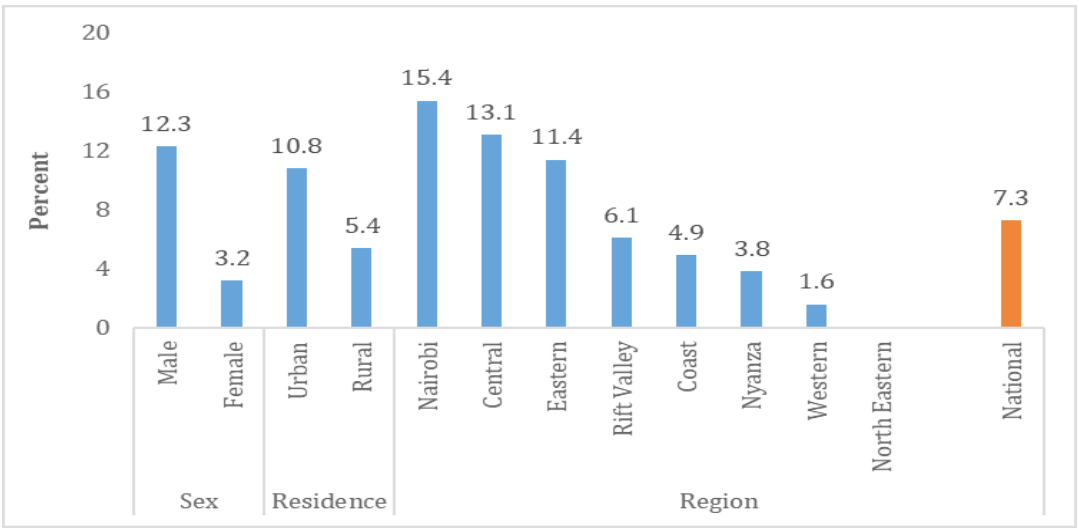
Table 5.2: Lifetime use of tobacco for the population aged 15 – 65 years

Background characteristic	Cigarettes	Sniffed/ chewed/ piped tobacco	Kuber	Shisha	Other tobacco products	Unspecified Tobacco Product	At least one tobacco product	Population
Age group								
15-17	0.5	1.4	0.7	0.0	0.0	0.1	2.3	2,211,588
18-24	6.3	1.8	1.2	1.2	1.1	1.9	9.6	4,918,037
25- 35	7.7	2.4	1.7	1.4	0.7	1.2	11.8	8,113,749
36+	15.1	3.0	0.9	0.2	0.0	3.0	20.9	11,798,839
Sex								
Male	19.7	3.5	2.0	1.2	0.6	3.5	26.4	12,315,019
Female	2.0	1.6	0.5	0.3	0.2	0.8	4.7	14,727,195
Residence								
Rural	10.4	2.7	0.9	0.3	0.3	2.1	14.7	17,253,500
Urban	9.4	2.0	1.6	1.6	0.7	1.9	14.5	9,788,714
Region								
Nairobi	10.2	1.8	1.1	1.2	0.8	1.1	15.5	2,958,531
Central	15.1	2.2	1.9	0.9	0.5	1.8	19.7	3,450,670
Coast	14.2	3.1	1.1	0.8	0.0	2.5	18.9	2,442,588
Eastern	13.1	3.0	1.4	0.8	0.3	2.2	17.4	3,966,042
Nyanza	6.4	0.8	0.5	0.1	0.1	2.5	9.5	3,361,870
Rift Valley	7.8	4.1	1.3	1.0	0.6	2.3	14.1	7,010,685
Western	8.6	0.3	0.6	0.2	0.0	1.8	11.2	2,660,759
North Eastern	3.4	1.3	0.8	0.0	0.8	1.2	4.6	1,191,069
National	**10.1**	**2.5**	**1.2**	**0.7**	**0.4**	**2.0**	**14.6**	**27,042,214**

5.3.2 Lifetime use of tobacco for the population aged 15 – 24 years

Results reveal that the prevalence of lifetime use of tobacco for the population aged 15 – 24 years was 7 percent. Males had a higher prevalence of lifetime use of tobacco (12.3%) compared to females (3.2%). The results further show that those in the urban areas had a higher prevalence of lifetime use of tobacco (10.8%) compared to those in the rural areas (5.4%) as shown in Figure 5.3. Nairobi region had the highest prevalence of lifetime use of tobacco at 15 percent. There was no data for the North Eastern region.

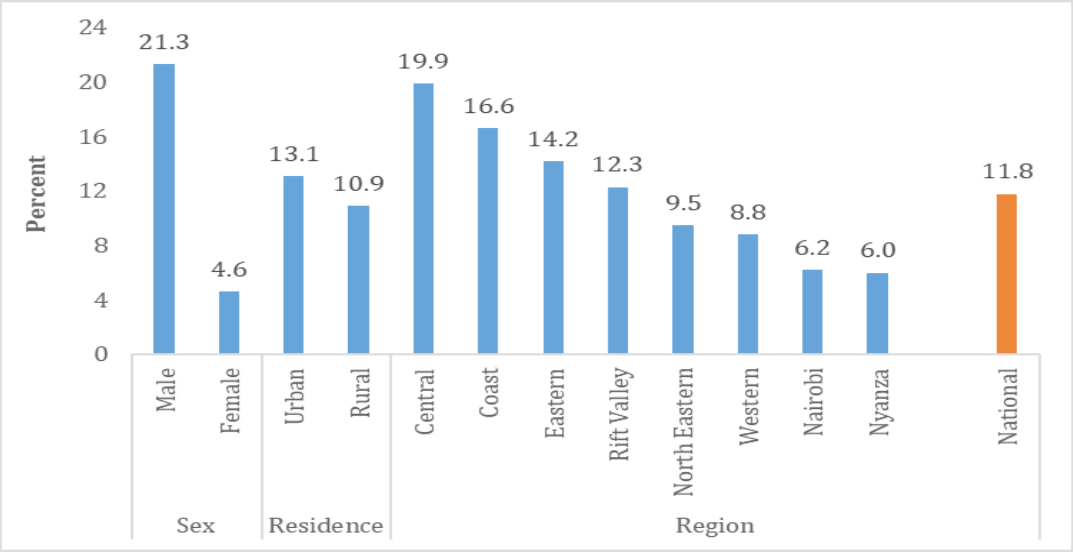
Figure 5.3: Lifetime use of tobacco for the population aged 15 -24 years



5.3.3 Lifetime use of tobacco for the population aged 25 – 35 years

The results show that the prevalence of lifetime use of tobacco was 12 percent for the population aged 25 – 35 years. The prevalence of lifetime use of tobacco was higher for males (21.3%) compared to females (4.6%). Those in the urban areas had a higher prevalence of lifetime use of tobacco (13.1%) than those in the rural areas (10.9%). Central and Coast regions had the highest prevalence of lifetime use of tobacco at 19.9 percent and 16.6 percent respectively while the Nyanza region had the lowest prevalence at 6 percent as shown in Figure 5.4.

Figure 5.4: Lifetime use of tobacco for the population aged 25 -35 years



5.4 Lifetime use of khat

5.4.1 Lifetime use of khat for the population aged 15 – 65 years

The study shows that 6 percent of the population aged 15 – 65 years had ever used khat in their lifetime. Lifetime use of khat was more prevalent among those aged 18 – 35 years. The prevalence of lifetime use of khat was higher for males (11.4%) than females (1.5%). Five percent of the population had ever used miraa in their lifetime compared to 3 percent who had ever used muguka. The eastern region had the highest prevalence of lifetime use of khat (16.2%) followed by the Coast region (11.6) as presented in Table 5.3.

Table 5.3: Lifetime use of khat for the population aged 15 – 65 years

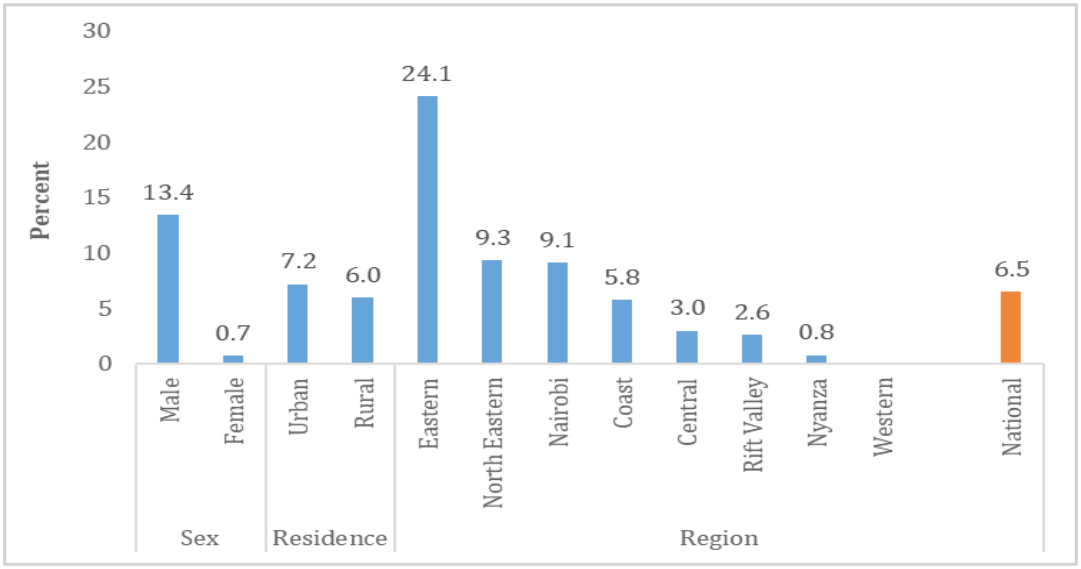
Background characteristic	*Miraa*	*Muguka*	At least one type of *khat*	Population
Age group				
15-17	4.7	1.3	5.5	2,211,588
18-24	4.5	4.4	6.9	4,918,037
25- 35	5.0	3.9	6.8	8,113,749
36+	4.3	2.1	5.1	11,798,839
Sex				
Male	8.6	5.5	11.4	12,315,019
Female	1.2	0.9	1.5	14,727,195
Residence				
Rural	4.9	2.3	5.8	17,253,500
Urban	4.0	4.3	6.3	9,788,714

Region				
Nairobi	1.8	3.7	5.5	2,958,531
Central	2.9	1.6	3.5	3,450,670
Coast	8.6	9.6	11.6	2,442,588
Eastern	14.6	4.0	16.2	3,966,042
Nyanza	0.8	0.7	1.3	3,361,870
Rift Valley	2.4	2.6	3.6	7,010,685
Western	0.5	-	0.5	2,660,759
North Eastern	7.3	4.6	9.1	1,191,069
National	**4.6**	**3.0**	**6.0**	**27,042,214**

5.4.2 Lifetime use of khat for the population aged 15 – 24 years

The prevalence of lifetime use of khat is shown in Figure 5.5. The results reveal that 7 percent of the population had ever used khat in their lifetime. Lifetime use of khat was slightly higher in urban areas (7.2%) than in rural areas (6.0%). There was a wide range of prevalence in the Eastern region with the highest prevalence at 24 percent and the second highest, North Eastern at 9 percent.

Figure 5.5: Lifetime use of khat for the population aged 15 – 24 years

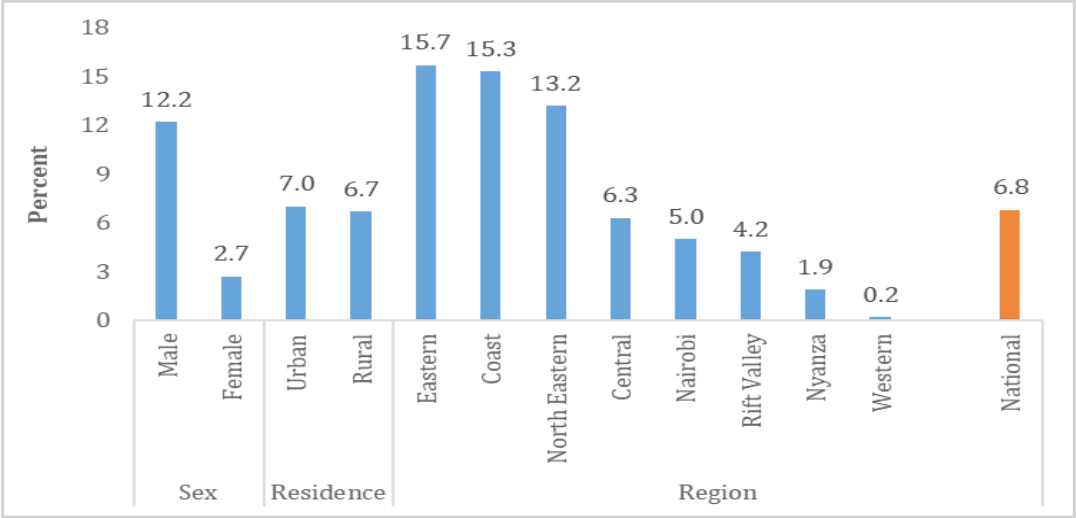


5.4.3 Lifetime use of khat for the population aged 25 – 35 years

Figure 5.6 shows the prevalence of lifetime use of khat for the population aged 25 – 35 years. The results show a 6.8 percent prevalence of lifetime use of khat. The prevalence of lifetime use of khat was higher for males (12.2%) compared to females (2.7%). Those in the urban areas had a slightly higher

prevalence of lifetime use of khat at 7 percent compared to those in the rural areas at 6.7 percent. The highest prevalence of lifetime use of khat was recorded in the Eastern region (15.7%) while the lowest prevalence was in the Western region (0.2%).

Figure 5.6: Lifetime use of khat for the population aged 25 – 35 years



5.5 Lifetime use of narcotics

5.5.1 Lifetime use of narcotics for the population aged 15 – 65 years

The lifetime use of narcotics for the population aged 15 – 65 years is shown in Table 5.4. The study shows that 3 percent had ever used cannabis in their lifetime. Less than one percent had ever used hashish, cocaine, or heroin in their lifetime. The highest prevalence of lifetime use of cannabis was experienced by those aged 18 – 24 at 6 percent. Males reported the highest prevalence of lifetime use of cannabis at 7 percent compared to females at less than one percent. The prevalence of lifetime use of cannabis was highest in urban areas (5.1%) compared to rural areas (2.4%). Nairobi region reported the highest prevalence of lifetime use of cannabis (6.9%) followed by the Coast region (5.7%).

Table 5.4: Lifetime use of narcotics for the population aged 15 – 65 years

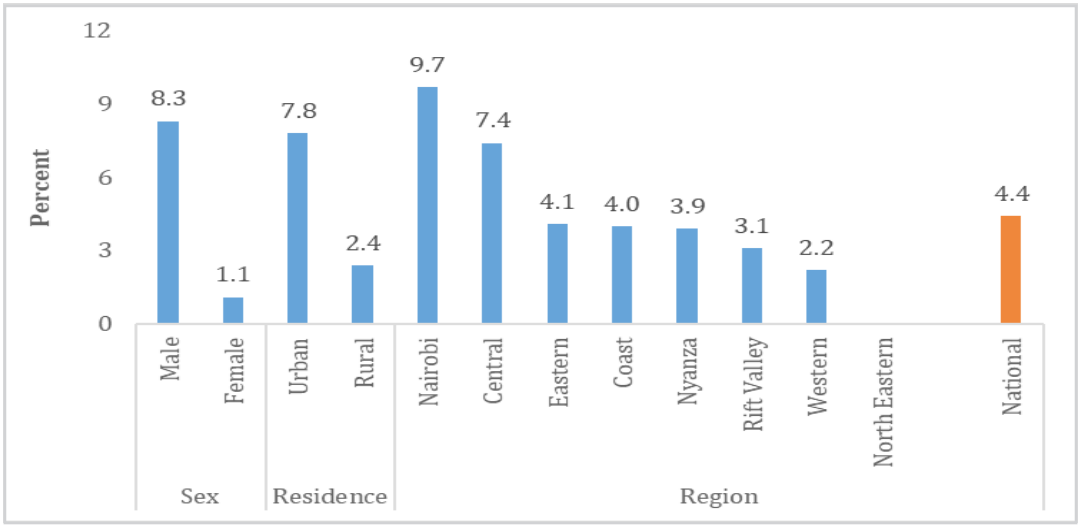
Background characteristic	Cannabis	Hashish	Cocaine	Heroin	Population
Age group					
15-17	1.2	..	..	0.0	2,211,588
18-24	5.8	..	0.2	0.5	4,918,037
25- 35	3.7	0.2	0.1	..	8,113,749
36+	2.6	0.1	..	..	11,798,839
Sex					
Male	6.6	0.2	0.1	0.2	12,315,019
Female	0.7	0.1	..	..	14,727,195

Residence					
Rural	2.4	0.1	..	..	17,253,500
Urban	5.1	0.2	0.2	0.2	9,788,714
Region					
Nairobi	6.9	..	..	..	2,958,531
Central	2.2	..	..	0.3	3,450,670
Coast	5.7	0.6	..	..	2,442,588
Eastern	3.0	..	0.1	..	3,966,042
Nyanza	3.9	..	..	..	3,361,870
Rift Valley	3.0	0.2	0.2	0.2	7,010,685
Western	1.4	..	..	..	2,660,759
North Eastern	..	..	..	..	1,191,069
National	**3.4**	**0.1**	**0.1**	**0.1**	**27,042,214**

5.5.2 Lifetime use of cannabis for the population aged 15 – 24 years

The lifetime use of cannabis for the population aged 15 – 24 years is shown in Figure 5.7. The results show a 4 percent prevalence of lifetime use of cannabis. Males had a higher prevalence of lifetime use of cannabis (8.0%) compared to females (1.1%). The prevalence of lifetime use of cannabis was higher in the urban areas (7.8%) compared to the rural areas (2.4%). Nairobi region had the highest prevalence of lifetime use of cannabis (9.7%) while the Western region had the lowest (2.2%).

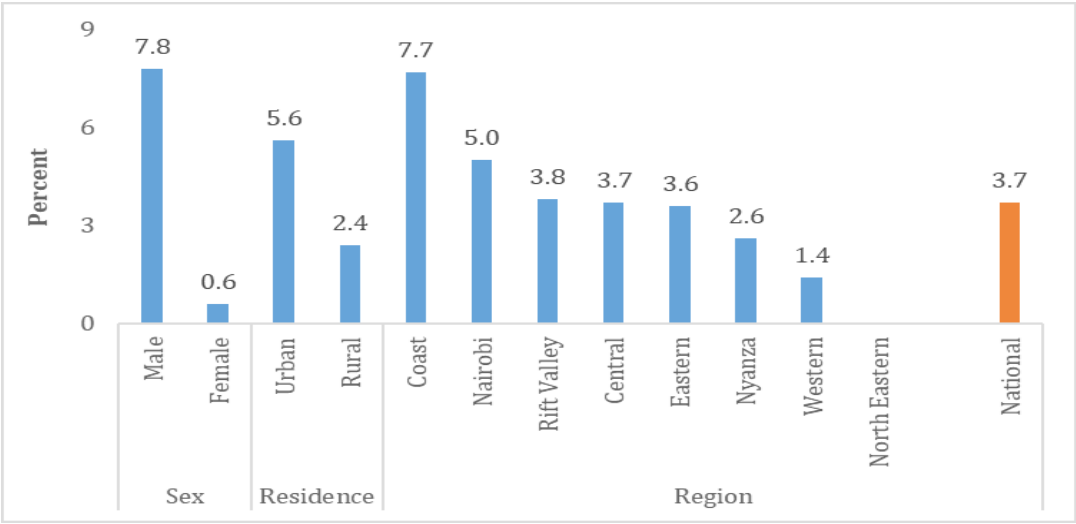
Figure 5.7: Lifetime use of cannabis for the population aged 15 – 24 years



5.5.3 Lifetime use of cannabis for the population aged 25 – 35 years

The survey results reveal that the prevalence of lifetime use of cannabis for the population aged 25 – 35 years was 3.7 percent. Males had a higher prevalence of lifetime use of cannabis (7.8%) compared to females (0.6%). Those in the urban areas had a higher prevalence of lifetime use of cannabis (5.6%) compared to those in the rural areas (2.4%). The Coast region had the highest prevalence of lifetime use of cannabis (7.7%) followed by the Nairobi region (5.0%) as shown in Figure 5.8.

Figure 5.8: Lifetime use of cannabis for the population aged 25 – 35 years



5.6 Lifetime use of inhalants and prescription drugs

5.6.1 Lifetime use of inhalants and prescription drugs for the population aged 15 – 65 years

The study shows that 0.3 percent and one percent of the population aged 15 – 65 years had ever used inhalants and prescription drugs in their lifetime, respectively. More females used prescription drugs compared to males. Nyanza region had a higher prevalence of lifetime use of prescription drugs at 3 percent as shown in Table 5.5.

Table 5.5: Lifetime use of inhalants and prescription drugs for the population aged 15 – 65 years

Background characteristic	Inhalants	Prescription drugs	Population
Age group			
15-17	..	0.6	2,211,588
18-24	0.6	1.1	4,918,037
25- 35	0.6	1.4	8,113,749
36+	0.1	0.9	11,798,839
Sex			
Male	0.5	0.9	12,315,019
Female	0.2	1.3	14,727,195
Residence			
Rural	0.3	1.1	17,253,500
Urban	0.5	1.0	9,788,714

Region			
Nairobi	..	0.6	2,958,531
Central	0.3	0.8	3,450,670
Coast	0.8	0.3	2,442,588
Eastern	0.3	1.1	3,966,042
Nyanza	0.7	2.5	3,361,870
Rift Valley	0.3	0.7	7,010,685
Western	0.2	1.9	2,660,759
North Eastern	..	0.8	1,191,069
National	**0.3**	**1.1**	**27,042,241**

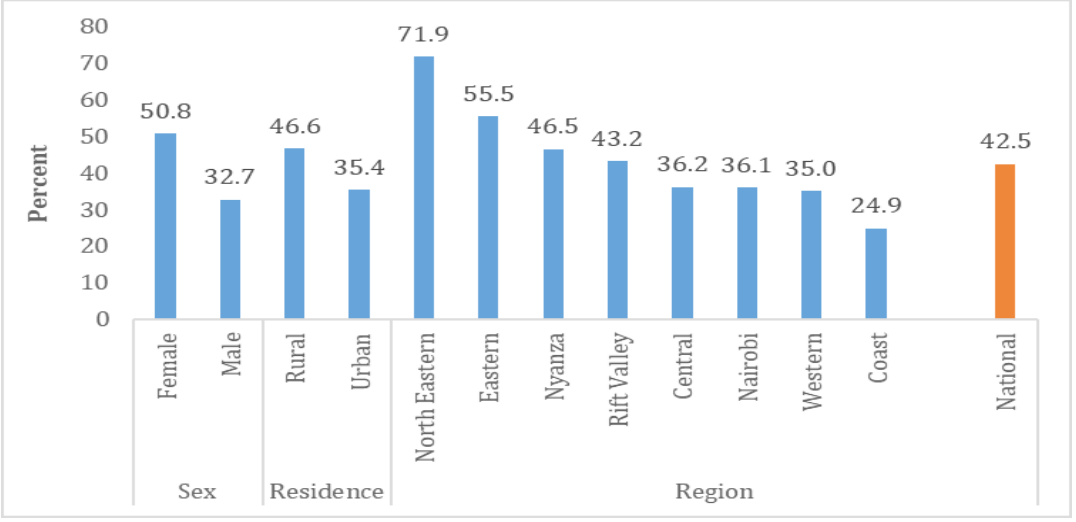
5.7 Lifetime abstainers of drugs and substance use

A lifetime abstainer is any respondent who had never used any drug or substance of abuse in their lifetime. The ultimate objective of any drug and substance abuse-related program is to sustain lifetime abstinence from drugs and substance use (DSU).

5.7.1 Lifetime abstainers of drugs and substance use for the population aged 15 – 65 years

The prevalence of lifetime abstainers to drugs and substance use for the population aged 15 – 65 years is shown in Figure 5.9. The prevalence of lifetime abstainers of drugs and substance use was 43 percent. Females had a higher prevalence of lifetime abstainers of drugs and substance use (50.8%) compared to males (32.7%). The prevalence for those in rural areas was higher (46.6%) than those in urban areas (35.4%). North Eastern region had the highest prevalence of lifetime abstainers of DSU at 72 percent.

Figure 5.9: Prevalence of lifetime abstainers to drugs and substances for the population aged 15 - 65 years



5.7.2 Reasons for abstaining from drugs and substance use (DSU)

Analysis by lifetime abstainers of drugs and substance use shows that awareness of the health effects of drugs and substances of abuse was the main reason for abstaining (47.0%) followed a personal decision to lead a drug-free life, religious values and personal principles that was reported by 29 percent, 27 percent and 27 percent of the population, respectively, as shown in Table 5.6.

Table 5.6: Reasons for abstaining from DSU

Reasons (multiple responses)	Percent
Awareness of health effects	47.0
A personal decision to lead a drug-free life	29.1
Religious values	26.8
Personal principles	26.6
Parental restrictions	12.6
Medical reasons/illness	8.1
It's expensive for me	7.7
Fear of stigmatization	3.8
My past bad experience with the drug	3.7
Positive peer pressure influence (friends don't use it)	3.6
It's not readily available	2.9
Work/school commitment	2.6
Was treated for the use and stopped	0.2
Other (specify)	6.0

5.7.3 Reasons for abstaining from DSU by region

Further analysis of the reasons for abstaining from DSU by region showed that awareness of health effects was the most commonly mentioned protective factor in Nairobi, Central, Coast, Nyanza, and Rift Valley; personal principles were the most commonly mentioned protective factor in the Western region; and religious values were the most commonly reported protective factor in North Eastern region (Table 5.7).

Table 5.7: Reasons for abstaining from DSU by region

Region	A personal decision to lead a drug-free life	Awareness of health effects	Religious values	Personal principles
Nairobi	28.6	41.7	25.7	-
Central	32.8	40.5	40.0	-
Coast	27.8	43.2	28.9	-
Eastern	30.4	-	22.2	26
Nyanza	37.1	42.4	30.8	-
Rift Valley	38.3	52.1	47.5	41.3
Western	44.1	45.3	45.5	51.9
North Eastern	40.2	-	76.7	40.7
National	29.1	47.0	26.8	26.6

N/B: Multiple response questions

5.8 Past-month use of alcohol

5.8.1 Past-month use of alcohol for the population aged 15 – 65 years

In this report, the use of alcohol in the last 30 days before the survey is considered as past-month use. The results show that 12 percent of the population aged 15 – 65 years had used at least one type of alcohol in the past month. Past-month use of manufactured legal alcohol was 7 percent. The past-month use of alcohol was higher for males (20.4%) than for females (4.7%). The western region had the highest prevalence of past-month use of at least one type of alcohol at 24 percent as shown in Table 5.8.

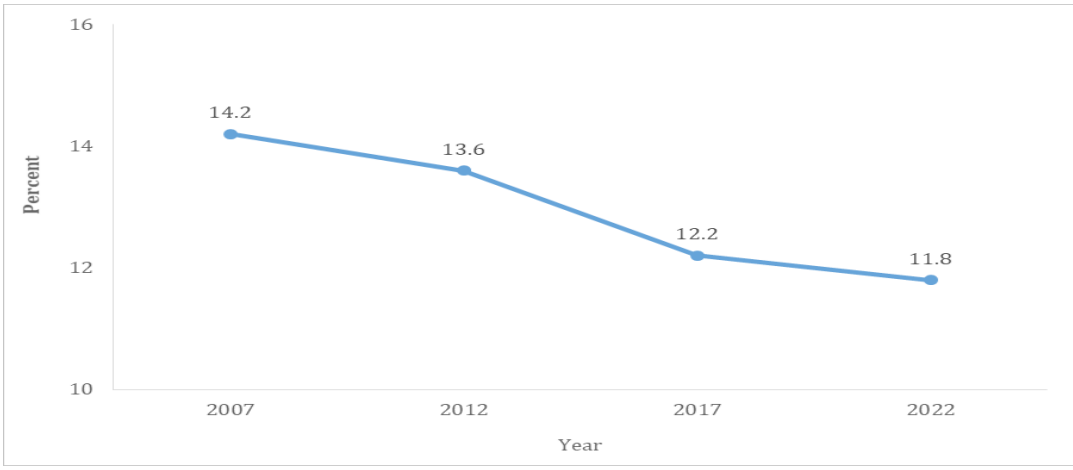
Table 5.8: Past-month use of alcohol for the population aged 15 – 65 years

Background characteristic	Manufactured / legal alcohol	Chang'aa	Traditional liquor	Potable spirits	At least one type of alcohol	Population
Age group						
15-17	..	..	..	..	..	2,211,588
18-24	5.5	0.9	1.4	1.9	7.5	4,918,037
25- 35	8.1	3.9	3.3	2.8	14.0	8,113,749
36+	8.3	4.7	4.2	3.0	14.4	11,798,839
Sex						
Male	12.6	5.6	5.0	4.8	20.4	12,315,019
Female	2.4	1.5	1.4	0.6	4.7	14,727,195
Residence						
Rural	5.9	4.3	4.2	1.9	11.8	17,253,500
Urban	9.0	1.7	1.1	3.6	11.8	9,788,714
Region						
Nairobi	10.3	2.2	-	2.9	12.1	2,958,531
Central	10.0	0.5	1.0	4.1	12.8	3,450,670
Coast	7.7	1.7	7.4	3.2	13.9	2,442,588
Eastern	8.4	0.4	1.5	1.0	9.3	3,966,042
Nyanza	6.1	6.3	2.2	2.7	11.4	3,361,870
Rift Valley	5.4	3.6	2.0	3.1	9.6	7,010,685
Western	5.6	11.4	12.9	0.9	23.8	2,660,759
North Eastern	..	..	..	..	..	1,191,069
National	**7.0**	**3.4**	**3.1**	**2.5**	**11.8**	**27,042,214**

5.8.2 Trend in the past-month use of alcohol for the population aged 15 – 65 years

Figure 5.10 shows the trend of past-month use of alcohol for the population aged 15 – 65 years. The prevalence of past-month use of alcohol has been on a slow decline from 14 percent in 2007 to 12 percent in 2022.

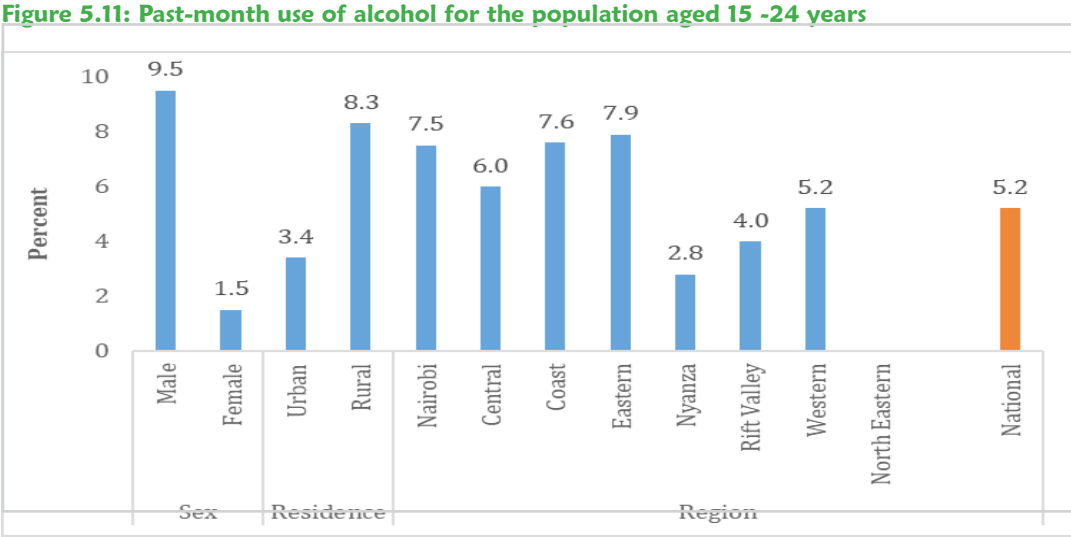
Figure 5.10: Trend in the past-month use of alcohol for the population aged 15 -65 years



5.8.3 Past-month use of alcohol for the population aged 15 – 24 years

The prevalence of past-month use of alcohol for the population aged 15 – 24 years was 5 percent as shown in Figure 5.11. The prevalence of past-month use of alcohol was higher for males (9.5%) compared to females (1.5%). The population in urban areas had a higher prevalence of past month alcohol use (8.3%) compared to those in the rural areas (3.4%). Past-month use of alcohol was highest in the Eastern region (7.9%) followed by the Coast region (7.6%). No data was available for the North Eastern region.

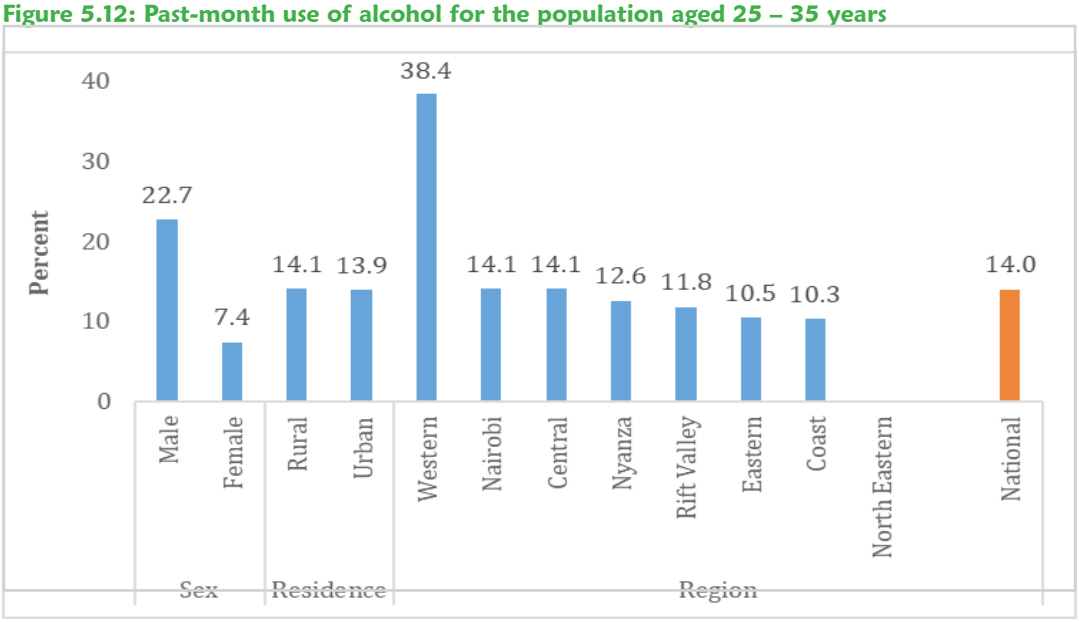
Figure 5.11: Past-month use of alcohol for the population aged 15 -24 years



5.8.4 Past-month use of alcohol for the population aged 25 – 35 years

Figure 5.12 shows the past-month use of alcohol for the population aged 25 – 35 years. Results revealed that the prevalence of past-month use of alcohol was 14 percent. Twenty-three percent of males and 7 percent of females were past-month users of alcohol. There was no notable difference in past-month use of alcohol between urban and rural areas Thirty-eight percent of the population in the Western region and 14 percent in Nairobi and Central regions were past-month users of alcohol, respectively.

Figure 5.12: Past-month use of alcohol for the population aged 25 – 35 years



5.9 Past-month use of tobacco

5.9.1 Past-month use of tobacco for the population aged 15 - 65 years

Nine percent and 6 percent of the population aged 15 – 65 years had used at least one type of tobacco product and cigarettes, in the past month, respectively, as presented in Table 5.9. Males had a higher prevalence of past month use of at least one type of tobacco (16.4%) compared to females (2.0%). Only Central, Coast, and Eastern regions reported more than 10 percent prevalence of past use of

tobacco.

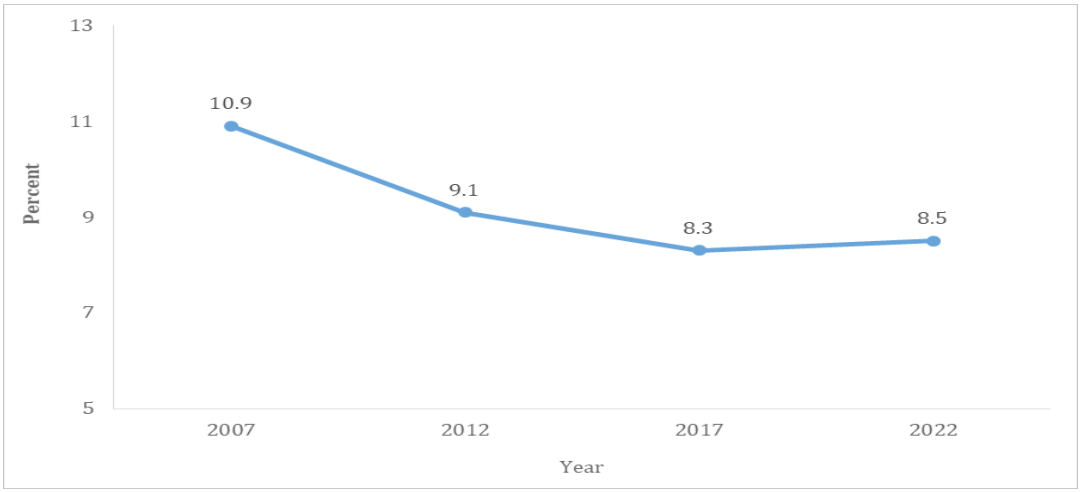
Table 5.9: Past month use of tobacco for the population aged 15 – 65 years

Background characteristic	Cigarettes	Sniffed/ chewed/ piped tobacco	Kuber	Shisha	At least one type of tobacco product	Unspecified Tobacco Product	Other tobacco products	Population
Age group								
15-17	-	-	0.7	-	0.7	-	-	2,211,588
18-24	3.2	0.5	0.2	-	4.3	0.7	0.1	4,918,037
25- 35	4.4	0.9	0.4	0.2	6.0	0.4	0.2	8,113,749
36+	8.7	1.9	0.4	-	13.5	1.5	-	11,798,839
Sex								
Male	11.6	1.8	0.6	0.1	16.4	1.7	0.1	12,315,019
Female	0.8	0.7	0.2	-	2.0	0.2	0.1	14,727,195
Residence								
Rural	6.0	1.3	0.2	0.1	9.1	1.0	0.1	17,253,500
Urban	5.1	0.9	0.8	0.1	7.5	0.7	0.1	9,788,714
Region								
Nairobi	5.6	1.2	0.6	-	8.1	0.8	-	2,958,531
Central	9.2	0.9	1.2	-	11.9	0.6	0.1	3,450,670
Coast	7.5	1.1	0.2	0.3	10.8	1.7	-	2,442,588
Eastern	8.1	1.1	0.4	-	10.7	1.6	-	3,966,042
Nyanza	2.5	0.4	-	-	4.0	0.3	-	3,361,870
Rift Valley	4.0	2.2	0.1	0.1	8.5	1.1	0.1	7,010,685
Western	6.4	0.1	0.6	-	8.0	0.5	-	2,660,759
North Eastern	1.7	0.8	-	-	2.1	-	0.8	1,191,069
National	**5.7**	**1.2**	**0.4**	**0.1**	**8.5**	**0.9**	**0.1**	**27,042,214**

5.9.2 Trend in the past-month use of tobacco for the population aged 15 – 65 years

There has been a decline in the past-month use of tobacco from 11 percent in 2007 to 8 percent in 2017 as shown in Figure 5.13. There was a slight increase in the past-month use of tobacco by 0.2% between 2017 and 2022.

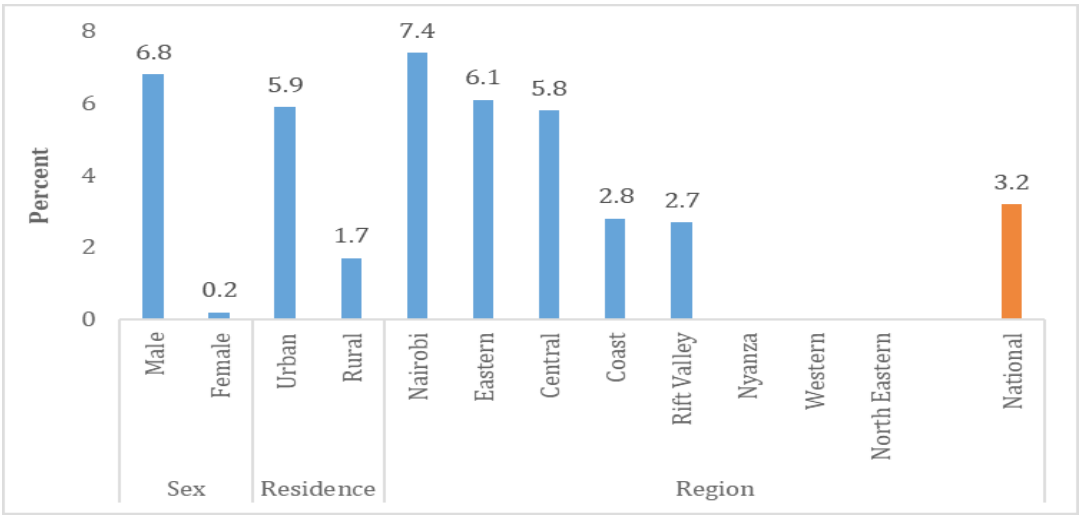
Figure 5.13: Trend in the past-month use of tobacco for the population aged 15 – 65 years



5.9.3 Past-month use of tobacco for the population aged 15 – 24 years

The prevalence of past-month use of tobacco for the population aged 15 – 24 years was 3 percent. The prevalence of past-month use of tobacco was higher for males (6.8%) compared to females (0.2%). A higher proportion of the population in the urban (5.9%) than in rural areas (1.7%) were past-month users of tobacco. Nairobi region had the highest prevalence of past-month use of tobacco at 7 percent as shown in Figure 5.14.

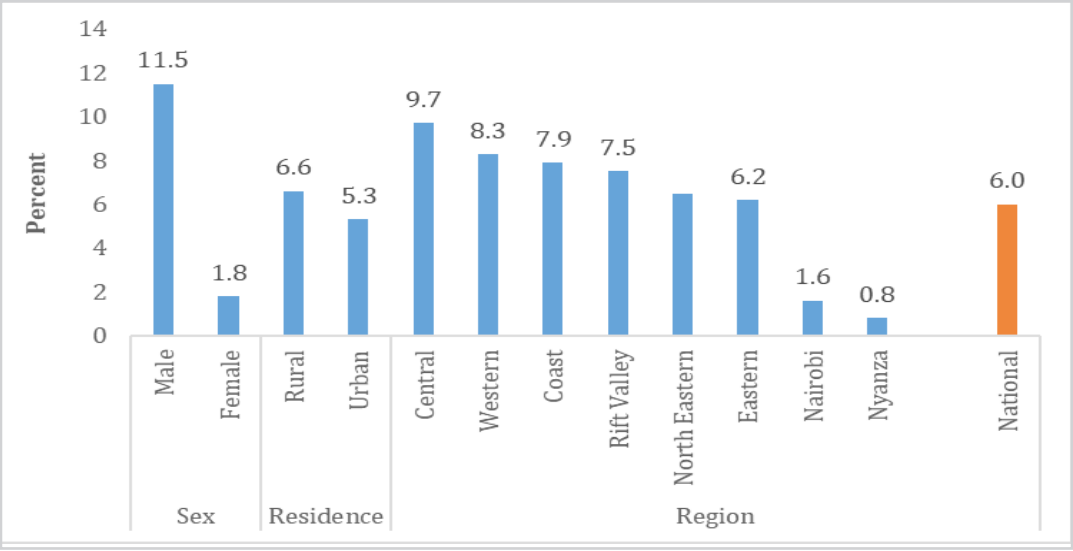
Figure 5.14: Past month use of tobacco for the population aged 15 – 24 years



5.9.4 Past-month use of tobacco for the population aged 25 – 35 years

As shown in Figure 5.15, the prevalence of past-month use of tobacco for the population aged 25 – 35 years was 6 percent. Prevalence of past-month use of tobacco was higher for males (11.5%) compared to females (1.8%). The results also show that past-month use of tobacco was 7 percent in rural areas and 5 percent in urban areas. The past-month use of tobacco was 10 percent in the Central region followed by the Western region at 8 percent.

Figure 5.15: Past month use of tobacco for the population aged 25 - 35 years



5.10 Past-month use of khat

5.10.1 Past-month use of khat for the population aged 15 – 65 years

Four percent of the population aged 15 – 65 years had used khat in the past month. There was no marked difference in the prevalence of past-month use of miraa and muguka. More males (7.0%) had used khat in the past month compared to females (0.7%). The region with the highest past-month prevalence of khat use was Eastern at 10 percent followed by North Eastern at 7 percent as presented in Table 5.10.

Table 5.10: Past-month use of khat for the population aged 15 – 65 years

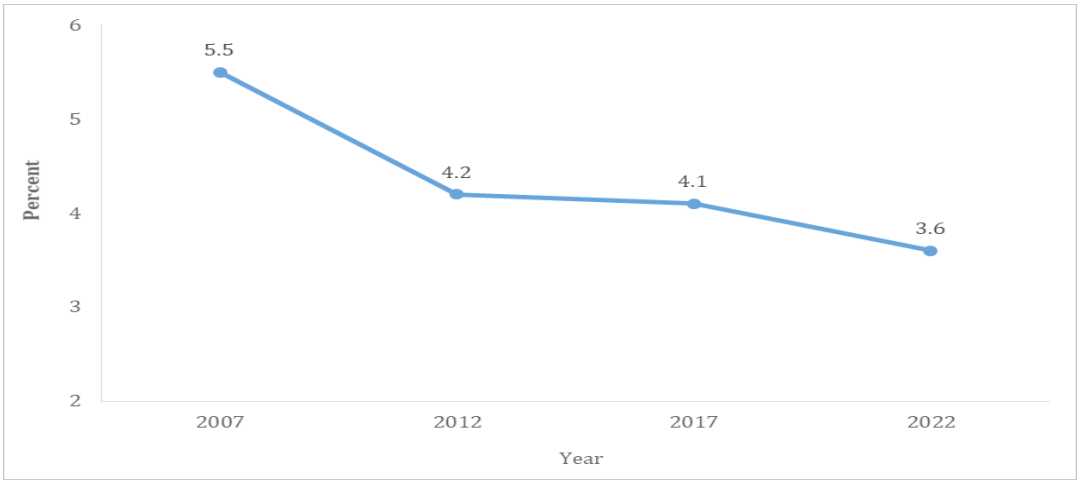
Background characteristic	Miraa	Muguka	At least one type of khat	Population
Age group				
15-17	1.0	0.4	1.4	2,211,588
18-24	2.4	2.8	4.7	4,918,037
25- 35	2.9	3.2	4.8	8,113,749
36+	2.2	0.7	2.7	11,798,839
Sex				
Male	4.5	3.5	7.0	12,315,019
Female	0.5	0.4	0.7	14,727,195

Residence				
Rural	2.6	1.1	3.3	17,253,500
Urban	1.8	3.0	4.0	9,788,714
Region				
Nairobi	1.2	3.7	4.9	2,958,531
Central	1.5	1.3	1.8	3,450,670
Coast	2.9	3.3	4.8	2,442,588
Eastern	8.5	2.3	9.6	3,966,042
Nyanza	0.2	0.2	0.5	3,361,870
Rift Valley	0.9	1.7	2.1	7,010,685
Western	0.5	0.0	0.5	2,660,759
North Eastern	4.8	3.7	7.2	1,191,069
National	**2.3**	**1.8**	**3.6**	**27,042,214**

5.10.2 Trend in the past-month use of khat for the population aged 15 – 65 years

Figure 5.16 shows the trend in the past-month use of khat for the population aged 15 – 65 years. There has been a steady decline in the past-month use of khat from 6 percent in 2007 to 4 percent in 2022.

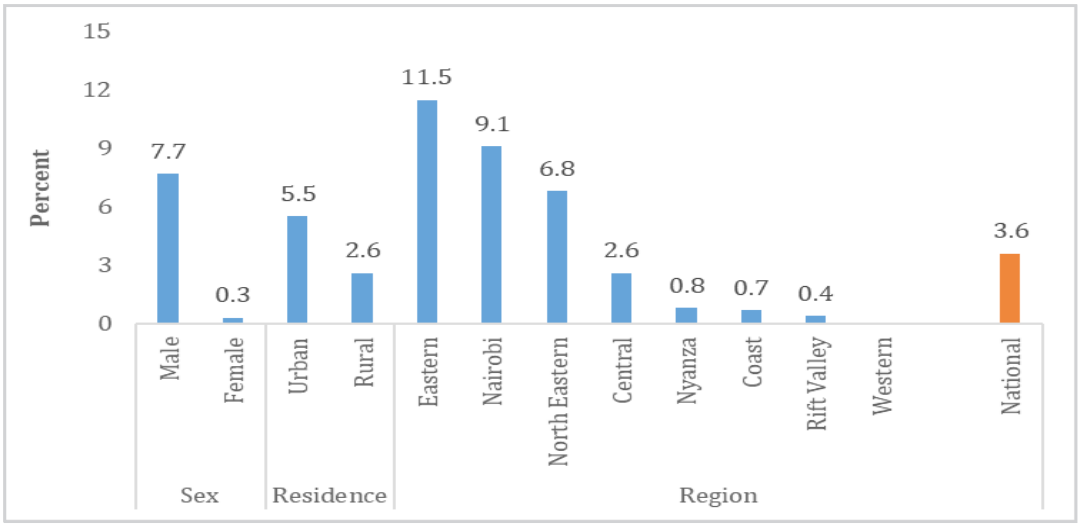
Figure 5.16: Trend in the past-month use of khat for the population aged 15 – 65 years



5.10.3 Past-month use of khat for the population aged 15 – 24 years

The prevalence of past-month use of khat for the population aged 15 – 24 was 4 percent as shown in Figure 5.17. Males had a higher prevalence of past month use of khat (7.7%) compared to females (0.3%). The prevalence of past-month use of khat was higher in urban areas (5.5%) than in rural areas (2.6%). Eastern, Nairobi, and North Eastern regions were leading in the prevalence of past-month use of khat at 12 percent, 9 percent, and 7 percent, respectively.

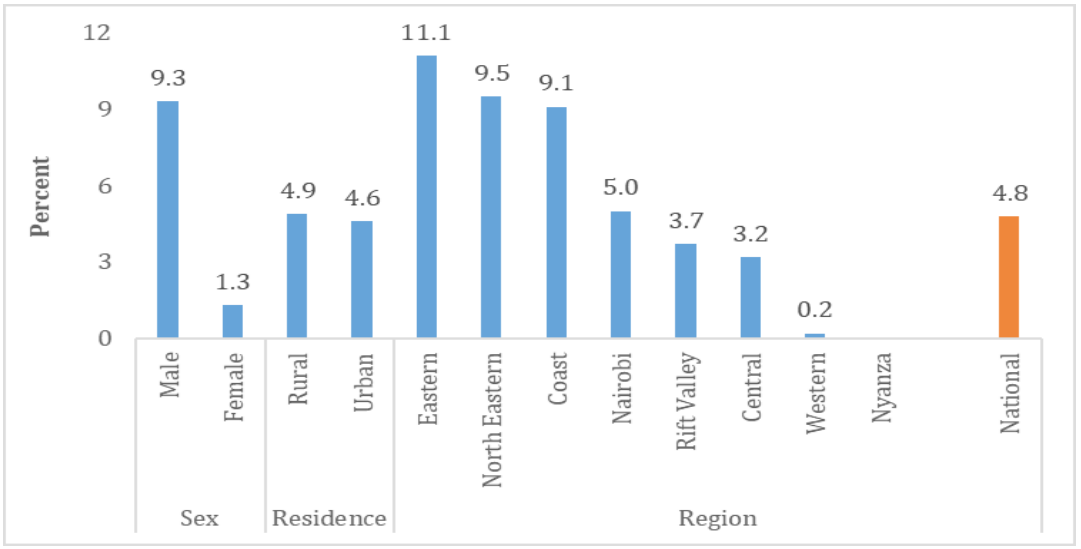
Figure 5.17: Past-month use of khat for the population aged 15 – 24 years



5.10.4 Past-month use of khat for the population aged 25 – 35 years

The survey results show a 4.8 percent prevalence of past-month use of khat for the population aged 25 – 35 years. There was a higher prevalence in the past-month use of khat by males (9.3%) compared to females (1.3%). There was no marked difference in the past-month use of khat between the urban areas and rural areas. Eastern and North Eastern regions had the highest prevalence of past-month use of khat at 11.1 percent and 9.5 percent, respectively. Both Western and Nyanza regions had a prevalence of past-month use of khat of less than one percent as shown in Figure 5.18.

Figure 5.18: Past-month use of khat for the population aged 25 – 35 years



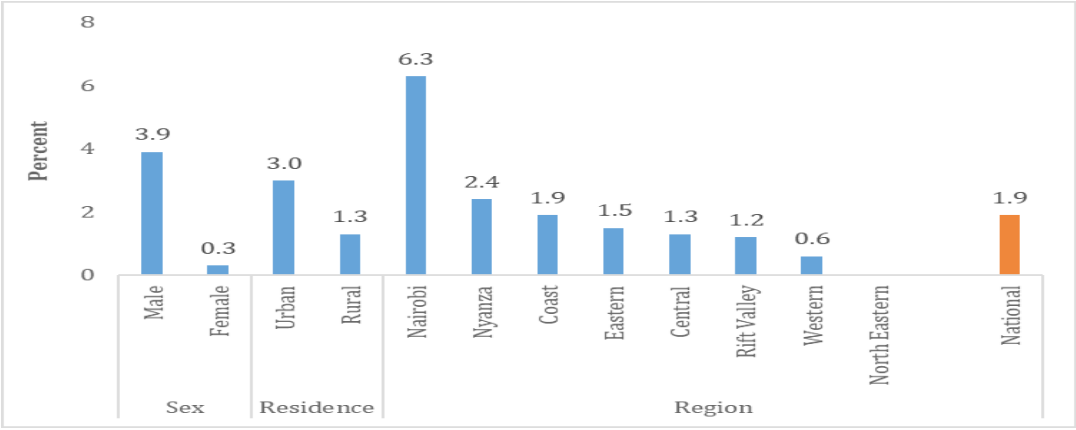
5.11 Past-month use of narcotics

In this section, the narcotic drugs considered are cannabis, hashish, cocaine, and heroin. However, the results from the survey show that the prevalence of past-month use of heroin, cocaine, and hashish was less than 0.1%.

5.11.1 Past-month use of cannabis for the population aged 15 – 65 years

The survey results show that 2 percent of the population aged 15 – 65 years had used cannabis in the past month. The past-month use of cannabis was 3 percent in urban areas and 1 percent in rural areas. Nairobi region had the highest prevalence for use of cannabis at 6 percent as shown in Figure 5.19.

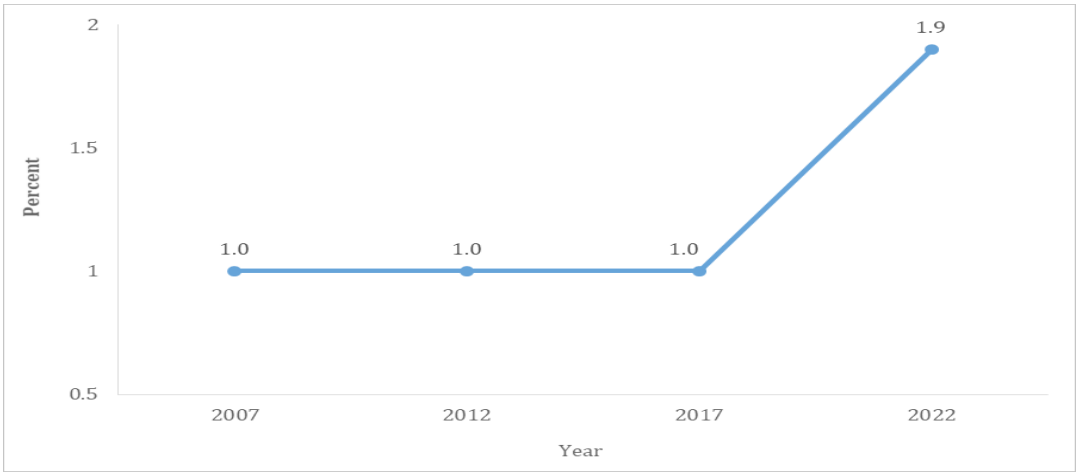
Figure 5.19: Past-month use of cannabis for the population aged 15 – 65 years



5.11.2 Trend in the past-month use of cannabis for the population aged 15 – 65 years

Figure 5.20 shows the trend of past-month use of cannabis for the population aged 15 – 65 years. The past-month use of cannabis was stable at one percent from 2007 to 2017. However, there was a sharp increase of 90 percent in the prevalence of past-month use of cannabis between 2017 and 2022.

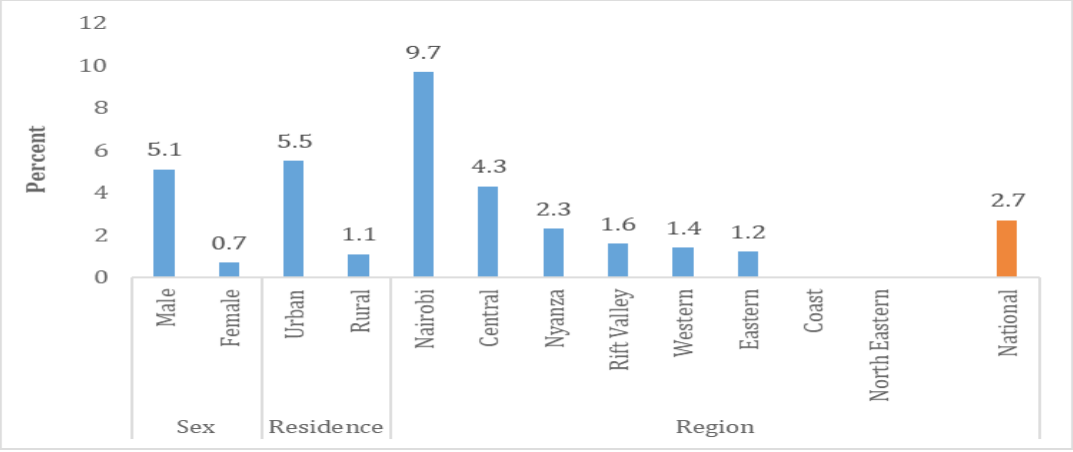
Figure 5.20: Trend in the past-month use of cannabis for the population aged 15 – 65 years



5.11.3 Past-month use of cannabis for the population aged 15 – 24 years

The survey results reveal a 3 percent prevalence in the past-month use of cannabis for the population aged 15 – 24 years. Past-month use of cannabis for males was 5 percent compared to one percent for females. Urban areas had a higher prevalence of past month use of cannabis (5.5%) than rural areas (1.1%). Nairobi region had the highest prevalence of past-month use of cannabis (9.7%) as shown in Figure 5. 21.

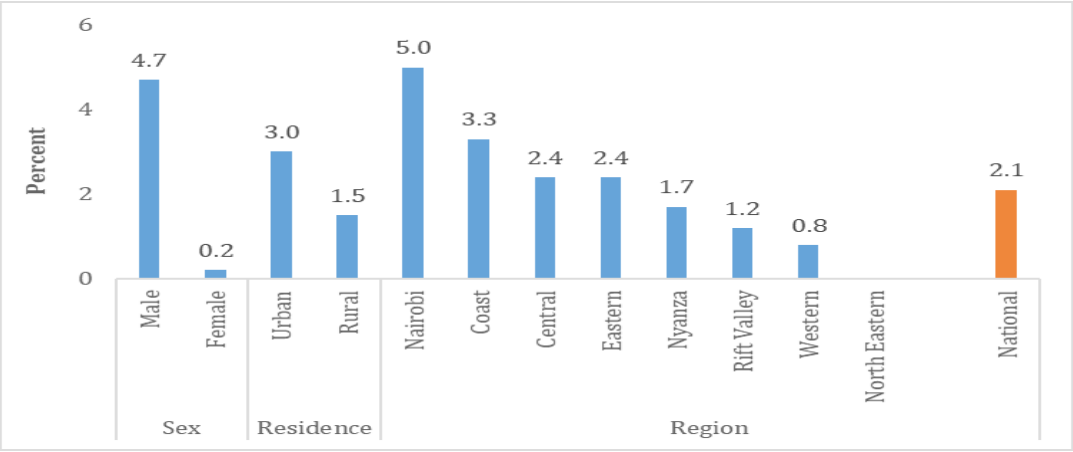
Figure 5.21: Past month use of cannabis for the population aged 15 – 24 years



5.11.4 Past-month use of cannabis for the population aged 25 – 35 years

The results of the prevalence of past-month use of cannabis for the population aged 25 – 35 are shown in Figure 5.22. In this age cohort, the prevalence of past-month use of cannabis was 2.1 percent. Past-month use of cannabis was higher for males (4.7%) than females (0.2%). There was a higher prevalence in the past month use of cannabis in the urban areas (3.0%) than in rural areas (1.5%). Nairobi region had the highest prevalence of past-month use of cannabis at 5 percent.

Figure 5.22: Past month use of cannabis for the population aged 25 – 35 years



5.12 Past-month use of prescription drugs and inhalants for the population aged 15 – 65 years

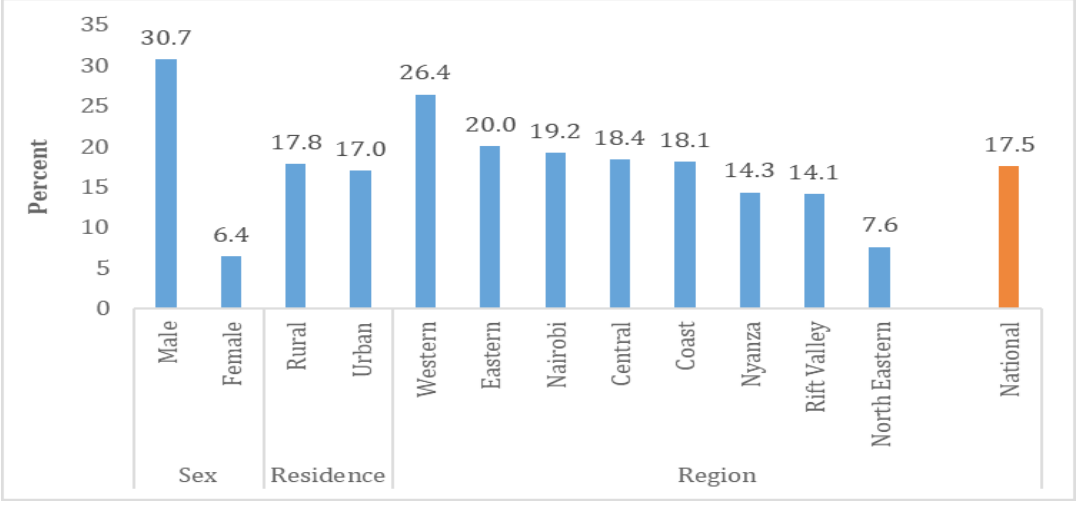
Figure 5.23 shows the prevalence of past-month use of prescription drugs, heroin, cocaine, hashish, and inhalants for the population aged 15 – 65 years. Findings showed that the past-month use of prescription drugs was 0.2% while the past-month prevalence of heroin, cocaine, hashish, and inhalants was below one percent.

Figure 5.23: Past-month use of prescription drugs and inhalants for the population aged 15 – 65 years

5.13 Past-month use of at least one drug or substance of abuse for the population aged 15 – 65 years

Eighteen percent of the population aged 15 – 65 years had used at least one drug or substance of abuse in the past month. Thirty-one percent of males had used at least one drug or substance of abuse in the past month compared to 6 percent of females. There was no difference between the urban and rural areas in the past-month use of at least one drug or substance of abuse as shown in Figure 5.24. One in five persons in the Western region and one in four persons in the Eastern region had used at least one drug or substance of abuse in the past month.

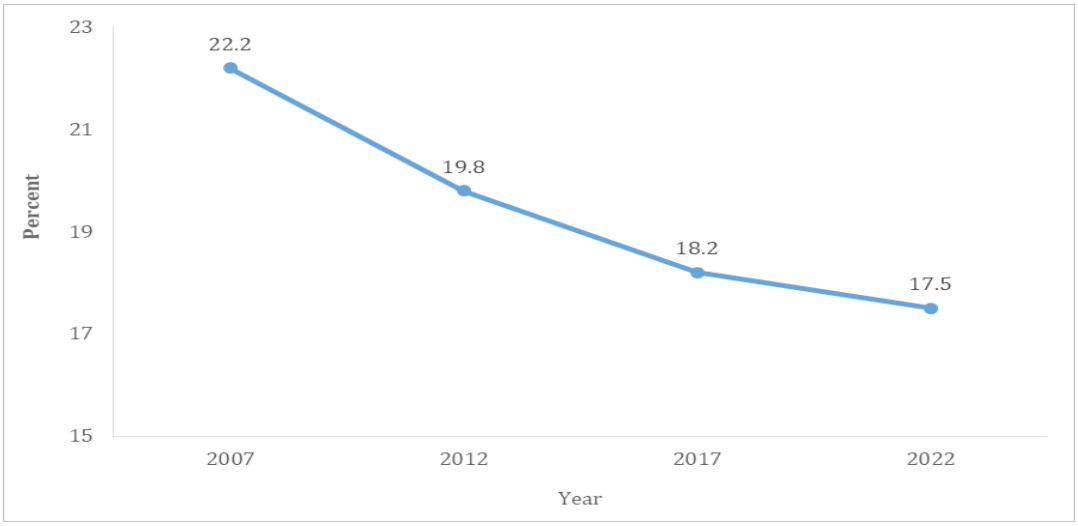
Figure 5.24: Past month use of at least one drug or substance of abuse of the population aged 15 – 65 years



5.13.1 Trend in the past-month use of at least one drug or substance of abuse for the population aged 15 – 65 years

The trend in the past-month use of at least one drug or substance of abuse is shown in Figure 5.25. The prevalence of past-month use of at least one drug or substance of abuse has been on the decline from 22 percent in 2007 to 18 percent in 2022.

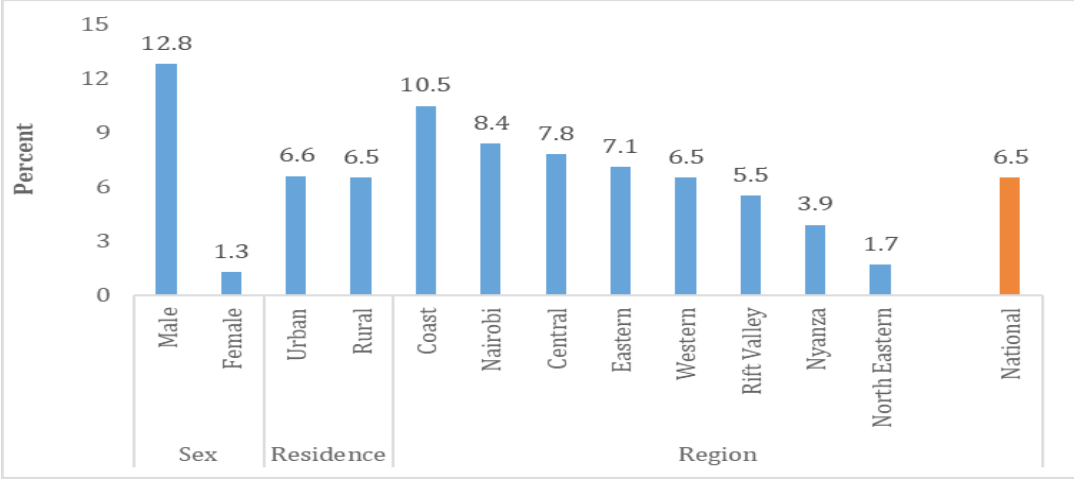
Figure 5.25: Trend in the past-month use of at least one drug or substance of abuse for the population aged 15 – 65 years



5.14 Past-month polydrug use for the population aged 15 – 65 years

The survey results show that 7 percent of the population aged 15 – 65 years had used polydrugs in the past month. Past month polydrug use was higher in males (12.8%) than in females (1.3%). There was no difference in the past-month polydrug use between the rural areas and urban areas. The Coast region had the highest prevalence of past month polydrug use (10.5%) while the North Eastern region had the lowest prevalence (1.7%) as shown in Figure 5.26.

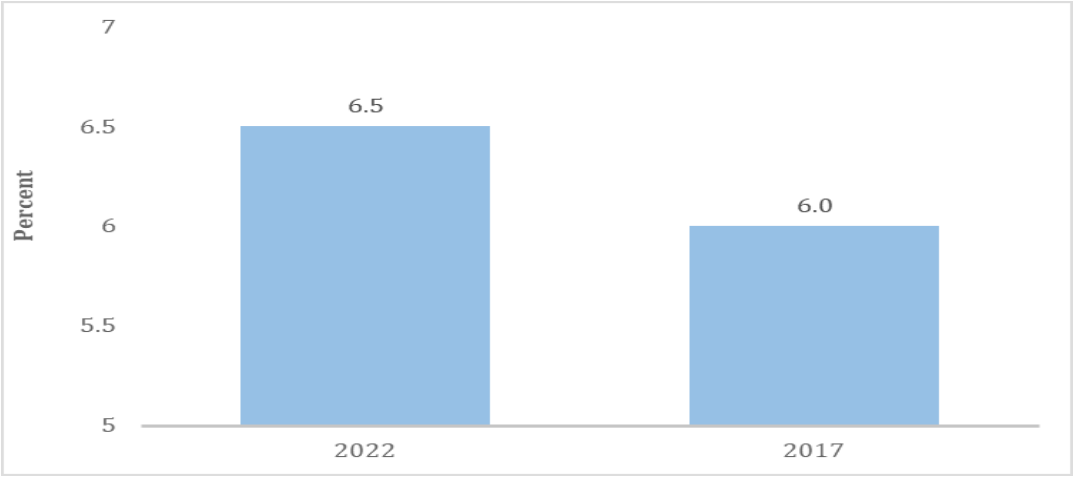
Figure 5.26: Past month polydrug use for the population aged 15 – 65 years



5.14.1 Trend in the past month polydrug use for the population aged 15 – 65 years

The trend in the past-month polydrug use for the population aged 15 – 65 is shown in Figure 5.27. There was a marginal increase in past-month polydrug use from 6.5%in 2017 to 6.5% in 2022.

Figure 5.27: Trend in the past month polydrug use for the population aged 15 – 65 years



CHAPTER SIX: HEALTH AND SOCIO-ECONOMIC CONSEQUENCES OF ALCOHOL AND DRUG USE

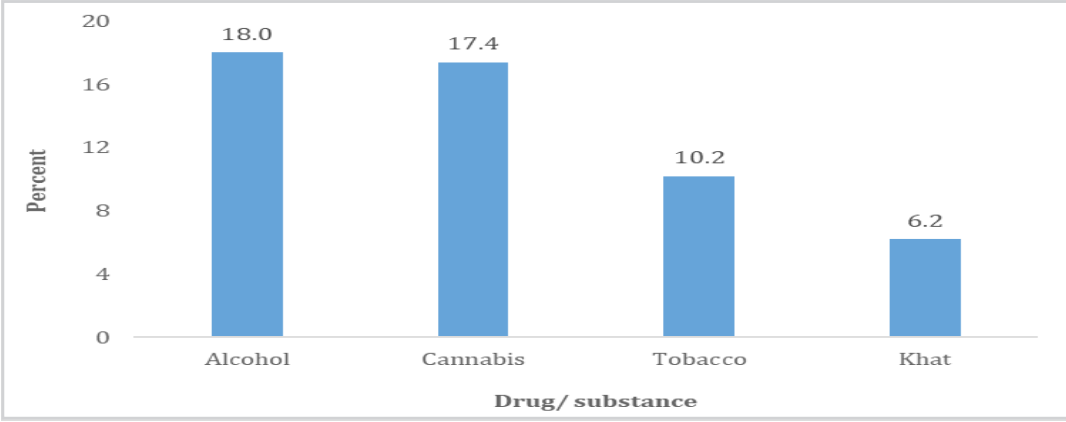
6.0 Introduction

This section presents findings on the effects of drugs and substance use on indicators related to socio-economic and health outcomes.

6.1 Health effects of drugs and substance use

The study sought to determine the proportion of past-month users of various drugs who had ever sought medical attention in the last year before the survey. The last year was considered as the reference period to minimize recall bias. The survey findings show that 18 percent of past-month users of alcohol and 17 percent of past-month users of cannabis had sought treatment in the last year as shown in Figure 6.1.

Figure 6.1: Percentage of the population aged 15 – 65 years using various drugs who had ever sought treatment



6.2 Depressive disorder and DSU

The patient health questionnaire (PHQ-9) was used to establish the level of depression in the population. The PHQ-9 is a clinically-validated screening tool that healthcare providers use to screen for depression. It consists of nine questions that ask respondents how often they've "been bothered by sleep, energy, appetite, and other possible symptoms of depression in the past two weeks before the interview. Scores are calculated based on how frequently a person experiences these feelings. Each response is graded as shown below;

i. 'Not at all' – 0
ii. 'Several days' – 1
iii. 'More than half the days' – 2
iv. 'Nearly every day' - 3

The sum value of these responses gives the total score as presented in Table 6.1.

Table 6.1: Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems	Not at all (score = 0)	Several days (score = 1)	More than half the days (score = 2)	Nearly every day (score = 3)
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Figures in the PHQ-9 represent the scores for each response

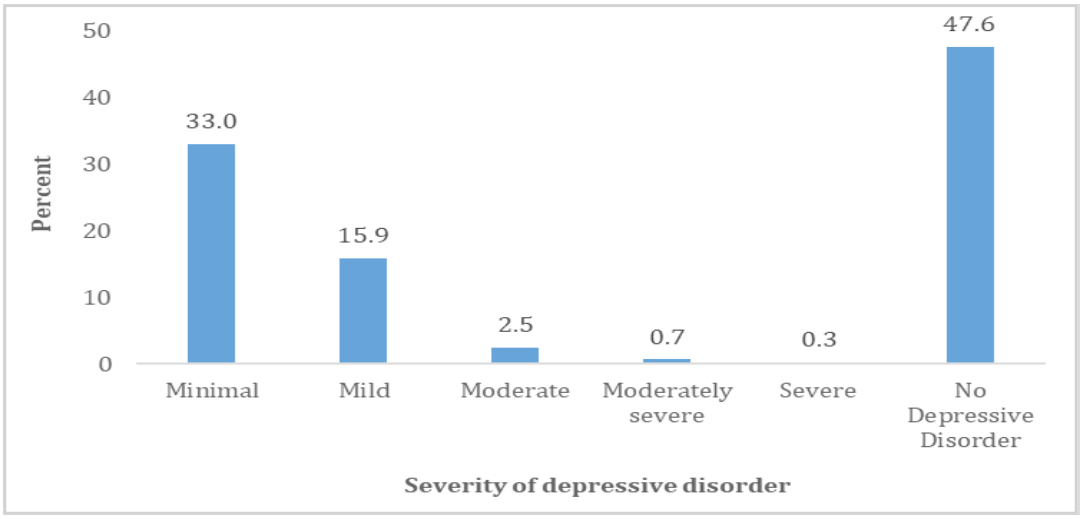
6.2.1 Prevalence of depressive disorder by severity

The PHQ-9 was also used to diagnose and monitor the severity of depressive disorder among respondents aged 15 – 65 years. The cut-off points are presented as follows:

- 1-4: This is considered minimal depression, which suggests that the respondent may not need depression treatment;
- 5-9: This is considered mild depression. In response to this result, healthcare providers can use their clinical judgment about treatment based on the duration and severity of symptoms;
- 10-14: This is considered moderate depression. Similar to mild depression, healthcare providers can use their clinical judgment and knowledge of the patient to determine a course of treatment;
- 15-19: This is considered moderately severe depression. This generally warrants treatment for depression using medication, therapy, or a combination of the two;
- 20-27: This is considered severe depression. This warrants treatment for depression using medication, therapy, or a combination of the two.

Figure 6.2 presents the prevalence of depressive disorder by severity. The results show that one in three persons aged 15 – 65 years had a minimal depressive disorder. Forty-eight percent of the population had no depressive disorder while 52 percent had depressive disorders ranging from minimal (33.0%), mild (15.9%), moderate (2.5%), moderately severe (0.7%), and severe (0.3%).

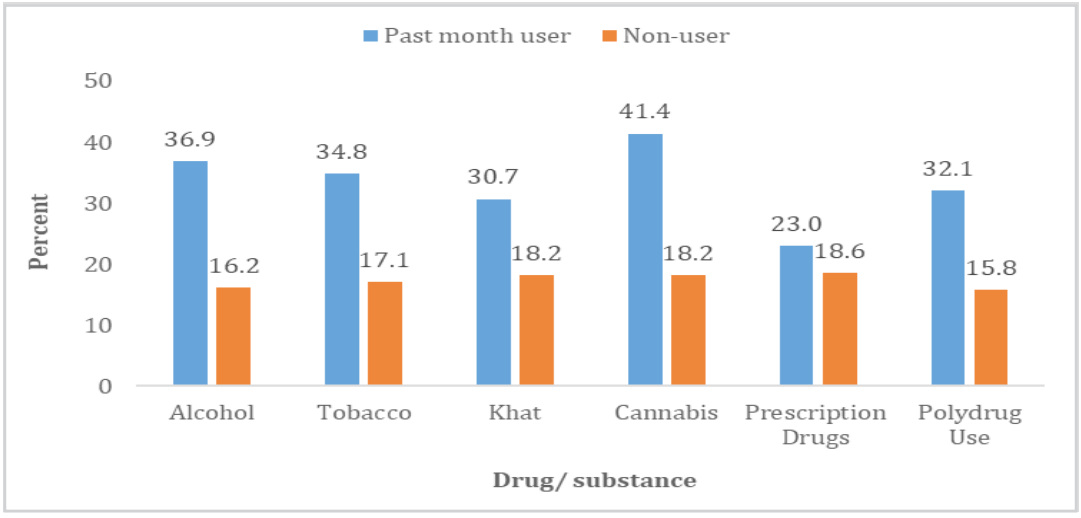
Figure 6.2: Percent prevalence of depressive disorder by severity



6.2.2 Relationship between depressive disorder and past-month DSU

Figure 6.3 presents the findings of the relationship between depressive disorder and past-month DSU. The cut-off point for depressive disorder was a total score of 5 and above. Past month users of drugs and substances of abuse had a higher prevalence of depressive disorder compared to non-users across all the drugs.

Figure 6.3: Relationship between depressive disorder and past-month DSU



6.2.3 Relationship between severity of depressive disorder and DSU

The relationship between the severity of depressive disorder and past-month DSU is presented in Table 6.2. Generally, the results show that past-month DSU is associated with a higher prevalence of mild, moderate, moderately severe, and severe depressive disorders.

Table 6.2: Relationship between severity of depressive disorder and past-month DSU

Substance	Minimal	Mild	Moderate	Moderately severe	Severe
Tobacco					
Past month user	21.9	27.8	5.3	0.6	1.1
Non-user	31.9	14.0	2.1	0.8	0.3
Alcohol					
Past month user	31.5	27.8	7.0	0.9	1.2
Non-user	31.0	13.4	1.7	0.8	0.3
Khat					
Past month user	37.0	21.5	6.3	2.6	0.3
Non-user	30.8	14.9	2.2	0.7	0.4
Cannabis					
Past month user	21.5	35.7	4.2	0.6	0.9
Non-user	31.2	14.7	2.3	0.8	0.4
Prescription drugs					
Past month user	35.6	23.0	-	-	-
Non-user	31.0	15.1	2.3	0.8	0.4
Polydrug use					
Past month user	29.6	24.8	5.3	1.1	0.8
Non-user	31.3	13.1	1.7	0.7	0.3
National	**31.0**	**15.1**	**2.3**	**0.8**	**0.4**

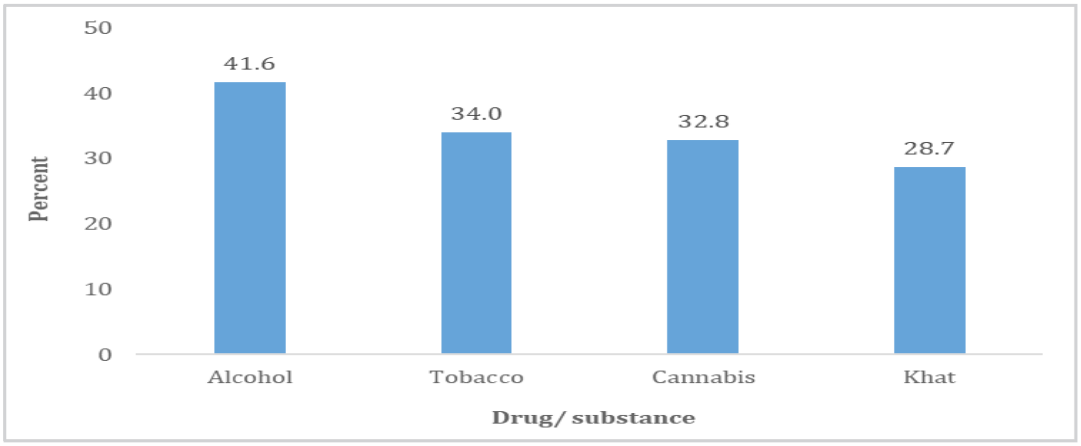
6.3 Socio-economic effects of DSU

DSU has a direct impact on an individual's productivity and overall economic development. This section presents the relationship between past-month DSU and the rate of diversion of family resources; harm to self; harm to others; stigma and rejection.

6.3.1 Diversion of family resources

On diversion of family resources to fulfill one's desire for DSU, past month users of alcohol were the most affected at 42 percent while past month khat users were the least affected at 29 percent as shown in Figure 6.4.

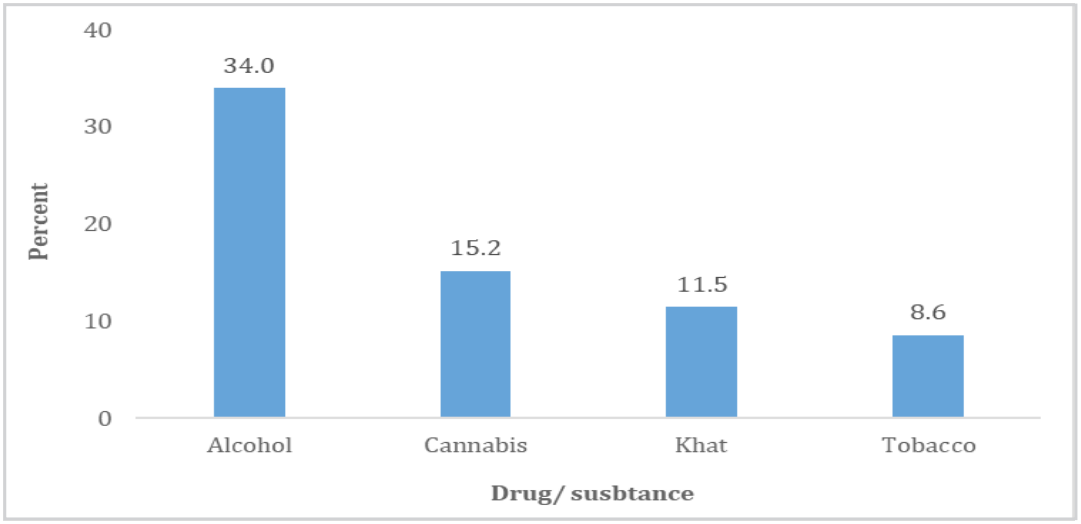
Figure 6.4: Relationship between diversion of family resources and past-month DSU



6.3.2 Harm to self

Findings on harm to self, where someone has been injured as a result of an individual's DSU show that past-month users of alcohol (34%) were the most affected followed by past-month users of cannabis (15.2%). Harm to self was least attributed to past-month use of tobacco (8.6%) as shown in Figure 6.5.

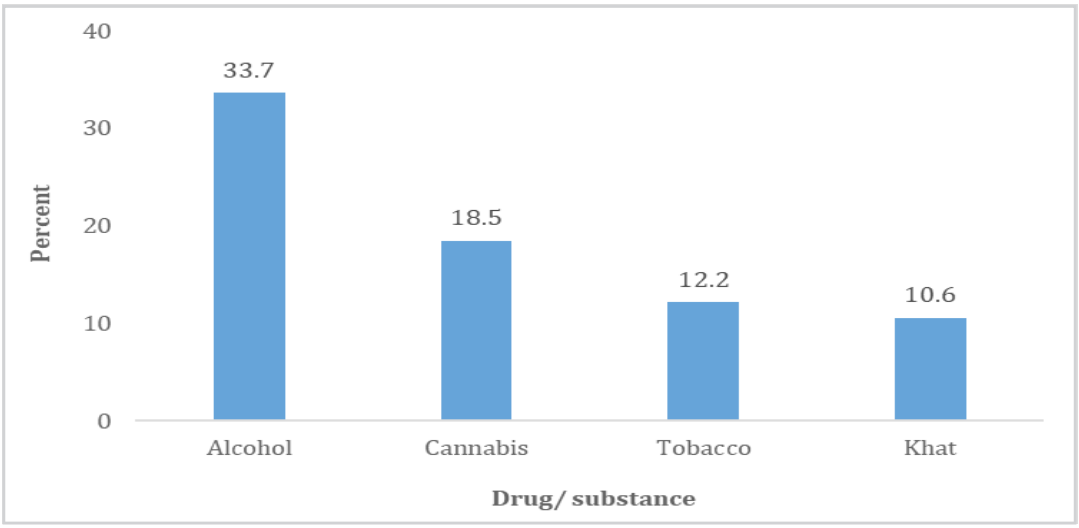
Figure 6.5: Relationship between harm to self and past-month DSU



6.3.3 Harm to others

The relationship between harm-to-others and past-month DSU is shown in Figure 6.6. Harm to others infers to a user who becomes violent towards a spouse/partner or family member as a result of DSU. Past-month users of alcohol were the most affected (33.7%) while past-month users of khat were the least affected at 11 percent.

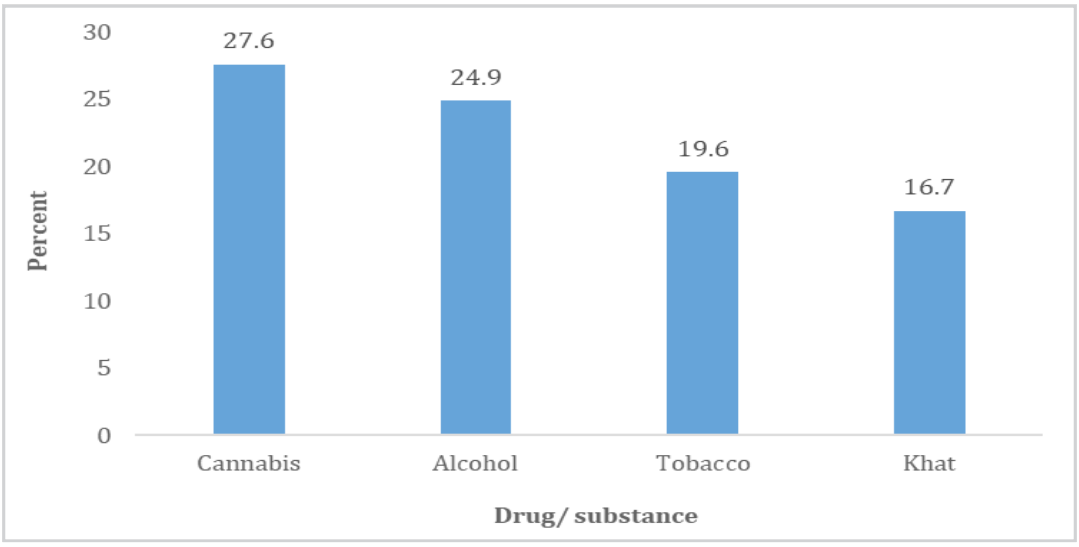
Figure 6.6: Relationship between harm to others and past-month DSU



6.3.4 Stigma and rejection

Findings on stigma and rejection show that past-month users of cannabis were the most affected (27.6%) followed by past-month users of alcohol (24.9%). Past month users of khat were the least affected at 17 percent as shown in Figure 6.7.

Figure 6.7: Percentage of the relationship between stigma and rejection by past month DSU



CHAPTER SEVEN: ALCOHOL AND DRUG USE DEPENDENCE

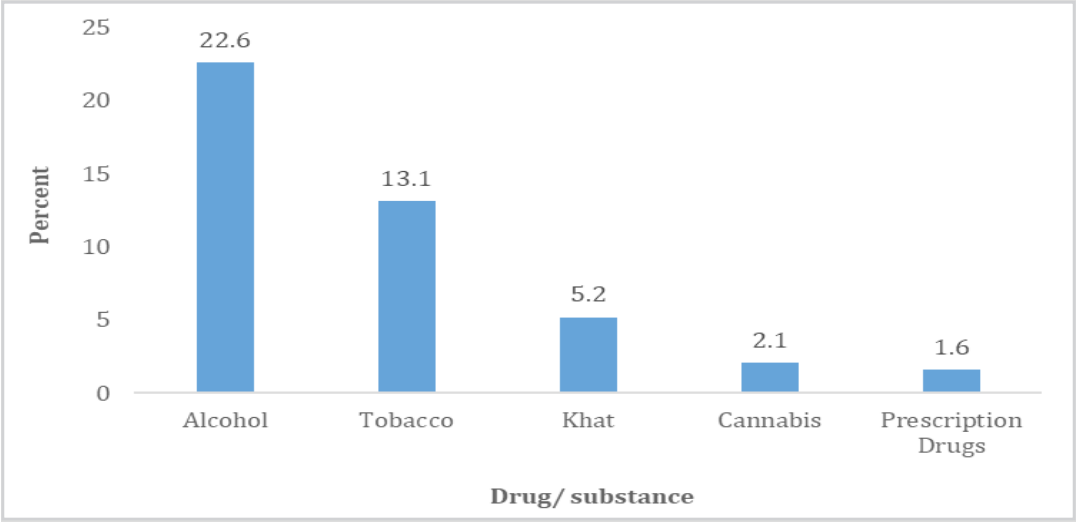
7.0 Introduction

This chapter presents survey findings on substance use disorders (SUDs)/ dependence including perceptions on counselling, treatment, and rehabilitation. It presents information on the extent of dependence and severity of different SUDs for the population aged 15- 65 years. Under Sustainable Development Goals (SDG 3, sub-section 3.5), countries are required to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

7.1 Annual prevalence of drug and substance use for the population aged 15 – 65 years

During the survey, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM – V) screening tool was applied to any respondent who had used DSA in the last year. The annual prevalence of DSU for the population aged 15 – 65 years is presented in Figure 7.1. The results show that the use of alcohol was more prevalent with 23 percent of the population having used alcohol in the last year preceding the survey. Among the DSAs, the prevalence of the use of cannabis and prescription drugs was lowest at 2 percent.

Figure 7.1: Annual prevalence of DSU



7.2 Prevalence of substance use disorders for the population aged 15 – 65 years

DSM-V screening tool was also applied to identify respondents with SUDs among those who had used drugs and substances of abuse in the last year before the survey. The SUDs are patterns of symptoms resulting from the use of a substance that the individual continues to take, despite experiencing problems. The DSM-V recognizes substance-related disorders resulting from the use of ten separate classes of drugs: alcohol, caffeine, cannabis, hallucinogens, stimulants, tobacco, and other substances. The DSM-V also recognizes that people are not all automatically or equally vulnerable to developing substance-related disorders and that some individuals have lower levels of self-control, which may be brain-based, which predispose them to develop problems if exposed to drugs. The criteria used to identify SUDs are:

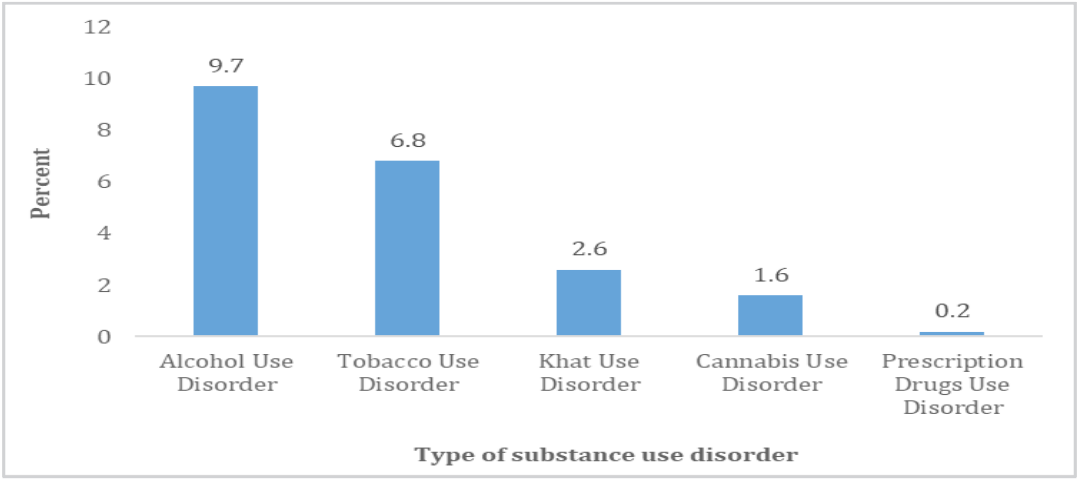
- Taking the substance in larger amounts or for longer than one was meant to;
- Wanting to cut down or stop using the substance but not managing;
- Spending a lot of time getting, using, or recovering from the use of the substance;
- Cravings and urge to use the substance;

- Not managing to perform as expected in the workplace, at home, or in school, because of substance use;
- Continuing to use a substance, even when it causes problems in relationships;
- Giving up important social, occupational, or recreational activities because of substance use;
- Using substances repeatedly, despite exposing one to danger;
- Continuing to use a substance, despite knowing of having a physical or psychological problem that could have been caused or made worse by the substance;
- Craving for more of the substance to get the effect desired (tolerance);
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM-V was also used to categorize the severity of substance use disorders depending on how many symptoms were identified. Two (2) or three (3) symptoms indicated a mild SUD; four (4) or five (5) symptoms indicated a moderate SUD; and six (6) or more symptoms indicated a severe SUD.

Results obtained on SUDs revealed that 10 percent of the population aged 15 – 65 years had alcohol use disorders (AUDs) followed by tobacco use disorders (TUDs) (6.8%). SUDs for prescription drugs use disorders (PDUDs) was less than one percent as shown in Figure 7.2.

Figure 7.2: Prevalence of substance use disorders for the population aged 15 – 65 years



7.2.1 Alcohol use disorders (AUDs) by region

The survey results reveal that 5 percent of the population aged 15 – 65 had severe AUDs as shown in Table 7.1. At the national level, the prevalence of AUDs was 10 percent and highest in the Western region at 17 percent. Nyanza region with 9 percent and Western region with 6 percent had the highest prevalence of severe AUDs, respectively.

Table 7.1: Alcohol use disorders among Kenyans aged 15 – 65 years

Region	Percentage of alcohol use disorders (AUDs)			
	Mild	Moderate	Severe	Prevalence of AUDs
Nairobi	1.9	3.5	3.5	8.9
Central	3.6	1.9	4.4	9.9
Coast	3.0	2.5	4.4	9.9
Eastern	2.3	2.1	3.8	8.2
Nyanza	1.9	1.6	9.3	12.8
Rift Valley	2.4	1.2	4.6	8.1
Western	5.7	3.0	8.0	16.7
North Eastern	..	..	..	..
National	**2.7**	**2.0**	**5.0**	**9.7**

For the population aged 15 – 24 years, 2 percent had severe AUDs as shown in Table 7.2. At the national level, the prevalence of AUDs for this age group was 6 percent and the highest in the Nairobi region at 10 percent. The Eastern region with 4 percent and the Central region with 3 percent had the highest prevalence of severe AUDs, respectively.

Table 7.2: Alcohol use disorders among Kenyans aged 15 – 24 years

Region	Percentage of alcohol use disorders (AUDs)			
	Mild	Moderate	Severe	Prevalence of AUDs
Nairobi	2.2	5.3	2.2	9.7
Central	2.4	1.7	3.0	7.0
Coast	1.9	1.8	1.2	4.9
Eastern	2.3	3.1	3.5	8.9
Nyanza	0.3	2.4	0.9	3.6
Rift Valley	1.1	..	3.1	4.3
Western	3.9	..	1.3	5.2
North Eastern	2.1	..	..	2.1
National	**1.8**	**1.8**	**2.2**	**5.8**

For the population aged 25 – 35 years, 7 percent had severe AUDs as shown in Table 7.3. At the national level, the prevalence of AUDs for this age group was 14 percent and highest in the Western region at 24.5 percent. The western region with 18 percent and the Nyanza region with 10 percent had the highest prevalence of severe AUDs, respectively.

Table 7.3: Alcohol use disorders among Kenyans aged 25 – 35 years

Region	Percentage of alcohol use disorders (AUDs)			
	Mild	Moderate	Severe	Prevalence of AUDs
Nairobi	3.9	1.9	6.2	12.0
Central	5.4	2.9	6.3	14.5
Coast	3.0	5.7	3.8	12.5
Eastern	2.3	2.4	6.6	11.2
Nyanza	2.3	2.2	10.2	14.7
Rift Valley	4.1	3.1	6.2	13.4
Western	5.7	1.1	17.7	24.5
North Eastern	3.3	3.3	..	6.5
National	**3.8**	**2.7**	**7.3**	**13.8**

7.2.2 Tobacco use disorders (TUDs) by region

The survey results show that 3 percent of the population aged 15 – 65 years had severe TUDs as presented in Table 7.4. Nationally, the prevalence of TUDs was 7 percent with severe disorders ranging from one percent in Nairobi and North Eastern regions to 4 percent in the Coast region.

Table 7.4: Tobacco use disorders among Kenyans aged 15 – 65 years

Region	Percentage of tobacco use disorders (TUDs)			
	Mild	Moderate	Severe	Prevalence of TUDs
Nairobi	3.2	..	1.2	4.4
Central	3.6	2.9	3.7	10.2
Coast	2.5	1.9	3.9	8.3
Eastern	2.0	2.8	3.6	8.4
Nyanza	0.6	0.8	3.1	4.5
Rift Valley	0.9	1.3	3.8	6.0
Western	3.3	1.2	3.6	8.1
North Eastern	1.6	..	1.3	2.9
National	**2.0**	**1.5**	**3.3**	**6.8**

For the population aged 15 – 24 years, 1 percent had severe TUDs as shown in Table 7.5. At the national level, the prevalence of TUDs for this age group was 2 percent and highest in the Central region at 5 percent. The central region with 3 percent had the highest prevalence of severe TUDs.

Table 7.5: Tobacco use disorders among Kenyans aged 15 – 24 years

Region	Percentage of tobacco use disorders (TUDs)			
	Mild	Moderate	Severe	Prevalence of TUDs
Nairobi	3.9	..	..	3.9
Central	..	2.0	2.9	4.9
Coast	0.7	..	..	0.7
Eastern	2.7	0.2	1.9	4.8
Nyanza	..	..	..	..
Rift Valley	..	0.5	0.7	1.2
Western	..	..	..	..
North Eastern	..	..	..	..
National	**0.9**	**0.3**	**0.6**	**1.9**

For the population aged 25 – 35 years, 3 percent had severe TUDs as shown in Table 7.6. At the national level, the prevalence of TUDs for this age group was 6 percent and highest in the North Eastern region at 10 percent. Western, Central, Coast, and Eastern regions with 4 percent had the highest prevalence of severe TUDs, respectively.

Table 7.6: Tobacco use disorders among Kenyans aged 25 – 35 years

Region	Percentage of tobacco use disorders (TUDs)			
	Mild	Moderate	Severe	Prevalence of TUDs
Nairobi	1.8	..	..	1.8
Central	2.4	1.7	4.2	8.3
Coast	1.4	0.8	4.2	6.4
Eastern	2.5	1.0	4.2	7.7
Nyanza	1.3	0.8	0.8	2.9
Rift Valley	0.8	0.4	3.6	4.9
Western	3.4	..	4.4	7.8
North Eastern	6.3	..	3.3	9.5
National	**1.9**	**0.6**	**3.0**	**5.6**

7.2.3 Khat use disorders (KUDs) by region

Findings show that 1 percent of the population aged 15 – 65 years had severe KUDs as presented in Table 7.7. At the national level, the prevalence of KUDs was 3 percent and highest in the Eastern region at 8 percent. North Eastern region with 5 percent had the highest prevalence of severe KUDs.

Table 7.7: Khat use disorders among Kenyans aged 15 – 65 years

Region	Percentage of khat use disorders (KUDs)			
	Mild	Moderate	Severe	Prevalence of KUDs
Nairobi	2.5	..	..	2.5
Central	0.3	0.1	1.0	1.4
Coast	1.8	0.5	1.1	3.4
Eastern	3.9	2.2	1.4	7.5
Nyanza	..	..	0.5	0.5
Rift Valley	0.5	0.3	0.6	1.4
Western	0.1	..	..	0.1
North Eastern	1.7	0.8	4.6	7.1
National	**1.3**	**0.5**	**0.8**	**2.6**

For the population aged 15 – 24 years, 1 percent had severe KUDs as shown in Table 7.8. At the national level, the prevalence of KUDs for this age group was 3 percent and highest in the Eastern region at 8.1 percent. North Eastern region with 7 percent had the highest prevalence of severe KUDs.

Table 7.8: Khat use disorders among Kenyans aged 15 – 24 years

Region	Percentage of khat use disorders (KUDs)			
	Mild	Moderate	Severe	Prevalence of KUDs
Nairobi	3.9	..	..	3.9
Central	..	2.3	0.4	2.7
Coast	2.3	..	0.7	3.0
Eastern	5.3	1.2	1.6	8.1
Nyanza	..	..	0.8	0.8
Rift Valley	..	0.1	..	0.1
Western	..	..	..	..
North Eastern	..	..	6.8	6.8
National	**1.4**	**0.4**	**0.8**	**2.6**

For the population aged 25 – 35 years, 1 percent had severe KUDs as shown in Table 7.9. At the national level, the prevalence of KUDs for this age group was 3 percent and highest in the North Eastern region at 10 percent. North Eastern regions with 3 percent had the highest prevalence of severe KUDs.

Table 7.9: Khat use disorders among Kenyans aged 25 – 35 years

Region	Percentage of khat use disorders (KUDs)			
	Mild	Moderate	Severe	Prevalence of KUDs
Nairobi	3.3	..	..	3.3
Central	..	0.2	3.0	3.2
Coast	2.3	0.5	1.9	4.7
Eastern	3.4	1.2	3.0	7.7
Nyanza	..	..	..	..
Rift Valley	0.5	0.9	1.2	2.5
Western	0.2	..	..	0.2
North Eastern	..	6.3	3.3	9.5
National	**1.3**	**0.7**	**1.4**	**3.4**

7.2.4 Cannabis use disorders (CUDs) by region

Findings show that 1 percent of the population aged 15 – 65 years had severe CUDs as presented in Table 7.10. At the national level, the prevalence of CUDs was 2 percent and highest in the Nairobi region at 3 percent. Nyanza region with 2 percent had the highest prevalence of severe CUDs.

Table 7.10: Cannabis use disorders

Region	Percentage of cannabis use disorders (CUDs)			
	Mild	Moderate	Severe	Prevalence of CUDs
Nairobi	0.8	0.6	1.7	3.1
Central	0.1	..	1.2	1.3
Coast	0.3	0.3	0.8	1.4
Eastern	0.3	0.5	0.4	1.2
Nyanza	0.5	0.5	1.9	2.9
Rift Valley	0.5	0.1	0.6	1.2
Western	0.4	0.4	0.4	1.2
North Eastern	..	..	..	..
National	**0.4**	**0.3**	**0.9**	**1.6**

For the population aged 15 – 24 years, 1 percent had severe CUDs as shown in Table 7.11. At the national level, the prevalence of CUDs for this age group was 2 percent and highest in the Central region at 4 percent. The central region with 4 percent had the highest prevalence of severe CUDs.

Table 7.11: Cannabis use disorders among Kenyans aged 15 – 24 years

Region	Percentage of cannabis use disorders (CUDs)			
	Mild	Moderate	Severe	Prevalence of CUDs
Nairobi	2.2	..	1.6	3.8
Central	..	..	4.3	4.3
Coast	..	..	..	..
Eastern	0.2	..	0.2	0.4
Nyanza	0.8	0.8	1.6	3.2
Rift Valley	0.6	..	1.3	1.9
Western	..	..	1.4	1.4
North Eastern	..	..	..	..
National	**0.6**	**0.1**	**1.3**	**2.0**

For the population aged 25 – 35 years, 1 percent had severe CUDs as shown in Table 7.12. At the national level, the prevalence of CUDs for this age group was 2 percent and the highest in the Nairobi region at 5 percent. Nairobi regions with 3 percent had the highest prevalence of severe CUDs.

Table 7.12: Cannabis use disorders among Kenyans aged 25 – 35 years

Region	Percentage of cannabis use disorders (CUDs)			
	Mild	Moderate	Severe	Prevalence of CUDs
Nairobi	..	1.8	3.3	5.0
Central	0.2	..	1.8	2.0
Coast	0.7	1.3	1.2	3.3
Eastern	0.5	0.8	1.2	2.5
Nyanza	..	..	1.7	1.7
Rift Valley	0.6	..	0.5	1.1
Western	0.5	0.8	..	1.4
North Eastern	..	..	..	..
National	**0.4**	**0.5**	**1.2**	**2.1**

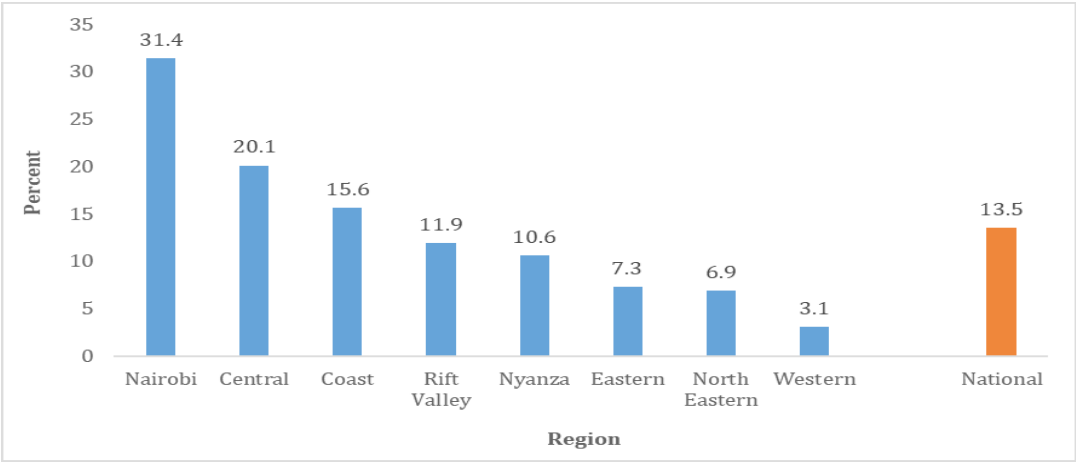
7.2.5 Prescription drugs use disorders (PDUDs)

Results show that less than one percent of the population aged 15 – 65 years either had mild, moderate, or severe PDUDs. Data shows that 0.2% had PDUDs where 0.1% were mild and another 0.1% were moderate.

7.3 Awareness of treatment and rehabilitation services

The findings show that 14 percent of the population was aware of a treatment and rehabilitation facility as shown in Figure 7.3. Nairobi region had the highest awareness level (31.4%) followed by the Central region (20.1%). The western region had the lowest level of awareness (3.1%).

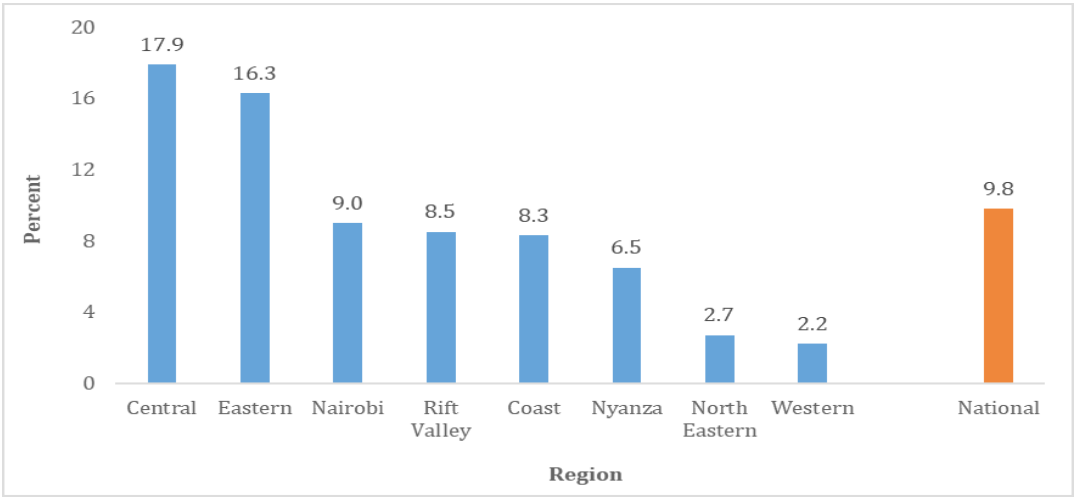
Figure 7.3: Awareness of a treatment and rehabilitation facility



7.5 Awareness of NACADA's toll-free helpline service, 1192

Results obtained show that only 10 percent of the population was aware of the NACADA toll-free helpline service, 1192 as shown in Figure 7.4. Central and Eastern regions had the highest awareness levels at 18 percent and 16 percent, respectively. The Western region had the lowest level of awareness at 2 percent.

Figure 7.4: Awareness of NACADA's toll-free helpline service



CHAPTER EIGHT: STATUS OF ALCOHOL AND DRUG CONTROL

8.0 Introduction

Under the Constitution, there are three main functions of the county government directly related to the functions of NACADA. These are:

(i) promotion of primary healthcare (Section 2 (c) of part 2) where alcohol and drug abuse issues fall;
(ii) liquor licensing (Section 4 (c) of part 2) and;
(iii) control of drugs (section 13), especially on education and awareness; and research.

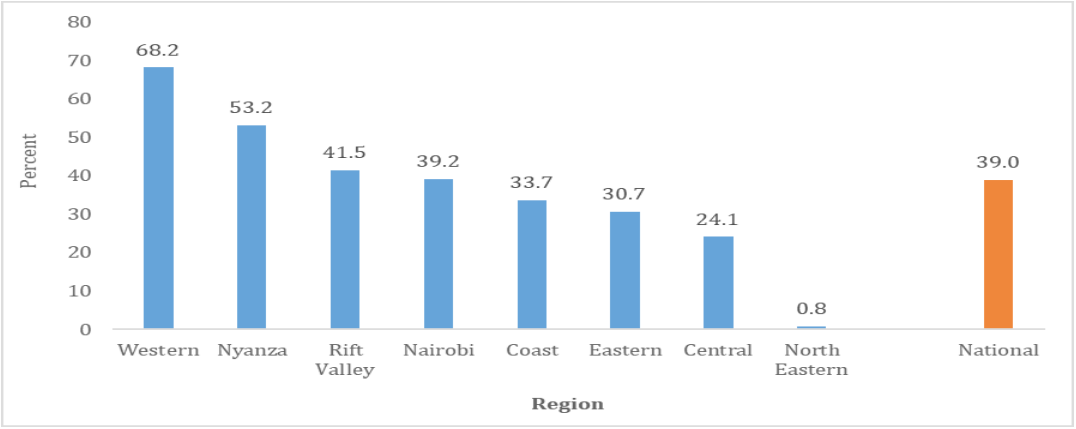
Licensing and drug control are devolved functions. This section presents findings that relate to alcohol and drug control.

8.1 Perception of the production, sale, and consumption of illicit brews in the community for the population aged 15 – 65 years

8.1.1 Perception of the production of illicit brews in the community

The results obtained from the survey show that 39 percent of the population were of the view that the production of illicit brews was widespread in their community. This perception was highest in the Western region (68.2%) and Nyanza region (53.2%). Less than one percent of the population in the North Eastern region perceived that the production of illicit brew was widespread in their community as shown in Figure 8.1.

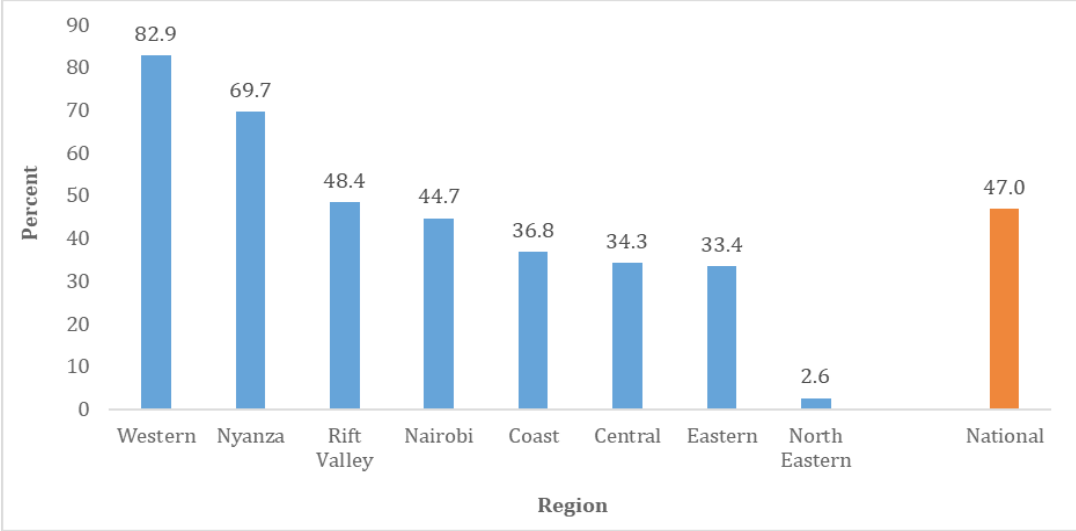
Figure 8.1: Percentage of the population with the perception that the production of illicit brew was widespread in the community by region



8.1.2 Perception of the sale of illicit brews in the community

Figure 8.2 presents the population with the perception that the distribution and sale of illicit brew were widespread in the community by region. Nationally, 47 percent of the population perceived that the distribution and sale of illicit brew were widespread in their community. This perception was highest in the Western region (82.9%) and lowest in the North Eastern region (2.6%).

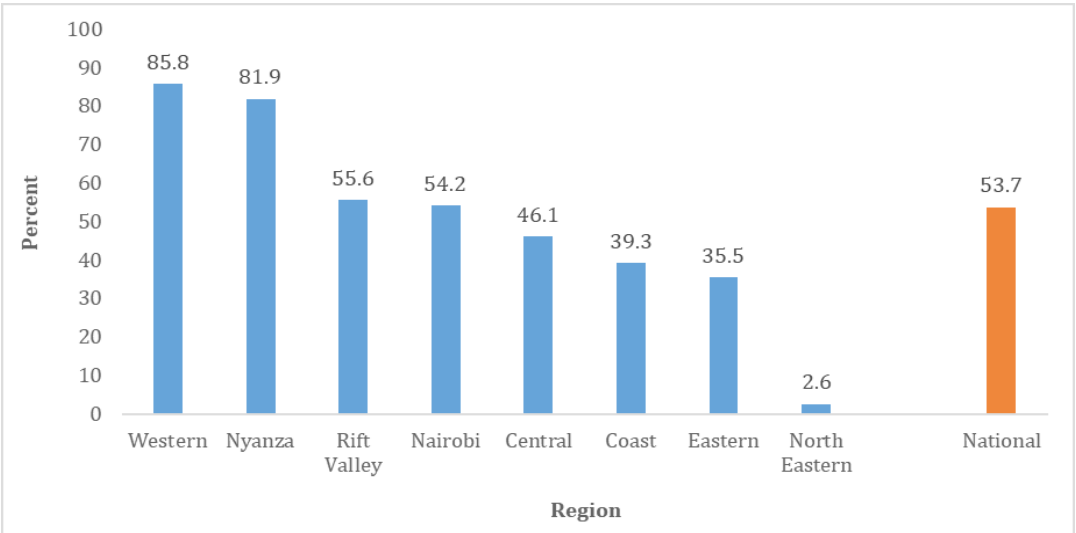
Figure 8.2: Percentage of the population with the perception that distribution and sale of illicit brew was widespread in the community by region



8.1.3 Perception of the consumption of illicit brews in the community

The survey results reveal that 54 percent of the population had the perception that consumption of illicit brews was widespread in their community. Eighty-six percent of the population in the Western region and 82 percent in the Nyanza region perceived consumption of illicit brews to be widespread in their community as presented in Figure 8.3.

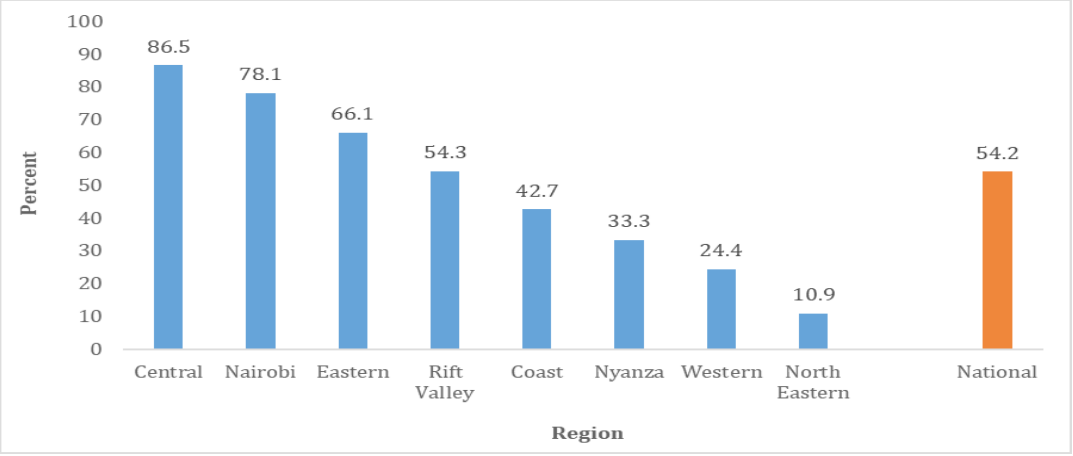
Figure 8.3: Percentage of population with the perception that consumption of illicit brew was widespread in the community by region



8.2 Implementation of the Alcoholic Drinks Control Act, 2010

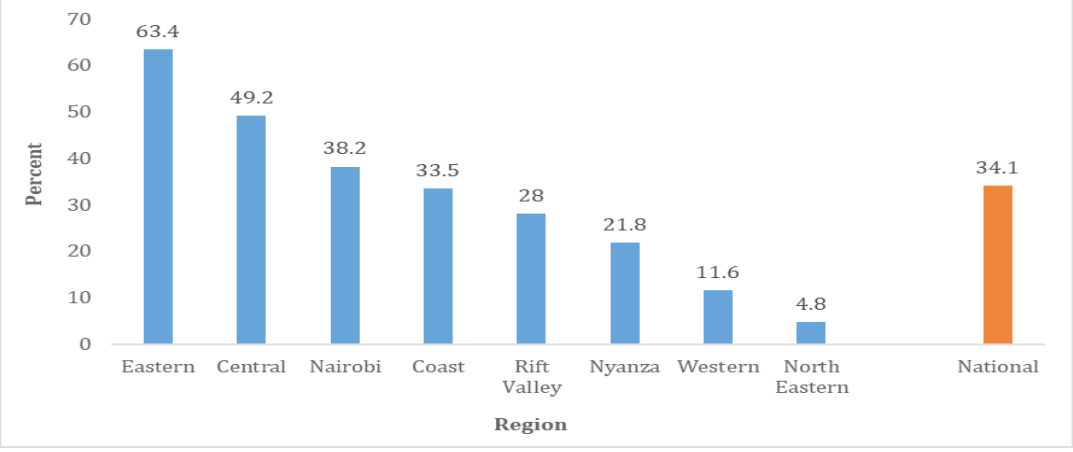
The Alcoholic Drinks Control Act (ADCA), 2010 provides for comprehensive control of the manufacture, sale, consumption, distribution, and promotion of alcoholic drinks in Kenya. Findings show that more than half (54.2%) of the population were aware of the Act. The level of awareness was highest in the Central and Nairobi regions at 87 percent and 78 percent, respectively. This awareness was lowest in the North Eastern region at 11 percent as shown in Figure 8.4.

Figure 8.4: Percentage of the population who had ever heard about the Alcoholic Drinks Control Act 2010



The survey also sought to find out whether the respondents had ever heard about the County Alcoholic Drinks Control Act for their county. The results show that 34 percent of the population was aware of their county Acts as shown in Figure 8.5. The awareness was highest in the Eastern region (63.4%) and lowest in the North Eastern region (4.8%).

Figure 8.5: Percentage of the population who had ever heard about the 'County Alcoholic Drinks Control Act' for their county



8.3 Perceptions on the level of alcohol consumption

The survey results show that 49 percent of the population believed that the number of bars had increased in the last 5 years. Seventy-four percent of the population in the Central region had the perception that the number of bars had increased in the last 5 years. This was followed by the Nairobi region at 65 percent. Only about 5 percent of the population in the North Eastern region had the perception that bars had increased in their area in the last 5 years as presented in Figure 8.6.

Figure 8.6: Percentage of the population who had the perception that there was an increase in the number of bars in their area in the last 5 years

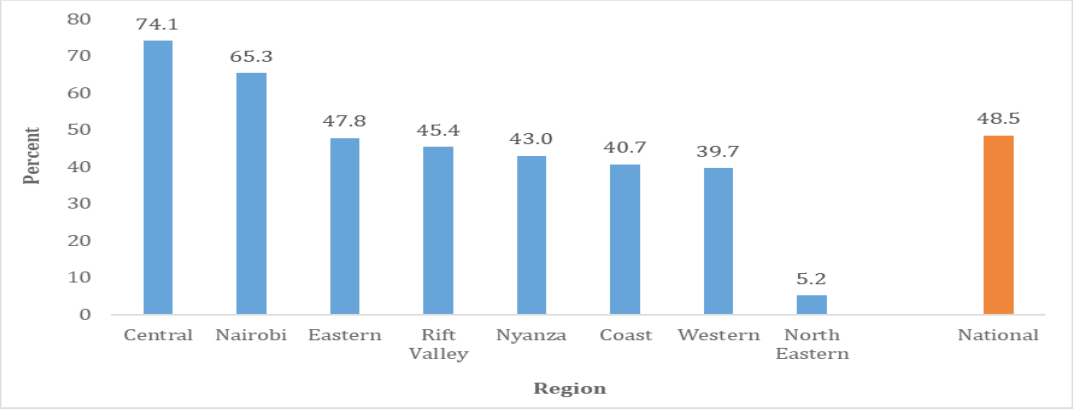
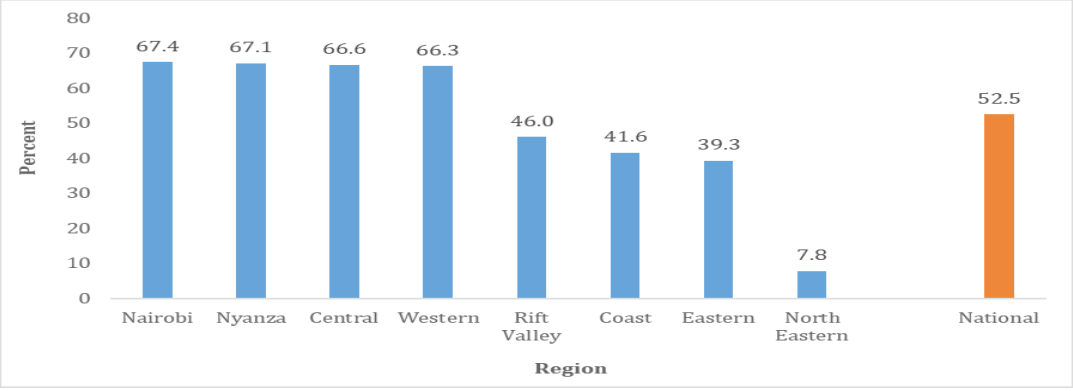


Figure 8.7 shows the percentage distribution of the population who had the perception that there was an increase in underage drinking in their area in the last 5 years by region. Fifty-three percent of the population had the perception that there was an increase in underage drinking in their area in the last 5 years. Sixty-seven percent of the population in Nairobi, Nyanza, and Central regions each, had the perception that there was an increase in underage drinking. The lowest level of perception was in the North Eastern region with only 8 percent having the perception that there was an increase in underage drinking in their area in the last 5 years.

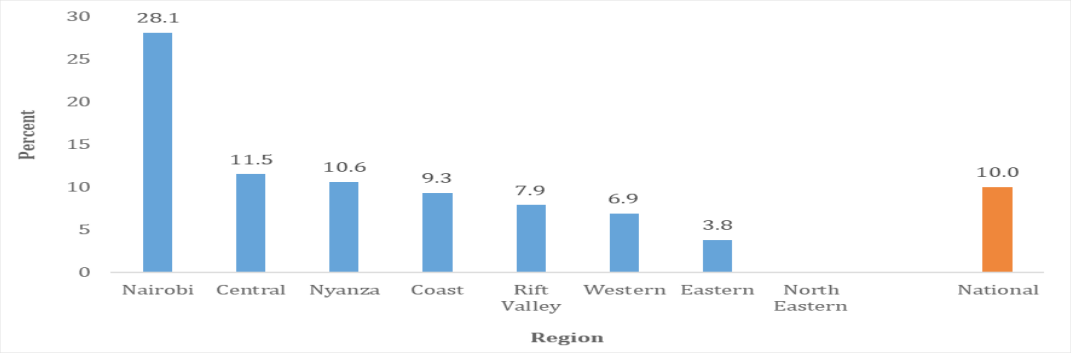
Figure 8.7: Percentage of the population who had the perception that there was an increase in underage drinking in their area in the last 5 years



8.4 Online sale and marketing of drugs and substances of abuse

One of the emerging supply suppression challenges is the rising use of online sale and marketing of drugs and substances of abuse. The study shows that 10 percent of the population was aware of the online sale and marketing of drugs and substances of abuse as shown in Figure 8.8. The awareness was highest in Nairobi region (28.1%) and lowest in the Eastern region (3.8%). No data was available for the North Eastern region.

Figure 8.8: Percentage of the population aware of online sale of drugs and substances of abuse



8.4.1 Drugs and substances of abuse purchased online

The surveys' main aim was also to establish the most commonly purchased substances through online platforms. Table 8.1 shows the proportion of drugs and substances of abuse purchased online. The level of online purchase of drugs and substances of abuse was relatively low. Alcohol was the most commonly purchased substance through online platforms at 2 percent. The proportion of other drugs and substances of abuse purchased was less than one percent each.

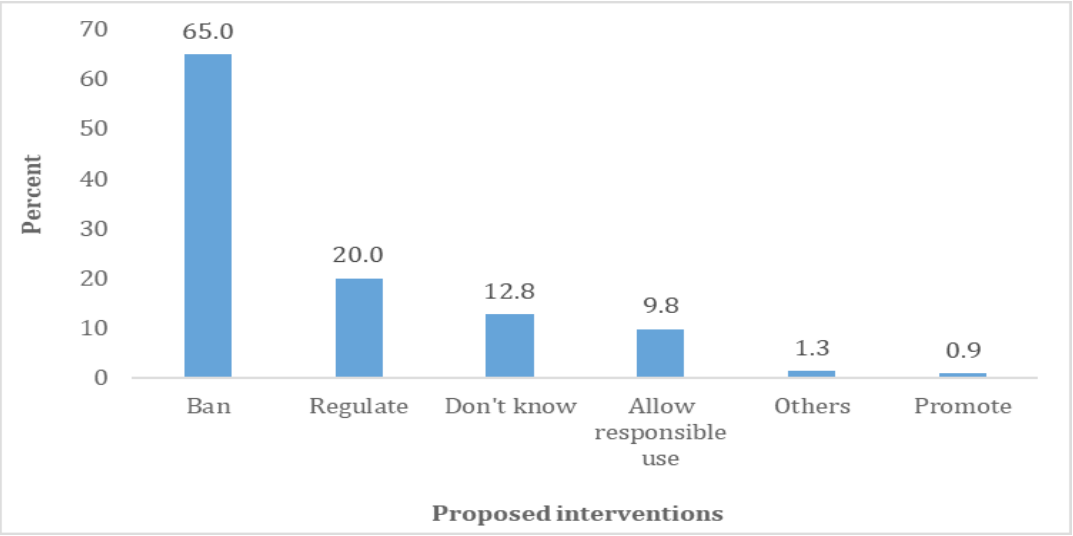
Table 8.1: Percentage of drugs and substances of abuse purchased online

Substances purchased	Percent
Alcohol	1.6
Vape/ electronic cigarettes/ heated tobacco products	0.3
Cigarettes, pipes, cigars	0.3
Shisha	0.2
Nicotine pouches e.g LYFT	0.2
Snuff	0.1
Prescription drugs	0.1
Khat	0.1
Kuber	0.1
Heroin	0.1
Hashish	0.1
Cocaine	0.1
Bhang	0.1
Betel quid with tobacco (pan)	0.1

8.4.2 Proposed interventions on online sale of DSA

Figure 8.9 presents the percentage distribution of the population by proposed interventions on online sales of DSA. To enforce control measures to mitigate the emerging challenge of online sale and marketing of drugs and substances of abuse, 65 percent of the population proposed a ban while 20 percent advocated for regulation and only one percent proposed promotion of online sales.

Figure 8.9: Percentage of proposed interventions on online sale of DSA



CHAPTER NINE: DISCUSSION

9.0 Introduction

This chapter discusses the summary findings of the survey. It is divided into five parts focusing on awareness of psychoactive substances; the prevalence of DSU; health and social-economic consequences of DSU; the extent of SUDs; and the status of alcohol and drug control.

9.1 Spontaneous awareness of psychoactive substances

Spontaneous awareness was used to assess the knowledge of psychoactive substances. The results show that spontaneous awareness of tobacco and alcohol was generally high while spontaneous awareness of prescription drugs, inhalants, hashish, heroin, cocaine, khat, and cannabis was low. This was an indication that even though people know drugs and substances of abuse, some were not aware that they were psychoactive substances. In addition, the survey shows low awareness levels for emerging novel tobacco products e.g. e-cigarettes and nicotine pouches.

9.1.1 Overall awareness of psychoactive substances

The results show that overall awareness was high for alcohol, tobacco, khat, and cannabis while it was low for hashish, prescription drugs, heroin, and cocaine. The study, therefore, revealed that the overall awareness of "legal" psychoactive substances was high compared to "illegal" substances. In the group of narcotic drugs, cannabis recorded the highest overall awareness compared to hashish, heroin, and cocaine.

9.2 Prevalence of drugs and substances of abuse

Prevalence of drugs and substance use was determined through two key indicators; lifetime use (ever use) and past month use.

9.2.1 Lifetime prevalence of DSU in Kenya

The survey findings show that more than half of the population had ever used a drug or substance of abuse in their lifetime. Forty-three percent had abstained from drugs and substances of abuse in their lifetime. Further analysis of lifetime prevalence showed that alcohol was the most widely used substance followed by tobacco, khat, cannabis, prescription drugs, inhalants, heroin, cocaine, and hashish. This finding reinforces the need for intervention programs targeting young children from different settings to sustain lifetime abstinence from DSU or delay initiation of DSU.

9.2.2 Past month prevalence of DSU in Kenya

The survey findings show an overall downward trend for the prevalence of past-month use of at least one drug or substance of abuse between 2007 and 2022. Prevalence of past-month use of individual drugs of abuse revealed that alcohol was the most widely used substance followed by tobacco, khat, cannabis, and prescription drugs. The "legal" drugs were the most widely used substances in the past month. The study also shows an increase in demand for cheaper and readily available alcoholic products especially chang'aa and traditional brews. This was most pronounced in the Western, Nyanza, and Coast regions. Cannabis was the most widely used narcotic drug with the past-month use prevalence recording a sharp increase in 2022 possibly due to myths and misconceptions as well as the low perception of harm resulting from continued misinformation to the youth and young children. The survey results show that males had a higher past month use prevalence of DSU compared to females. There is, therefore, a need to integrate gender-sensitive prevention and treatment approaches for effective programming. The 25 – 35 years age group, which represents the most productive population segment, was most affected by drugs and substance use. The vulnerability of this age group calls for tailored interventions targeting youth – out – of school.

9.3 Health and social-economic consequences of DSU

The study established the relationship between depressive disorders and DSU. Results show that past-month use of commonly used drugs and substances of abuse namely alcohol, tobacco, khat, cannabis, and prescription drugs were associated with depressive disorders. The findings underscored the need for the management of co-occurring substance use and mental health disorders as a standard practice in addiction treatment and rehabilitation.

9.4 Extent of substance use disorders

Sustainable Development Goal 3, sub-section 3.4 underscores the need for countries to reduce by one-third premature mortality and non-communicable diseases through prevention and treatment and promotion of mental health and well-being by 2030. The survey established that the country is confronted with a high burden of SUDs. Data showed that AUDs were the most commonly reported disorders followed by TUDs, KUDs, CUDs, and PDUDs. The high burden of SUDs requires innovative and cost-effective approaches to meet the ever-increasing demand for addiction treatment and rehabilitation.

9.5 Status of alcohol and drug control

Perceptions of the population on the different aspects of enforcement showed that there were serious problems regarding the production, sale, and consumption of illicit brews; the sale of alcohol to underage children; and an increase in the number of liquors selling outlets across the country. The challenge of illicit brews was higher in the Western and Nyanza regions. This finding corroborates the evidence of the increased prevalence of traditional liquor and chang'aa in the two regions. Further, the results explain the growing demand for cheaper and more readily available alcoholic drink alternatives.

9.6 Limitations of the survey

Heroin, cocaine, and other users of illegal substances are categorized as hidden populations. These populations are characterized by unknown sampling frame and there exist privacy concerns because their membership is based on criminalized behaviour. Household surveys therefore cannot produce reliable estimates for substances used by the hidden populations given that the majority are homeless and reside on the streets or in drug dens. However, though their numbers may not be identified in a household sample, the hidden populations cannot be ignored due to their far-reaching socio-economic and health consequences. These populations pose a threat to national security because crime is the primary source of livelihood to sustain a steady supply of drugs.

CHAPTER TEN: CONCLUSIONS AND RECOMMENDATIONS

10.1 Conclusions

- The survey established that alcohol continues to be the most widely used substance of abuse in Kenya with findings pointing towards increasing demand for cheaper and readily available alcoholic products especially chang'aa, traditional brews, and potable spirits;

- Results showed that the prevalence of cannabis use almost doubled over the last five years. The growing demand for cannabis especially among the youth could be attributed to the low perception of harm due to myths, misinformation, and misconceptions;

- The 25-35 years age group representing youth out-of-school was identified as a vulnerable group for drugs and substance use and dependence;

- The survey showed evidence of underage drug and substance use despite the well-documented negative implications and consequences of early initiation;

- Drug and substance use was identified as a key risk factor for depressive disorders. This finding presents addiction professionals with an evolving challenge of co-occurring substance use and mental health disorders;

- Although the general trend shows that the overall prevalence of drugs and substance use was on a slow downward trend, the high burden of SUDs presents the greatest challenge to the next phase of the campaign;

- There was evidence of the online sale of drugs and substances of abuse thereby posing serious public health safety concerns as well as regulatory challenges that includes access to underage children. This may be further complicated by the penetration of mobile transfer services in Kenya and the expansion of internet access services.

10.2 Recommendations

Based on the findings of the survey, the following recommendations are made. There is a need for:

- Enhanced collaboration between the national and county governments to scale up joint enforcement efforts to control the production, distribution, sale, and consumption of illicit brews;

- NACADA in collaboration with the relevant enforcement agencies to ensure compliance with provisions of the ADCA 2010 especially under-age use and access to alcohol and liquor selling outlets; control of alcohol selling outlets near basic institutions of learning and residential areas; and control of alcohol advertisements;

- County governments to review the licensing regime and incorporate public participation to regulate the increased proliferation of liquor-selling outlets in the counties;

- NACADA in collaboration with the FBOs to scale up "positive parenting" and "strengthening families" programs to moderate risks of early exposure to DSA by children and young adolescents;

- NACADA to leverage on the social media and other online platforms to reach the youth with tailored prevention programs and regular factual messaging to counter myths, misinformation, and misconceptions related to alcohol, drugs, and substances of abuse;

- Deliberate measures to be put in place to address the myths, misinformation, and misconceptions of cannabis use among the youth;

- Security committees at national, regional, and county levels to coordinate sustainable and effective approaches to control the trafficking of narcotic drugs;

- NACADA and the Ministry for Youth Affairs, Sports and the Arts to identify opportunities for youth engagement to facilitate implementation of tailored drugs and substance use prevention programs for youth out of school;

- NACADA to collaborate with the Ministry of Education to upscale prevention programs and the roll-out of a tailored life skills program aimed at sustaining abstinence or delaying initiation to drugs and substance use by children and students in primary and secondary schools in Kenya;

- NACADA to collaborate with the Ministry of Health (MoH) and other relevant stakeholders to develop and enforce standard operating procedures for the management of co-occurring substance use and mental health disorders including relapse prevention interventions for addiction treatment and rehabilitation practitioners;

- NACADA to collaborate with MoH, County Governments, CSOs, NGOs, FBOs, and other partners to expand addiction treatment services with an emphasis on a community-based model anchored through out-patient services to address the challenges of affordability and physical access;

- NACADA to collaborate with the relevant enforcement agencies to regulate the handling of ethanol, and accountability of ethanol utilized by manufacturers of potable spirits, including proposing a special tax to regulate the availability and affordability of potable spirits;

- Kenya Bureau of Standards to review standards for alcoholic drinks to regulate the potency of cheap and readily available liquor in the market;

- NACADA to propose amendments to the ADCA 2010 and the Narcotics and Psychotropic Substances (Control) Act, 1994 to address the emerging supply suppression challenges including regulation of online sale and marketing of alcoholic drinks, drugs, and other substances of abuse.

REFERENCES

KNBS (2019). Kenya Population and Housing Census Volume 1 A: Population Distribution by Administrative Units.

Kothari, C. R. (2003). Research Methodology: Methods and Techniques, 2nd ed. New International (p) Ltd, New Delhi.

NACADA (2017). Rapid situation assessment of drug and substance abuse in Kenya. Nairobi: NACADA.

NACADA (2012). Rapid situation assessment of drug and substance abuse in Kenya. Nairobi: NACADA.

NACADA (2007). Rapid situation assessment of drug and substance abuse in Kenya. Nairobi: NACADA.

APPENDICES

Appendix 1: Sample allocation for the 2022 TADSAS

County code	County	Clusters			Households		
		Rural	Urban	Total	Rural	Urban	Total
1	Mombasa	-	5	5	-	100	100
2	Kwale	3	1	4	60	20	80
3	Kilifi	3	2	5	60	40	100
4	Tana River	2	1	3	40	20	60
5	Lamu	1	1	2	20	20	40
6	Taita-Taveta	2	1	3	40	20	60
7	Garissa	2	1	3	40	20	60
8	Wajir	2	1	3	40	20	60
9	Mandera	2	1	3	40	20	60
10	Marsabit	2	1	3	40	20	60
11	Isiolo	1	1	2	20	20	40
12	Meru	5	2	7	100	40	140
13	Tharaka-Nithi	2	1	3	40	20	60
14	Embu	3	1	4	60	20	80
15	Kitui	4	1	5	80	20	100
16	Machakos	4	3	7	80	60	140
17	Makueni	3	1	4	60	20	80
18	Nyandarua	3	1	4	60	20	80
19	Nyeri	3	2	5	60	40	100
20	Kirinyaga	3	2	5	60	40	100
21	Murang'a	4	2	6	80	40	120
22	Kiambu	3	6	9	60	120	180
23	Turkana	3	1	4	60	20	80
24	West Pokot	2	1	3	40	20	60
25	Samburu	2	1	3	40	20	60
26	Trans Nzoia	3	2	5	60	40	100
27	Uasin Gishu	3	3	6	60	60	120
28	Elgeyo – Marakwet	2	1	3	40	20	60
29	Nandi	3	1	4	60	20	80
30	Baringo	3	1	4	60	20	80
31	Laikipia	2	2	4	40	40	80
32	Nakuru	4	4	8	80	80	160
33	Narok	3	1	4	60	20	80
34	Kajiado	2	3	5	40	60	100
35	Kericho	3	1	4	60	20	80
36	Bomet	3	1	4	60	20	80
37	Kakamega	5	2	7	100	40	140
38	Vihiga	3	1	4	60	20	80
39	Bungoma	4	2	6	80	40	120
40	Busia	3	1	4	60	20	80
41	Siaya	4	1	5	80	20	100
42	Kisumu	3	3	6	60	60	120
43	Homa Bay	4	1	5	80	20	100
44	Migori	3	2	5	60	40	100
45	Kisii	4	2	6	80	40	120
46	Nyamira	3	1	4	60	20	80
47	Nairobi City	-	9	9	-	180	180
Total		**131**	**86**	**217**	**2,620**	**1,720**	**4,340**

Appendix 2: Distribution of the sample by region

Region	Clusters			Households		
	Rural	Urban	Total	Rural	Urban	Total
Coast	11	11	22	220	220	440
North Eastern	6	3	9	120	60	180
Eastern	24	11	35	480	220	700
Central	16	13	29	320	260	580
Rift Valley	38	23	61	760	460	1,220
Western	15	6	21	300	120	420
Nyanza	21	10	31	420	200	620
Nairobi	-	9	9	-	180	180
Total	**131**	**86**	**217**	**2,620**	**1,720**	**4,340**

Appendix 3: Additional reference tables

Past-month use of alcohol

Characteristic		Alcohol					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	12.1	358,044	7.5	74,868	14.1	148,100
	Central	12.8	443,187	6.0	32,091	14.1	130,989
	Coast	13.9	340,385	7.6	50,224	10.3	64,476
	Eastern	9.3	368,423	7.9	71,650	10.5	127,084
	Nyanza	11.4	383,204	2.8	27,870	12.6	125,114
	Rift Valley	9.6	673,828	4.0	72,725	11.8	270,097
	Western	23.8	632,048	5.2	38,180	38.4	271,428
	North Eastern	..	..	..	..	..	..
Sex	Male	20.4	2,511,763	9.5	307,892	22.7	797,835
	Female	4.7	687,356	1.5	59,715	7.4	339,453
Residence	Rural	11.8	2,043,005	3.4	152,906	14.1	667,366
	Urban	11.8	1,156,115	8.3	214,701	13.9	469,922
National		**11.8**	**3,199,119**	**5.2**	**367,608**	**14.0**	**1,137,288**

Past-month use of tobacco

Characteristic		Tobacco					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	8.1	238,303	7.4	74,569	1.6	16,515
	Central	11.9	409,562	5.8	31,307	9.7	90,574
	Coast	10.8	264,672	2.8	18,907	7.9	49,247
	Eastern	10.7	423,084	6.1	55,619	6.2	74,444
	Nyanza	4.0	133,349	..	-	0.8	7,648
	Rift Valley	8.5	598,988	2.7	49,729	7.5	171,270
	Western	8.0	212,404	..	..	8.3	58,943
	North Eastern	2.1	25,566	..	..	6.5	20,205
Sex	Male	16.4	2,018,655	6.8	221,285	11.5	405,188
	Female	2.0	287,274	0.2	8,846	1.8	83,658
Residence	Rural	9.1	1,570,590	1.7	75,653	6.6	310,399
	Urban	7.5	735,339	5.9	154,477	5.3	178,446
National		**8.5**	**2,305,929**	**3.2**	**230,130**	**6.0**	**488,845**

Past-month use of khat

Characteristic		Khat					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	4.9	143,908	9.1	91,084	5.0	52,824
	Central	1.8	61,836	2.6	14,051	3.2	29,739
	Coast	4.8	117,326	0.7	4,359	9.1	57,173
	Eastern	9.6	380,777	11.5	104,498	11.1	133,598
	Nyanza	0.5	15,608	0.8	7,804	-	-
	Rift Valley	2.1	146,997	0.4	7,984	3.7	84,279
	Western	0.5	12,873	..	..	0.2	1,678
	North Eastern	7.2	85,414	6.8	30,173	9.5	29,444
Sex	Male	7.0	856,283	7.7	248,648	9.3	329,029
	Female	0.7	108,454	0.3	11,305	1.3	59,706
Residence	Rural	3.3	570,150	2.6	117,122	4.9	232,335
	Urban	4.0	394,588	5.5	142,831	4.6	156,400
National		**3.6**	**964,737**	**3.6**	**259,954**	**4.8**	**388,735**

Past-month use of cannabis

Characteristic		Cannabis					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	6.3	186,784	9.7	96,982	5.0	52,447
	Central	1.3	45,221	4.3	22,949	2.4	22,272
	Coast	1.9	47,028	..	..	3.3	20,486
	Eastern	1.5	58,837	1.2	10,865	2.4	29,541
	Nyanza	2.4	79,594	2.3	23,257	1.7	16,892
	Rift Valley	1.2	84,832	1.6	28,842	1.2	26,530
	Western	0.6	16,511	1.4	10,536	0.8	5,975
	North Eastern	..	..	0.0	..	..	..
Sex	Male	3.9	475,770	5.1	165,139	4.7	164,340
	Female	0.3	43,037	0.7	28,291	0.2	9,802
Residence	Rural	1.3	225,354	1.1	50,174	1.5	71,229
	Urban	3.0	293,453	5.5	143,256	3.0	102,913
National		**1.9**	**518,807**	**2.7**	**193,430**	**2.1**	**174,142**

Past-month use of inhalants

Characteristic		Inhalants					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	..	..	..	..
	Central	..	..	..	..	..	..
	Coast	..	..	..	..	..	..
	Eastern	..	..	..	..	..	..
	Nyanza	0.3	9,447	..	..	1.0	9,447
	Rift Valley	..	..	..	..	..	..
	Western	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..
Sex	Male	0.1	9,447	..	..	0.3	9,447
	Female	..	..	..	..	..	..
Residence	Rural	0.1	9,447	..	..	0.2	9,447
	Urban	..	..	..	..	..	..
National		**..**	**9,447**	**..**	**..**	**..**	**9,447**

Past-month use of prescription drugs

Characteristic		Prescription drugs					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	..	..	..	-
	Central	0.3	8,898	..	..	1.0	8,898
	Coast	0.3	8,328	1.3	8,328	..	..
	Eastern	0.2	8,956	..	..	..	..
	Nyanza	0.6	20,902	..	..	1.0	10,215
	Rift Valley	0.2	13,325	..	..	..	..
	Western	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..
Sex	Male	0.2	18,567	..	..	0.3	8,898
	Female	0.3	41,840	0.2	8,328	0.2	10,215
Residence	Rural	0.2	34,510	..	..	0.2	7,706
	Urban	0.3	25,897	0.3	8,328	0.3	11,406
National		**0.2**	**60,407**	**0.1**	**8,328**	**0.2**	**19,112**

Past month polydrug use

Characteristic		Polydrug					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	8.4	248,801	11.3	113,497	6.5	68,513
	Central	7.8	269,788	4.3	22,949	7.5	69,694
	Coast	10.5	256,397	3.5	23,265	8.9	55,699
	Eastern	7.1	281,567	7.2	65,219	6.2	75,067
	Nyanza	3.9	131,346	0.8	7,804	1.7	16,892
	Rift Valley	5.5	385,892	1.9	34,720	6.4	146,676
	Western	6.5	172,587	..	..	5.9	41,473
	North Eastern	1.7	20,205	..	..	6.5	20,205
Sex	Male	12.8	1,578,405	7.0	227,858	11.5	405,621
	Female	1.3	188,177	1.0	39,597	1.9	88,597
Residence	Rural	6.5	1,117,619	1.6	74,120	6.2	293,506
	Urban	6.6	648,964	7.4	193,334	5.9	200,713
National		**6.5**	**1,766,583**	**3.8**	**267,454**	**6.1**	**494,218**

Past-month use of at least one drug or substance of abuse

Characteristic		At least one drug or substance of abuse					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	19.2	569,222	14.9	149,436	17.7	184,857
	Central	18.4	635,054	9.2	49,347	19.0	177,018
	Coast	18.1	441,388	8.8	58,552	15.9	99,313
	Eastern	20.7	821,615	15.9	143,898	19.3	233,062
	Nyanza	14.3	482,034	5.1	51,127	14.6	144,776
	Rift Valley	14.1	991,814	5.5	101,596	14.8	339,356
	Western	26.4	701,249	6.6	48,716	41.9	296,550
	North Eastern	7.6	90,775	6.8	30,173	9.5	29,444
Sex	Male	30.7	3,783,854	17.2	555,957	31.7	1,115,684
	Female	6.4	949,298	2.0	76,889	8.5	388,694
Residence	Rural	17.8	3,065,527	6.2	283,207	18.8	888,740
	Urban	17.0	1,667,625	13.5	349,639	18.1	615,637
National		**17.5**	**4,733,135**	**8.9**	**632,846**	**18.5**	**1,504,377**

Past year alcohol use

Characteristic		Alcohol					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	23.7	701,177	20.9	209,614	28.8	301,201
	Central	20.3	699,108	17.5	94,415	26.7	248,291
	Coast	23.9	583,191	15.4	102,328	23.2	145,446
	Eastern	15.0	596,510	14.7	132,804	14.2	171,186
	Nyanza	20.6	693,536	12.3	123,030	19.7	195,586
	Rift Valley	16.6	1,166,649	9.3	170,788	19.2	438,882
	Western	29.3	778,916	11.2	82,641	42.5	300,232
	North Eastern	..	..	..	..	..	..
Sex	Male	30.3	3,736,637	19.6	634,913	32.4	1,141,380
	Female	10.1	1,482,451	7.2	280,706	14.4	659,444
Residence	Rural	17.8	3,074,037	8.9	405,163	19.1	901,994
	Urban	21.9	2,145,051	19.7	510,456	26.5	898,830
National		**19.3**	**5,219,087**	**12.8**	**915,619**	**22.2**	**1,800,824**

Past-year tobacco use

Characteristic		Tobacco					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	14.4	425,975	13.8	138,521	6.2	65,376
	Central	18.2	629,405	8.7	46,697	18.6	172,861
	Coast	17.2	420,022	3.5	23,265	13.6	85,341
	Eastern	15.8	628,553	8.7	78,832	14.0	168,770
	Nyanza	7.0	235,718	1.7	16,890	4.4	44,072
	Rift Valley	12.7	887,806	6.1	111,723	11.1	253,504
	Western	9.8	261,612	1.6	11,571	8.8	62,299
	North Eastern	3.8	45,529	..	..	9.5	29,444
Sex	Male	23.7	2,923,882	9.7	315,082	19.9	702,409
	Female	4.1	610,739	2.9	112,418	3.9	179,257
Residence	Rural	13.2	2,280,561	4.1	187,759	10.4	491,788
	Urban	12.8	1,254,059	9.2	239,740	11.5	389,878
National		**13.1**	**3,534,621**	**6.0**	**427,499**	**10.9**	**881,666**

Past year *khat* use

Characteristic		Khat					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	5.5	161,838	9.1	91,084	5.0	52,824
	Central	4.4	153,239	3.0	16,067	6.3	59,089
	Coast	17.6	429,595	5.8	38,521	15.3	96,082
	Eastern	17.9	708,514	22.6	204,590	15.7	190,131
	Nyanza	1.5	50,271	0.8	7,804	1.9	19,153
	Rift Valley	4.9	346,510	2.6	47,345	4.1	93,515
	Western	0.5	12,873	..	..	0.2	1,678
	North Eastern	11.9	141,748	9.3	41,369	13.2	40,640
Sex	Male	13.8	1,699,435	13.0	420,053	12.1	427,635
	Female	2.1	305,153	0.7	26,725	2.7	125,477
Residence	Rural	6.9	1,198,741	5.7	259,723	6.7	318,421
	Urban	8.2	805,847	7.2	187,055	6.9	234,691
Total		7.4	2,004,588	6.3	446,778	6.8	553,112

Past-year cannabis use

Characteristic		Cannabis					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	5.8	170,269	8.0	80,467	5.0	52,447
	Central	1.3	45,221	4.3	22,949	2.4	22,272
	Coast	1.5	35,742	..	..	3.3	20,486
	Eastern	1.2	46,917	1.0	8,906	1.6	19,580
	Nyanza	1.2	41,188	1.5	15,453	1.3	12,464
	Rift Valley	1.1	79,847	1.6	28,842	1.2	26,530
	Western	0.2	5,975	..	..	0.8	5,975
	North Eastern	..	..	..	..	..	..
Sex	Male	3.1	382,121	4.0	128,325	4.3	149,952
	Female	0.3	43,037	0.7	28,291	0.2	9,802
Residence	Rural	0.9	159,592	0.7	31,834	1.3	61,269
	Urban	2.7	265,566	4.8	124,782	2.9	98,485
National		**1.6**	**425,159**	**2.2**	**156,616**	**2.0**	**159,754**

Past year prescription drugs use

Characteristic		Prescription drugs					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	0.6	17,930	..	..	..	..
	Central	0.8	26,880	2.2	11,948	1.2	11,224
	Coast	0.3	8,328	1.3	8,328	..	..
	Eastern	1.1	45,052	1.1	9,659	0.9	10,461
	Nyanza	2.5	84,955	1.1	10,687	5.6	55,876
	Rift Valley	0.7	49,111	0.4	7,448	0.5	10,494
	Western	1.9	49,994	2.6	19,357	2.5	17,802
	North Eastern	0.8	10,102	..	..	3.3	10,102
Sex	Male	0.9	105,940	0.9	29,531	1.1	37,977
	Female	1.3	186,412	1.0	37,895	1.7	77,982
Residence	Rural	1.1	196,645	0.8	35,516	2.1	97,807
	Urban	1.0	95,708	1.2	31,910	0.5	18,151
National		**1.1**	**292,352**	**0.9**	**67,426**	**1.4**	**115,959**

Lifetime alcohol use

Characteristic		Alcohol					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	23.7	701,177	20.9	209,614	28.8	301,201
	Central	20.3	699,108	17.5	94,415	26.7	248,291
	Coast	23.9	583,191	15.4	102,328	23.2	145,446
	Eastern	15.5	616,316	16.2	146,357	14.2	171,186
	Nyanza	20.6	693,536	12.3	123,030	19.7	195,586
	Rift Valley	16.7	1,172,183	9.5	173,755	19.3	441,448
	Western	29.3	778,916	11.2	82,641	42.5	300,232
	North Eastern	..	..	..	..	..	..
Sex	Male	30.5	3,759,008	20.0	648,467	32.5	1,143,946
	Female	10.1	1,485,418	7.3	283,673	14.4	659,444
Residence	Rural	17.9	3,093,842	9.2	418,717	19.1	901,994
	Urban	22.0	2,150,585	19.8	513,423	26.6	901,396
National		**19.4**	**5,244,427**	**13.1**	**932,140**	**22.2**	**1,803,390**

Lifetime tobacco use

Characteristic		Tobacco					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	15.5	457,731	15.4	155,036	6.2	65,376
	Central	19.7	678,335	13.1	70,367	19.9	184,809
	Coast	18.9	462,256	4.9	32,819	16.6	104,078
	Eastern	17.4	691,636	11.4	102,996	14.2	171,529
	Nyanza	9.5	319,446	3.8	38,417	6.0	59,551
	Rift Valley	14.1	988,640	6.1	111,723	12.3	280,822
	Western	11.2	299,123	1.6	11,571	8.8	62,299
	North Eastern	4.6	54,768	..	..	9.5	29,444
Sex	Male	26.4	3,255,604	12.3	399,901	21.3	748,492
	Female	4.7	696,330	3.2	123,028	4.6	209,417
Residence	Rural	14.7	2,529,920	5.4	243,399	10.9	513,089
	Urban	14.5	1,422,014	10.8	279,529	13.1	444,819
National		**14.6**	**3,951,934**	**7.3**	**522,929**	**11.8**	**957,809**

Lifetime khat use

Characteristic		Khat					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	5.5	161,838	9.1	91,084	5.0	994,151
	Central	3.5	119,395	3.0	16,067	6.3	871,829
	Coast	11.6	283,806	5.8	38,521	15.3	530,473
	Eastern	16.2	640,646	24.1	218,143	15.7	1,018,580
	Nyanza	1.3	42,467	0.8	7,804	1.9	973,982
	Rift Valley	3.6	253,099	2.6	47,345	4.2	2,195,674
	Western	0.5	12,873	..	..	0.2	705,472
	North Eastern	9.1	107,805	9.3	41,369	13.2	267,910
Sex	Male	11.4	1,407,811	13.4	433,607	12.2	3,091,515
	Female	1.5	214,117	0.7	26,725	2.7	4,466,556
Residence	Rural	5.8	1,007,235	6.0	273,277	6.7	318,421
	Urban	6.3	614,694	7.2	187,055	7.0	237,257
National		**6.0**	**1,621,929**	**6.5**	**6,669,294**	**6.8**	**555,678**

Lifetime cannabis use

Characteristic		Cannabis					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	6.9	204,714	9.7	96,982	5.0	52,447
	Central	2.2	74,472	7.4	40,104	3.7	34,369
	Coast	5.7	139,196	4.0	26,470	7.7	48,291
	Eastern	3.0	119,261	4.1	37,022	3.6	43,818
	Nyanza	3.9	132,721	3.9	39,248	2.6	26,276
	Rift Valley	3.0	208,315	3.1	55,935	3.8	87,484
	Western	1.4	36,758	2.2	16,388	1.4	9,677
	North Eastern	..	..	..	..	..	..
Sex	Male	6.6	812,206	8.3	269,695	7.8	273,651
	Female	0.7	103,231	1.1	42,454	0.6	28,709
Residence	Rural	2.4	417,816	2.4	110,800	2.4	112,052
	Urban	5.1	497,622	7.8	201,349	5.6	190,308
National		**3.4**	**915,438**	**4.4**	**312,149**	**3.7**	**302,360**

Lifetime heroin use

Characteristic		Heroin					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	..	-	..	..
	Central	0.3	11,948	2.2	11,948	..	..
	Coast	..	..	..	..	..	..
	Eastern	..	..	..	..	..	..
	Nyanza	..	..	..	..	..	..
	Rift Valley	0.2	11,423	0.6	11,423	..	..
	Western	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..
Sex	Male	0.2	23,371	0.7	23,371	..	..
	Female	..	..	..	..	..	..
Residence	Rural	..	..	..	..	..	..
	Urban	0.2	23,371	0.9	23,371	..	..
National		**0.2**	**23,371**	**0.3**	**23,371**	**..**	**..**

Lifetime cocaine use

Characteristic		Cocaine					
		15 – 65 years		15 – 24 years		25 – 35 years	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	..	..	..	..
	Central	..	..	..	..	..	..
	Coast	..	..	..	..	..	..
	Eastern	0.1	4,419	..	..	0.4	4,419
	Nyanza	..	..	..	..	..	..
	Rift Valley	0.2	11,423	0.6	11,423	..	..
	Western	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..
Sex	Male	0.1	15,842	0.4	11,423	0.1	4,419
	Female	..	..	..	..	..	..
Residence	Rural	..	..	..	..	..	..
	Urban	0.2	15,842	0.4	11,423	0.1	4,419
National		**0.1**	**15,842**	**0.2**	**11,423**	**0.1**	**4,419**

Alcohol use disorders among ages 15 – 65 years

Characteristic		Mild		Moderate		Severe		Alcohol use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	1.9	56,033	3.5	103,148	3.5	103,478	8.9	262,658
	Central	3.6	123,083	1.9	63,888	4.4	150,752	9.9	337,723
	Coast	3.0	72,423	2.5	60,206	4.4	106,763	9.9	239,392
	Eastern	2.3	91,582	2.1	84,254	3.8	150,798	8.2	326,634
	Nyanza	1.9	63,586	1.6	54,487	9.3	311,469	12.8	429,542
	Rift Valley	2.4	166,526	1.2	83,817	4.6	319,946	8.2	570,288
	Western	5.7	152,732	3.0	80,930	8.0	213,834	16.7	447,496
	North Eastern	..	..	..	..	..	..	..	..
Sex	Male	3.9	475,551	3.1	385,235	8.7	1,072,316	15.7	1,933,102
	Female	1.7	250,414	1.0	145,494	1.9	284,724	4.6	680,633
Residence	Rural	2.3	396,143	1.7	285,731	5.5	943,448	9.5	1,625,323
	Urban	3.4	329,822	2.5	244,998	4.2	413,592	10.1	988,412
National		**2.7**	**725,965**	**2.0**	**530,729**	**5.0**	**1,357,040**	**9.7**	**2,613,735**

Alcohol use disorders among ages 15 – 24 years

Characteristic		Mild		Moderate		Severe		Alcohol use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	2.2	22,413	5.3	52,848	2.2	22,413	9.7	97,674
	Central	2.4	12,998	1.7	8,898	3.0	16,067	7.0	37,962
	Coast	1.9	12,491	1.8	12,045	1.2	8,233	4.9	32,770
	Eastern	2.3	20,840	3.1	28,112	3.5	31,603	8.9	80,556
	Nyanza	0.3	2,509	2.4	24,216	0.9	8,950	3.6	35,674
	Rift Valley	1.1	21,047	..	..	3.1	57,356	4.3	78,402
	Western	3.9	28,956	..	..	1.3	9,224	5.2	38,180
	North Eastern	2.1	9,239	..	..	..	..	2.1	9,239
Sex	Male	3.5	113,710	2.5	82,324	3.4	109,957	9.4	305,991
	Female	0.4	16,783	1.1	43,794	1.1	43,889	2.7	104,466
Residence	Rural	1.3	57,357	0.8	35,905	1.7	76,595	3.7	169,857
	Urban	2.8	73,135	3.5	90,213	3.0	77,251	9.3	240,600
National		**1.8**	**130,493**	**1.8**	**126,118**	**2.2**	**153,846**	**5.8**	**410,457**

Alcohol use disorders among ages 25 – 35 years

Characteristic		Mild		Moderate		Severe		Alcohol use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	3.9	40,792	1.9	19,818	6.2	65,376	12.0	125,985
	Central	5.4	49,866	2.9	26,606	6.3	58,413	14.5	134,885
	Coast	3.0	18,907	5.7	35,441	3.8	23,728	12.5	78,076
	Eastern	2.3	27,247	2.4	29,290	6.6	79,204	11.2	135,741
	Nyanza	2.3	23,263	2.2	21,491	10.2	101,403	14.7	146,157
	Rift Valley	4.1	94,445	3.1	69,983	6.2	142,878	13.4	307,305
	Western	5.7	40,315	1.1	7,653	17.7	125,335	24.5	173,302
	North Eastern	3.3	10,102	3.3	10,102	..	..	6.5	20,205
Sex	Male	6.1	215,409	4.2	148,032	11.7	411,743	22.0	775,184
	Female	1.9	89,528	1.6	72,351	4.0	184,594	7.5	346,473
Residence	Rural	3.5	164,568	2.5	117,636	7.6	356,924	13.5	639,128
	Urban	4.1	140,369	3.0	102,748	7.1	239,412	14.2	482,529
National		**3.8**	**304,937**	**2.7**	**220,384**	**7.3**	**596,336**	**13.8**	**1,121,657**

Tobacco use disorders among ages 15 - 65 years

Characteristic		Mild		Moderate		Severe		Tobacco use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	3.2	94,662	..	..	1.2	35,507	4.4	130,169
	Central	3.6	124,102	2.9	98,697	3.7	127,069	10.2	349,868
	Coast	2.5	62,209	1.9	47,281	3.9	95,832	8.3	205,323
	Eastern	2.0	81,165	2.8	112,376	3.6	144,662	8.4	338,203
	Nyanza	0.6	20,774	0.8	26,632	3.1	102,586	4.5	149,992
	Rift Valley	0.9	61,183	1.3	91,910	3.8	269,726	6.0	422,819
	Western	3.3	87,300	1.2	31,608	3.6	96,779	8.1	215,688
	North Eastern	1.6	19,342	..	..	1.3	15,464	2.9	34,806
Sex	Male	3.9	477,795	3.0	364,641	6.4	793,895	13.3	1,636,331
	Female	0.5	72,942	0.3	43,863	0.6	93,732	1.4	210,537
Residence	Rural	2.0	346,927	1.5	264,934	3.9	666,039	7.4	1,277,900
	Urban	2.1	203,810	1.5	143,570	2.3	221,588	5.9	568,968
National		**2.0**	**550,736**	**1.5**	**408,505**	**3.3**	**887,627**	**6.8**	**1,846,868**

Tobacco use disorders among ages 15 – 24 years

Characteristic		Mild		Moderate		Severe		Tobacco use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	3.9	38,928	..	..	..	-	3.9	38,928
	Central	..	..	2.0	11,001	2.9	15,369	4.9	26,370
	Coast	0.7	4,359	..	..	..	-	0.7	4,359
	Eastern	2.7	24,332	0.2	1,959	1.9	16,907	4.8	43,198
	Nyanza	..	..	..	..	..	..	..	..
	Rift Valley	..	..	0.5	8,846	0.7	13,529	1.2	22,375
	Western	..	..	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..	..	..
Sex	Male	2.0	63,260	0.6	18,838	1.4	45,806	3.9	127,903
	Female	0.1	4,359	0.1	2,967	..	..	0.2	7,326
Residence	Rural	0.5	22,373	..	..	0.4	16,907	0.9	39,280
	Urban	1.7	45,246	0.8	21,805	1.1	28,899	3.7	95,950
National		**0.9**	**67,618**	**0.3**	**21,805**	**0.6**	**45,806**	**1.9**	**135,229**

Tobacco use disorders among ages 25 – 35 years

Characteristic		Mild		Moderate		Severe		Tobacco use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	1.8	18,379	..	..	..	..	1.8	18,379
	Central	2.4	22,539	1.7	15,770	4.2	39,307	8.3	77,616
	Coast	1.4	8,717	0.8	5,023	4.2	26,075	6.4	39,815
	Eastern	2.5	29,727	1.0	11,899	4.2	50,915	7.7	92,540
	Nyanza	1.3	12,426	0.8	8,285	0.8	7,648	2.9	28,359
	Rift Valley	0.8	19,419	0.4	10,158	3.6	82,128	4.9	111,706
	Western	3.4	24,278	..	..	4.4	30,964	7.8	55,242
	North Eastern	6.3	19,342	..	..	3.3	10,102	9.5	29,444
Sex	Male	3.4	119,227	1.2	40,747	6.3	223,095	10.9	383,069
	Female	0.8	35,599	0.2	10,388	0.5	24,045	1.5	70,031
Residence	Rural	1.7	81,845	1.0	47,875	3.1	147,670	5.9	277,390
	Urban	2.2	72,981	0.1	3,260	2.9	99,469	5.2	175,710
National		**1.9**	**154,826**	**0.6**	**51,135**	**3.0**	**247,139**	**5.6**	**453,100**

Khat use disorders among ages 15 – 65 years

Characteristic		Mild		Moderate		Severe		Khat use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	2.5	73,373	..	..	..	..	2.5	73,373
	Central	0.3	11,948	0.1	4,118	1.0	33,983	1.4	50,050
	Coast	1.8	44,931	0.5	12,016	1.1	26,160	3.4	83,107
	Eastern	3.9	155,960	2.2	86,623	1.4	53,909	7.5	296,493
	Nyanza	..	..	..	..	0.5	15,608	0.5	15,608
	Rift Valley	0.5	31,655	0.3	20,249	0.6	43,207	1.4	95,112
	Western	0.1	1,678	..	..	..	..	0.1	1,678
	North Eastern	1.7	20,435	0.8	10,102	4.6	54,876	7.1	85,414
Sex	Male	2.4	294,159	0.9	105,897	1.8	220,819	5.1	620,875
	Female	0.3	45,822	0.2	27,212	..	6,925	0.5	79,959
Residence	Rural	1.3	218,522	0.6	101,344	0.7	129,215	2.6	449,081
	Urban	1.2	121,459	0.3	31,765	1.0	98,530	2.5	251,753
National		**1.3**	**339,981**	**0.5**	**133,109**	**0.8**	**227,744**	**2.6**	**700,834**

Khat use disorders among ages 15 – 24 years

Characteristic		Mild		Moderate		Severe		Khat use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	3.9	38,928	..	..	..	..	3.9	38,928
	Central	..	..	2.2	11,948	0.4	2,103	2.6	14,051
	Coast	2.3	15,255	..	..	0.7	4,359	3.0	19,614
	Eastern	5.3	47,553	1.2	11,263	1.6	14,380	8.1	73,196
	Nyanza	..	..	..	..	0.8	7,804	0.8	7,804
	Rift Valley	..	..	0.1	2,106	..	..	0.1	2,106
	Western	..	..	..	..	..	..	..	..
	North Eastern	..	..	..	..	6.8	30,173	6.8	30,173
Sex	Male	3.1	101,737	0.8	25,317	1.7	54,460	5.6	181,514
	Female	..	..	..	..	0.1	4,359	0.1	4,359
Residence	Rural	1.4	62,809	0.2	11,263	0.6	27,004	2.2	101,075
	Urban	1.5	38,928	0.5	14,055	1.2	31,815	3.3	84,797
National		**1.4**	**101,737**	**0.4**	**25,317**	**0.8**	**58,819**	**2.6**	**185,873**

Khat use disorders among ages 25 – 35 years

Characteristic		Mild		Moderate		Severe		Khat use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	3.3	34,445	..	..	..	64,566	3.3	34,445
	Central	..	..	0.2	2,015	3.0	48,188	3.2	29,739
	Coast	2.3	14,235	0.5	3,299	1.9	-	4.7	29,699
	Eastern	3.4	41,609	1.2	15,064	3.0	27,723	7.7	92,713
	Nyanza	..	..	..	..	..	12,165	..	..
	Rift Valley	0.5	10,832	0.9	20,652	1.2	36,040	2.5	58,207
	Western	0.2	1,678	..	..	..	..	0.2	1,678
	North Eastern	..	..	6.3	19,342	3.3	26,723	9.5	29,444
Sex	Male	1.8	63,996	1.4	50,269	3.0	..	6.2	220,093
	Female	0.8	38,804	0.2	10,102	0.2	10,102	1.2	55,832
Residence	Rural	1.0	47,066	1.1	53,937	1.4	105,828	3.5	165,569
	Urban	1.6	55,733	0.2	6,435	1.4	6,925	3.3	110,356
National		**1.3**	**102,800**	**0.7**	**60,372**	**1.4**	**112,754**	**3.4**	**275,925**

Cannabis use disorders among ages 15 – 65 years

Characteristic		Mild		Moderate		Severe		Cannabis use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	0.8	22,413	0.6	18,379	1.7	50,583	3.1	91,375
	Central	0.1	2,103	..	..	1.2	39,777	1.3	41,880
	Coast	0.3	7,657	0.3	8,321	0.8	19,093	1.4	35,072
	Eastern	0.3	12,804	0.5	19,921	0.4	16,339	1.2	49,063
	Nyanza	0.5	15,413	0.5	15,453	1.9	64,142	2.9	95,007
	Rift Valley	0.5	35,089	0.1	9,862	0.6	43,386	1.2	88,337
	Western	0.4	9,554	0.4	10,816	0.4	10,536	1.2	30,906
	North Eastern	..	..	..	..	..	..	..	..
Sex	Male	0.7	83,023	0.7	82,752	1.9	23,8911	3.3	404,686
	Female	0.1	22,009	..	..	0.1	4,944	0.2	26,953
Residence	Rural	0.2	40,659	0.3	59,532	0.7	114,540	1.2	214,731
	Urban	0.7	64,374	0.2	23,220	1.3	129,315	2.2	216,909
National		**0.4**	**105,033**	**0.3**	**82,752**	**0.9**	**243,855**	**1.6**	**431,640**

Cannabis use disorders among ages 15 – 24 years

Characteristic		Mild		Moderate		Severe		Cannabis use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	2.2	22,413	..	..	1.6	16,515	3.9	38,928
	Central	..	..	..	..	4.3	22,949	4.3	22,949
	Coast	..	..	..	..	..	..	..	..
	Eastern	0.2	1,959	..	..	0.2	1,959	0.4	3,918
	Nyanza	0.8	7,706	0.8	7,648	1.6	15,608	3.1	30,963
	Rift Valley	0.6	11,756	..	..	1.3	22,964	1.9	34,720
	Western	..	..	..	..	1.4	10,536	1.4	10,536
	North Eastern	..	..	..	..	..	..	..	-
Sex	Male	1.2	37,957	0.2	7,648	2.8	90,531	4.2	136,136
	Female	0.2	5,878	..	..	..	..	0.2	5,878
Residence	Rural	0.2	7,706	0.2	7,648	0.8	35,579	1.1	50,934
	Urban	1.4	36,128	..	..	2.1	54,952	3.5	91,081
National		**0.6**	**43,835**	**0.1**	**7,648**	**1.3**	**90,531**	**2.0**	**142,014**

Cannabis use disorders among ages 25 – 35 years

Characteristic		Mild		Moderate		Severe		Cannabis use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	1.8	18,379	3.3	34,068	5.0	52,447
	Central	0.2	2,103	..	..	1.8	16,828	2.0	18,931
	Coast	0.7	4,359	1.3	8,321	1.2	7,806	3.3	20,486
	Eastern	0.5	6,426	0.8	9,960	1.2	14,380	2.5	30,766
	Nyanza	..	..	..	..	1.7	16,892	1.7	16,892
	Rift Valley	0.6	13,663	..	..	0.5	10,494	1.1	24,157
	Western	0.5	3,701	0.8	5,975	..	..	1.4	9,677
	North Eastern	..	..	..	..	..	..	..	..
Sex	Male	0.7	23,791	1.2	42,636	2.9	100,468	4.7	166,894
	Female	0.1	6,462	..	..	..	-	0.1	6,462
Residence	Rural	0.1	6,426	0.5	24,257	0.8	36,033	1.4	66,716
	Urban	0.7	23,827	0.5	18,379	1.9	64,435	3.1	106,640
National		**0.4**	**30,252**	**0.5**	**42,636**	**1.2**	**100,468**	**2.1**	**173,355**

Prescription drug use disorder among ages 15 – 65 years

Characteristic		Mild		Moderate		Severe		Prescription drug use disorders	
		Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected	Prevalence	Population affected
Region	Nairobi	..	..	..	..	..	..	..	..
	Central	..	..	0.3	8,898	0.3	11,948	0.6	20,846
	Coast	..	..	..	..	..	..	..	..
	Eastern	..	..	..	..	..	..	..	..
	Nyanza	..	..	..	..	..	..	..	..
	Rift Valley	0.2	12,063	..	..	0.1	9,670	0.3	21,733
	Western	..	..	..	..	..	..	..	..
	North Eastern	..	..	..	..	..	..	..	..
Sex	Male	0.1	10,494	0.1	8,898	0.2	21,618	0.3	41,009
	Female	..	1,570	..	..	..	..	..	1,570
Residence	Rural	0.1	10,494	..	..	0.1	9,670	0.1	20,163
	Urban	..	1,570	0.1	8,898	0.1	11,948	0.2	22,416
National		**..**	**12,063**	**..**	**8,898**	**0.1**	**21,618**	**0.2**	**42,579**

Appendix 4: Questionnaire

REPUBLIC OF KENYA
MINISTRY OF HEALTH

KENYA NATIONAL BUREAU OF STATISTICS
Keeping you informed

REPUBLIC OF KENYA

NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

TOBACCO, ALCOHOL, DRUGS, AND SUBSTANCE ABUSE SURVEY (TADSAS) - 2022

February, 2022

HOUSEHOLD AND RESPONDENT INFORMATION

A	HOUSEHOLD AND RESPONDENT INFORMATION	
A1	County	
A2	Sub-county	
A3	Division	
A4	Location	
A5	Sub-location	
A6	Cluster Number	
A7	Cluster type (1=Rural; 2=Urban)	
A8	Household Number	
A9i.	House Hold Status	
A9ii	Record the date and time	
A9iii	GPS Recording	
A10	Name of household head	
A11i	Sex of the household head	
A11	Name of the initial contact person	

CONSENT

Hello, my name is _____. I am working with the Ministry of Health. We have partnered with NACADA to conduct a study to better understand the problem of tobacco, alcohol, and drugs/substances of abuse in this community. Specifically, we would like to find out your opinions and experiences about tobacco, alcohol, and drugs/substances of abuse. Your participation in this study will help the Government to address the problem of tobacco, alcohol, and drugs/substances in the country. Your participation in this study is entirely voluntary and you are free to withdraw but it is my wish that you participate in the study because your views are very important. If you have any questions, I will be glad to answer them and make clarifications. You can also raise any pertinent issues with our team leader.

A13i: INTERVIEWER VISITS	A13ii. DATE	A13iii. DAY
First visit		
Second visit		
Third visit		
Total number of visits		

Enter the status code of your interview as per the options given below

Interview result codes

Code	Status	
1	Interview completed	1
2	Household head under 18 years of age	2
3	No household member at home	3
4	No competent respondent was at home at the time of the visit	4
5	Entire household absent for an extended period of time	5
6	Postponed	6
7	Refused	7

COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS

	Usual residents	Relationship to Head	Sex	Religion
01	02	03	04	05
Household Member Number	Please give me the names of the people who usually live in your household, starting with the head of the household	What is the relationship of <name> to the household head? 1. Head of Household 2. Wife/Husband/Partner 3. Son or Daughter 4. Sister/Brother 5. Son or Daughter-in-law 6. Grandchild 7. Parent 8. Parent in-law 9. Adopted/Foster/ Stepchild/orphan 10. Not related 11. Other (specify) 98. Don't Know Write code	What is the sex of <Name>? 1 Male 2 Female Write code	What is <name>'s religion? 1. Christian (Catholic) 2. Christian (Protestant) 3. Islam 4. Hindu 5. Traditionalist 6. No religion 7. Others (specify) Write code
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

	EDUCATION STATUS IF AGE 3 YEARS OR OLDER			MARITAL STATUS (Applicable to HH members who are 15 years and above)	Sources of Income of household in the last 12 months Applicable to HH members who are 5 years and above	
06	07	08	09	10	11	12
Household Membership Number	What is <NAME> school attendance status? 1) At school 2) Left school after completion 3) Left school before completion 4) Never been to school (go to 10)	What is <name> highest level of education reached? 1)Pre-primary 2)Primary 3) Secondary 4)College (middle level) 5)University 6) Vocational 7) Informal (e.g. Madrassa 8)Don't Know Write code	What is the grade <NAME> completed at that level? 00= Less than 1 year completed 98= Don't Know	What is <name> Current marital Status? 1) Never married 2) Married/living together 3) Divorced / separated 4) Widowed Write code	What is <name> main employment status? 1) Working (formal/ working informal employment) 2) Seeking work 3) Homemakers 4) Students 5) Others (Specify) Write code If code 2,3, 4, or 5 Go to 13	98. If the answer to 11 is 1 or 2 what is <name>'s 99. Main occupation (Please describe the main type of occupation under the space provided e.g. a primary school teacher) Occupation
01						
02						
03						
04						
05						
06						
07						
08.						
09						
10.						
11.						

SECTION 5: HOUSING CHARACTERISTICS AND AMENITIES

What type of MAIN dwelling does the household live in?		Does your household own this dwelling (house, flat, shack), do you rent it, or do you live here without pay?		What is the predominant material of the floor of the main dwelling unit?		What is the predominant roof material of the main dwelling unit?		What is the predominant wall material of the main dwelling unit?	
Record observation				Record observation		Record observation		Record observation	
Bungalow	01	Owns.....	1	Earth/sand	01	Grass / Makuti thatch/ twigs	01	No walls	01
Flat...	02	Pays rent/lease.	2	Dung	02	Dung/mud	02	Cane/palm/trunks	02
Maisonnette.....	03	No rent, with the consent of the owner.	3	Wood planks/ shingles/timber	03	Iron sheets/Decra/ Versatile	03	Grass/reeds	03
Swahili.....	04	No rent, squatting.	4	Palm/ bamboo	04	Tin cans	04	Mud/cow dung	04
Shanty.....	05			Parquet or polished wood	05	Asbestos sheet	05	Bamboo with mud	05
Manyatta/traditional house.....	06			Vinyl or asphalt strips	06	Concrete/Cement	06	Stone with mud	06
Other (specify).....	96			Ceramic tiles	07	Tiles	07	Uncovered adobe	07
				Concrete/ Cement/ Terrazo	08	Canvas/Nylon/Cartons/ Cardboard	08	Plywood/ Cardboard	08
				Wall to wall Carpet	09	Other	96	Reused wood	09
				Other	96			Iron sheets	10
								Concrete/Cement	11
								Stone with lime/ cement	12
								Bricks	13
								Cement blocks	14
								Covered adobe	15

								Wood planks/ shingles/timber	16
								Precast wall	17
								Other	96

What is the main source of drinking water for your household		What kind of toilet facility does your household usually use?		What is the main source of energy for lighting?		What is the main source of energy for cooking?	
Pond	01						
Dam	02						
Lake	03						
Stream/ River	04			Electricity	01		
Protected Spring	05			Paraffin Pressure lamp	02		
Unprotected Spring	06			Paraffin Lantern	03		
Protected Well	07	Flush to Main Sewer	01	Paraffin Tin lamp	04		
Unprotected Well	08	Flush to Septic tank	02	Gas Lamp	05		
Borehole/Tube well	09	Flush to Cesspool	03	Fuelwood	06	Electricity	01
Piped into dwelling	10	VIP Pit Latrin	04	Solar	07	Paraffin	02
Piped to yard/plot	11	Pit latrine covered	05	Torch/Spotlight-Solar Charged	08	LPG (gas)	03
Bottled water	12	Pit Latrine uncovered	06	Torch/Spot light-Dry cells	09	Biogas	04
Rain/Harvested water	13	Bucket latrine	07	Candle	10	Firewood and products of wood	05
Water Vendor	14	Open	08	Battery(Car/Charged)	11	Charcoal	06
Public tap/Standpipe	15	Flush to Bio-septic tank	10	Generator (Diesel/Petrol)	12	Solar	07
Other (Specify)	96	Other (Specify)	96	Other (Specify)	96	Other (Specify)	96

RECORD BELOW AND COMPLETE THE SELECTION PROCESS AS INSTRUCTED.	
1. List all household members above starting with the head of household together with age, gender, and relations to the head of household. Start with the oldest and work down to the youngest.	
2. Take the last figure of the household serial number and find the same number in the top line of the Kish Grid below.	
3. Look along the row of the last person in the list. Where this meets the column of the last digit of the questionnaire number, is the number of the person on the list to be interviewed. This person has to be 15 to 65 years.	
4. Refer back to the list of family members and ask to speak to the person whose number is the same as the one you have taken out of the Kish Grid.	
5. If that person is not at home, YOU MUST arrange additional calls to interview that individual.	
6. Record call details on the front of the questionnaire.	
7. End the interview in case of underage, insane, or refusal	
DO NOT READ OUT	
LANGUAGE OF INTERVIEW	
English	1
Swahili	2
Other(specify)	3
Cannot Communicate	4
If the respondent and interviewer cannot communicate in any language, CLOSE INTERVIEW.	
Date of interview (dd/mm/yy)	
Time of interview (24 h clock)	

INDIVIDUAL RESPONDENTS (15-65) YEARS

BACKGROUND INFORMATION

1. Sex of respondent:	1= Male 2= Female
2. What is your age and date of birth?	Age Date of birth
3. What is your employment status?	1= Working (Formal/Informal) 2= Seeking work 3= Homemaker 4=. Student 5= Others (Specify
4. What is your highest level of education?	1= No education 2= Pre-primary 3= Primary level 4= Secondary 5= College (middle level) 6= University 7= Vocational 8= Informal *e.g. Madrassa)
5. What is your marital status?	1= Never married 2=Married/ living with a partner 3= Divorced/Separated 4=Widowed

SECTION A: TOBACCO USE

A1. Have you ever, even once, used any tobacco product (such as; manufactured cigarettes, hand-rolled cigarettes, electronic cigarettes, pipes full of tobacco, cigars, shisha, snuff by mouth/ mbaki, snuff by nose/ chavis, kuber, nicotine pouches, vapes, betel quid with tobacco (pan))?

YES 1	Go to A2
NO..... 2	Go to Section E
DON'T KNOW 7	Go to Section E
REFUSED 9	Go to Section E

A2. How old were you when you first used a tobacco product (years)?

A3. In the last 12 months (one year), have you used any tobacco product (such as; manufactured cigarettes, hand-rolled cigarettes, electronic cigarettes, pipes full of tobacco, cigars, shisha, snuff, kuber, nicotine pouches, heated tobacco products, or vapes)?

YES	1	Go to A4
NO	2	Go to B2b
DON'T KNOW	7	Go to Section E
REFUSED	9	Go to Section E

A4. In the last 30 days, have you used any tobacco product (such as; manufactured cigarettes, hand-rolled cigarettes, electronic cigarettes, pipes full of tobacco, cigars, shisha, snuff, kuber, nicotine pouches, heated tobacco products, or vapes)?

YES	1	Go to B1
NO	2	Go to B2b
DON'T KNOW	7	Go to B2b
REFUSED	9	Go to B2b

SECTION B: TOBACCO SMOKING CONSUMPTION

B1. Current Tobacco Smoking Status

Do you currently smoke tobacco daily?

YES .....1 > Go to B3

NO.....2 > Go to B2a

DON'T KNOW.....7 > Go to B2a

B2a. Past Daily Smoking Status

Did you smoke tobacco daily in the past?

YES .....1 > Go to B3

NO .....2 > Go to B3

DON'T KNOW .....7 > Go to B5

B2b. Past Daily Smoking Status

Did you smoke tobacco daily in the past?

YES .....1 > Go to B5

NO .....2 > Go to B5

DON'T KNOW .....7 > Go to B5

B3. Number of Tobacco Products Smoked Per Day

On average, how many of the following products do you currently smoke each (day/ week)? Also, let me know if you smoke the product, but not every (day/week).

INTERVIEWER: IF THE RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY (DAY/WEEK- tick one)

Smoked tobacco product	Number	Days	Week
Manufactured cigarettes			
Hand rolled cigarettes			
E-cigarettes e.g. vapes			
Pipes full of tobacco			
Cigars, Cheroots, Cigarillos			
Any other: Specify_____			

B4. Why do you use smoked tobacco products?

	Choose one
Peer pressure?	
A friend or family member uses them?	
Because I enjoy it?	
Because I'm addicted to it?	
Because they are easily accessible?	
Because cigarettes are cheap?	
It comes in flavors I like.	
To keep me warm?	
To lose weight?	
Other, specify:_____	

B5. Have you ever, even once, used an electronic cigarette or any other vaping device?

YES ..... 1 Go to B6
NO ..... 2 SKIP TO SECTION C
DON'T KNOW ..... 7 SKIP TO SECTION C
REFUSED ..... 9 SKIP TO SECTION C

B6. For how long did you use electronic cigarettes or any other vaping device?

Would you say less than 1 month, 1 to 3 months, 4 to 11 months, 1 to 2 years, or more than 2 years?

LESS THAN 1 MONTH 1
1 TO 3 MONTHS..... 2
4 TO 11 MONTHS..... 3
1 TO 2 YEARS 4
MORE THAN 2 YEARS 5
DON'T KNOW 7
REFUSED 9

B7. Which of the following are reasons that you use electronic cigarettes or any other vaping device?

	YES	NO SKIP TO SECTION C	REFUSED SKIP TO SECTION C
	▼	▼	▼
To quit smoking tobacco?			
To avoid going back to smoking tobacco?			
Because I enjoy it?			
Because I'm addicted to it?			
I can use it at times when or in places where tobacco smoking is not allowed.			
It is less harmful than smoking tobacco?			
It comes in flavors I like.			
A friend or family member uses them?			

SECTION C: SMOKELESS TOBACCO USE

C1. Current Smokeless Tobacco Use

Do you currently use smokeless tobacco products daily, less than daily, or not at all?

DAILY ..... 1 > Go to C2

LESS THAN DAILY ..... 2 > Go to C2

NOT AT ALL ..... 3 > Go to SECTION E

DON'T KNOW ..... 7 > END SECTION

C2. On average, how many times a day do you use the following products? Also, let me know if you
use the product, but not every day.

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY – tick one]

Smokeless tobacco product	Number of times	Per day	Per week
Nicotine pouches e.g. LYFT			
Snuff by mouth/ mbaki			
Snuff by nose/ chavis			
Chewing kuber			
Betel quid with tobacco (pan)			
Any other: Specify_____			

C3. Why do you use smokeless tobacco products?

	Choose one
Peer pressure?	
A friend or family member uses them?	
Because I enjoy it?	
Because I'm addicted to it?	
I can use it at times when or in places where tobacco smoking is not allowed.	
It comes in flavors I like.	
To lose weight?	
Other, specify:_____	

C4: Do currently use nicotine pouches e.g LYFT, VELO?

Yes .....1 > Go to C5
No.....2 > Go to Section D

C5. Which of the following are reasons that you use nicotine pouches e.g. LYFT, VELO?

	YES	NO SKIP TO SECTION C	REFUSED SKIP TO SECTION C
	▼	▼	▼
To quit smoking tobacco?			
To avoid going back to smoking tobacco?			
Because I enjoy it?			
Because I'm addicted to it?			
I can use it at times when or in places where tobacco smoking is not allowed.			
It is less harmful than smoking tobacco?			
It comes in flavors I like.			
A friend or family member uses them?			
It is fashionable			
It is a female-friendly product?			
The effects are felt much faster than other products			

SECTION D: CESSATION

D1. Attempting to Quit Tobacco Use

During the past 12 months, have you tried to stop tobacco use?
YES .....1 Go to D2
NO .....2 Go to D3

D2. During the past 12 months, have you used any of the following to try and stop using tobacco?

	YES ▼	NO ▼	REFUSED ▼
Counseling, including at a cessation clinic?			
Nicotine replacement therapy, such as the patch or gum?			
Other prescription medications?			
Traditional medicines?			
A quit line or a telephone support line?			
Quit without assistance?			
Anything else? Please specify what you used to try to stop using tobacco:			

D3. Visiting a HealthCare Provider

Have you visited a doctor or other health care provider in the past 12 months?

YES ..... 1 > Go to D4
NO ..... 2 > Go to D5

D4. Receiving Cessation Advice from a healthcare provider

During any visit to a doctor or health care provider in the past 12 months, were you advised to quit tobacco use?

YES 1
NO 2

D5. Information on Cessation Services
Are you aware of the following areas offering cessation services?

a) Quit/Helpline 1192

YES 1
NO 2

b) Health Facilities (Public and Private)

YES 1
NO 2

c) Rehabilitation and Counseling centers

YES 1
NO 2

D6. Which of the following best describes your thinking about quitting tobacco use? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting.

QUIT WITHIN THE NEXT MONTH..... 1
THINKING WITHIN THE NEXT 12 MONTHS..... 2
QUIT SOMEDAY, BUT NOT THE NEXT 12 MONTHS..... 3
NOT INTERESTED IN QUITTING..... 4
DON'T KNOW..... 7
REFUSED..... 9

SECTION E: EXPOSURE TO SECOND HAND SMOKE

E1. Frequency of Smoking in the Home

How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY 1
WEEKLY 2
MONTHLY 3
LESS THAN MONTHLY 4
NEVER 5
DON'T KNOW 7

E2. Current Working Location

Do you currently work outside of your home?

YES ..... 1 > Go to E3
NO..... 2 > Go to E6
DON'T WORK ..... 3 > Go to E6

E3. Currently Working Indoors or Outdoors

Do you usually work indoors or outdoors?

INDOORS 1
OUTDOORS..... 2
BOTH..... 3

E4. Smoking at the Workplace

E4a. During the past 30 days, did anyone smoke where you work?

YES 1
NO 2

E6. During the past 30 days, did you visit any restaurants?

YES	1	Go to E7
NO	2	Go to E8
DON'T KNOW	7	Go to E8
REFUSED	9	Go to E8

E7. Did anyone smoke inside any restaurants that you visited in the past 30 days?

YES	1	Go to E8
NO	2	Go to E8
DON'T KNOW	7	Go to E8
REFUSED	9	Go to E8

E8. During the past 30 days, did you visit any bars or night clubs?

YES	1	Go to E9
NO	2	Go to SECTION F
DON'T KNOW	7	Go to SECTION F
REFUSED	9	Go to SECTION F

E9. Did anyone smoke inside any bars or nightclubs that you visited in the past 30 days?

YES	1	Go to SECTION F
NO	2	Go to SECTION F
DON'T KNOW	7	Go to SECTION F
REFUSED9	9	Go to SECTION F

SECTION F: MEDIA: WARNING ON DANGERS OF TOBACCO USE

F1. Noticing Anti-Tobacco Products Information in Newspapers/Magazines

In the last 30 days, have you noticed information about the dangers of tobacco use or that encourages quitting in newspapers or magazines?

YES	1
NO	2
NOT APPLICABLE	7

F2. Noticing Anti-Tobacco Products Information on Television

In the last 30 days, have you noticed information about the dangers of tobacco use or that encourages quitting on television?

YES	1
NO	2
NOT APPLICABLE	7

F3. Noticing Anti-Tobacco Products Information on Radio

In the last 30 days, have you noticed information about the dangers of tobacco use or that encourages quitting on the radio?

YES 1

NO 2

NOT APPLICABLE 7

F4. Noticing Anti-Tobacco Products Information on Social Media

In the last 30 days, have you noticed information about the dangers of tobacco use or that encourages quitting on social media?

YES 1

NO 2

NOT APPLICABLE 7

F5. Noticing Health Warnings on Tobacco Products Packaging

In the last 30 days, did you notice any health warnings on Tobacco Products Packages?

YES 1

NO ..... 2 > Go to SECTION G

DID NOT SEE ANY TOBACCO PRODUCTS PACKAGES..... 3 > Go to SECTION G

F6. Thinking About Quitting Because of Health Warnings on Tobacco Products Packages

In the last 30 days, have warning labels on Tobacco Products packages led you to think about quitting?

YES 1

NO 2

DON'T KNOW. NOT APPLICABLE..... 7

SECTION G: ENFORCEMENT- TOBACCO PRODUCTS ADVERTISING

G1. Tobacco Advertising in Stores

In the last 30 days, have you noticed any advertisements or signs promoting tobacco products in stores where tobacco products are sold?

YES 1

NO 2

NOT APPLICABLE 7

G2. Tobacco Products Promotions

In the last 30 days, did you notice any of the following types of tobacco product promotions? (READ EACH TIME)

		Yes	Specify	No	Don't Know
a.	Free samples of tobacco products				
b.	Tobacco Products at sale prices				
c.	Coupons for tobacco products				
d.	Gifts or special discount offers on other products when buying tobacco products e.g.				
e.	Clothing or other items with tobacco product's brand name or logo?				
f.	Tobacco promotions on social media?				

SECTION H: ECONOMICS

The next few questions are about the last time you purchased cigarettes for yourself to smoke.

H1. The last time you bought cigarettes for yourself, how many cigarettes did you buy?
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]
CIGARETTES STICKS 1
PACKS 2

H2. [ENTER NUMBER OF (CIGARETTES STICKS/PACKS)]

,
H3. Did each pack contain 10 cigarettes, 20 cigarettes, or any other, or did not put in a packet,

10 1
20 2
OTHER AMOUNT ..... 7 F01dPackA. How many cigarettes were in each pack?
REFUSED 9

H4. In total, how much money did you pay for this purchase?
[IF DON'T KNOW OR REFUSED, ENTER 99999]

[RANGE: 1 – 10000]

H5. Do you think cigarettes are expensive, reasonably priced, or cheap?

EXPENSIVE ..... 1 Go to H6
REASONABLY PRICED ..... 3 Go to H6
CHEAP ..... 5 Go to H7
DON'T KNOW..... 7 Go to H8

H6. Do you think the expensive cost of cigarettes prevents you from buying as many as you would like?

YES ..... 1 Skip H7 go to H8
NO..... 2 Go to H8
DON'T KNOW..... 7

H7. Do you think the cheap cost of cigarettes results in you smoking more?

YES 1
NO..... 2
DON'T KNOW..... 7
REFUSED 9

H8. If the price for your cigarettes were to double, would you continue to smoke as before, switch to cheaper products, start smoking less, or quit smoking?

SMOKE AS BEFORE 1
SWITCH TO CHEAPER PRODUCTS..... 2
SMOKELESS 3
QUIT SMOKING 4
DO NOT KNOW/ HARD TO SAY..... 7
REFUSED 9

H9. What brand did you buy the last time you purchased cigarettes for yourself?

SPORTSMAN 1
EMBASSY KINGS..... 2
EMBASSY LIGHTS 3
SM..... 4
ROASTER 5
DUNHILL LIGHTS..... 6
DUNHILL RED..... 7
OTHER..... 8 F03a. [SPECIFY BRAND]:_____
REFUSED 99

H10. The last time you purchased cigarettes for yourself, where did you buy them?

VENDING MACHINE 1
SHOP 2
SUPERMARKET 3
STREET VENDOR..... 4
MILITARY STORE..... 5
DUTY-FREE SHOP..... 6
KIOSKS 7
SCHOOL/UNIVERSITY CANTEEN..... 8

INTERNET 9
OUTSIDE THE COUNTRY 10
FROM ANOTHER PERSON 11
OTHER ..... 12 F04a. [SPECIFY LOCATION]:_____
DON'T REMEMBER 77
REFUSED 99

SECTION J: KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

J1. The next question is asking about *smoking* tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?
YES 1
NO 2
DON'T KNOW 7
REFUSED 9

J2. Based on what you know or believe, does smoking tobacco cause the following…

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
Heart attack?				
Cancer: Specify___ (?				
High blood pressure				
Miscarriage?				
Infertility?				
Impotence?				
Premature birth?				
Low birth weight?				

J3. Do you think that some types of tobacco products *could* be less harmful than other types, or are all tobacco products equally harmful?

COULD BE LESS HARMFUL 1
ALL EQUALLY HARMFUL 2
DON'T KNOW 7
REFUSED 9

J4. Do you believe cigarettes are addictive?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

J5. Before today, have you ever heard of nicotine pouches e.g LYFT, VELO?

YES 1
NO..... 2
REFUSED 9

J6. Based on what you know or believe, does the use smokeless tobacco (nicotine pouches e.g. LYFT, snuff by mouth /mbaki, snuff by nose/ chavis, chewing kuber, betel quid with tobacco/ pan)) cause illness?

YES 1
NO..... 2
DON'T KNOW..... 7
REFUSED 9

J7. Do you believe smokeless (nicotine pouches e.g. LYFT, snuff by mouth / mbaki, snuff by nose/ chavis, chewing kuber, betel quid with tobacco/ pan) tobacco products are addictive?

YES 1
NO..... 2
DON'T KNOW..... 7
REFUSED 9

J8. Would you favor or oppose increasing taxes on tobacco products?

FAVOR 1
OPPOSE..... 2
DON'T KNOW..... 7
REFUSED 9

J9. Based on what you know or believe, does breathing other people's smoke cause illnesses in non-smokers?

YES 1
NO..... 2
REFUSED 9

J10. Before today, have you ever heard of electronic cigarettes or vaping devices e.g LYFT?

YES 1
NO..... 2
REFUSED 9

J11. Do you know that shisha was banned in Kenya?

YES 1
NO..... 2

J12. Do you think the Government should ban tobacco products?

YES 1
NO..... 2
DON'T KNOW..... 7
REFUSED 9

Section K: Awareness of Alcohol and Drugs and Use Patterns

Drug/Substance NOTE: If the respondent mentions the name of a drug different from the list ask if the drug has another name. If it is among the drugs listed note down the new name;	K1. Please mention to me all the drugs or addictive substances that you are aware of. Which other? DO NOT READ THE LIST. RECORD ALL MENTIONED	K2. Are you aware of the following substances? READ LIST. DO NOT READ THE NAMES OF SUBSTANCES MENTIONED IN K1	K3. Have you ever, even once, used any of these drugs? Read all the drugs listed and record all mentioned. IF NONE IS MENTIONED, GO TO QUESTION M8	K4. At what age did you first try using (----------) MENTION THE DRUGS RECORDED UNDER EVER USED. RECORD IN COMPLETE YEARS.	K5. Which of these drugs have you used in the past 12 months? Record all mentioned. FOR ALL MENTIONED, GO TO QUESTION L8	K6. Which of these drugs have you used in the past month? Record all mentioned GO TO QUESTION L8	K7. Which of these drugs do you use daily? Record all mentioned GO TO QUESTION L8
Tobacco Products							
Cigarettes, Pipes, Cigars							
Shisha							
Vape/ electronic cigarettes/ heated tobacco products							
Nicotine pouches e.g LYFT							
Snuff by mouth							
Snuff by nose							
Kuber							
Betel quid with tobacco (pan)?							

Drug/Substance NOTE: If the respondent mentions the name of a drug different from the list ask if the drug has another name. If it is among the drugs listed note down the new name;	K1. Please mention to me all the drugs or addictive substances that you are aware of. Which other? DO NOT READ THE LIST. RECORD ALL MENTIONED	K2. Are you aware of the following substances? READ LIST. DO NOT READ THE NAMES OF SUBSTANCES MENTIONED IN K1	K3. Have you ever, even once, used any of these drugs? Read all the drugs listed and record all mentioned. IF NONE IS MENTIONED, GO TO QUESTION M8	K4. At what age did you first try using (----------) MENTION THE DRUGS RECORDED UNDER EVER USED. RECORD IN COMPLETE YEARS.	K5. Which of these drugs have you used in the past 12 months? Record all mentioned. FOR ALL MENTIONED, GO TO QUESTION L8	K6. Which of these drugs have you used in the past month? Record all mentioned GO TO QUESTION L8	K7. Which of these drugs do you use daily? Record all mentioned GO TO QUESTION L8
Alcohol							
Packaged/legal alcohol							
Chang'aa							
Traditional							
Potable spirits							
Cannabis							
Smoked cannabis							
Cooked in food e.g. weed cakes, weed cookies, weed mabuyu, etc.							
Cannabis or weed juice and drinks							
Hashish							

Drug/Substance NOTE: If the respondent mentions the name of a drug different from the list ask if the drug has another name. If it is among the drugs listed note down the new name;	K1. Please mention to me all the drugs or addictive substances that you are aware of. Which other? DO NOT READ THE LIST. RECORD ALL MENTIONED	K2. Are you aware of the following substances? READ LIST. DO NOT READ THE NAMES OF SUBSTANCES MENTIONED IN K1	K3. Have you ever, even once, used any of these drugs? Read all the drugs listed and record all mentioned. IF NONE IS MENTIONED, GO TO QUESTION M8	K4. At what age did you first try using (----------) MENTION THE DRUGS RECORDED UNDER EVER USED. RECORD IN COMPLETE YEARS.	K5. Which of these drugs have you used in the past 12 months? Record all mentioned. FOR ALL MENTIONED, GO TO QUESTION L8	K6. Which of these drugs have you used in the past month? Record all mentioned GO TO QUESTION L8	K7. Which of these drugs do you use daily? Record all mentioned GO TO QUESTION L8
Khat							
Muguka							
Miraa							
Heroin/ brown sugar							
Snorting							
Injecting							
Smoking							
Cocaine							
Snorting							
Injecting							
Smoking							
Inhalants							
Petroleum/ paints/ thinner							

Drug/Substance NOTE: If the respondent mentions the name of a drug different from the list ask if the drug has another name. If it is among the drugs listed note down the new name;	K1. Please mention to me all the drugs or addictive substances that you are aware of. Which other? DO NOT READ THE LIST. RECORD ALL MENTIONED	K2. Are you aware of the following substances? READ LIST. DO NOT READ THE NAMES OF SUBSTANCES MENTIONED IN K1	K3. Have you ever, even once, used any of these drugs? Read all the drugs listed and record all mentioned. IF NONE IS MENTIONED, GO TO QUESTION M8	K4. At what age did you first try using (----------) MENTION THE DRUGS RECORDED UNDER EVER USED. RECORD IN COMPLETE YEARS.	K5. Which of these drugs have you used in the past 12 months? Record all mentioned. FOR ALL MENTIONED, GO TO QUESTION L8	K6. Which of these drugs have you used in the past month? Record all mentioned GO TO QUESTION L8	K7. Which of these drugs do you use daily? Record all mentioned GO TO QUESTION L8
Prescription drugs							
Sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.							
Other drugs/substances (specify)							

Section L: Substance use Disorders, Health, and Socio-economic Effects

L8.Thinking about the drugs taken in the past 12 months (in B5 above) which of the following describes your situation? ASK FOR ALL SUBSTANCES USED IN THE PAST YEAR. IN CASE THEY ARE MORE THAN ONE, GO THROUGH ALL QUESTIONS FOR ONE SUBSTANCE BEFORE MOVING TO THE NEXT	Tobacco 1=Yes 2=No	Alcohol 1=Yes 2=No	Bhang 1=Yes 2=No	Muguka 1=Yes 2=No	Miraa	Heroin 1=Yes 2=No	Cocaine 1=Yes 2=No	Prescription drugs 1=Yes 2=No
1. Have you had times when you ended up using the "drug" more, or longer, than you intended?								
2. Have you more than once wanted to cut down or stop using the "drug" but couldn't?								
3. Have you spent a lot of time using the "drug" or being sick or recovering from the effects of the "drug"?								
4. Have you ever wanted the "drug" so badly that you couldn't think of anything else?								
5. Have you ever found that using the "drug" or being sick from using the "drug" often interfered with taking care of your home or family? Or caused job troubles? Or school problems?								

6. Have you continued to use the "drug" even though it was causing trouble with your family or friends?								
7. Have you given up or cut back on activities that were important or interesting to you, or gave you pleasure, to use the "drug"?								
8. Have you more than once gotten into situations while or after using the "drug" that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?								
9. Have you continued to use the "drug" even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?								
10. Have you ever had to use more of the "drug" than you once did to get the effect you want?								
11. Have you found that when the effects of the "drug" were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?								
12. On average how much do you spend per month on _____?								

13. Have you ever used money or a resource meant for family use or other uses to buy -?								
14. In the last 12 months, have you or someone else been injured as a result of your taking-?								
15. Have you ever become violent towards your spouse/partner or family members as a result of ----------?								
16. Have you had to seek medical attention for a problem related to taking _____?								
17. Have you ever experienced stigma/ rejection/ mistreatment due to your use of …?								

L9a. Do you consider your alcohol or drug use problematic?

1=Yes	
2.=No	If no, skip to L9C

L9b. If yes, have you sought help or treatment?

1=Yes	If yes, skip to M1
2.=No	

L9c. If no, what are the reasons why you have not sought help or treatment?

Section M: Injecting Drug Use

M1. In the past 12 months have you ever injected a drug for non-medical use?

1=Yes		Proceed
2=No		If no, skip to M7

M2. Are you currently injecting drugs?

1=Yes		Proceed
2=No		If no, skip to M7

M3. If yes, which drug do you inject?

1= Heroin	
2= Cocaine	
3= Prescription drugs/ other opioids	
4= Others (please specify)	

M4. In the past 12 months, have you ever had the following problems because of injecting? (Read the list below and tick as appropriate)

	1=Yes	2=No
Infections as a result of injecting		
Prominent scarring or bruising (Non-healing injection- wounds)		
Difficulty of injecting		
Thrombosis/blood clots		
Collapsed veins in the injecting area		
Others(specify)		

M5. Do you share needles/ syringes with other users? (Sharing means more than one person uses the same needle or syringe)

1=Yes	
2=No	

M6. From where do you get your needles?

1=Pharmacy	
2=Drug dealer	
3=Friends	
4= NGO/ CBO	
5=Others (specify)	

M7. There are various reasons that people give for taking drugs. Please tell me the reasons why you use alcohol or other drugs (tick all that apply) (IF YES TO ANY, SKIP TO N1)	
Makes me interact/associate with others	
Makes me have fun, feel good, and be happy	
Makes me (feel) important	
Makes me relax	
It has health benefits like helping stomach problems	
It helps me “kill time” than going home early	
It helps me relate with the opposite sex more freely	
It helps me to cope with stress	
It makes me work and think smart	
It enables me to get business deals	
Others (specify)	

M8: What are the reasons why you have never used alcohol or other drugs or you no longer use drugs? Do not read the list (multiple responses).	
It's not readily available	
It's expensive for me	
A personal decision to lead a drug-free life	
Fear of stigmatization	
Parental restrictions	
Medical reasons/illness	
Awareness of health hazards	
Positive peer pressure influence(friends don't use it)	
My past bad experience with the drug	
Religious values	
Personal principles	
Was treated for the use and stopped	
Work/school commitment	
Other (specify)	

Section N: Perceived Risk, Accessibility, and Acceptability

N1. I would like your opinion on how much you think people risk harming themselves or others when they use the following substances. Are they likely to have no risk, moderate risk, or great risk?	1=No risk 3= Great risk 2= moderate risk 4= I don't know
Cigarettes, pipes, cigars	
Shisha	
Vape/ electronic cigarettes/ heated tobacco products	
Nicotine pouches e.g LYFT?	
Snuff	
Kuber?	
Betel quid with tobacco (pan)?	
Packaged/ legal alcohol	
Tradition liquor e.g. busaa, muratina, bangara, mnazi, karobo etc.	
Chang'aa	
Potable spirits	
Bhang	

N1. I would like your opinion on how much you think people risk harming themselves or others when they use the following substances. Are they likely to have no risk, moderate risk, or great risk?	**1=No risk 3= Great risk 2= moderate risk 4= I don't know**
Hashish	
Miraa	
Heroin (brown sugar, kichuri, etc.)	
Cocaine (coke)	
Inhalants e.g. glue, thinner, paints, petrol, nail polish removers, etc.	
Prescription drugs (sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.)	

N2. I would like to know your opinion on how difficult it would be for you to get each of the following substances if you wanted any. Ask for all drugs/substances	**1= Very difficult 2= Fairly difficult 3=Fairly easy 4=Very easy 5=I don't know**
Cigarettes, pipes full of tobacco, cigars	
Shisha	
Vape/ electronic cigarettes/ heated tobacco products	
Nicotine pouches e.g LYFT?	
Snuff	
Kuber?	
Betel quid with tobacco (pan)?	
Packaged/ legal alcohol	
Tradition liquor e.g. busaa, muratina, bangara, mnazi, karobo etc.	
Chang'aa	
Potable spirits	
Bhang	
Hashish	
Miraa	
Heroin (brown sugar, kichuri, etc.)	
Cocaine (coke)	
Inhalants e.g. glue, thinner, paints, petrol, nail polish removers, etc.	
Prescription drugs (sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.)	

N3. Other than the substances we have discussed, are there other drugs or addictive substances that are easily accessible in this community?

1=Yes (please specify)	
2.=No	If no, skip to N4

N4. I would like your opinion on how acceptable is it for people to take the following substances in your community.	**1=Totally unacceptable 2= Somehow acceptable 3= Totally acceptable 4= Do not know**
Cigarettes, pipes, cigars	
Shisha	
Vape/ electronic cigarettes/ heated tobacco products	
Nicotine pouches e.g LYFT?	
Snuff	
Kuber?	
Betel quid with tobacco (pan)?	
Packaged/ legal alcohol	
Tradition liquor e.g. busaa, muratina, bangara, mnazi, karobo etc.	
Chang'aa	
Potable spirits	
Bhang	
Hashish	
Miraa	
Heroin (brown sugar, kichuri, etc.)	
Cocaine (coke)	
Inhalants e.g. glue, thinner, paints, petrol, nail polish removers, etc.	
Prescription drugs (sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.)	

Section O: Mental Health Wellness

Patient Health Questionnaire-9 (PHQ-9)

O1. Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				

O1. Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed or hopeless				
Trouble falling asleep, staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you're a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead or hurting yourself in some way				

Suicide ideation and attempt

O2. In the last month, have you ever experienced the following?	Yes	No
Thought a lot about death?		
Felt like you wanted to die?		
Thought about committing suicide?		
Attempted to commit suicide?		

Section P: Knowledge of Treatment and Rehabilitation Services

P1. Does any member of your nuclear family abuse any alcohol or drug? (In this context, family member means spouse, sibling, children, or parents)

1=Yes	
2=No	

P2. Do you know a place or facility where a person can be helped to stop alcohol or drug abuse?

Yes		
No		**If no, skip to P6**

P3. If Yes, What are the names of drug rehabilitation places/facilities that you know, and are they accessible to people with a drug problem in this community? Record all mentioned in the table below.

Facilities Names

P4. Are the treatment and rehabilitation facilities accessible to you?

1=Yes	
2=No	

P5. Are the treatment and rehabilitation facilities affordable?

1=Yes	
2=No	
3=Don't know	

P6. Are you aware of NACADA's 24-hour toll free helpline service that helps people with alcohol and drug problems?

1=Yes	
2=No	

Section Q: Access to Information

Q1. How often do you PERSONALLY use the following as a source of general information? Tick one only in each column

	Radio	**TV**	**Newspaper**	**Friends**	**Social Media**	**Email**	**SMS**	**Internet**
1. Daily	☐	☐	☐	☐	☐	☐	☐	☐
2. 2-3 times a week	☐	☐	☐	☐	☐	☐	☐	☐
3. Once a week	☐	☐	☐	☐	☐	☐	☐	☐
4. Once every two weeks	☐	☐	☐	☐	☐	☐	☐	☐

5. Once a month	☐	☐	☐	☐	☐	☐	☐	☐
6. Less than once a month	☐	☐	☐	☐	☐	☐	☐	☐
7. Don't use	☐	☐	☐	☐	☐	☐	☐	☐

Q2. Have you come across any advertisement or promotional content that encourages the use of alcohol, tobacco, or other drugs of abuse?

1=Yes		
2=No		

Section R: Enforcement and Compliance

R1. I would like your opinion on illicit alcoholic brew in your community. An illicit brew in this case is any alcoholic drink whose production does not meet the standards set by the government and the brewer, distributor, or retailer is not licensed by the relevant authorities to trade in alcohol

a) Do you think that the production of illicit brews is common in this area?

1=Yes	
2=No	

b) Do you think that the distribution and sale of illicit brews are common in this area?

1=Yes	
2=No	

c) Do you think that the consumption of illicit brews is common in this area?

1=Yes	
2=No	

R2. I would like your opinion on efforts in the fight against illicit brews and illegal drugs in your community.

a) How can you describe the efforts of Civil Society Organizations, Faith Based Organizations, and other community organizations/ groups in the fight against illicit brews and illegal drug trade in this community?

1=Excellent	
2=Satisfactory	
3=Unsatisfactory	
4=Not sure	
5= I don't know	

b) How can you describe efforts by the community in the fight against illicit brews and illegal drug trade in this community?

1=Excellent	
2=Satisfactory	
3=Unsatisfactory	
4=Not sure	
5= I don't know	

a) How can you describe efforts by the County Government in the fight against illicit brews and illegal drug trade in this community?

1=Excellent	
2=Satisfactory	
3=Unsatisfactory	
4=Not sure	
5= I don't know	

a) How can you describe efforts by the National Government (NGAO) in the fight against illicit brews and illegal drug trade in this community?

1=Excellent	
2=Satisfactory	
3=Unsatisfactory	
4=Not sure	
5= I don't know	

R3. Have you ever heard about the Alcoholic Drinks Control Act 2010 ("Mututho Law," "Sheria ya masaa ya kuuziwa pombe")?

1=Yes	
2=No	

R4. Have you ever heard about the County Alcoholic Drinks Control Act for this county? ("Sheria ya masaa ya pombe iliyo pitishwa na county")?

1=Yes	
2=No	

R5. Do you feel that there is an increase in the number of licensed bars in your area in the last 5 years?

1=Yes	
2=No	
3= I don't know	

R6. Do you feel that there is an increase in the number of alcohol consumers in your area in the last 5 years?

1=Yes	
2=No	
3= I don't know	

R7. Do you feel that underage drinking is on the increase in your area in the last 5 years?

1=Yes	
2=No	
3= I don't know	

R8. Who is responsible for licensing bars/alcohol-selling outlets in your area?

1=County Government	
2=NACADA	
3=Chief	
4=Police	
5=KRA	
6=KEBS	
7=MOH	
8=Other	
9=Do not know	

R9. Who is responsible for enforcing laws on operation of bars/ alcohol selling outlets in your area?

1=County Government	
2=NACADA	
3=Chief	
4=Police	
5=KRA	
6=KEBS	
7=MOH	
8=Other	
9=Do not know	

R10. In your view, who should be responsible for enforcing laws on the operation of bars/alcohol-selling outlets in your area?

1=County Government	
2=NACADA	
3=Chief	
4=Police	
5=KRA	
6=KEBS	
7=MOH	
8=Other	
9=Do not know	

R11. In your view, who is enforcing laws on the operation of bars/alcohol-selling outlets in your area?

1=County Government	
2=NACADA	
3=Chief	
4=Police	
5=KRA	
6=KEBS	
7=MOH	
8=Other	
9=Do not know	

R12. In your view, how frequently do you witness enforcement of laws on the operation of bars/ alcohol-selling outlets in your area?

1=Daily	
2=Once a week	
3=Once in 2 weeks	
4=Once a month	
5=Once in 6 months	
6=Once a year	
7=Never	
3= I don't know	

R13. Are you aware of any ADA programs conducted by the County Government in your area?

1=Yes	
2=No	
3= I don't know	

R14. Are there bars/alcohol-selling outlets within your residential area?

1=Yes	
2=No	
3= I don't know	

R15. Are you aware of the online sale of alcohol or other drugs of abuse?

1=Yes	
2=No (go to Question R18)	

R16. If yes, which substances are you aware that they are being sold through online platforms?

Substances	**Yes**	**No**	**Don't know**
Cigarettes, pipes, cigars			
Shisha			
Vape/ electronic cigarettes/ heated tobacco products			
Nicotine pouches e.g LYFT?			
Snuff			
Kuber?			
Betel quid with tobacco (pan)?			
Alcohol			
Bhang			
Hashish			
Miraa			
Heroin (brown sugar, kichuri, etc.)			
Cocaine (coke)			
Prescription drugs (sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.)			

R17. Which substances have you ever purchased through online platforms?

Substances	**Yes**	**No**	**Don't know**
Cigarettes, pipes, cigars			
Shisha			
Vape/ electronic cigarettes/ heated tobacco products			
Nicotine pouches e.g LYFT?			
Snuff			
Kuber?			
Betel quid with tobacco (pan)?			
Alcohol			
Bhang			
Hashish			
Miraa			
Heroin (brown sugar, kichuri, etc.)			
Cocaine (coke)			
Prescription drugs (sedatives/ sleeping pills e.g. valium, rohypnol, diazepam, codeine, tap tap, cosmos, c, ma-yellow, etc.)			

R18. What action should be taken on the online sale of alcohol?

1=Ban	
2=Regulate	
3=Promote	
4=Allow responsible use	
5=I don't know	
6= Others (specify)	

R19. What do you think should be done to address ADA in this community?

1=Public education on ADA	
2=Closing of bars in residential areas	
3=Reduce number of bars	
4=Reduce corruption	
5=Increase taxes on alcohol	
6=Build treatment and rehabilitation centers	
7=Eradication of illicit brews	
8=Others (specify)	
9= I don't know	

CLOSE THE INTERVIEW AND THANK THE RESPONDENT

NSSF Building Block A, 18th floor (Eastern Wing)
P.O. Box 10774-00100 Nairobi Kenya
Telephone: +254 020 2721997
Email: info@nacada.go.ke
Web: www.nacada.go.ke

TOLL FREE HELPLINE **1192**