

Press Statement
Protecting Our Children, Communities, and Country

Civil Society Statement in Support of the National Alcohol and Drugs Policy 2025

As a collective of civil society, child rights advocates, public health professionals, and community-based organizations, we stand in firm support of the newly launched National Policy for the Prevention, Management, and Control of Alcohol, Drugs, and Substance Abuse (2025).

Alcohol is a family, community and national issue, not an individual problem. Its unchecked availability, affordability and normalization is driving a health crisis destroying Kenya's productivity and national wellbeing. This policy is timely to help us course-correct.

We laud the government for the bold step. We therefore urge well-meaning Kenyans-from parliament to faith institutions to media houses to the mama mboga-to protect this policy from misinformation and sabotage by commercial interests. This Policy is about the people, not profits.

Opinion data shows 90% of Kenyans see alcohol as a problem, with many having experienced or knowing someone who has experienced road accidents, domestic violence, unemployment, loss of a family member or other diseases due to alcohol consumption. That is you and I. We cannot pretend all is well

Alcohol Use Disorders and Treatment Costs

Presently, 1 in every 8 Kenyans uses alcohol, with 1 in every 20 persons having alcohol addiction. These are millions of Kenyans trapped in the cycle of addiction, with devastating consequences for their health, families and economic productivity. Families spend thousands on treatment, pushing households further into poverty.

Miritini Rehabilitation Centre in Mombasa is the cheapest in the country, with treatment for alcohol use disorder over 3 months costing Kshs 55,000. In private facilities, costs range from Ksh 120,000 to Kshs 1m, for the same period. Excluding aftercare and reintegration, it would require at least Ksh 74 billion to treat alcohol use disorders only. This makes treatment unaffordable to the vast majority. It is business unusual.

Alcohol, Injuries, Disease and Productivity Burden

Alcohol is linked to digestive disorders (21%), cardiovascular diseases (19%), and other preventable illnesses including liver disease, diabetes complications, cancers, mental health disorders as well as communicable diseases like HIV and STIs.

It also contributes to injuries, including traffic crashes, self-harm, interpersonal violence-driving physical, sexual, emotional violence and economic abuse in our homes and communities. In urban and peri-urban Kajjido for instance, 54.4% of men and women have been beaten by

someone who had drunk alcohol. In Embu and Machakos, 56% of girls and women have been violated by a man when he was drunk. Many of us have witnessed violence at home due to parental alcohol use.

Children suffer beatings and physical abuse by intoxicated caregiver, sexual abuse by relatives under the influence of alcohol, emotional trauma from witnessing domestic violence, educational disruption including school dropout and economic neglect, as household income is diverted to alcohol. In fact, alcohol consuming households in Kenya spend less on food, potentially contributing to children's malnutrition, compared to non-alcohol consuming households.

Alcohol use contributes to lost productivity within the private and public sector. A public sector study found that alcohol users had reported higher prevalence of reporting late to work, being absent, having workplace related performance or disciplinary concerns or workplace related injuries compared to non-alcohol users. Other issues that lead to alcohol-attributable lost productivity include premature mortality, disability, alcohol-related jail time, time spent nursing hangovers.

Alcohol use is costing lives and overwhelming health systems, consuming scarce health resources that would otherwise go to programs like school feeding or capitation.

Commercial Distraction

We have seen reports warning that if the new alcohol policy is fully implemented, Kenya will lose up to 1.3 million jobs. But we ask, what about the 1.36 million Kenyans already struggling with alcohol use disorders? Or the 3.66 million users living under the shadow of addiction and its consequences? How about the employers struggling to boost productivity?

What about the:

- Children forced to drop out of school due to parental alcohol use?
- Women and girls violated by intoxicated partners or relatives?
- Persons with disabilities and elders abused or neglected in alcohol-fueled homes?
- Accident victims, whose lives are forever altered/ended by someone else's drinking?
- Mothers and daughters, abandoned or burdened by the cost of care?

This is not theory but the lived reality for millions of Kenyans where alcohol is affordable, available, easily accessible, marketed and normalized as a social lubricant. This fuels consumption, contributing to the harms discussed, among others.

The policy gets right, among others:

1. Raising the Minimum Age to 21

Brain development continues into the mid-20s, and alcohol disrupts this process, increasing the risk of dependence, impaired judgment, and long-term cognitive impairment. Raising the age limit for handling, purchasing, and consuming alcohol is scientifically sound. It reduces onset of use and drinking for people under 21, risky consumption such as binge drinking, alcohol related

injuries and death for persons under 21. Even with imperfect enforcement, it leads to reduced consumption and harm compared to lower drinking ages.

2. Limiting Promotions, Sponsorships, and Ads

Exposure to alcohol marketing—including online and in spaces associated with people under 21—is linked to early initiation of alcohol use. By curbing alcohol ads and sponsorships in schools, youth events, and digital spaces, this policy protects young people from inducement and normalizing messages about drinking.

3. Promoting Alcohol-Free Environments for Youth

Creating and protecting alcohol-free environments for children and young people reduces exposure and temptation while reinforcing healthy behaviors and social norms. It gives young people the space to thrive without pressure, fear, or risk of harm.

This policy is no silver bullet. Much more is needed: from county enforcement to treatment scale-up and youth programs. But it is better to have a safety net than no support at all.

While we acknowledge various concerns on social and mass media, we wish to reiterate that the majority of the population, including children and youth, do not drink alcohol. Translating this policy into legislation will lead to growth in alcohol free recreation and business innovation, decline in healthcare and social costs and improved productivity and family wellbeing. Industries can adapt to these changes, but victims of addiction, violence and injury cannot undo their trauma.

Our Call to Action

We therefore urge the government to move swiftly into necessary laws and regulations, with sufficient support for prevention, treatment, enforcement, interagency coordination and public engagement.

When this goes to parliament, we encourage sober discussions, guided by public health and human rights principles to pass supportive legislation and budgets to monitor implementation and resist industry lobbying.

Counties must also play their role clearly, guided by public health and human rights principles in enforcing zoning, licensing and supporting community level programs, including apportioning licensing fees to support programs run by faith, community and civil society organizations.

To the youth, parents, civil society, religious and faith-based institutions and community leaders, as well as people with lived experience: we encourage collective effort in support for this policy. We urge collaboration and cooperation in prevention, mobilization and educating communities; promoting alcohol free spaces; strengthening local support networks, monitoring implementation and supporting people with lived experience and families impacted.

To the media, we encourage responsible and sensitive reporting to elevate lived experiences and community voices. We also urge impartiality in live discussions, bringing to the fore scientific, legal and contextual narratives across board.

For the private sector, may you invest in alternative products and safe recreation

Conclusion

The National Policy for the Prevention, Management and Control of Alcohol, Drugs and Substance Abuse provides a science-based, people-centered path forward. It is time that we courageously and convincingly prioritize health and safety.

We stand firmly behind this policy. For our children. For our families. For the future of our country.

In support:

1. Addiction Prevention and Rehabilitation Association of Kenya (197 member organisation)
2. Blue Cross Kenya
3. Elewa Ulevi
4. Graceful Youth Recovery Centre
5. International Institute for Legislative Affairs
6. International Society of Substance Use Professionals-Kenya Chapter
7. Kasarani Community Anti-Drug and Alcohol Coalition
8. Kenya Alliance Against Alcohol and Drug Abuse
9. Kenya Girl Guides Association
10. Kenya Tobacco Control and Health Promotion Alliance
11. National Taxpayers Association
12. Non-Communicable Diseases Alliance-Kenya
13. Oasis of Love CBO
14. Slum Child Foundation
15. Students Campaign Against Drugs
16. Vintage Talent's Anchour CBO