



**NACADA**  
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

# **STATUS OF DRUGS AND SUBSTANCE USE AMONG UNIVERSITY STUDENTS IN KENYA, 2024**

**ABRIDGED VERSION**





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# **STATUS OF DRUGS AND SUBSTANCE USE AMONG UNIVERSITY STUDENTS IN KENYA**

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## 1.0 Introduction

The national study on the “Status of Drugs and Substance Use (DSU) among University Students in Kenya, 2024” provides a baseline assessment tool of DSU programming indicators that will be used to evaluate the effectiveness of the proposed interventions implemented over a given fixed time period. The findings of this study will inform deliberate measures including priority setting and commitment of resources to reverse the growing problem of DSU and associated consequences among university students both in public and private universities in Kenya.

## 2.0 Methodology

The study used a cross-sectional study design adopting a mixed methods approach where both quantitative and qualitative data was collected. The study covered both public and private universities across the 8 administrative regions of Kenya namely; Nairobi, Coast, Nyanza, Western, Central, Eastern (upper and lower), North Eastern and Rift Valley (North and South). A total of 17 universities were included in the study. The study population comprised undergraduate students from both public and private universities in Kenya. A total of 15,678 respondents were interviewed translating to a response rate of 99.7%.

A structured questionnaire with both open and closed-ended questions was used to collect both quantitative and qualitative data. Qualitative data was captured from the open-ended questions, Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). The use of open-ended questions, FGDs and KIIs approaches elicited rich qualitative data that facilitated deeper insights and understanding of the DSU problem among university students in Kenya.

Ethical clearance was sought from the Chuka University Ethics Review Committee (CUIERC/ National Commission for Science, Technology and Innovation (NACOSTI)/416) and the research license was sought from NACOSTI (NACOSTI/ P/ 23/ 29940). Written informed consent (Appendix 2) was also sought from the study respondents and participation was strictly voluntary. The anonymity and confidentiality of the study participants and the individual collaborating institutions were also safeguarded.

## 3.0 Results

### Background characteristics

- There were proportionately more (68.5%) students from public universities compared to private universities (31.5%);
- Over half (54.2%) of the student population were male and 45.2% were females while 0.6% did not state their sex;
- Most (61.7%) of the students' were accommodated outside the institution.
- The students were almost evenly distributed across the years of study where 26.9% were first years, 24.3% second years, 23.8% third years and 24.2% in their fourth year and above;



### 3.1 Availability of drugs and substances of abuse (DSA) among university students in Kenya;

#### Availability of alcohol, tobacco products, and *khat*

- The study showed that alcohol was the most (87.3%) available substance followed by cigarettes (64.4%), shisha (41.2%), vape/e-cigarettes (31.0%), nicotine pouches (30.7%), *kuber* (23.0%) and snuff/chewed tobacco (22.1%);

#### Availability of narcotic drugs

- Findings revealed that smoked cannabis was the most (61.7%) available narcotic drug followed by cannabis edibles (47.6%), cocaine (15.1%) and heroin (14.3%);
- Results from the FGDs targeting university students identified multiple cannabis edibles ranging from *weed cookies*, *weed mabuyu*, *weed lollipops* and *weed juice*.

#### Availability of other psychoactive substances

- The study showed that prescription drugs were the most (13.9%) available psychoactive substances followed by inhalants (13.1%), codeine/cough syrups (11.5%), methamphetamine (8.5%), ecstasy/GHB/LSD/Psychedelics (8.1%) and ketamine (7.0%);
- Morphine, a potent opioid used for management of severe pain, was reported as an emerging substance of abuse in the student's FGD;

### 3.2 Sources of DSA

- The study showed friends were the main (66.4%) sources of drugs followed by canteen/bar/premises within the neighbourhood (59.3%); fellow students within the institution (56.0%); online purchasing over websites or social media (39.4%); canteen/bar/premises within the institution (28.0%); support/non-teaching staff (11.4%); and lecturers/teaching staff (7.0%).

### 3.3 Prevalence of DSU among university students in Kenya;

#### Lifetime use of DSA

Lifetime use refers to a student who had ever used a drug or substance of abuse in their lifetime.

#### Alcohol

- 1 in every 2 university students (40.5%) had ever used alcohol

#### Tobacco

- 1 in every 5 university students (20.4%) had ever used at least one type of tobacco product in their lifetime;
- 1 in every 7 university students (13.4%) had ever used cigarettes in their lifetime;

- 1 in every 9 university students (10.9%) had ever used shisha (10.9%) in their lifetime;
- 1 in every 12 university students (8.6%) had ever use vape/ e-cigarettes (8.6%) in their lifetime;
- 1 in every 22 university students (4.6%) had ever used nicotine pouches in their lifetime;
- 1 in every 24 university students (4.1%) had ever used snuff/ chewed tobacco in their lifetime;
- 1 in every 29 university (3.5%) students had ever used *kuber* in their lifetime;

### **Khat**

- 1 in every 5 university students (20.1%) had ever used at least one type of *khat* in their lifetime;
- 1 in every 10 university students (10.1%) had ever used the variant of khat known as miraa in their lifetime;
- 1 in every 10 university students (10.1%) had ever used the variant of khat known as *muguka* in their lifetime;

### **Narcotic drugs**

- 1 in every 6 university students (18.0%) had ever used at least one type of cannabis in their lifetime;
- 1 in every 7 university students (14.9%) had ever used smoked cannabis in their lifetime;
- 1 in every 8 university students (11.9%) had ever used cannabis edibles in their lifetime;
- 1 in every 56 university students (1.8%) had ever used heroin in their lifetime;
- 1 in every 63 university students (1.6%) had ever used cocaine in their lifetime;

### **Other psychoactive substances**

- 1 in every 18 university students (5.5%) had ever used inhalants in their lifetime;
- 1 in every 33 university students (3.0%) had ever used prescription drugs in their lifetime;
- 1 in every 48 university students (2.1%) had ever used codeine syrup in their lifetime;
- 1 in every 67 university students (1.5%) had ever used ecstasy/ GHB/ LSD/ psychedelics in their lifetime;
- 1 in every 83 university students (1.2%) had ever used methamphetamine in their lifetime;
- 1 in every 100 university students (1.0%) had ever used ketamine in their lifetime;

### At least one drug or substance of abuse

- 1 in every 2 university students (45.6%) had ever used at least one drug or substance of abuse in their lifetime.

**Table 1: Summary of lifetime use of DSA among university students in Kenya**

Substance	Prevalence (%)	Population affected
<b>Alcohol</b>	<b>40.5</b>	<b>1 in every 2</b>
Cigarettes	13.4	1 in every 7
Shisha	10.9	1 in every 9
Vape/ e- cigarettes	8.6	1 in every 12
Nicotine pouches	4.6	1 in every 22
Snuff/ chewed tobacco	4.1	1 in every 24
Kuber	3.5	1 in every 29
<b>At least one tobacco product</b>	<b>20.4</b>	<b>1 in every 5</b>
<i>Miraa</i>	10.1	1 in every 10
<i>Muguka</i>	9.9	1 in every 10
<b>At least one type of khat</b>	<b>20.1</b>	<b>1 in every 5</b>
Cannabis smoked	14.9	1 in every 7
Cannabis edibles	11.9	1 in every 8
<b>At least one type of cannabis</b>	<b>18.0</b>	<b>1 in every 6</b>
Heroin	1.8	1 in every 56
Cocaine	1.6	1 in every 63
Inhalants	5.5	1 in every 18
Prescription drugs	3.0	1 in every 33
Codeine syrup	2.1	1 in every 48
Ecstasy/ GHB/ LSD/ Psychedelics	1.5	1 in every 67
Methamphetamine	1.2	1 in every 83
Ketamine	1.0	1 in every 100
<b>At least one drug or substance of abuse</b>	<b>45.6</b>	<b>1 in every 2</b>



### 3.4 Past-month use of DSA

Past-month (current) use refers to a student who had ever used a drug or substance of abuse within the last 30 days prior to the interview.

#### Alcohol

- 1 in every 5 university students (18.6%) had used alcohol in the past month;
- 1 in every 5 male students (21.0%) and 1 in every 6 female students (15.7%) had used alcohol in the past month;
- 1 in every 4 students in private universities (23.4%) and 1 in every 6 students in public universities (16.4%) had used alcohol in the past month;

#### Tobacco

- 1 in every 8 university students (12.0%) had used at least one tobacco product in the past month;
- 1 in every 8 male students (13.0%) and 1 in every 9 female students (10.9%) had used at least one tobacco product in the past month;
- 1 in every 6 students in private universities (15.9%) and 1 in every 10 students in public universities (10.3%) had used at least one tobacco product in the past month;
- 1 in every 14 university students (7.2%) had used cigarettes in the past month;
- 1 in every 17 university students (5.8%) had used vape/ e-cigarettes in the past month;
- 1 in every 22 university students (4.6%) had used shisha in the past month;
- 1 in every 24 university students (4.2%) had used nicotine pouches in the past month;
- 1 in every 36 university students (2.8%) had used *kuber* in the past month;
- 1 in every 38 university students (2.6%) had used snuff/ chewed tobacco in the past month.

#### Khat

- 1 in every 10 university students (10.2%) had used at least one type of *khat* in the past month;
- 1 in every 8 male students (13.0%) and 1 in every 15 female students (6.7%) had used at least one type of *khat* in the past month;
- 1 in every 8 students in public universities (12.0%) and 1 in every 18 students in private universities (5.6%) had used at least one type of *khat* in the past month;
- 1 in every 12 university students (8.4%) had used the variant of *khat* known as *muguka* in the past month;
- 1 in every 12 university students (8.2%) had used the variant of *khat* known as miraa in the past month;

### Narcotic drugs

- 1 in every 9 university students (10.7%) had used at least one type of cannabis in the past month;
- 1 in every 9 male students (11.7%) and 1 in every 10 female students (9.6%) had used at least one type of cannabis in the past month;
- 1 in every 8 students in private universities (11.9%) and 1 in every 10 students in public universities (10.2%) had used at least one type of cannabis in the past month;
- 1 in every 12 university students (8.4%) had used smoked cannabis in the past month;
- 1 in every 12 university students (8.2%) had used cannabis edibles in the past month;
- 1 in every 59 university students (1.7%) had used heroin in the past month;
- 1 in every 63 university students (1.6%) had used cocaine in the past month.

### Other psychoactive substances

- 1 in every 23 university students (4.3%) had used inhalants in the past month;
- 1 in every 45 university students (2.2%) had used prescription drugs in the past month.
- 1 in every 71 university students (1.4%) had used methamphetamine in the past month;
- 1 in every 71 university students (1.4%) had used codeine syrup in the past month.
- 1 in every 77 university students (1.3%) had used ecstasy/ GHB/ LSD/ psychedelics in the past month;
- 1 in every 1000 university students (0.1%) had used ketamine in the past month.

### At least one drug or substance of abuse

- 1 in every 9 university students (26.6%) had used at least one drug or substance of abuse in the past month;
- 1 in every 9 male students (28.8%) and 1 in every 10 female students (23.9%) had used at least one drug or substance of abuse in the past month;
- 1 in every 8 students in private universities (35.1%) and 1 in every 10 students in public universities (22.6%) had used at least one drug or substance of abuse in the past month;

**Table 2: Summary of past-month use of DSA among university students in Kenya**

Substance	Prevalence (%)	Population affected
<b>Alcohol</b>	<b>18.6</b>	<b>1 in every 5</b>
Cigarettes	7.2	1 in every 14
Vape/ e- cigarettes	5.8	1 in every 17
Shisha	4.6	1 in every 22
Nicotine pouches	4.2	1 in every 24
Kuber	2.8	1 in every 36
Snuff/ chewed tobacco	2.6	1 in every 38
<b>At least one tobacco product</b>	<b>12.0</b>	<b>1 in every 8</b>
<i>Miraa</i>	8.4	1 in every 12
<i>Muguka</i>	8.2	1 in every 12
<b>At least one type of <i>khat</i></b>	<b>10.2</b>	<b>1 in every 10</b>
Cannabis smoked	9.1	1 in every 11
Cannabis edibles	6.4	1 in every 16
<b>At least one type of cannabis</b>	<b>10.7</b>	<b>1 in every 9</b>
Heroin	1.7	1 in every 59
Cocaine	1.6	1 in every 63
Inhalants	4.3	1 in every 23
Prescription drugs	2.2	1 in every 45
Codeine syrup	1.4	1 in every 71
Methamphetamine	1.4	1 in every 71
Ecstasy/ GHB/ LSD/ Psychedelics	1.3	1 in every 77
Ketamine	0.1	1 in every 1000
<b>At least one drug or substance of abuse</b>	<b>26.6</b>	<b>1 in every 4</b>



### **3.5 Extent of Alcohol Use Disorders (AUDs) among university students in Kenya;**

- 1 in every 12 university students (8.7%) had severe AUDs (addiction);
- 1 in every 10 male students (10.5%) and 1 in every 15 female students (6.5%) had severe AUDs (addiction);
- 1 in every 11 students in public universities (9.5%) and 1 in every 12 students in private universities (8.3%) had severe AUDs (addiction)

### **3.6 Risk factors and consequences of DSU among university students in Kenya;**

- The major risk factors for DSU included having an influencer such as a girlfriend or boyfriend or role model using DSA; inability to cope with stress or stressful situations; unresolved trauma due to childhood domestic violence, Gender Based Violence or bereavement; not being actively involved in a religious group; and involvement in gambling or betting;
- Other risk factors for DSU identified through FGDs and KII were student parties and other common events and active marketing of drugs and substances of abuse within the university environment;
- The study also showed that DSU was associated with the failure of students to sit for examinations or continuous assessment tests; missing classes or lectures; and involvement in disciplinary issues with lecturers or the institution;

### **3.7 Extent of depressive disorders among university students in Kenya;**

- 1 in every 17 university students (5.8%) had moderately severe depressive disorders and another 1 in every 29 of university students (3.5%) had severe depressive disorders;
- Results revealed that female students had a higher prevalence of moderately severe (6.4%) and severe (4.1%) depressive disorders compared to their male counterparts (5.2% and 3.0% respectively);
- The study also showed that students in private universities had a slightly higher prevalence of moderately severe (6.2%) and severe (3.8%) depressive disorders compared to students in public universities (5.5% and 3.4% respectively);

### **3.8 Existing strategies on DSU prevention, control and management**

- Data analysis showed that guidance and counselling services was the most common intervention available to address DSA among university students followed by awareness talks on DSA, peer counselling, policy on drug free environment within the institution, sensitization programmes on DSA, sobriety clubs on prevention of DSA, referral to treatment and rehabilitation services and random checks for DSA;

- Results of the study also showed that the students found in possession of DSA were mostly referred to guidance and counselling, referred to peer counselling, referred to treatment and rehabilitation, warned or cautioned, suspended from the institution, parents or guardians summoned, expelled from the institution or taken to the police.

### 3.9 Conclusion

#### A. Availability and accessibility of DSA

- a. The environment within the universities and the neighbourhoods were not drug-free spaces with evidence showing an increased availability and accessibility for DSA, especially alcohol, tobacco, *khat*, and cannabis;
- b. There was an emerging gradual penetration of new psychoactive substances within the university environment particularly methamphetamine, prescription drugs, codeine syrup, ecstasy/ GHB/ LSD/ psychedelics, and ketamine.
- c. There was evidence of involvement and use of university students in the supply and sale of DSA;
- d. There was increasing use of online platforms and websites for promoting the sale and use of DSA targeting university students;

#### B. Prevalence of DSU among university students in Kenya

- a. The study showed that 1 in every 2 university students in Kenya had used at least one drug or substance of abuse in their lifetime.
- b. Data also showed that 1 in every 4 university students in Kenya were currently using at least one drug or substance of abuse;
- c. Findings on the past-month use of individual drugs showed that alcohol, tobacco, *khat*, and cannabis were the most widely used substances of abuse by university students in Kenya;
- d. The most commonly used tobacco products in the past month were cigarettes, vape/ e-cigarettes, shisha, nicotine pouches, *kuber*, and lastly snuff/ chewed tobacco;
- e. The analysis also revealed an emerging trend in the past month use of novel tobacco products where 1 in every 17 students was using vape/ e-cigarettes and 1 in every 24 students were using nicotine pouches. In addition, 1 in every 22 students was currently using shisha despite the drug being a banned substance in Kenya;
- f. Cannabis was the most commonly used narcotic drug in the past month among university students in Kenya;

- g. Data analysis revealed a high past-month use of cannabis edibles where 1 in every 16 students was currently using these emerging substances;
- h. Data analysis on past-month use also showed an emerging trend in the use of new psychoactive substances among university students that were synthetic in nature especially methamphetamine, ecstasy/ GHB/ LSD/ psychedelics, and ketamine;
- i. Overall, the study showed increased vulnerability and high burden for past-month use of DSA among both male and female students; private and public universities; students not affiliated to any religion or those who were Hindu/ Buddhist; students in the third year of study and above; students residing at home or accommodated outside the institution; and those who were self-sponsored;

### **C. Extent of AUDs and depressive disorders**

- a. There was a high burden for severe AUDs where 1 in every 12 university students was struggling with addiction;
- b. The study established that the burden for alcohol-related addiction was higher among students in private and public universities; students not affiliated to any religion or those who were Hindu/Buddhist; students in the third year of study and above; and those who were self-sponsored;
- c. The analysis also revealed a high burden of depressive disorders among university students where 1 in every 17 students had moderately severe depressive disorders and another 1 in every 29 students had severe depressive disorders;
- d. Data analysis also showed that guidance and counselling services were the most common intervention available to address DSA among university students followed by awareness talks on DSA, peer counselling, policy on drug-free environment within the institution, sensitization programmes on DSA, sobriety clubs on prevention of DSA, referral to treatment and rehabilitation services and random checks for DSA;
- e. Results of the study also showed that the students found in possession of DSA were mostly referred to guidance and counselling, referred to peer counselling, referred to treatment and rehabilitation, warned or cautioned, suspended from the institution, parents or guardians summoned, expelled from the institution or taken to the police.



### 3.10 Recommendations

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

- a) The university management and the relevant stakeholders to roll out deliberate and sustained DSU prevention interventions including strong mentorship programmes tailored to the needs of the vulnerable student sub-populations;
- b) The university management to consider mandatory accommodation of university students within the institutions and in accredited privately managed accommodation facilities outside the university;
- c) The university management and the Ministry of Education to strengthen the guidance and counselling departments to support the provision of brief interventions for students with substance use disorders (SUDs), mental health disorders, and other unresolved trauma;
- d) Collaboration and strengthening the university chaplaincies to play an active role in the prevention of DSU including other programmes intended to moderate the risk factors for substance use among students;
- e) The Government to provide affordable and accessible treatment and rehabilitation services tailored to the unique needs of students in higher learning institutions;
- f) NACADA in collaboration with the university management to leverage social media and other online platforms to reach the students with tailored prevention programmes and factual messaging to counter myths, misinformation, and misconceptions related to DSU;
- g) Parents and guardians to enhance parental monitoring and role modelling for university students throughout their undergraduate academic journey;
- h) NACADA in collaboration with the university management to develop and implement tailored DSU prevention and management guidelines targeting students in higher learning institutions;
- i) NACADA in collaboration with the university management and other relevant agencies to create awareness of the effects and consequences of emerging new psychoactive substances including cannabis edibles, synthetic drugs, and novel tobacco products;

- j) The university management should strengthen the co-curricular activities, equip the sports department, and come up with innovative sporting activities that are exciting and meet the needs of the students;
- k) The university management should identify parenting as a key intervention area for the prevention and control of DSU among university students and utilize opportunities such as the student orientation week to target parents;
- l) The university management through the relevant department should consider implementing gender-specific programmes tailored to the unique needs and vulnerabilities of male and female students;
- m) The university management needs to strengthen and sustain the orientation programmes to ease the transition of first-year students to lessen the stress and trauma that they undergo when settling down to the new environment;
- n) The university management needs to create awareness of the existence of guidance and counselling services, and address the barriers related to stigma, client confidentiality, and bureaucracies;
- o) The university management through the relevant department needs to establish long-term support programs for students recovering from addiction that include strong mentorship programs, continuous guidance and counselling, and regular monitoring;
- p) The university management through the relevant department needs to establish vibrant recovery communities that celebrate sobriety integrated with a strong component of continuous emotional and social support services for students on the recovery path;
- q) Collaboration between the university management and the relevant enforcement agencies to guarantee drug-free spaces within the university and its environs;
- r) The Government to consider the inclusion of institutions of higher learning to the 300m rule prescribed in the Alcoholic Drinks Control Act, 2010 to ensure safe spaces for students.

### 3.11 Suggestions for further study

This study identified several emerging information gaps for further research;

- a) An in-depth qualitative study to understand the risk factors for DSU among university students and the nature of drug supply networks within and near the university neighbourhood;
- b) An assessment on the increased vulnerability of DSU among undergraduate female students in Kenya;
- c) An in-depth analysis of the availability and accessibility of emerging DSA including cannabis edibles among university students in Kenya;
- d) Assessment of the existing gaps facing the guidance and counselling departments, dean of students, chaplaincy/ spiritual support, sports departments, and parents to respond effectively to the emerging challenges of mental health disorders and SUDs among university students;
- e) Effectiveness of the existing interventions on DSU prevention, management, and control among university students in Kenya;
- f) A social network analysis of the common DSA, common sources of DSA, common spaces of DSU, and common DSA network of users by drug or substance;
- g) A follow-up study on recovering addicts to document cases of relapse among university students with a view to designing mechanisms for relapse prevention;
- h) Vulnerability of DSU among freshly admitted undergraduate university students in Kenya;
- i) Causes of increased exposure to DSU among female university students in Kenya;
- j) Emerging DSA including cannabis edibles and synthetic drugs among university students in Kenya.



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