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ABSTRACT

This paper examines how enforcement, community policing and rehabilitation referral practices interact with socio-economic conditions to shape drug abuse trajectories in three sub-counties of Nairobi City County between 2020 and 2025. A qualitatively-dominant convergent mixed-methods study draws on structured surveys, key informant interviews and focus group discussions with police officers, National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) officials, rehabilitation practitioners, Nyumba Kumi coordinators and reformed drug users in Mathare, Kibera and Kayole. Descriptive analysis complements reflexive thematic analysis; secondary trend data are drawn from NACADA and National Police Service records. Perceived rehabilitation effectiveness carries the strongest inverse association with self-reported drug abuse; community policing tracks a similar pattern. Enforcement effectiveness shows a weaker association and is undermined by high perceived relapse. Socio-economic deprivation is substantially and positively associated with drug abuse. Despite a sharp rise in drug-related arrests, prevalence estimates have not declined. The evidence supports a shift from enforcement-dominant policing towards a treatment-oriented, procedurally just model coupled with structural investment in employment and rehabilitation infrastructure.

Keywords: *policing; drug policy; Nairobi City County; Kenya; community policing; procedural justice; rehabilitation*

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INTRODUCTION

Drug abuse in Kenya is a security, public-health and developmental concern, and it concentrates disproportionately in Nairobi City County. Global drug use has risen substantially over the last decade (UNODC, 2023), and the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2024) reports lifetime and current-use prevalence in Nairobi City County that is markedly higher than the national mean, concentrated among 15–35 year-olds living in low-income neighbourhoods. The Kenyan policing response has historically leaned towards enforcement: arrests, patrols and periodic raids under the Narcotic Drugs and Psychotropic Substances (Control) Act (Government of Kenya, 1994; amended 2012). Drug-related arrests in Nairobi City County rose sharply over the study period, and yet county prevalence estimates climbed rather than fell (NACADA, 2024). This co-movement is not itself proof that enforcement is counter-productive: enforcement may be masking a worse counterfactual, and measurement conventions may have changed. It does, however, complicate a straightforwardly punitive theory of drug control.

In the last three decades, the Kenyan drug policy has increasingly become more complex. Passage of the 1994 Narcotic Drugs and Psychotropic Substances (Control) Act, to comply with Kenya's obligations under the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, created the current criminal framework for supply-side responses. In 2012, the demand reduction aspect of policy was codified in the NACADA Act of 2012. The Miraa Act of 2016 also partially included khat among agricultural crops, and the current discussion on regulation of muguka demonstrates the debate on whether a substance is a psychoactive substance or an agricultural crop in Kenya's public policy (Anderson and Carrier, 2011; NACADA, 2023). Overlaying this domestic architecture is Kenya’s position as a transit country for heroin and cocaine flowing between South-West Asia, Latin America and East African coastal ports (UNODC, 2023), which places additional pressure on urban markets in Nairobi and Mombasa and blurs the boundary between domestic policing and transnational interdiction.

The high prevalence of drug abuse in Nairobi City County is inextricably linked to the prevalence of gang activity in the same areas. Historically these groups, like Gaza in Kayole and Confirm in Mathare dominate street level supply and periodic security operations against them have blurred the distinction between drug policing and counter-gang policing (Van Stapele, 2016; Mutahi, 2011). Such entanglements make it difficult to decipher drug arrest figures as a direct measure of drug policing success, and can make it hard to isolate drug offences from other aspects of security work when analysing arrests. In contrast, international scholarship has increasingly shifted to models that combine two elements: enforcement and community policing, procedural justice and public health–based rehabilitation (Braga, Weisburd and Turchan, 2018; National Academies of Sciences, Engineering and Medicine, 2018; Csete et al., 2016). Empirical assessment of this policing-rehabilitation nexus in sub-counties where drug abuse is concentrated is limited in Kenya, with local studies mostly focusing on individual interventions without systemically taking into account interactions between interventions and structural conditions.

This paper contributes to African policing scholarship in three ways. First, the study triangulates perceptions data with data from institutions, then with stakeholder narratives in three sub-counties of Nairobi City County with high prevalence of the target behavior, creating a picture of a comparative empirical nature, which is unattainable from the perspective of single interventions. Second, it modernises the theoretical apparatus, by combining deterrence and social disorganisation with collective efficacy and procedural justice, which have more salient elements of the African urban policing scene than the classical formulations. Third, it draws Kenya's policy implications into the context of Kenya's

institutional realities, including the National Police Service, NACADA, the Independent Policing Oversight Authority (IPOA), Nyumba Kumi and the National Drug Master Plan, not a template from a broad global context. The analysis is guided by three research questions: What is the relationship between the perceived effectiveness of enforcement, community policing and rehabilitation practices with self-reported drug abuse in Nairobi City County? How do the socio-economic conditions moderate the perceived effectiveness of policing responses? What do these observed trends between 2020 and 2025 indicate about the direction of Kenyan drug policy?

LITERATURE REVIEW

The Limits of Enforcement-Led Drug Control

Enforcement-led drug policy dominated global practice through much of the twentieth century and remains institutionally entrenched across much of Africa. It is grounded in the classical deterrence principle, which posits that increased certainty, celerity and severity of punishment should lead to a decrease in offending (Nagin, 2013). This is complicated by evidence from the present day. Nagin (2013) and Chalfin and McCrary (2017) show that certainty of apprehension is much more important than severity of sanction, and that the marginal return to sanction escalation is low. As shown by Apel (2013), however, perceived, not actual risk, is what matters in deciding to take a risk, and in a disorganized drug market in the city, that risk is not evenly distributed. A related worry is the “balloon effect” in its original form, which refers to the movement of coca cultivation between regions, and in a more precise sense, the spatial displacement of crime: here, evidence indicates rather limited displacement (Weisburd et al., 2006). When arrests target low-level users without diversion, recidivism is high (Kleiman, 2009).

A more sophisticated variant of enforcement, focused deterrence, has emerged in response to the limits of undifferentiated arrest strategies. Group-based interventions like Kennedy's (2011) Boston Ceasefire, and its subsequent applications in other cities such as Cincinnati, Chicago, and Glasgow, are associated with moderate decreases in group-based violence and drug-market activities, according to Braga and Weisburd (2015) and Braga, Weisburd and Turchan (2018). The key to focused deterrence is to concentrate enforcement efforts on a handful of high-risk offenders, deliver the consequences directly to them, and combine the enforcement message with tangible service offers — jobs, treatment, education. The theory is that deterrence is more effective if it is credible, personalised and accompanied by legitimate options for avoiding offending that are not incompatible with the offence in question, as opposed to being a diffuse threat across a whole market. The Kenyan spin on the issue is that enforcement doesn't need to be scrapped in order to be improved. It can be re-targeted, sequenced and used with alternatives without sacrificing its valid place in the supply disruption equation..

Community Policing, Procedural Justice and Legitimacy

Community-oriented policing gained prominence as a complement to enforcement. Skogan (2006) and Weisburd, Telep and Gill (2020) find that community policing improves intelligence flows and citizen cooperation, though its direct effect on serious crime is contingent on implementation quality. A more recent and substantial body of work focuses on procedural justice, that is the perception of officers as being fair, respectful and neutral; citizens are more likely to cooperate and comply when officers are perceived as fair, respectful and neutral (Tyler, 2006; Sunshine and Tyler, 2003; Bradford, 2014). Mazerolle et al. (2013) conducted a meta analysis of procedural justice interventions that draws conclusions from interventions conducted in different jurisdictions and across different studies, and they conclude on the consistent effects of these interventions on citizen satisfaction and cooperation. The dynamics in African contexts work in the same way, but

under alternative institutional conditions. Alemika (2010) and Alemika and Chukwuma (2011) report such reports of how legitimacy deficits hinder community cooperation with the Nigerian police, while Faull (2018) describes similar dynamics in South Africa where the "legitimacy of cooperation" is undermined by the systematic erosion of police legitimacy in low-income neighbourhoods through enforcement-heavy tactics. Community-policing structures play less a role than how policing is actually conducted in these settings. Ruteere and Pommerolle (2003) and Ruteere (2011, 2017) focus on police reform, oversight and public trust, while Mutahi (2011) and Ruteere et al. (2013) discuss urban governance of security in Nairobi City County and the politics of everyday policing. Nyumba Kumi, formalized in 2013, is part of this literature as a state-created neighbourhood structure which aims to connect citizen surveillance with formal policing. Kagwanja (2016) and Ruteere (2017) are somewhat optimistic about its intelligence, but warn of the potential for politicisation and coercion, especially when the coordinators are seen as informants for security services, but not as representatives of the community. The wider East African evidence base underscores this ambivalence. Ugandan studies of community policing in the context of the Local Council system (Baker, 2010) and Tanzanian studies of the Sungusungu neighbourhood watch (Fleisher, 2000 and Cross, 2013) show that the community-based security arrangements can be legitimate or predatory, depending on the closeness of relationship between the communities and accountable state institutions and how they are connected to local political economies.

Rehabilitation and the Public-Health Turn

The public-health framing of drug policy, articulated forcefully by the Lancet Commission on Public Health and International Drug Policy (Csete et al., 2016), reframes users as patients rather than criminals. Under this framing, police-assisted diversion, in which officers refer low-level users to treatment rather than to court, has produced encouraging outcomes in pilot programmes in North America and Europe (Collins, Lonczak and Clifasefi, 2017). The World Health Organization (2018) and the European Monitoring Centre for Drugs and Drug Addiction (2023) treat integrated law-enforcement-plus-treatment models as best practice. NACADA has expanded referral pathways since 2019, but treatment infrastructure remains thin: government-supported residential care is unable to meet demand, private care is largely unaffordable for most Nairobi City County residents, and aftercare, the phase during which relapse risk is highest, is almost entirely absent from the public pathway. This structural under-provision is the domestic policy anchor against which any assessment of the rehabilitation instrument must be read (NACADA, 2023).

The strongest expressions of the public-health turn, Portugal's 2001 decriminalisation of personal use and Switzerland's heroin-assisted treatment, are frequently cited as evidence that comprehensive rehabilitation and harm-reduction models can reduce prevalence, mortality and drug-related crime simultaneously (Hughes and Stevens, 2010; Csete et al., 2016). Their transferability to Kenya is contested. Yet the East African harm-reduction pilots suggest that partial adoption is feasible. Kenya's methadone-assisted therapy programme, launched at Mathari National Teaching and Referral Hospital and later scaled to coastal counties, and the needle-and-syringe programmes operating in Mombasa and Malindi under the National AIDS and STI Control Programme have produced measurable reductions in HIV incidence among people who inject drugs (Guise et al., 2019; NASCOP, 2022). Gender is a structural fault line running across this literature. Women who use drugs face compounded stigma, higher barriers to residential care and rehabilitation services that are largely designed for men (UNODC, 2018; Kioko, Nyambura and Mwangi, 2023).

Structural Drivers, Collective Efficacy and the Kenyan Gap

Shaw and McKay's (1942) social disorganization thesis linked crime to structural conditions: concentrated poverty, residential instability and heterogeneity. Sampson, Raudenbush and Earls (1997) modernised the framework with collective efficacy: neighbourhood-level shared willingness to intervene for the common good. Their finding, that collective efficacy mediates the effect of structural disadvantage on violence, provides a mechanism through which community-policing structures such as *Nyumba Kumi* could plausibly work: they can build collective efficacy where they are trusted and inclusive, or corrode it where they are experienced as coercive. Applied to Nairobi City County, the structural picture in the high-prevalence sub-counties is severe: precarity, overcrowding and weak service delivery create conditions in which drug initiation is common and rehabilitation is difficult to sustain (Kenya National Bureau of Statistics, 2023). Recent Kenyan scholarship tends to isolate single interventions, with Kagiri and Muthoni (2023) on enforcement, Maina et al. (2024) on community policing and Njoroge (2022) on rehabilitation; but an integrated analysis of how the three instruments interact with structural conditions remains absent from the African literature, and the present paper addresses that gap.

Theoretical Framework

Three complementary frameworks organise the analysis. Deterrence theory, in its updated Nagin (2013) form, motivates the enforcement arm. It predicts that credible, certain apprehension paired with proportionate sanction will reduce offending, with certainty dominating severity. In the drug context, the theory's rational-choice assumption is weakened by addiction and economic desperation, so deterrence is expected to bind more tightly on peddlers than on users. Social disorganization theory, updated through collective efficacy (Sampson, Raudenbush and Earls, 1997), predicts that structural disadvantage suppresses shared willingness to intervene, producing higher offending independent of policing effort. This frames the socio-economic moderator and grounds the expectation that *Nyumba Kumi* will succeed only where it strengthens rather than displaces informal control. Procedural justice theory (Tyler, 2006; Mazerolle et al., 2013) supplies the bridge. It predicts that perceived police fairness and respect drive legitimacy, and legitimacy in turn drives cooperation and compliance, linking community policing to intelligence flows and to citizen willingness to accept referral.

The three frameworks are complementary but not identical, and holding them together requires acknowledging their tensions. Deterrence is a micro-level theory of individual decision-making; social disorganization and collective efficacy operate at the neighbourhood level; procedural justice sits between the two, treating individual perceptions of institutional fairness as the currency through which macro-level structures shape micro-level compliance. Each framework has attracted serious critique. Deterrence has been challenged for its assumption that offenders discount future costs rationally (Loughran et al., 2016). Social disorganization has been critiqued for ecological reductionism and for under-specifying the mechanisms linking structural disadvantage to offending (Kubrin and Weitzer, 2003). Procedural justice has been critiqued for its cultural specificity (most of its evidence base is drawn from Anglo-American contexts) and for the assumption that legitimacy translates cleanly across societies with different histories of state coercion (Nagin and Telep, 2017; Tankebe, 2013). Using the three together forces attention to the levels-of-analysis problem and prevents any single lens from doing more work than its evidence supports.

METHODOLOGY

Design and Setting

The study adopted a qualitatively-dominant convergent mixed-methods design. Quantitative and qualitative data were collected concurrently

and integrated at the analysis stage. The qualitative strand carries the interpretive weight; the quantitative strand is treated as exploratory descriptive modelling rather than causal identification, on the reasoning that a purposive sample of the size used here cannot support strong causal inference but can support directional and interpretive claims. Fieldwork was conducted in three sub-counties of Nairobi City County: Mathare, Kibera and Kayole. These sites were selected on the basis of NACADA (2024) prevalence data, National Police Service arrest concentrations and prior scholarship identifying them as high-risk contexts (Mutahi, 2011; Van Stapele, 2016; Kagwanja, 2016). The three sub-counties also vary along the socio-economic and community-policing dimensions relevant to the analysis, which allowed for within-study comparison of how the same national policing arrangements are received and enacted in different local conditions. Together the three sites provide a natural laboratory for examining local variation under a common national framework.

Sampling and Instruments

A purposive stratified approach was used to recruit respondents across five stakeholder categories: National Police Service officers, NACADA officials and rehabilitation practitioners, *Nyumba Kumi* coordinators, reformed drug users and community leaders. Reformed users were recruited through partner rehabilitation centres with the support of counsellors, and interviews with them were held off-site to protect confidentiality. The purposive design privileges depth of access to hard-to-reach stakeholders, particularly reformed users and *Nyumba Kumi* leads, over statistical generalisability. Structured questionnaires captured perceptions of enforcement, community policing, rehabilitation and socio-economic conditions on Likert scales, with constructs adapted from established instruments including Mazerolle et al.'s (2013) procedural justice items and Sampson, Raudenbush and Earls's (1997) collective efficacy scales. Semi-structured interview schedules and focus group guides probed lived experience, institutional constraints and relapse dynamics, and were piloted alongside the questionnaires to identify wording issues and cultural translation gaps before full deployment. Interview and focus group protocols were also reviewed for sensitivity by two rehabilitation counsellors prior to fieldwork.

Piloting, Reliability and Analysis

Instruments were piloted in Dandora sub-county with twelve respondents. Construct-level Cronbach's alpha coefficients exceeded the conventional threshold across all five constructs, and face and content validity were assessed by two academic reviewers. Quantitative data were analysed in R using descriptive statistics, bivariate correlations and ordinary least squares regression with sub-county fixed effects, together with diagnostic tests and a bootstrap resampling procedure to check the stability of the estimates. Qualitative data were analysed thematically following the six-phase reflexive process described by Braun and Clarke (2019) using NVivo 14, and two coders independently coded a sub-sample of transcripts with strong inter-rater agreement. Triangulation operated on three axes: method triangulation compared responses from questionnaires with narrative accounts; source triangulation cross-checked police, NACADA, community and reformed-user accounts of the same events; and data triangulation set perceptual data against institutional trend data on arrests, referrals and prevalence. Reflexivity was addressed explicitly through fieldnotes and analytic memos, given that both authors are Kenyan academic researchers whose prior professional exposure to the Kenyan justice system shapes interpretation.

Ethics

The study was approved by the Kenyatta University Ethics Review Committee and licensed by the National Commission for Science, Technology and Innovation. Written informed consent was obtained from all participants, with a plain-language information sheet and an oral consent

option for respondents who preferred it. Reformed users were recruited through rehabilitation counsellors and were offered priority pathways for withdrawal from the study without penalty, and a follow-up support referral was made available where a participant indicated distress during interviews. *Nyumba Kumi* respondents were interviewed off-site and identifying details were removed at transcription in recognition of the physical and legal risks of informant identification in these settings, where being seen entering a police post can itself carry consequences. Data are held on encrypted institutional storage for the retention period set by the ethics approval and will be securely destroyed thereafter. The authors declare no conflicts of interest and received no external funding.

FINDINGS AND DISCUSSIONS

The presentation that follows is organised around seven thematic strands that emerged from integrated analysis of the survey, interview, focus group and secondary trend data. Each strand is discussed together with the theoretical and literature currents it engages, on the reasoning that a qualitatively-dominant mixed-methods study loses its interpretive force when findings and their contextual meaning are separated. The quantitative strand of the analysis contributes directional evidence rather than causal estimates, and its contribution is stated in ordinary prose throughout; readers seeking underlying coefficients may consult the corresponding author. Qualitative excerpts are cited with the coding conventions established above (KII for key informant interviews, followed by respondent number; FGD for focus group discussions, followed by group number). The thematic order proceeds from the instrument that carries the greatest institutional weight, enforcement, to the sub-county divergence that unites and complicates the preceding themes.

The Episodic Disruption of Enforcement

Enforcement was the domain in which the greatest institutional effort was expended and yet the most modest inverse association with self-reported drug abuse was observed. Perceptions of enforcement effectiveness were moderately positive across respondent categories, but respondents also reported high levels of perceived relapse following release, and the survey data pointed to a weaker inverse relationship between perceived enforcement effectiveness and self-reported drug abuse than for the other policing instruments considered. The qualitative material clarified the mechanism. Officers and reformed users converged on a picture of enforcement as episodic disruption rather than durable suppression. “We arrest the peddler on Monday and by Friday another has taken the corner,” one officer observed (Mathare, KII-07). A reformed user in Kibera (FGD-3) described the release environment: “When I came out, the same base was there, the same boys were there. Nothing had changed. Only I was weaker.” Across the three settlements this pattern was recurrent, and it illuminates the limits of a deterrence-only model.

The findings sit within a well-established international literature. Nagin’s (2013) modernisation of deterrence theory holds that certainty of apprehension matters far more than severity, and that neither operates well where offenders lack rational alternatives. Chalfin and McCrary (2017) show that marginal returns to sanction escalation are small, and Apel (2013) demonstrates that perceived rather than objective risk drives decisions. Read against these frameworks, the Kenyan pattern is not exceptional: it is the local instance of a general result. Enforcement continues to disrupt supply at the moment of arrest, but where the surrounding market and structural conditions are unchanged, disruption is short-lived, and downstream service provision is where durable change lives. The literature on focused deterrence (Braga and Weisburd, 2015; Braga, Weisburd and Turchan, 2018; Kennedy, 2011) points to an alternative path: enforcement re-targeted at high-risk offenders and paired with credible service offers rather than blanket arrest. The Kenyan implication is not that

enforcement should be abandoned, but that it should be re-sequenced.

Trust as the Currency of Community Policing

Community policing was reported as a stronger and more consistent inverse correlate of drug abuse than enforcement in the survey data, and the qualitative themes converged on a single explanatory mechanism: trust. *Nyumba Kumi* coordinators reported strong intelligence flows in neighbourhoods where officers had established consistent, relationship-based practice, and near-total non-cooperation where residents feared retribution or believed information would be sold on to peddlers. Sub-county differences in this pattern were substantial. Trust was highest in Kayole, where survey and interview data both pointed to more robust community-policing practice and lower self-reported drug abuse; it was lowest in parts of Kibera, where suspicion of both officers and *Nyumba Kumi* structures ran deep. What separated the two was not the formal institutional design; *Nyumba Kumi* operates under the same national framework in both. But the density and quality of everyday interaction between officers, coordinators and residents, and the extent to which that interaction was governed by consistency and respect.

A Kayole coordinator (KII-14) captured the operative practice: "The officer knows my name, he comes for tea, he does not only come when there is trouble. That is why people talk to me and I talk to him." A Kibera coordinator (KII-19) described the opposite dynamic: "People here believe the information goes back to the peddler. Once you are seen entering the police post, you are marked." The same institutional design, *Nyumba Kumi* as a national programme, produced divergent outcomes because trust is not a design feature but an outcome of sustained everyday practice. Where officers were seen to protect informants and respond consistently, cooperation followed; where they were suspected of leaking information or arriving only in crisis, cooperation dissolved. The Nairobi variation exemplifies a general principle in the procedural justice literature: legitimacy is built at the interactional level, not at the institutional-design level.

This finding is a case study in procedural justice theory (Tyler, 2006; Mazerolle et al., 2013). Where officers are perceived as fair, respectful and neutral, cooperation and compliance follow; where they are not, formal structures cannot compensate. Sampson, Raudenbush and Earls's (1997) collective efficacy framework offers a complementary reading: *Nyumba Kumi* can strengthen the neighbourhood-level shared willingness to intervene, or corrode it, depending on how it is practised. The African literature converges on this ambivalence. Alemika (2010) and Alemika and Chukwuma (2011) document Nigerian legitimacy deficits; Faull (2018) and Marks and Wood (2010) trace analogous South African patterns; Baker (2010) and Cross (2013) show how community-embedded structures in Uganda and Tanzania generate either legitimacy or predation depending on their anchoring in accountable state institutions. Ruteere and Pommerolle (2003) and Ruteere (2017) place the Kenyan case within this regional pattern. The comparative lesson is that *Nyumba Kumi* is not distinctive in its design so much as in its practice.

Rehabilitation

Rehabilitation was the domain that yielded the strongest inverse association with self-reported drug abuse in the survey data, and yet the domain most severely constrained in delivery. Respondents across categories endorsed rehabilitation as the most effective response to drug abuse in principle. In the same breath, they reported high perceived relapse, and rehabilitation practitioners spoke of chronic under-capacity. Public referral routes were reported as congested, private care as unaffordable for settlement residents, and aftercare as almost non-existent. A NACADA-affiliated counsellor (KII-04) described substantial referral wait times for a subsidised residential place, during which many referrals were lost. Reformed users spoke of returning from three-

month residential programmes to environments unchanged from pre-treatment conditions. “You detox him for three months and send him back to nothing,” a counsellor (KII-11) observed. Two reformed users independently used the phrase “the corner is my job” to describe post-treatment reintegration in the absence of alternative income. The gap between endorsement and delivery was the recurring analytical motif of the rehabilitation strand.

The finding sits within the public-health framing of drug policy advanced by the Lancet Commission on Public Health and International Drug Policy (Csete et al., 2016) and by the World Health Organization (2018). Under this framing, users are reframed as patients rather than criminals, and police-assisted diversion, in which officers refer low-level users to treatment rather than to court, has produced encouraging outcomes in North American and European pilots (Collins, Lonczak and Clifasefi, 2017). The strongest expressions of the public-health turn, Portugal’s 2001 decriminalisation of personal use and Switzerland’s heroin-assisted treatment (Hughes and Stevens, 2010), are frequently cited as models. Their transferability to Kenya is contested, yet the East African harm-reduction pilots suggest that partial adoption is feasible. Kenya’s methadone-assisted therapy programme at Mathari National Teaching and Referral Hospital, later scaled to coastal counties, and the needle-and-syringe programmes in Mombasa and Malindi under the National AIDS and STI Control Programme, have produced measurable reductions in HIV incidence among people who inject drugs (NASCOP, 2022).

These pilots are the concrete institutional anchors on which broader police-assisted diversion could be built. The finding that rehabilitation is widely endorsed but chronically under-delivered is therefore not merely a Kenyan constraint but the exact point at which international best practice and Kenyan policy are best aligned to converge. The methadone programme demonstrates that the National Police Service, NACADA and the Ministry of Health can already coordinate around a public-health-oriented intervention when the political will is present; the needle-and-syringe programmes demonstrate that street-level harm reduction can operate in high-risk urban environments without collapsing under enforcement pressure. What is missing is the extension of these two demonstrated models into a broader referral pathway for the wider category of people who use drugs but do not necessarily inject them, and the fiscal commitment to fund aftercare at a scale commensurate with the size of the settlement populations concerned. Absent that extension, endorsement will continue to outrun delivery.

Post-rehabilitation reintegration was where the domain’s constraints reasserted themselves most starkly. Rehabilitation practitioners distinguished sharply between treatment completion and successful reintegration, and located relapse risk overwhelmingly in the months immediately following discharge rather than during residential treatment itself. Structured follow-up was described as ad hoc rather than programmatic: most centres lacked a formal aftercare schedule, an employment-linkage service or a peer-support structure to bridge former residents back into settlement life. Reformed users identified the discharge moment itself as the point of greatest exposure, returning to Mathare, Kibera or Kayole with no income, no structured daily routine and, in several accounts, no follow-up from the treatment provider beyond an informal invitation to return if they relapsed. Where informal peer networks of other reformed users existed, respondents credited them with holding the gains of treatment; where they did not, relapse tended to follow a similar sequence, from idle time to renewed contact with the pre-treatment peer group to resumption of use. This pattern situates aftercare, rather than acute treatment capacity alone, as the binding constraint on rehabilitation’s demonstrated effectiveness, and reinforces the earlier finding that a three-month residential episode cannot

durably offset an unchanged post-discharge environment.

Gender and the Missing Half of the Referral Pathway

Gender emerged as an under-discussed structural fault line in the rehabilitation data. Female respondents flagged gender-specific gaps in the treatment infrastructure: only a small number of the facilities encountered in the study provided women-only residential care, none offered co-located childcare, and rehabilitation programme content was largely calibrated to male-typical pathways into and out of drug use. The effective result was systematic exclusion of mothers with dependents from the referral pathway, and diminished uptake among women more generally. The literature is unambiguous on the point. UNODC (2018) documents that women who use drugs face compounded stigma, higher barriers to residential care and rehabilitation services that are largely designed for men. Kioko, Nyambura and Mwangi (2023) document parallel patterns in the Kenyan context, adding that women who use drugs in Nairobi City County also carry disproportionate risk of gender-based violence and transactional-sex exposure. Any credible reform of Kenyan drug policy must therefore address gender-differentiated pathways into and out of drug use.

These gaps compound at the point of reintegration. Female reformed users described a narrower post-treatment support network than their male counterparts, citing a reluctance to disclose drug-use history to family or prospective employers because of the layered stigma attached to women who use drugs, and reduced access to the informal peer structures that sustained some male respondents' recovery. Two female respondents linked caregiving responsibilities directly to relapse risk, describing an immediate return to unpaid domestic labour and childcare after discharge with no transitional support, in contrast to male respondents who more often described, if inconsistently available, access to casual labour opportunities through peer networks. Rehabilitation practitioners corroborated this pattern, noting that women-only aftercare groups were essentially absent from the referral pathway even where residential treatment existed. A gender-blind aftercare model is therefore not neutral in its effects: it reproduces, at the point of post-treatment reintegration, the same exclusion identified above at the point of treatment entry.

Poverty, Unemployment and the Limits of Policing

Across every strand of the analysis, one theme cross-cut and constrained the others. Socio-economic deprivation was the strongest positive correlate of self-reported drug abuse in the survey data, and the recurring interpretive motif in the qualitative material. Reformed users, community leaders and officers alike named unemployment and precarity as the persistent driver. Two reformed users independently described "the corner" as the labour market of last resort; rehabilitation practitioners linked chronic under-employment directly to relapse. Read through Shaw and McKay (1942) and Sampson, Raudenbush and Earls (1997), the pattern is expected. Structural disadvantage suppresses collective efficacy, the neighbourhood-level shared willingness to intervene for the common good, and produces higher offending independent of policing effort. Nairobi City County exhibits this pattern in an acute form: youth unemployment estimates in Mathare, Kibera and Kayole are among the highest recorded nationally (Kenya National Bureau of Statistics, 2023), and the structural conditions of precarity, overcrowding and weak service delivery are severe.

The policy weight of this finding is that structural deprivation constrains every other lever. Rehabilitation without aftercare and employment cannot hold, because the environment to which a reformed user returns is the same environment that generated the addiction in the first place. Community policing without the material conditions of legitimacy cannot cohere, because officers arriving in precarious neighbourhoods to solicit cooperation are asking for a trust that the surrounding social contract has failed to

underwrite. Enforcement without diversion cannot produce durable change, because arresting individuals from a market that is itself the labour opportunity of last resort will produce replacement rather than dissolution. Each of the three policing instruments considered in this study fails through the same channel where the structural undertow runs unaddressed. Any credible reform strategy must therefore treat structural investment in employment, in education and in service delivery as a component of drug policy rather than as external to it.

The Trend Paradox

The secondary trend data covering the study period present the empirical paradox that anchors the paper's central argument on the balance between punitive and rehabilitative measures. Drug-related arrests in Nairobi City County rose sharply; estimated prevalence in the same county rose rather than fell. Three interpretations are possible. First, enforcement is ineffective at reducing prevalence, and the arrest trend reflects effort rather than outcome. Second, enforcement is masking a worse counterfactual, and prevalence would be higher without it. Third, prevalence measurement has become more sensitive over time, and the trend reflects improved detection rather than deteriorating conditions. The qualitative data are more consistent with the first and third interpretations than with the second. Repeated observations of rapid market re-entry after arrest, of unchanged release environments and of gang succession dynamics all point to a policing strategy whose principal instrument acts on the visible surface of the drug market without reaching its structural determinants. NACADA's measurement conventions have also become more sensitive over the period.

What cannot be adjudicated cleanly by a cross-sectional design is which of the three interpretations is dominant. What can be said is that a policing strategy whose principal instrument is arrest, applied in a context whose principal drivers are structural, is unlikely to reduce prevalence at scale. Comparable patterns are visible elsewhere in Africa. South African evidence points to the same dependence on trust and the same tendency for enforcement-heavy operations to erode legitimacy in low-income neighbourhoods (Faull, 2018; Marks and Wood, 2010). Nigerian evidence points to comparable dynamics: legitimacy deficits reduce cooperation, and legitimacy gains from procedural-justice interventions have produced measurable increases in reporting behaviour (Alemika and Chukwuma, 2011). The Kenyan case therefore contributes a specific empirical instance to a wider pan-African pattern in which policing efficacy is a function of legitimacy and structural context rather than of enforcement volume, and in which the arrest count is at best a proxy for effort rather than a measure of outcome.

Same Policy, Different Outcomes

A final thematic strand runs beneath the others. The three sub-counties studied, Mathare, Kibera and Kayole, operate under identical national policing arrangements. Yet the survey data and qualitative material both pointed to substantial variation across them: higher community-policing legitimacy and lower self-reported drug abuse in Kayole; higher socio-economic deprivation and self-reported drug abuse in Kibera; Mathare between the two on both dimensions. The mechanism is captured by procedural justice theory and collective efficacy jointly. Where community-policing legitimacy is high and structural deprivation lower, the two levers reinforce each other; where legitimacy is contested and deprivation acute, the two work against each other. The policy implication is that national programmes cannot succeed through uniform implementation. Local practice is where legitimacy is built or lost, and where structural undertows are met or evaded. Any reform that treats Nairobi City County as a single addressable population will therefore miss the sub-county variation that actually determines whether policing lands as help or as threat.

Policy Implications

Four calibrated recommendations follow from the synthesis above. First, the National Police Service and NACADA should institutionalise police-assisted diversion for low-level drug users. A Kenyan pilot should draw on the Law Enforcement Assisted Diversion model evaluated by Collins, Lonczak and Clifasefi (2017), adapted to local capacity constraints, and should be supported by a memorandum of understanding between the Directorate of Criminal Investigations, NACADA and the Office of the Director of Public Prosecutions. Second, rehabilitation infrastructure should be expanded and subsidised in high-prevalence sub-counties of Nairobi City County, with a specific focus on aftercare and on gender-differentiated pathways. Cost is the binding constraint: without subsidy the referral pathway remains theoretical for most county residents. Third, *Nyumba Kumi* should be strengthened through procedural justice training for officers, informant-protection protocols and rotation of coordinators to prevent capture; the Independent Policing Oversight Authority's remit should extend to community-policing conduct, not only to formal arrests.

Fourth, drug policing should be embedded in a multi-sectoral strategy that includes youth employment, technical training and educational retention. Without structural investment, policing gains are transient. Sequencing matters. A realistic Kenyan reform pathway begins with the two components already piloted domestically, methadone-assisted therapy and needle-and-syringe programmes under the National AIDS and STI Control Programme, and uses them as institutional anchors for police-assisted diversion. Procedural justice training for the National Police Service can be delivered through the Kenya School of Government at low marginal cost and evaluated through IPOA oversight data. The scaling of subsidised residential rehabilitation is the fiscally heaviest step and will require sustained inter-ministerial coordination between the Ministry of Interior and National Administration, the Ministry of Health and the National Treasury. At the regional level, coordination through the East African Community drug-control frameworks and the African Union Plan of Action on Drug Control offers a platform for shared reform.

Limitations

Several limitations should be acknowledged. The sample is small and purposive; findings are not generalisable to the wider Nairobi population and quantitative estimates are power-limited, which is why the analysis is presented as directional rather than causal. The design is cross-sectional; causal claims are not licensed and are not made in this paper. Self-reported drug abuse is subject to social-desirability bias, partially mitigated by anonymised administration and by triangulation with practitioner accounts, but not eliminated. Secondary data on arrests and prevalence are drawn from institutional sources whose measurement conventions may have shifted over the study period, and the paper's interpretation of the trend paradox acknowledges this explicitly. The perceptions-of-effectiveness measures capture belief about effectiveness rather than effectiveness itself; this is a well-known limitation of cross-sectional policing research and is addressed here through qualitative triangulation. Finally, the study focuses on three sub-counties within Nairobi City County and does not speak directly to drug-abuse dynamics in Kenya's rural areas or in other urban centres.

CONCLUSION

Drug abuse in Nairobi City County is a structural problem that is being addressed with a predominantly punitive instrument. The evidence assembled here, comprising quantitative associations, qualitative narratives and trend co-movement, suggests that rehabilitation and legitimate community policing are more strongly associated with lower self-reported drug abuse than enforcement is, and that all three levers are constrained by unemployment and poverty. The direction of travel for Kenyan drug policy should be towards a treatment-oriented, procedurally just

and structurally supported model. That direction requires legislative, institutional and fiscal steps that lie beyond the police alone, and its success will be measured over years rather than months. The paper's contribution to the African policing literature is to show, through an integrated mixed-methods case study of three sub-counties of Nairobi City County, that the effectiveness of policing is a function of legitimacy and structural context rather than of enforcement volume, and that the arrest count is at best a proxy for effort.

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