

Policy Brief on Cannabis Use in Kenya

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1.0 Introduction

The Government of Kenya recognizes drugs and substance abuse (DSA) as a major threat to the wellbeing 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 is critical for national development and the realization of the Kenya Vision 2030 and Bottom-Up Economic Transformation Agenda (BETA). 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 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.

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

2.0 Methodology

The survey used a cross-sectional study design to provide reliable estimates to track the national, regional, urban and rural drugs and substance use indicators. This was achieved through the use of Kenya Household Master Sample Frame (K-HMSF) maintained by the KNBS. The survey was carried out across the 47 counties of the Republic of Kenya. The study sampled Kenyans aged 15 to 65 years. The total number of individual interviews received was 3,314 translating to an individual response rate of 87%. The data was weighted to compensate for unequal selection probabilities and unit non-response in order to conform to known population distributions and eliminate any possible bias;

3.0 Findings

Lifetime use of narcotics for the population aged 15 - 65 years

The lifetime use of narcotics for the population aged 15 - 65 years shows that 3 percent

had ever used cannabis in their lifetime. The highest prevalence of lifetime use of cannabis was reported by those aged 18 - 24 years 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%).

Lifetime use of cannabis for the population aged 15 - 24 years

The lifetime prevalence of cannabis use for the population aged 15 - 24 years was 4 percent. 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 prevalence (2.2%).

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 at (5.0%).

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.

Trend in the 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.

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%).

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

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.

Relationship between depressive disorder and past-month DSU

The findings on the relationship between depressive disorder and past month user of drugs and substances of abuse showed that the risk of depressive disorder among users past month users of cannabis was 2.3 times higher compared to non-users;

Prevalence of severe cannabis use disorders (addiction)

The findings show that 1 in every 111 Kenyans aged 15 – 65 years (234,855) were addicted to cannabis use; 1 in every 77 youths aged 15 – 24 years (90,531) were addicted to cannabis use; and 1 in every 83 youths aged 25 – 35 years (100,468) were addicted to cannabis use.

4.0 Conclusions

- i. 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;
- ii. The 25-35 years age group representing youth out-of-school was identified as a vulnerable group for cannabis use and dependence;
- iii. The survey showed evidence of underage use of cannabis despite the well-documented negative implications and consequences of early initiation; and
- iv. Cannabis use was identified as a key risk factor for depressive disorders. This finding presents addiction professionals with an evolving challenge of co-occurring cannabis use and mental health disorders.

5.0 Policy Recommendations

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

- i. NACADA in collaboration with the FBOs to scale up “positive parenting” and “strengthening families” programs to moderate risks of early exposure to cannabis by children and young adolescents;
- ii. 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 cannabis;
- iii. Deliberate measures to be put in place to address the myths, misinformation, and misconceptions of cannabis use among the youth;
- iv. 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; and
- v. Cannabis 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;