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ECONOMIC - SOCIAL -
POLITICAL
ASPECTS OF ILLICIT
DRUG USE IN KENYA

1997

BY
THE DEPARTMENT OF
PSYCHIATRY
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KENYA

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INTRODUCTION

The issues relating to illicit drug production, trafficking and consumption have been a subject of three major conventions of the United Nations (U.N.): the U.N. (1961) Single Convention on Narcotic Drugs; later amended by the 1972 protocol, the U.N. (1971) Convention on psychotropic substances and the U.N. (1988) Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Pursuant to the resolutions adopted by these U.N. conventions, most governments of the U.N. member states have already ratified them. Kenya as a member state of the U.N. has not only ratified these conventions but has already originated national legislation along these U.N. resolutions. Hence the Narcotic Drugs and Psychotropic Substances (control) Act - 1994 was enacted by the Parliament of the Republic of Kenya and published. (Kenya Gazette Supplement No. 41 - 1994). It is already operational. This legislation details the regulations pertaining to the production, trafficking, possession and consumption of narcotic drugs, and psychotropic substances in Kenya. The penalties related to infractions to these regulations are also detailed, therein. To monitor the activities related to this act, the Kenya Government established "The Anti-Narcotics Unit" within the Criminal Investigations Department (C.I.D) of the Kenya Police. It is this Unit which is charged, with the responsibility of enforcing this Parliamentary Act throughout Kenya and beyond. To this end, the services of the regular police on patrol, concerned parents, guardians, siblings, friends, peer members, schools, churches, health care units, club members, members of the general public and most importantly, the local Public Administration, have also played a major role in the implementation of the provisions of this act. Most significant was the Appointment of an Inter-Ministerial Drug Coordinating Committee" with "The Solicitor - General" as the Chairman and with members drawn from most concerned Government Ministries and other stake holders in the drug issue. (The Kenya Gazette - Notice No. 4048 of 26 July 1996).

This committee is charged with the responsibility of defining, promoting and coordinating government Policy and activities for the control of drug abuse and drug trafficking along the three U.N. conventions as well as updating and implementing the Narcotic Drugs and Psychotropic Substances (Control) Act, 1994.

The same committee is also charged with the responsibility of establishing a viable data bank and analysis of drug abuse and trafficking at the national level. The committee has already established a secretariat and plans to hold the first workshop are already at an advanced stage (Jackobam, 1997).

At the international level, the U.N. has established the United Nations International Drug Control Programme (UNIDCP) and its Global Regional Offices which gather much of its data on illicit drugs supply and demand from Member States through the Annual Report Questionnaire (A.R.Q). Though comprehensive, the ARQ's consistency, regularity and comprehensiveness of the Member State's responses vary considerably from year to year. Hence significant data base gaps do exist. This is because most activities involving illicit drugs are clandestine hence data collection on these activities is not easy. Therefore, until efforts are increased to improve the gathering and analysis of information on country level trends, understanding of the complex dynamics of illicit drugs at the global level will be limited (World Drug Report, 1997).

The drug phenomenon is unique in the way it affects people's lives: health, political and economic development, crime level in the country and the stability of governments. Hence in tackling the drug problem, it is essential first to understand its relationship with other issues affecting the societies. Illicit drug abuse prevents individuals from realizing full personal potential with subsequent limitations of social development. The social and economic costs of illicit drug abuse places an intolerable strain on the social infrastructure of a country. The illicit production of drugs diverts human and natural resources from more productive activities, and weakens the foundation for long-term economic growth. The power of international drug trafficking organizations threatens to corrupt and destabilize the institutions of government. The crime associated with drugs, much of it violent, makes a misery of many lives. (World Drug Report, 1997).

It is in the light of the aforementioned that a study on the economic, social and political aspects of illicit drug use in Kenya was conducted in October 1997. This study was sponsored by the U.N.I.D.C.P. and conducted by the Department of Psychiatry; College of Health Sciences, University of Nairobi. The Department is therefore extremely pleased and honored to fill some of the gaps that exist in the understanding and possible solutions to this problem. Such gaps could only be filled through community based quantitative research. We have not only described the problem but have also pointed the way forward, not only for Kenya, but also for the international community at large. This way forward is implied all along the report and in the various recommendations. The Department has the necessary human resources, expertise, experience and ready to help in the implementation of the various recommendations, including further research and developing training modules for training of trainers and trainees.

The real credit for this work goes to my most dedicated, "team spirited" staff (and friends of this Department) who, with highly limited resources, worked long hours, used their own resources, sacrificed vacation and own free time to complete this study at the earliest possible date. This project took place during electioneering and general elections time in Kenya and also during vacation time for the University hence the pressure for time for the project by everybody involved. I am very proud of them. My very special thanks go to Dr. D.M. Kathuku, Dr. C. Otieno, Miss Victoria Mutiso and Miss Caroline Karicho.

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