

DRUG ABUSE IN KENYA

INFORMATION, NEEDS, RESOURCES AND ANALYSIS (INRA) PROJECT FOR KENYA

BY

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AUGUST, 2001

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Preface

During the 1998 Special Session of the United Nations Assembly on Drugs, Member States committed themselves to the elimination or significant reduction of the supply and demand for illicit drugs by the year 2008. Implementation of this commitment, the first of its kind by the international community, an objective on the control of illicit drugs, however, is hampered by a number of constraints. One of the most significant of these constraints is the availability of reliable and systematic data to monitor and evaluate progress towards the achievement of the objective.

In order to deal with this constraint effectively, the United Nations General Assembly requested the United Nations Drug Control Programme (UNDCP) to assist member States with the necessary support to set up database on illicit drugs and to collect, summarize and analyze the data and report on global trends in demand and supply.

In response, UNDCP has developed two global programmes: a programme to monitor the cultivation of illicit drugs, and secondly, a programme to assess the extent of drug abuse. The major objective of the Global Assessment Programme on Drug Abuse (GAP) is to develop and establish one global and nine regional systems to collect reliable and internationally comparable drug abuse data.

The programme will develop internationally accepted indicators on drug abuse and develop practical and cost-effective methods of data collection on drug abuse. The global support sub-programme will be responsible for the analysis of national and regional data and aggregate them globally in order to report to the UN Commission on Narcotic Drugs and global trends on drug abuse.

At the country level, which is the subject of this report, the programme will develop and establish national capacities to use data and report on drug abuse for the development of national demand reduction policies and programmes. Data collected at this level will be fed to the regional network. At the regional level, the programme will adopt common

data collection methods, strengthen existing regional institutions and promote a regional network for drug abuse, thereby strengthening demand and reduction efforts.

Information will be available from developing countries that are increasingly affected by illicit drug problems. Standardization of indicators and the wider adoption of sound methods for data collection will result in an enhanced understanding of trends in drug abuse globally.

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Acknowledgement

The following organizations and individuals took part in meetings through which information was obtained to complete this INRA report:

- Dr. Richard O. Muga, Director of Medical Services; Ministry of Health
- Mr. Abraham Kamakil, Commissioner of Prisons; Office of the Vice-President and Ministry of Home Affairs
- Mrs. Naomy W. Wangai, Director of Education, Ministry of Education
- Mr. Joseph Kaguthi, National Coordinator, National Agency for the Control of Drug Abuse (NACADA); Office of the President
- Mr. H. Hamilton, Chairman, Interministerial Committee on Drug Abuse; (Chairman, Law Reform Commission)
- Mr. Michael Jakobam, Director, Anti-Narcotics Unit, Criminal Investigations Department, Kenya Police; Office of the President
- Mr. Saidi Aboud, Chief Executive Officer, Crescent Medical Aid, Kenya
- Dr. Herwitler Dawood I, Doctor In-Charge, Pangani Medical Centre, Crescent Medical Aid, Kenya
- Dr. David Kiima, Director of Mental Health/Superintendent, Mathari Mental Hospital, Ministry of Health
- Dr. Peter Njagi, Consultant Psychiatrist; Director, Brightside Alcohol and Drug Abuse Rehabilitation Centre
- Dr. Tabitha Ndung'u, Director, Drug Abuse Prevention and Rehabilitation Centre (D.A.P.A.R), Nairobi
- Mr. James Gitao, Director, The Raphaelites, Redhill Place, Limuru
- Ms. Theresa Ngigi, Programme Director/Counsellor, The Raphaelites, Redhill Place, Limuru
- Mrs. Diana Patel, Administrator, Avenue Hospital
- Mr. Dennis Heppeman, Director, Welfare and Allied, Nairobi
- Ms. Emmy Sumbeiywo, Dean of Students, University of Nairobi

- Mr. Charles Kibera, Nairobi University Association for A Drug Free Society, (NUADS)
- Mr. Buxton Mayambi, Nairobi University Association for A Drug Free Society, (NUADS)
- Ms. Josephine Muli, Programme Officer, Undugu Society, Nairobi
- Mr. Caleb Muduya, Counsellor, Healing Fountain Centre
- Mrs. Hulda Aroka, Counsellor, Healing Fountain Centre

Information was obtained for this INRA report during a UNDCP delegation visit to initiate the drug information network for Kenya, under the auspices of the Nairobi Psychotherapy Services & Institute (NPSI), led by Professor David M. Ndeti, Professor of Psychiatry, University of Nairobi.

Abbreviations

UNDCP	United Nations Drug Control Programme
NPSI	Nairobi Psychotherapy Services & Institute
GAP	UNDCP Global Assessment Programme on Drug Abuse
INRA	Information, Needs and Resources Analysis
NGO	Non-Governmental Organization
IEC	Information, Education and Communication
NACADA	National Agency for the Campaign Against Drug Abuse
DAPAR	Drug Abuse Prevention and Rehabilitation Centre
DART	Drug Abuse Rehabilitation and Treatment Centre
ICD	International Classification of Diseases
NUADS	Nairobi University Association for a Drug-Free Society
TOT	Training of Trainers
EADIS	East Africa Drug Information System

Executive Summary

This is a report of Information, Needs and Resources Analysis, (INRA) survey carried out in Kenya in July 2001. The survey team comprised a Professor of Psychiatry, David Ndeti from the Nairobi Psychotherapy Services and Institute (NPSI), Dr. Donald A. Kokonya, Francisca A. Ongecha, Mr. Leonidas Msafiri and Mr. Abel Ndumbu and Ms. Victoria Mutiso. The UNDCP team comprised Dr. Rebecca McKetin and Mr. Mathew Warner-Smith who provided facilitative support. This survey sought to establish Kenya's capacity for collecting information on drug abuse. INRA is primarily focussed on assessment of existing information and sources on drug abuse and the identification of key needs. It is also expected to propose a development strategy for establishing an integrated drug information system for monitoring drug abuse trends and associated problems in Kenya. The purpose of such a drug information system is to provide a database which can be used to formulate policy and institute intervention programmes on drug abuse. The information contained in this report was obtained by interviewing a cross-section of leaders of a number of relevant institutions in Government, the Private and NGO sectors as well as individual persons - all of whom are stakeholders in matters of drug abuse. The survey covered Nairobi and its environs only and aimed at providing a starting point for similar work throughout the country.

The information gathered indicated that drug abuse has been the subject of study for a number of academic theses, but operational research on the subject has been mute. The existing information shows that the most abused drugs in Kenya are alcohol and *Cannabis sativa* (bhang) which is grown in a few isolated parts of the country. But there are reports of somewhat isolated cases of cocaine, heroin, mandrax, hallucinogens, amphetamines and solvents. Khat (miraa) which contains a banned psychotropic substance (cathinone) is widely consumed among certain sections of the Kenyan community has become a major export crop to Somalia and further afield. There have also been cases of addiction to prescribed analgesics and sedatives. In recent years, Kenya has become a transit 'zone' (mainly from Pakistan to the west) for traffickers as a

result of its long and porous boundaries; Nairobi being a major communication city and with a relatively low demand for local consumption.

The survey team identified a number of existing sources of information on illicit drugs which can make valuable contributions to an integrated drug information system. These range from treatment data from the national and teaching hospital - Mathari Hospital to alcohol and drug rehabilitation and detoxification centres run by NGOs and private companies as well as advocacy agencies involved in counselling and Information, Education and Communication (IEC) activities. The Central Bureau of Statistics would be the source of information on drug abuse in its household survey. The Central Bureau of Statistics is, upon request by NACADA, planning for a national baseline survey to establish drug abuse prevalence in Kenya. A household survey will follow thereafter. As elsewhere existing sources of data need to be supplemented with specialized drug abuse surveys in order to obtain a more comprehensive and reliable assessment of the situation particularly as regards the abuse of drugs in educational institutions.

Kenya has a very strong manpower base as regards research and studies on drug abuse information systems. Administratively, Kenya has created a central agency responsible for coordination of activities on drug abuse - NACADA, the National Agency for the Campaign Against Drug Abuse. A steering committee for a network on drug abuse has already been established and is working towards the formation of the network which will play a supportive role to NACADA.

1.0 INTRODUCTION

1.1 BACKGROUND

The Information Needs and Resources Analysis (INRA) for Kenya, was carried out under the auspices of the United Nations International Programme of Drug Abuse (UNDCP) by the Nairobi Psychotherapy Institute and Services (NPSI). The survey exercise was carried out from Wednesday 25th to Saturday 28th July 2001. The survey team was composed of two UNDCP personnel and consultants of the NPSI led by David M. Ndeti, Professor of Psychiatry, University of Nairobi and Director of NPSI.

The major objective of this survey was to carry out a quick needs and resources assessment on drug abuse in Nairobi for purposes of demand reduction projects and to explore the possibility of formation of a national network on drug abuse. This network would, among other things, carry out a systematic collection of data to be used in assessing drug abuse trends in the country.

During the Special Session of the 1998 United Nations General Assembly, Member states committed themselves to a declaration calling for the elimination or significant reduction of the supply and demand for illicit drugs by the year 2008. But it soon became clear that the achievement of the goals of this landmark decision, the first of its kind by the international community, was constrained by the absence of adequate and systematic information and data with which to measure the progress towards the goal.

In order to overcome this constraint, the United Nations General Assembly further requested the United Nations International Drug Control Programme (UNDCP) to assist the Member states to compile reliable and internationally comparable information. In response to this request, UNDCP created two programmes - one to deal with the cultivation of illicit drugs and the other to deal with assessment of the magnitude and patterns of drug abuse globally.

The report is the result of the effort by the UNDCP to assist Kenya, like other countries, to develop and establish national capacities to collect, to assess and to report on the drug abuse problem. These capacities are important in assisting the authorities to develop national demand reduction policies and programmes. It is in this context therefore that the formation of a national network on drug abuse was mooted. The major objectives of this network will include the collection of data on standardized instruments and tools for a problem that is increasingly affecting the country, as well as seeking ways and means for capacity building, to enable the network members discharge their respective responsibilities efficiently.

The output of the national network, particularly as regards the collection of data, obtained through sound methods of data collection and analysis, will be fed into a databank at the regional level and from there to the global programme to enhance the assessment of trends of drug abuse problems at the international level.

1.2 COUNTRY INFORMATION

Kenya, an East African country gained its independence from Britain on 1st June 1963, and became a republic one year later on 12th December 1964. Kenya covers a total surface area of 582,646 square kilometres. The northern half of the country, classified as arid, is sparsely populated by nomadic pastoralists who regularly move their habitation with the changing dry-rainy season in search of pasture for their animals. The vegetation in these arid areas is mostly thornbush. Kenya's other neighbouring countries are Uganda to the west, Somalia to the east, a 480 kilometre-long seaboard along the Indian Ocean to the south-east and Tanzania to the south-west. The northern arid areas have an average of 5 inches of rainfall per annum, the coastal strip and the central highlands have an average of 40 inches of rainfall. The areas around Lake Victoria and Mt. Elgon to the north of the lake have an average rainfall of about 70 inches per annum. Agriculture and tourism are the major foreign exchange earners for Kenya. While agriculture continues to be the backbone of the economy, only a quarter of the country is in reality arable land. On the whole, subsistent farming is the major preoccupation of the majority of the population, but only a third of the country receives more than 20

inches of rainfall. These natural factors plus the fact that Kenya has had one of the fastest growing populations in recent decades are important in understanding the socio-economic pressures that the people of the country have had to deal with in recent decades. This includes the responses obtained in some previous studies, from some drug dealers that they are involved in the activity purely as a form of 'business'.

At the time of independence in 1963, the Government of the ruling party, the Kenya African National Union, which has ruled the country to date, set the admirable goals of eradicating the people's triple enemies of poverty, ignorance and disease. This development policy pronouncement was aimed at enhancing socio-economic development and improving the quality of lives of the people of Kenya. A great number of eventualities have intervened since then. Slightly more than half of the population of the country today lives below the poverty line - subsisting on less than the United Nations bench mark of a per capita income of a dollar a day.

According to the 1999 census "A total of 28,686,607 people were enumerated, reflecting a 34% increase over the 1989 census." Unemployment is high and so is the dependence ratio. Structural Adjustment Programmes imposed on the country by the Bretton Woods institutions, over the past decade and more recently, the persistently strained relations with the International Monetary Fund and the World Bank over issues pertaining to matters of governance and corruption have led to serious economic strains for the country. Many companies and other institutions, including the government have been forced to 'down-size' particularly on labour - thus increasing the proportion of the population 'subsisting in misery'. This leads to the kind of socio-economic desperation that favours illicit activities. These include illicit drug activities - cultivation, trafficking and a concomitant increase in the consumption of drugs as drug lords and peddlers seek to increase their incomes. Drug merchants in particular see a large market opportunity in the large numbers of unemployed and troubled youth. The literacy level has shrunk to well below 50% and the drop-out rate in primary schools is reported to have climbed up to about 43%.

1.3 INRA FOR KENYA

A combined team of personnel from the UNDCP regional office in Pretoria and personnel from the Nairobi Psychotherapy Services and Institute undertook the INRA survey for Kenya. The two UNDCP staff were Dr. Rebecca McKetin and Dr. Mathew Warner-Smith. From NPSI, there were: Professor David M. Ndetei, Dr. Donald A. Kokonya, Dr. Francisca A. Ongecha, Ms. Victoria Mutiso, Mr. Leonidas Msafiri and Mr. Abel Ndumbu. The survey was carried out over a period of four days (From Wednesday 25th to Saturday 28th July). The survey team visited the following people and organizations:

- Dr. Richard O. Muga, Director of Medical Services; Ministry of Health
- Mr. Abraham Kamakil, Commissioner of Prisons; Office of the Vice-President and Ministry of Home Affairs
- Mrs. Naomy W. Wangai - Director of Education; Ministry of Education
- Mr. Joseph Kaguthi - National Coordinator, National Agency for the Control of Drug Abuse (NACADA); Office of the President
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The survey team collected samples of existing data where available. In situations where there was no data on drug abuse, the possibility of establishing a data collection system within the proposed network was discussed. These discussions dealt with the existing constraints and needs to be met to facilitate the systematic collection of data on drug abuse. By and large, the organizations involved said that they were far too occupied with their own areas of focus and therefore did not devote much time and effort in creating and maintaining a database at their operations centres. Besides, every organization visited had serious constraints of equipment for data gathering and personnel. The few organizations which could spare someone among their staff for collecting data, reported other inadequacies - principally lack of hardware, software and lack of training in the kind of data collection procedures required. Samples of the existing data obtained by the survey team are included in the appendix to this report.

1.3 NATIONAL POLICY ON DRUG ABUSE

The Kenya Government has ratified three major United Nations Conventions on Narcotic Drugs and Psychotropic Substances. These are: the Single Convention on Narcotics, 1961; the Convention against Illicit Trafficking on Narcotic Drugs and Psychotropic Substances, 1988 and the Convention on Psychotropic Substances, 1971. The latest legislation against drugs in Kenya is *The Narcotic Drugs and Psychotropic Substances (Control) Act, 1994*. This enactment was followed soon by the appointment of a committee on drugs, the Interministerial Drug Security Committee, charged with the responsibility of evaluating drug policy issues in the country. The greatest achievement of the interministerial committee was the production of the Drug Master Plan in 1998. The Government in early 2001 approved the Drug Master Plan. The Government further demonstrated its resolve against drug abuse by the formation of the National Agency for the Campaign Against Drugs (NACADA), on Presidential order in 2001 and is still in its early formative stages. Its major objective is coordination, implementation and evaluation of programmes on the fight against drug abuse. It is holding consultative meetings to develop a strategic plan and set up beacons for its operations. The proposed Operational Framework and Strategic Objectives fall into five categories:

- ⇒ Public awareness, which will also entail development and empowerment through public knowledge and responses to existing and emerging demand and supply reduction challenges.
- ⇒ Learning and other institutions which will involve the training of core trainers in all targeted areas, counselling and rehabilitation.
- ⇒ Youth out of Learning Institutions and the general citizenry which will entail dissemination of information on youth rehabilitation services and strengthening of rehabilitation institutions.
- ⇒ Liaison which will entail actors' fora as agents of change and the development of project proposal and the generation of baseline data on demand, supply and other epidemiological studies.
- ⇒ Support Services

The National Agency for the Campaign Against Drugs (NACADA) does not have any hard data yet but the agency is analysing available information for purposes of evaluating drug abuse trends and in mapping out its intervention programmes.

2.0 INFORMATION ON DRUG ABUSE

This section gives summary information on the existing information about drug abuse in Kenya. Where possible, data collection methods are described and discussed.

2.1 SURVEY DATA

Drug abuse in Kenya is a much-studied subject. For instance, many Master of Medicine (Psychiatry) theses at the Department of Psychiatry, University of Nairobi, have dealt with various aspects of this problem. There has, however, not been much emphasis on applied research on drug abuse, with the exception of two studies, discussed elsewhere in this report. These reports were carried out with the support of UNDCP. The sections below indicate the current situation in Kenya regarding survey data and the existing and potential sources of statistics explored by the survey team.

The survey team found a situation where, despite the existence of many organizations working on the drug abuse portfolio, information and statistics on drug abuse are extremely scanty. Where such data is available, it relates to very small sections and therefore cannot be generalized to the total population of Kenya. Another drawback in the existing data was that it had been collected on a rather ad hoc basis. The survey team found that since late 1970s a number of studies have been carried out to assess various aspects of drug abuse in Kenya. Most of these studies have been carried for academic purposes. However, their scope has been rather limited. So much so that it would not be prudent to rely entirely on such data for project planning and implementation of projects on demand reduction. Nonetheless, these studies give a general indication of the magnitude of the problem of drug abuse in Kenya.

The survey team found the most-quoted document for purposes of collecting data on drug abuse in Kenya to be a report carried out by Dr. Halima Abdullah Mwenesi, on behalf of the United Nations International Drugs Control Programme in 1995. This document - *Rapid Assessment of Drug Abuse in Kenya, A National Report* found that "although the drug problem in Kenya was existent, it was still in its infancy then. However, especially because of Kenya's good communication links with other countries and the pressure from drug manufacturers and traffickers regularly seeking new markets, the degree of risk of the problem taking root is very high." From the interviews carried by the survey team it appears that the problem has indeed taken root in Kenya but the actual prevalence of drug abuse cannot be ascertained without a full-scale national survey. Every respondent the survey team interviewed, particularly those providing the drug and rehabilitation services, spoke of having noticed an increasing trend. The survey team has noted that the newly formed Kenya Drug Abuse Information Network should help to close this gap of the lack of information and accurate data on drug abuse.

The current survey team found that two organizations in Nairobi have made considerable efforts in initiating a systematic collection of data. These are the Anti-Narcotics Unit of the Criminal Investigations Department, Kenya Police, which is maintaining a relatively detailed database on seizures of illicit drugs by type and quantity, citizenry, source, destination, routes and Mathari Hospital. Their data constitute part of the appendix to this report, and they highlight the need for an improved, systematic data collection and categorization of data by its sources such as arrest and seizures data, psychiatric data, treatment data, data from school counsellors, data from non-governmental organizations, and data from primary health care centres and from social workers.

2.2 EXISTING DATA

2.2.1 TREATMENT DATA

The current directory of NGOs involved in drug demand reduction and rehabilitation programmes includes 22 NGOs of varying capacities and strengths. The general observation of the survey team was that the NGOs involved in programmes against drug abuse are generally under-funded. With the exception of a few, their resources do not match the enthusiasm of their staff. The majority of the NGOs profess to be involved in awareness campaigns and rehabilitation, but only a few have been able to establish rehabilitation centres and programmes - notably, Dapar Centre for Drug and Alcohol Abuse, Brightside Alcohol and Drug Abuse Rehabilitation Centre and the Raphaelites situated at Red Hill, Limuru, on the outskirts of Nairobi. All the three organizations provide residential rehabilitation services at a fee. One NGO – the Healing Fountain Centre had made plans to start a 24-hour counselling service on drug abusers, HIV/AIDS teenage pregnancies and other social problems affecting the youth in particular, especially in metropolitan Nairobi: "All the organizations visited reported an escalating rate of drug addiction as a result of the activities of drug traffickers and peddlers. Of particular concern was the reported increase of drug abuse incidence in schools. The survey team heard reports of peddlers who were trying to create demand for their drugs by lacing sweets and other food meant for students with drugs. Certainly this method has been used by thieves who offer drug-laced sweets and other snacks to fellow travellers in buses or trains with the intention of robbing them of their belongings once they are unconscious.

Avenue Hospital is a private health facility and its major objective is to provide quality, affordable health care services. It has several clinics spread out in different areas of Nairobi and one clinic in Mombasa. Avenue Hospital specializes in corporate medical schemes for a large number of companies in Nairobi and Mombasa. The hospital has 26 full-time doctors and each clinic is computerised. All staff, except the doctors are trained in data entry, management and daily data collection activities. The data collected at the

clinics is initially stored in a floppy disc and then transferred to the main hospital computer so that information is available for the entire clientele.

Avenue Hospital intends to initiate a programme for monitoring incidence of diseases and patient attendance as well as project activities on reduction of incidence of preventable diseases through health education and intervention. Avenue Hospital has a unit (South Wing) - which handles psychiatric patients and also carries out detoxification as well as maintain raw data on substance abuse. This information however can be extracted when required from the patients' files. There was no standardized format for the collection of data on substance abuse. In general, a third of the patients in the South Wing had alcohol-related problems at any one time. A few of the patients were on hard drugs. The administration of Avenue Hospital expressed the need for networking in order to increase efficiency in collecting information related to drug abuse.

Crescent Medical Aid is a local non-governmental organization which has been extending humanitarian aid to the less privileged members of the society since 1976. It is a Muslim organization whose doors are open to people of all races and denominations. Currently, the organization runs 7 clinics in areas where the catchment includes Nairobi's major slums - in Mukuru, Pangani, Pumwani, Eastleigh, Kibera. They have two offices in the Central Business District, one of which is the administrative wing. The clinics have three back-up laboratories and a pharmacy. The organization had one clinic in Nakuru and one in Mombasa. It was within easy access to the sprawling Mathare Valley (slum area) and the adjoining estates of Mlango Kubwa and Pangani. Between 700 and 900 patients were attended to per month at the dental clinic. Some of the clinic staff knew the peddlers and consumers. The clinic did not maintain data on drug abuse. The administration of the clinic would have liked to initiate a major programme on drug abuse but they lacked the services of counsellors and would have greatly appreciated to have some of their staff trained on this aspect. Some of the patients revealed their use of drugs by cautioning the clinic staff that they might have to apply a higher dosage of the anaesthesia used in dental procedures. Staff also detected drug users through ataxia.

slurred speech, irritability and the smell of alcohol. Data was not yet computerized. It was available in patient's cards and did not go beyond 1999. The doctor in charge of the clinic and his staff explained that when patients developed drug related complications they were taken to drug treatment hospitals such as Mathari hospital and noted that patients with drug problems were very secretive about their identities. The staff explained that they did not have personnel with expertise on data handling or drug issues and the institution did not have a computer. The needs included a standardized form for the staff to collect the data. The staff of the organization showed great enthusiasm to carry out awareness campaigns against drugs in the slum areas and to offer counseling services for drug-related addictions. They hoped that the proposed network would provide the necessary training.

Dapar (Drug Abuse Prevention and Rehabilitation Centre), an NGO established in November 2000 has done considerable work in both advocacy and drug rehabilitation. It has a 20-bed capacity. Since March 2001 the facility had admitted 15 patients (13 male, 2 female). They had computerised data by age, sex and type of drug. The most common types of drugs abused were alcohol, tobacco and bhang. However, there was a lot of polydrug use.

Brightside D.A.R.T. centre is a duo diagnoses treatment centre for detoxification and rehabilitation of substance abusers including any associated behavioural disorders in a residential setup. It was established in April 1998 and since then 96 clients had gone through their treatment programme. They entered the clients' information manually in patients' files. Of the clients seen 33% abused alcohol, 29% bhang, 20% heroin the remaining 18% abused psychotropics, khat, cocaine, mandrax and pethidine.

Redhill Place, an NGO opened in April, 2001 was involved in residential treatment, outreach programme, and after-care programme. So far they had seen 15 clients, 5 of whom had gone through the residential programme which took a minimum of 90 days.

Thus there are many NGOs in Kenya dealing with various aspects of drug abuse. By and large, their interventions are of an Information, Education, and Communication (IEC) nature but they come into contact with drug abusers and in this respect would be a useful source of information on drug abuse. They will be part of the network and their contributions, on a standardized format, will be useful additions to the databank.

2.2.2 PSYCHIATRIC DATA

Kenya has one specialized referral hospital for treatment of mental diseases - the Mathari Hospital which has been operational since 1910 and is situated within the city of Nairobi. It serves the mental needs of the country at the national level. There is a psychiatric unit in all the regional hospitals (provinces) of the country, which refer the more complicated cases to Mathari. Not all District Hospitals in Kenya have psychiatric units. Mathari Hospital provides preventive, promotive, rehabilitative and curative health services, serves as a training centre for the University of Nairobi and has been the centre of many psychiatric researches, including research on drug-related disorders. Mathari Hospital has the responsibility of taking care of two distinct categories of patients. The civil wing, takes care of the mentally disordered civilian patients and the maximum security wing which takes care of mentally disordered offenders (convicts). It offers both out-patient and in-patient services but has not developed a specific unit for dealing with matters of substance abuse. The administration of the hospital intends to open a Drug Detoxification Centre to cater for this need. The operations of the Drug Rehabilitation Centre, once it is operational, will include Community Mental Health Services with outreach clinics and a home-follow-up service on patients discharged from the hospital.

The survey team found that Mathari hospital had a Department of Health Records and Information System which entered and analysed data quarterly; otherwise the raw information was extracted from the files on a continuous basis as the patient's were discharged from the wards. This information was recorded manually in a card according to diagnoses and later compiled and analysed using a borrowed computer. The institution's needs for a data collation for the future, at the time of the visit included:

- ⇒ Acquire a computer and a printer to facilitate easy access of well-processed data readily consumable by all stakeholders such as Hospital Management, Ministry of Health, postgraduate students, researchers and other stakeholders.
- ⇒ Institutionalize the use of accurate and timely information in decision-making within the hospital.

Some of the statistics available at Mathari hospital were related to the “top ten” causes of in-patient morbidity in accordance with ICD-10 Classification. While these statistics had entries for “Mental Disorders due to opioids” and “Drug-Induced Psychosis”, drug abuse received no further scrutiny, neither were patients probed further for type, source and method of acquisition of drugs or demographic characteristics. The administration of the hospital accepted to maintain more detailed information on drug abuse in the future.

2.2.3 SOCIAL WORKER RECORDS

The types of drug abuse problems that social workers face most frequently are related to the consumption of alcohol and cannabis. Unfortunately, there was no centralized system of data collection. The survey team considered that one of the tasks of the proposed network, once fully operational would be to co-operate with the ministry responsible for social services, as a potential contributor to the databank through the operations of social workers.

2.2.4 GENERAL HOSPITALS DATA

At the General Hospitals psychiatric records are maintained as part of the treatment data on the total populations of all patients but these do not specify information on drug abuse. Financial constraints have in recent years led to a situation where outpatient records are maintained in exercise books purchased by and kept by the outpatients. Part of the task of the network in its co-operation with the Ministry of Health will be to seek the acceptance of the use of standardized treatment/data collection tools that can feed information into the databank on drug abuse.

2.2.5 LAW ENFORCEMENT DATA

Both the Narcotics Unit of the Criminal Investigations Department, Kenya Police, and the Prisons Department manifested to the survey team a rare degree of openness and co-operation. The Narcotics Unit maintains regularly up-dated statistics on seizures by type of drug and quantity. These two will participate in the network as their operations are not only useful in data collection, but also crucial for the success of demand reduction activities.

The Police has an established anti-narcotics unit which was part of a regional East African Network that also included Rwanda which was co-operating on operations against drug trafficking. Pakistan is understood to be the main source of drugs of abuse which are stockpiled in Kenya on transit to other countries. The unit had 23 stations which were strategically situated in the country's transport network. Five of these were in Nairobi. Seizures and arrests were entered in a 'daily crime and incidence report' and in a special form-C8. This gave a description of the suspect but did not indicate the occupation or the age (bracket), neither did it specify whether the suspect was a consumer, a courier or a small time peddler. The statistics were maintained in a computer at Police Headquarters. Constraints included the fact that the data had to be collected manually and with only 100 officers, the unit was understaffed, the law treated petty crimes casually and therefore some relevant fingerprints and statements did not reach the unit's network and this may have led to under-reporting. Drug traffickers were using many ways to avoid detection, for instance, some traffickers from Nigeria and other West African countries cohabited with rich Kenyan women to camouflage their activities. The normal estimation was that a roll or one stick of cannabis (bhang) weighed 5gm.

From the Prisons department, it is clearly known that many criminals commit offences under the influence of drugs. One of the commonest drugs is *Cannabis sativa* which came a close second to alcohol (especially illicit local brews). There were a few cases involving mandrax and cocaine. Data on drug-related crimes was available in the convicts' records although it was not systematically segregated from the rest of the

information on a regular basis. The collection methods entailed a system where monthly returns were made to the headquarters from prisons all over the country. There was a standard arrest form/data sheet which contained an entry on the drug implicated. However no tests were carried out to confirm whether the offender was a trafficker, a non-consuming courier or a consumer.

The three specific needs were: the need for computers and their accessories to enable the department to collect information more effectively; training of the relevant personnel on information technology particularly on computerized data entry, and data analysis as well as the need to train the prison officers to specify, in their entries whether an offender was a drug trafficker or an abuser.

2.2.6 EDUCATIONAL INSTITUTIONS DATA

The type of data currently available from educational institutions, of necessity comprises information of a qualitative nature. Although there have been many newspaper and anecdotal reports on the consumption of drugs in schools, hard data has been very difficult to come by. However, one of the organizations visited by the survey team - Welfare and Allied - had been doing considerable work on both advocacy and rehabilitation in high-cost schools in Nairobi and had already prepared a project proposal for the expansion of their services. The university students' organization - **Nairobi University Association for a Drug-Free Society (NUADS)** had also done some advocacy work and was planning to extend its advocacy work by co-operating with students in other universities in the country, both public and private.

The Director of Education expressed concern about the paucity of accurate information on accessibility and rates of drug abuse in schools. The same concern was expressed by NACADA - the newly established National Agency for the Campaign Against Drug Abuse. It is evident from these concerns that one of the major activities of the proposed network will be to seek ways in which to support both the Ministry of Education and NACADA with reliable data and the necessary interventions.

2.2.7 DISCOS AND NIGHTCLUBS

Discos and nightclubs are regular haunts of drug dealers and users. The survey did not consider these as viable sources of data other than information of an anecdotal nature because of the secrecy with which dealers and abusers operated. Moreover proprietors and managers considered action against drug users in their premises as invasive of their businesses. Nonetheless they had always been potential grounds for police arrests, seizures and information gathering on drug abusers and their sources.

2.2.8 SPECIALIZED DATA

- *Epidemiology of Drug Use and Abuse: Final Report of A Pilot Study of Nairobi City and Kyaume Sublocation:*

In 1983, Dr. Mauri Yambo and Professor S.W. Acuda published a report, which among other things recommended that together with a campaign to change the attitudes of youth towards drugs, there was "potential to manipulate the availability in Nairobi of such drugs as cannabis sativa, khat and amphetamines to prevent access to them becoming any easier than it is at the moment...."

- *The Socio-economic Effects of Alcoholism on the Kenya Family:*

In 1996 a doctoral thesis by Mrs. Anne Atieno Obondo, dealt with the socio-economic impact of one of the most commonly abused drugs in Kenya. The thesis points out that there is a need to take various actions to minimize the occurrences of alcoholism (and by implication, other forms of drug dependence) and the socio-economic problems in the family. In 1993, a study by Dr. Mary Wangari Kuria found that the most commonly abused drugs were alcohol, tobacco, inhalants, cannabis sativa, amphetamines, opiates and cocaine.

- *Economic-Social-Political Aspects of Illicit Drug Use in Kenya:*

This little publicized study, carried out in 1997 by Prof. D.M. Ndeti and his team at the Department of Psychiatry at the University of Nairobi under the auspices of UNDCP, is so far the most comprehensive study supported by data. The major objective of the study

was to evaluate the epidemiology of illicit drug trade in Kenya. The study was designed to focus on the illicit drug trade in Kenya as the central focus and thereafter evaluate the peripheral economic-social-political environment the drug trade thrives in. The findings of this report provided a major input into the preparation of the *Drug Control Master Plan* - drafted in 1998, sent to government offices in 1999 and approved in 2001. With regards to the economic aspects of illicit drug trade, the report by the Department of Psychiatry found that illicit drug production in Kenya involved the growing of *Cannabis sativa* (bhang). This is mainly done in remote unsettled areas, but there was a small proportion inter-planted with regular crops. Other supplies emanating from Uganda increased the supply. Khat (miraa) which contains a controlled psychostimulant (cathinone) is freely grown in Kenya. Significantly, the major motivation for drug production was the financial gain from the trade. Concerning distribution, the report said that the drugs of illicit use trafficked in Kenya were cannabis sativa, heroin, mandrax, and cocaine. Other significant psychotropics were benzodiazepines, barbiturates, DF 118, chlorpheniramine maleate and volatile hydrocarbons as well as illicit ethanol local brews. The main target groups of the illicit drug trade were youth especially in urban centres, students in schools, matatu touts, prostitutes, hawkers, criminals, a few adults, some foreigners, particularly tourists, and some religious cults.

With regards to the social aspects of illicit drug trade, the study noted two things: one was that cannabis production in Kenya was rampant but interestingly there had to be in existence a strict code of secrecy surrounding operations in the trade. Although it was largely grown in state land, in the remote unsettled areas there had to be a considerable size of networks to harvest, package, transport and finally retail the finished product. The second issue concerned the conclusions drawn concerning the reasons for drug use which were physical, psychological and social. Some people continued to use the drugs because they had become dependent on them after initial experimentation. Other people reported psychological problems as the main reasons for their dependent illicit drug use. Poor interpersonal relations at peer, family, school, work, and community levels were also offered as reason for drug use.

Significantly, deprivation (obviously arising from rampant levels of poverty) was noted as a major contributor to illicit drug use. On the political front, the report noted that although Kenya had put in place the fundamental relevant statutory elements for the regulation and control of trade in psychotropic drugs via *Kenya Gazette no. 41-1994* there were inadequate resources to reinforce the law effectively. Further, the report noted that there had been two serious impediments in the reinforcement mechanism. First, the interpretation of the law courts had at times been at variance with the written stipulations thereby confusing the law enforcement personnel, and secondly there had been cases of manipulation of the law to favour the law breakers (specifically the influential drug dealers) within the ranks of the law enforcement groups.

These then are the prevailing conditions of secrecy and connivance which personnel working on data collection and consequent intervention programmes will have to contend with. The major drugs of choice by drug abusers in Kenya continue to be alcohol, tobacco, cannabis and miraa (khat), but the real hard drugs such as heroin have made some regrettable inroads.

- ***Adolescent Drug Use and Abuse in Kenya: Impact on Reproductive Health:***

Is a briefing book based on research by Dr. Tony Johnston at Population Communication Africa, Nairobi, funded by Pathfinder International. Johnston's research sought to empirically establish the truth regarding what he considers to be sensationalist reporting on the part of daily newspapers and wild claims on the part of Kenyan politicians, administrative, educational and religious leaders. In particular, Johnston is scornful of a newspaper report that said, "Most Form I students in Nairobi are forcibly or unwillingly injected with cocaine before they are accepted into their peer groups". According to Johnston, false beliefs in the public had come from media reports of "wild, extravagant and mostly erroneous statements". Some of these were the notion that drug use and abuse within Kenyan adolescent/young adult population has now reached alarming proportions and has in 'recent years' doubled or tripled (or in some way multiplied) and thus become rampant, widespread, or uncontrollable; that drug use and abuse among Kenyan youth has been the direct cause of poor school performance in

national examinations, and student riots (which have caused considerable damage to school and other public property as well as loss of life) and growing rates of crime within many Kenyan communities. Johnston's data showed that a quarter (25.4%) of all Kenyan adolescents and young adults (16-26 years) reported (previous and current) regular use of drugs, that the most prevalent drugs regularly used by youth in Kenya are cigarettes and alcohol (commercial beer and spirits). These accounted for 87.6% of all regular use. Further, 18.5% of Kenyan adolescents and young adults reported one or more episodes of drug addiction. Johnston called for sobriety in reportage of drug use and abuse among Kenyan youth and admitted that the country had a problem that was associated with narcotics. "Within the larger urban universities, and in some of our coastal tourist centres, there are youngsters who, today, inject narcotics..." But even as he called for a proper perspective, significantly he noted "As this briefing goes to press, (2000) an illegally brewed alcoholic spirit (Chang'aa) has in one week taken the lives of over 130 Kenyan (men and women of all ages) - and the death toll is expected to increase. Over 400 Kenyan consumers of this 'batch', of Chang'aa are presently in hospital. Of those that might survive, many will be blind for life".

3.0 RESOURCES

Kenya is well endowed with a wealth of human resources who have the necessary expertise to deal competently with the socio-economic problems associated with drug abuse. The specialised referral psychiatric institution, Mathari Hospital, is situated in Nairobi. In recent years a number of centres dedicated to drug rehabilitation have been established by private organizations and NGOs. The function of coordinating programmes and projects against drug abuse has been vested in NACADA, the National Agency for the Campaign Against Drug Abuse, since 2000. There is therefore an ample pool of qualified manpower in Kenya to provide the technical support and coordination for data collection and networking activities on drug abuse among the various stakeholders. There are more than twenty NGOs involved in advocacy against drug abuse while a few are involved in advocacy and rehabilitation work. Many potential contributors of data to the network do not have computers and those few who have

computers either do not have the necessary software or personnel trained in data collection and management.

4.0 NEEDS

While the Government has recently provided an umbrella organization for the coordination of programmes against drug abuse, NACADA, one of the major needs remains the initiation of a system for sharing information and data among the various players in the fight against drug abuse. There is also the lack of a standardized method of data collection, as it becomes available from clients in a manner that makes that data internationally comparable to other similar sources of data. Currently there are many organizations that are potential sources of data but none of these sources are adequately developed up to the point where they can contribute regularly to a national data bank on drug abuse. Many of these sources lack computers, others have computers but they do not have the necessary software nor are their staff properly trained in the creation and maintenance of an epidemiological data bank. There is great willingness on the part of the organizations visited during the course of the survey, but many are handicapped by the lack of resources. A strategic analysis of data sources for Kenya is indicated in the following section.

5.0 STRATEGIC ANALYSIS

5.1 ANALYSIS OF DATA SOURCES

As indicated above, Kenya has a variety of potential data sources. This analysis includes those data sources which already exist in some form although their format may not be standardized, or internationally comparable. But they are sources which can be readily developed as has already been indicated elsewhere in this report. Due to rapid rise in drug abuse and its complexity, we need short-term data analysis to track down trends

and compare with others. More research-based data need to be churned out to strengthen scientific arguments and produce updated forward planning.

Data Source	Arrest and Seizure Data
Current development	Data available since 1990. For pre-1990 one has to dig deeper into records
Coverage	100% for existing stations
ARQ Compatibility	Compatible
Development potential	Short term for increase of arrest/seizure stations making returns on data
Priority	High
Sustainability	High
Training and support needs	Require expertise and equipment for drug analysis and training of requisite personnel under secretariat co-ordination by NPSI
Infrastructure	None at the moment, but will be required at time of institution of drug testing
Key institutions	Anti-narcotics unit
Proposed development strategy	Provision of technical assistance for forensic analysis through the UNDCP Supply Reduction programmes

Data Source	Psychiatric data
Current development	Data currently entered on ICD-10 diagnosis by age group and gender. Data should categorize drug-related disorder by type of drug
Coverage	100% of presenting cases
ARQ Compatibility	Compatible
Development potential	Short term
Priority	High
Sustainability	High
Training and support needs	Clerical personnel to be trained on appropriate data entry and data maintenance and analysis under secretariat co-ordination by NPSI
Infrastructure needs	Computer and accessories
Key institutions	Mathari Hospital and psychiatric units in Provincial Hospitals
Proposed development strategy	Inclusion of illicit drugs by type(s) within existing system. An initial sensitization of psychiatrists would be required co-ordinated by NPSI

Data Source	Treatment data
Current development	In-patient data is entered on patient file but does not include specific information on demographics or drug use. Data currently not collected, and self disclosure would be hampered by illicit nature of drug use.
Coverage	100% of treatment entries
ARQ Compatibility	Currently not compatible on grounds of inadequate information on drug use by type, and demographic data of patients
Development potential	Long term
Priority	Medium
Sustainability	High, once system established
Training and support needs	Development of a standard data collection form and sensitization of both doctors and patients for disclosure co-ordinated by NPSI secretariat
Infrastructure needs	None for the time being
Key institutions	Ministry of Health
Proposed development strategy	Develop an improved standard form for patient intake. Provide training in data entry and analysis co-ordinated by NPSI secretariat

Data Source	Educational Institutions
Current development	Hard statistics on drug abuse is hard to come by. Plenty of anecdotal information and newspaper reporting. System of school counsellors adequately trained on drug abuse related issues not yet in place.
Coverage	Potentially 100% of student population
ARQ Compatibility	Not applicable at the moment
Development potential	Long term
Priority	High - one of NACADA's major objectives
Sustainability	High
Training and support needs	Training of Trainers (ToT). Establishment of school counseling system co-ordinated by NPSI secretariat
Infrastructure needs	None
Key institutions	Ministry of Education
Proposed development strategy	Under the auspices of NPSI, NACADA and national drug network to undertake the development and implementation of a project on base-line survey, institutionalization of intervention activities and the training of school counselors and the establishment of school counseling system

Data Source	Non-Governmental Organizations
Current development	Some have already collected data of a limited nature through interpersonal contacts for their internal use. Data collection not standardized across the NGOs, and lacks some essential demographic information.
Coverage	100% of NGO clientele
ARQ Compatibility	Compatible except for missing aspects of demographic data to be corrected through use of a standardized format
Developmental potential	High for NGOs providing detoxification and rehabilitation services
Training and support services	Development and adoption of a standard data collection form for client contacts. Train staff in data entry and analysis, co-ordinated by NPSI secretariat
Priority	High .. 156528/low
Infrastructure needs	Computer with accessories and stationery centrally situated at NPSI. Software required for network members with own computers
Key institutions	NPSI, Brightside Alcohol and Drug Rehabilitation Centre, Dapar Centre for Alcohol and Drug Abuse, The Raphaelites, Crescent Medical Aid-Kenya, Allied and Welfare Services and Avenue Hospital.
Proposed development strategy	Adoption of a standard data collection tool. Provision of software as most NGOs already have computers. Train staff on data entry and analysis. Train counselors on drug abuse for needy NGOs under the auspices of NPSI.

Data Source	Primary Health Care Centres
Current development	Non-existent. Has potential if fears of retribution upon self disclosure can be overcome and staff are trained accordingly
Coverage	100% potentially
ARQ Compatibility	Not applicable. Not developed yet
Development potential	Long term
Priority	Low
Sustainability	Moderate
Training and support needs	Development of data collection form. Data would be transmitted through existing administrative channels in the Ministry of Health to NPSI for analysis.
Infrastructure needs	Stationery and support costs through the Ministry of Health
Key institutions	Primary Health Care Centres - Ministry of Health
Proposed development strategy	Develop a data collection form for initiation of a databank as per existing epidemiological reporting procedures under the auspices of NPSI.

Data Source	Social Workers
Current development	Summary data of available but does not specify drug abuse-related social problems and drug of abuse.
Coverage	Potentially 100%
ARQ Compatibility	Not applicable. Summary statistics cannot yield usable statistics on demographics and drug of abuse by type
Development potential	Medium
Priority	Low
Sustainability	Moderate
Training and support needs	Need to add specific drug categories to treatment and train social workers accordingly on data entries, co-ordinated by NPSI secretariat.
Infrastructure needs	None
Key institutions	Department of Social Services
Proposed development strategy	Incorporate drug categories to existing data collection systems, collect and transmit raw data into a central receiving point for regular analysis, co-ordinated by NPSI secretariat.

5.2 PROPOSALS FOR STRATEGIC DEVELOPMENT

The main proposal at this stage put forward for strategic development is the inauguration of a *Drug Abuse Network*. The advisory committee of the network held its first meeting on 15th August 2001. The advisory committee endorsed the establishment of a secretariat at NPSI. The advisory committee charged NPSI with the responsibility of not only ensuring effective data collection but ensuring that the network plays an important role in meeting NACADA's national objectives. In particular the network should be able to assist NACADA with the provision of the necessary training of trainers (ToT), the development of project proposals and in carrying out research activities.

It was agreed that members of the network will, at an appropriate seminar, approve a timetable. The timetable will include the merger and adoption of a standard format or standardized forms as data tools for the different sources. The organizations represented agreed to prepare different data collection tools that they considered most appropriate for their purposes. These would then be discussed and merged into one standard tool. The timetable of activities will also include the training of relevant staff from the different organizations in the use of the tools, piloting of the said tools, and the initiation of data collection leading to an initial meeting of the network. The training of counselors will also be one of the major activities of the network. Meetings of the participating partners will lead to a national meeting for the presentation of the collated data. Thus a subsequent meeting of the committee will deal with the presentation and approval of short term, medium term and long-term goals, work plans and timetable for data collection and presentation.

5.2.1 SHORT-TERM GOALS

1. Establishment of a drug abuse network in tandem with the programmes of NACADA. The steering committee of the network met in the middle of August and has put into motion the necessary mechanism for the initiation of the network. Specific activities will include:

- ◆ Establishment of a fully functional network secretariat at NPSI
- ◆ Preparation of data collection forms, treatment care forms, and other relevant documentation form(s) for various sources of data collection, and training on data collection
- ◆ Piloting of data collection methods
- ◆ Initiation of data collection
- ◆ Hold premier meeting of full network
- ◆ Develop and initiate a programme for a baseline survey, appropriate interventions, regular monitoring of trends of drug abuse in high schools and other tertiary institutions of learning, mostly polytechnics and colleges of technology, vocational and technical training, and universities both public and private. This exercise also involves the training of school counsellors and the establishment of a project for “Life Skills” interventions in schools.
- ◆ Attend and present Kenya’s findings at appropriate EADIS fora

5.2.2 MEDIUM-TERM GOALS

1. Develop an appropriate system for capturing quantitative data from social workers and probation officers. Specific activities will be:

- Incorporation of data categories for illicit drug use on the existing data collection forms.
- Adapt the existing data collection system to allow for extraction of raw data on drug abuse for analysis at the network secretariat.
- Train staff in data entry and maintenance of the data before onward transmission.

5.2.3 LONG-TERM GOALS

- Continued expansion of active stations for arrests and seizures of all illicit drugs, by meeting personnel and infrastructural requirements
- Establish an effective system for forensic analysis of samples of seized drugs

- Training on technical techniques used to identify illicit drugs
- Harmonize the handling of drug abuse related issues between the Judiciary, the Police and the Prisons department
- Capacity building for NGOs and other agencies to carry out their anti-drug mandate effectively

6.0 CONCLUSION

The purpose of establishing the survey team on drug abuse in Kenya was twofold: Through interviews and discussions with stakeholders, to assess the magnitude of the problem of drug abuse and come up with a situation analysis and recommendations of what action ought to be taken against drug abuse. The second major mandate of the survey team was to explore the possibility of establishing a national network against drug abuse. Alcohol is by far the leading drug of abuse in Kenya. Cigarettes and alcohol (commercial beer and spirits) make up over 90% of all drug addiction in Kenya- especially among the youth and young adult categories. Among the adolescents and young adults cannabis (bhang) accounts for 4.6% of subjects reporting regular use of drugs. Alcohol in the form of local brews and spirits accounts for 6.2% while narcotics and inhalants account for 1.6%.

By and large the greatest handicap towards the formulation of informed policy decisions and creating intervention programmes based on those policies is paucity of data and associated information on drug abuse trends and the demographic profile of the drug abusers. But there exists now, general public perceptions that drug use and abuse is responsible for poor performance in schools; for student riots and for growing rates of crime within the country. Such perceptions also seem to indicate that cannabis (bhang) is commonly abused in the country and that the patterns of drug abuse are changing from soft to hard drugs. In this context, the use of cocaine, morphine and heroin have been mentioned.

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Such concerns led to the creation of the National Agency for the Campaign against Drug Abuse (NACADA) in 2000. This agency has the responsibility of coordinating all activities against drug abuse in the country, mobilizing interventions and support for partners and stakeholders in the fight against drugs as well as initiating projects as, where and when the need arises.

Within the international sphere the United Nations Drug Control Programme (UNDCP) has initiated a Global Assessment Programme on Drug abuse (GAP) which aims at supporting countries to establish systems to collect reliable and internationally comparable drug abuse data and assess the magnitude and patterns of drug abuse. Such information is critical in formulating demand reduction programmes. Further, the UN Guiding Principles of Drug Demand Reduction state that “Demand reduction programmes should be based on a regular assessment of the nature and magnitude of drug use and abuse, and drug related problems in the population”.

The East Africa Drug Information System (EADIS) was initiated at a training workshop in Mombasa in February 2001, as a regional network on drug abuse based on expertise and experiences of each of the participating countries. Data from respective national networks will be pooled together to form a regional databank on drug abuse that will reflect both data and emerging patterns of drug abuse.

The survey team responsible for this report explored several sources of data in the country, noted their multiplicity, the goodwill of policy makers and administrators at the highest levels in the government. Consequently a steering committee has already put into place the necessary mechanism for the establishment of a network that will support NACADA in data collection, planning, project proposal preparations as well as implementation of some of the intervention programmes.

This exercise should be repeated in other key towns in Kenya, particularly towns at the port and tourist attractions at the Coast, Nakuru, Kisumu, Eldoret, Nyeri, Kakamega, Garissa, Thika and Embu/Meru.

This exercise is by definition a team exercise, and collaborative in nature. It is recommended that anybody or any organization with anything to contribute, whether in Kenya or outside is welcome to make their respective contribution.

Appendix 1: Contact List

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