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REPUBLIC OF KENYA

THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT – FIFTH SESSION – 2026

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

.....

REPORT ON THE HARM REDUCTION BILL, 2025 (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

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CLERK-AT THE-TABLE: MO.DO

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CHAIRPERSON'S FOREWORD

This report contains the proceedings of the Departmental Committee on Health on its consideration of the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025), which was published on 1st August 2025. The Bill was read the First Time in the House on Wednesday, 1st October 2025, and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The Harm Reduction Bill, 2025 seeks to establish a comprehensive legal framework to guide the provision, administration, and coordination of harm reduction services in Kenya. The primary objective of the Bill is to reduce drug-related deaths, overdoses, and the transmission of infectious diseases associated with substance use.

In considering the Bill, the Committee undertook public participation on the Bill in accordance with Article 118(1)(b) of the Constitution and Standing Order 127(3). An advertisement in the print media was made on 9th October 2025 seeking public and stakeholder views on the Bill. The Committee received submissions from various stakeholders including; government agencies, professional bodies, civil society organisations and community-based groups. These submissions enriched the Committee's deliberations and highlighted both the opportunities and challenges presented by the Bill.

The Committee observed that while the Bill aims to strengthen harm reduction interventions, many of the proposed services may adequately be handled by NACADA. Additionally, concerns were expressed by the affected communities and stakeholders that the Bill, in its current form, does not adequately address their needs, particularly in relation to inclusivity, human rights protections, and sustainable implementation mechanisms. Accordingly, the Committee recommends that the Bill be withdrawn to allow for further consultations and the development of a more refined legislative framework.

The Committee remains committed to supporting legislative and policy measures that provide an effective approach to addressing substance use in Kenya. The Committee expresses its appreciation to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support provided during its deliberations, as well as to all stakeholders who submitted memoranda on the Bill. The Committee also acknowledges the invaluable contributions of its Members and the Secretariat in the consideration of the Bill.

Pursuant to Standing Order 199(6), the Departmental Committee on Health hereby presents its Report on the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025) and recommends that the Bill be rejected.



HON. DR. NYIKAL JAMES WAMBURA, CBS, MP
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH.

CHAPTER ONE

1.0 PREFACE

1.1 Establishment and Mandate of the Committee

1. The Departmental Committee on Health is one of the Departmental Committees of the National Assembly established under Standing Order 216 whose mandates pursuant to the Standing Order 216 (5) are as follows:

    a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;

    b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;

    c) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;

    d) To study and review all legislation referred to it;

    e) To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;

    f) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;

    g) To vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments);

    h) To examine treaties, agreements and conventions;

    i) To make reports and recommendations to the House as often as possible, including recommendations of proposed legislation;

    j) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and

    k) To examine any questions raised by Members on a matter within its mandate.

1.2 Subjects under the Committee

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance, including universal health coverage.

1.3 Oversight

3. In executing its mandate, the Committee on Health oversees the:
    i. State Department for Medical Services
    ii. State Department for Public Health and Professional Standards.

1.4 Committee Membership

4. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises the following Members:

Chairperson
Hon. Dr. Nyikal James Wambura, MP
Seme Constituency
ODM Party

Vice-Chairperson
Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency
UDA Party

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Kipng'ok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

Hon. (Dr) Robert Pukose, MP
Endebess Constituency
UDA Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. (Prof.) Jaldesa Guyo Waqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

1.5 Committee Secretariat

5. The Committee is facilitated by the following staff secretariat:

Mr. Adan Gindicha
Principal Clerk Assistant II/HOD

Mr. Ellam Omuhinda
Clerk Assistant III

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel I

Ms. Faith Chepkemoi
Legal Counsel II

Mr. Hiram Kimuhu
Fiscal Analyst II

Mr Eric Lungai
Hansard Reporter II

Ms. Sheila Chebotibin
Principal Serjeant-At-Arms

Ms. Abigael Muinde
Research Officer III

Ms. Mercylyn Kerubo
Audio Recording Officer

Mr. Hillary Mageka
Media Relations Officer III

CHAPTER TWO

2.0 THE HARM REDUCTION BILL, 2025 (NATIONAL ASSEMBLY BILL NO. 37 OF 2025)

6. The Harm Reduction Bill, 2025 (hereinafter referred to as "the Bill"), sponsored by Hon. Esther M. Passaris, MP, was read a First Time and subsequently referred to the Departmental Committee on Health for consideration on Wednesday, 10th October 2025.

7. The Bill seeks to establish a legal and institutional framework for the provision, administration, and coordination of harm reduction services in Kenya, with the aim of reducing drug-related deaths, overdoses, and the transmission of infectious diseases associated with substance use. It further provides for access to essential healthcare services for persons with substance use disorders, including needle and syringe programmes, medically assisted therapy, HIV-related healthcare, counselling, and crisis management support, while safeguarding such persons from discrimination or denial of services.

2.1 OVERVIEW OF THE BILL

8. **Clause 1** provides the short title of the Bill.

9. **Clause 2** provides the interpretation of the terms used within the text of the Bill namely:

   (a) Cabinet Secretary which means "the Cabinet Secretary for the time being responsible for matters relating to health";
   (b) drug which has the meaning assigned under the National Authority for the Campaign Against Alcohol and Drug Abuse Act;
   (c) harm reduction which means "public health policies, programmes or strategies that reduce negative social or physical consequences of drug use and support the health and well-being of a person with substance use disorder";
   (d) harm reduction services means "a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence"
   (e) health provider has the meaning assigned to it under the Health Act;
   (f) person with substance use disorder means a person who experiences social, psychological, physical or legal problems as a result of regular excessive consumption or dependence on drugs or other chemical substances; and
   (g) substance use disorder means a maladaptive pattern of substance use leading to clinically significant impairment or distress.

10. **Clause 3** sets out the objects of the Act which are to:

(a) ensure provision of the highest attainable standard of healthcare to persons with substance use disorder;
(b) provide a legal framework for the provision and access of harm reduction services at public health facilities; and
(c) promote research and dissemination of information on the effects of substance use disorder, health risks that may arise therefrom and available treatment options.

11. **Clause 4** sets out the guiding principles that shall guide the implementation of the Act, which include:

(a) the national values and principles in Article 10 of the Constitution;
(b) the objects of devolution in Article 174 of the Constitution;
(c) inclusive and equitable provision of harm reduction services;
(d) co-ordinated public participation in the formulation, implementation and monitoring of policies, programmes and strategies aimed at ensuring the delivery of effective harm reduction services;
(e) transparent and accountable implementation of harm reduction programmes and strategies aimed at ensuring the realisation of the right to health;
(f) provision of accessible and timely harm reduction services as well as information on harm reduction services.

12. **Clause 5** sets out the role/obligations of the national government in relation to harm reduction including:
(a) development of a comprehensive policy and strategy on harm reduction;
(b) development of a policy and strategy on delivery of harm reduction services in public hospitals within six (6) months of the Act coming into force;
(c) maintenance of a register of persons with substance use disorder;
(d) development of standards to be maintained by health facilities providing harm reduction services;
(e) provision of resources for the provision of harm reduction services at national referral hospitals; and
(f) promotion of research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder.

13. The Cabinet Secretary is required under clause 5(2) to designate a Directorate under the Ministry of Health to co-ordinate the provision of harm reduction services in the country.
14. **Clause 6** sets out the role/obligations of the county governments in relation to harm reduction including:
(a) implementation of the national policy, strategy and standards on harm reduction services;
(b) facilitation of the provision of harm reduction services within the county health facilities;
(c) resource mobilization for the delivery of harm reduction services in the respective county;

(d) allocation of adequate funds and resources for the effective delivery of harm reduction services in the county health facilities;
(e) facilitating access to information on harmful health, economic and social consequences of the consumption of drugs and substance use disorders in the respective county;
(f) establishment of half-way houses for the care, treatment and rehabilitation of persons with problematic drug and substance use in the respective county;
(g) developing and carrying out sensitisation programmes on harm reduction and its effect on the prevention of infectious diseases in the respective county; and
(h) providing psychosocial support to persons with problematic drug and substance use, their families, care givers, dependents and the community.

15. The County Executive Member responsible for matters relating to health under clause 6(2) is required to designate a County Committee to co-ordinate the provision of harm reduction services in the respective county.

16. **Clause 7** sets outs the obligations that the national government and county governments shall undertake concurrently including to:
(a) develop community health and social programmes for the care and rehabilitation of persons with substance use disorder;
(b) carry out sensitization programmes on the care and rehabilitation of persons with substance use disorder;
(c) promote access to information on the care, treatment and rehabilitation of persons with substance use disorder;
(d) promote and provide psychosocial support, peer recovery support services, counselling and treatment of persons with substance use disorder, their families, caregivers, dependents and the community in general; and
(e) ensure that a person with substance use disorder is meaningfully engaged in planning, delivery, monitoring and evaluation of harm reduction services.

17. **Clause 8** makes provision for establishment of harm reduction facilities by the Cabinet Secretary for health. These facilities shall be adequately provided with trained health providers and the necessary equipment and facilities based on the standards prescribed by the Ministry of Health. The health providers are to be trained on the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder.

18. **Clause 9** relates to the provision of harm reduction services. A person with substance use disorder shall be entitled to harm reduction services including—
(a) harm reduction commodity distribution including needle and syringe programme;
(b) medically assisted therapy;
(c) HIV-related healthcare services;
(d) Sexually Transmitted Infections treatment and prevention services;
(e) counselling services; and
(f) provision of crisis management support.

19. The Clause protects a person with substance use disorder by providing that such a person shall not be:

(a) denied access to harm reduction services in any public hospital;
(b) denied access to treatment by a trained health provider in any public hospital; and
(c) victimized, discriminated against or in any way subjected to unfair treatment while seeking harm reduction services.

20. The Clause further sets out requirements that may be used to verify the membership of a person to harm reduction programmes and facilitate provision of harm reduction services which include:

(a) a clinic card containing the file number indicating the harm reduction programme that the substance use disorder is engaged in;
(b) a letter of referral from a licensed health provider; and
(c) any other documentation as may be prescribed by policy and regulations.

21. **Clause 10** provides the duties of a healthcare provider which are to:
(a) grant a person with substance use disorder access to harm reduction services;
(b) provide treatment or any information that may enable a person with substance use disorder access the necessary medical attention; and
(c) not obstruct the police in the course of their duty.

22. **Clause 11** provides the offences that may be committed by a health provider in relation to the provision of harm reduction services. The offences are: unduly refusing to grant a person access to harm reduction services or unreasonably withholding information or treatment services. These offences shall attract a penalty of either a maximum fine of Kshs. 200,000 or imprisonment not exceeding two (2) years or both the fine and imprisonment.

23. **Clause 12** sets out the general penalty which shall apply where a contravention in relation to the Act or regulations occurs and no specific penalty is provided for such contraventions. This general penalty shall be:

(a) in the case of a natural person, a fine of not less than Kshs. 1 Million or imprisonment of not less than one (1) year or both the fine and imprisonment; and
(b) in the case of a body corporate, a fine of not less than Kshs. 2 million.

24. **Clause 13** makes provision for collaboration between the Ministry of Health and other public institutions concerned with any aspect or function relating to the provision of harm reduction services for persons with substance use disorder. The latter are to cooperate with the Ministry Health and may submit reports and such other information as may be required by the Cabinet Secretary for the effective management of harm reduction services.

25. **Clause 14** gives the Cabinet Secretary for Health, in consultation with the Council of Governors, the power to make Regulations generally for the better carrying into effect of the Act. The Regulations shall make provision for:

(a) the establishment of harm reduction facilities;
(b) guidelines on the provision of harm reduction services;
(c) guidelines to be observed by health facilities when providing harm reduction services; and
(d) minimum standards relating to the —
    (i) training of health providers in respect to harm reduction services; and
    (ii) scope of education and sensitisation interventions to be employed to reduce stigma and enhance the effectiveness of harm reduction services.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

26. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

"Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees."

27. Standing Order 127(3) provides that—
"The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

(a) inviting submission of memoranda;
(b) holding public hearings;
(c) consulting relevant stakeholders in a sector; and
(d) consulting experts on technical subjects.

28. Standing Order127(3A) further provides that—
"The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House."

3.2 PUBLIC PARTICIPATION IN THE CONSIDERATION OF THE BILL

29. Pursuant to Article 118 of the Constitution and Standing Order 127(3), the Committee facilitated public participation in the consideration of the Bill. Through advertisements published in the Daily Nation and The Standard newspapers on 9th October 2025, the Committee invited members of the public to submit memoranda on the Bill.

30. The Committee also sought comments from the Ministry of Health, the National Syndemic Diseases Control Council, the Office of the Attorney General and Department of Justice, and the Kenya Law Reform Commission, through a letter dated 16th October 2025.

31. Subsequently, vide a letter dated 16th October 2025, the Committee formally invited the same institutions to submit written submissions. The Committee held a meeting with the stakeholders to consider their submissions on 18th November 2025.

32. Further, vide a letter dated 11th November 2025, the Committee invited Hon. Esther. M. Passaris M.P to make her submissions on the Bill. The meeting to consider their submissions was held on 18th November 2025. The Hon. Member was accompanied by officers from the National Syndemic Diseases Control Council and Mathari Hospital.

3.3 SUBMISSIONS ON THE BILL

33. The Committee received submissions through oral presentations and written memoranda from the following institutions:

(i) The Ministry of Health (MOH),
(ii) The Office of the Attorney General and Department of Justice (OAG),
(iii) The Kenya Law Reform Commission (KLRC),
(iv) Hon. Esther. M. Passaris M.P
(v) The Pharmaceutical Society of Kenya (PSK) – Nairobi Branch,
(vi) Nextgen Lawyers,
(vii) The Law Society of Kenya (LSK),
(viii) KUZA Trust / Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR),
(ix) Women in Response to HIV/AIDS & Drug Addiction (CHRDPR),
(x) Wajir County Teaching and Referral Hospital,
(xi) The International Institute for Legislative Affairs (IILA),
(xii) Community Advocacy Initiative Kenya (CAIK), and
(xiii) Harm Reduction Society of Kenya.

3.3.1 CLAUSE-BY-CLAUSE SUBMISSIONS

34. The **Ministry of Health** (MOH) submitted as follows:

(a) Delete Clause 2.
Justification: The MOH argued that the definitions related to harm reduction are already addressed under section 2 of the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 and section 2 of the NACADA Act, Cap. 122. The operational scope of harm reduction is further embedded in NACADA's mandate under section 5 of Cap. 122.

(b) Delete Clause 3.
Justification: MOH submitted that section 5 of the NACADA Act, Cap. 122 already establishes a national framework for prevention, treatment and rehabilitation of substance use disorders, covering the objectives stated in the clause. Part V of the NACADA Act further provides for rehabilitation for persons with substance use disorder.

(c) Delete Clause 4.
Justification: MOH argued that section 5 of the NACADA Act, Cap. 122 comprehensively provides for NACADA's mandate including public education on substance abuse, coordination and facilitation of public participation, and coordination of national policies.

(d) Delete Clause 5.

Justification: MOH submitted that section 14 of the Health Act outlines the roles of the Cabinet Secretary for Health sufficiently. The requirement to maintain a register under clause 5(c) conflicts with the Mental Health Act's mandate of confidentiality. The requirement also raises constitutional privacy concerns under Article 31 and the Data Protection Act. Paragraph (d) on development of standards for facilities is potentially redundant given that the Mental Health Act empowers the Board of Mental Health to establish and enforce standards for mental health facilities and KMPDC has set regulations governing treatment and rehabilitation of such disorders.

(e) Delete Clause 6.

Justification: MOH submitted that section 20 of the Health Act comprehensively outlines the roles of county governments in realising the highest attainable standard of health for all persons, including individuals with substance use disorders, and assigns county governments the role of implementing national health policies and standards.

(f) Delete Clause 7.

Justification: MOH submitted that section 5 of the NACADA Act, Cap. 122 already recognises NACADA's mandate to provide and facilitate the development and operation of rehabilitation facilities, programmes and standards for persons with substance use disorders. Part V of the NACADA Act further adequately provides for rehabilitation.

(g) Delete Clause 8.

Justification: MOH submitted that section 5(e) of the NACADA Act already recognises NACADA's mandate to provide and facilitate the development and operation of rehabilitation facilities. Part V of the NACADA Act adequately provides a framework for rehabilitation for persons with substance use disorder, including recognising the CS's mandate to establish rehabilitation centres.

(h) Delete Clause 9.

Justification: MOH submitted that section 5(e) of the NACADA Act already recognises NACADA's mandate regarding rehabilitation facilities and standards, and Part V of the NACADA Act adequately provides for the rehabilitation framework.

(i) Delete Clause 10.

Justification: MOH submitted that section 24 of the NACADA Act already provides that obstructing or hindering an authorised officer in the

execution of their duties relating to the control of substance abuse constitutes an offence.

(j) Delete Clause 11.
Justification: MOH submitted that section 25 of the NACADA Act already categorises offences committed in relation to the implementation of the institutional framework for the control of substance abuse as cognizable offences and prescribes the relevant penalties.

(k) Delete Clause 12.
Justification: MOH submitted that section 25 of the NACADA Act already categorises and prescribes penalties for relevant offences.

(l) Delete Clause 13.
Justification: MOH submitted that section 5(g) of the NACADA Act provides for NACADA's mandate to coordinate and facilitate the formulation and implementation of national policies, laws and plans of action on control of substance abuse.

(m) Delete Clause 14.
Justification: MOH submitted that section 29 of the NACADA Act recognises the mandate of the CS National Security to make regulations in relation to implementing the institutional framework for the control of substance abuse. Section 89 of the Narcotic Drugs and Psychotropic Substances (Control) Act further provides for the power of the CS Interior to make regulations.

Committee Resolution: The Committee adopted all the submissions by the Ministry of Health. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

35. The **Office of the Attorney General and Department of Justice** (OAG) submitted as follows:

(a) Amend the title of the Bill.
Justification: The OAG noted that the title is too broad and does not speak to the Bill's content or purpose, and recommended that it be amended to bring out a clearer correlation with the content and purpose of the Bill.

Committee Resolution: The Committee noted the submissions. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(b) Amend Clause 2 to provide a comprehensive procedure for assessment by a healthcare professional.
Justification: The Bill defines "person with substance use disorder" and "substance use disorder" but does not provide for a procedure for assessment and diagnosis of persons with substance use disorder. It is not clear how they are identified and categorised as such. OAG recommended inclusion of a comprehensive assessment procedure to help healthcare providers determine treatment options and do the necessary follow-ups.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(c) Amend clause 3 to provide specific objectives as the objectives provided are too general and do not speak to what the Bill seeks to provide.
Justification: The Bill seeks to provide access to harm reduction services in order to reduce the harm associated with drug use and recommended that the objectives be refined to reflect this specific purpose.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(d) Amend Clause 5 on the Functions of the Cabinet Secretary to specified procedure for identifying and collecting the data of persons with substance use disorder.
Justification: The Bill makes provision for maintaining a register indicating the number of persons with substance use disorder but there is no specified procedure for identifying and collecting the data of persons with substance use disorder. OAG recommended that a clear procedure for identification and data collection be included to enable healthcare professionals to track patient information and monitor progress.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use

disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(e) Amend Clause 6 on functions of County Executive Committee Members to define the composition of the county committee which is not specified in clause 6(2).
Justification: The committee membership be defined to ensure uniformity in all counties.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(f) Amend Clause 9 to define the needle and syringe programme and state its purpose in clause 9(1).
Justification: To provide a system for distribution and ensuring proper disposal of used needles and syringes to prevent injuries and environmental contamination. The Bill should provide for safe and confidential registration procedures of members to a harm reduction programme in clause 9(3).

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

36. The **Kenya Law Reform Commission** (KLRC) submitted as follows:

(a) Amend Clause 2 to define "harm-reduction facility" to mean a health or community-based establishment, whether fixed or mobile, designated to provide harm-reduction services.
Justification: The Bill lacks a definition for "harm-reduction facility" yet the term is central to implementation and has been used uniquely in the substantive provisions. Defining it provides legislative clarity and allows regulation under the Health Act and Public Health Act. Insert a definition for "Halfway house" as a transitional rehabilitation and support centre for persons recovering from substance-use disorders prior to full reintegration

into the community. KLRC submitted that this will provide legal certainty and allow regulation under the Health Act and Public Health Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(b) Amend Clause 5 to extend the period required to develop the harm reduction policy and strategy.
Justification: The requirement to develop a policy and strategy "within six months" in clause 5(b) is unrealistic given the rigours of policy formulation.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(c) Amend clause 5(c),by deleting the responsibility on vest data-collection and maintenance functions placed on county governments and retain the Cabinet Secretary's policy, coordination and standard-setting role.
Justification: In line with the Fourth Schedule, Part 2(2) of the Constitution assigning health-service delivery to counties.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(d) Amend Clause 6 by inserting the words "in each county" after "The County Executive Committee Member responsible for matters relating to health shall..."
Justification: To make the obligation county-specific and enhance precision in drafting.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between

the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(e) Delete Clause 8(1) and recast it under the functions of county governments (Clause 6), to provide that each county government shall establish and operate harm-reduction facilities in accordance with national standards developed by the Cabinet Secretary responsible for health.
Justification: Health service provision and facility establishment are constitutionally devolved to county governments under Articles 6(2) and 186(1) of the Constitution. Vesting this function in the Cabinet Secretary would be ultra vires.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(f) Redraft Clause 8(1) in active form by deleting the words "shall cause to be developed" and substituting with "shall develop."
Justification: Active voice assigns clear responsibility, avoids bureaucratic ambiguity and enhances administrative accountability.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(g) Redraft clause 9(1) in active form to provide that "Every person with a substance-use disorder is entitled to access harm-reduction services provided by an accredited facility or programme."
Justification: Passive drafting weakens enforceability of the entitlement to services and does not mention where the obligation lies. Rights-based active drafting enhances enforceability and accountability.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(h) Replace "Council of County Governors" with "county governments" in clause 14(1).

Justification: The Council is a coordinating body, not a constitutional consultee. The proposed amendment ensures consultation with the actual implementing entities in accordance with Article 189 and the Intergovernmental Relations Act, 2012.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(i) Insert a clause with consequential amendments to the NACADA Act (to integrate harm-reduction policy into national drug-control strategy) and to the HIV and AIDS Prevention and Control Act (to embed harm-reduction measures in HIV-prevention programmes).

Justification: The Bill does not address coordination with existing laws. The proposed amendment prevents statutory conflict and ensures a coherent legislative framework.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

37. The Hon. Esther M. Passaris, MP accompanied by officers from Mathari Hospital and the National Syndemic Diseases Control Council, submitted that in order to align the relevant provisions of the proposed Bill with the Constitution and to ensure statutory harmony with other existing laws, the National Assembly shall consider the following Committee Stage amendments prior to the passage of the Bill—

(a) Clause 2 of the Bill be amended by inserting the following new definition in its proper alphabetical order—

"halfway house" means a home that temporarily accommodates individuals recovering from negative social or physical consequences of drug use and substance abuse, with the aim of supporting their transition to healthy and independent living;

(b) Clause 5 of the Bill be amended by—

(i) deleting the marginal note and substituting therefor the following new marginal note—

"Role of the Cabinet Secretary"

(ii) deleting the phrase "within six months of this Act coming into force" appearing in paragraph 5(1)(b); and

(iii) deleting paragraph 5(1)(f) and substituting therefor the following new paragraph—

"(f) promote, in collaboration with other agencies, research, data collection, analysis, sharing and dissemination of information on the welfare of persons with problematic drug and substance use;"

(c) Clause 6 of the Bill be amended by deleting the marginal note and substituting therefor the following new marginal note—

"Role of the County Executive Committee Member".

(d) Clause 7 be amended by—

(i) renumbering the existing provision as subsection (1); and
(ii) inserting the following new subclause immediately after subclause (1)—

"(2) The collaboration referred to in subsection (1), shall be effected through the county governor."

(e) Clause 9 of the Bill be amended in subclause (3) by inserting the following new paragraph immediately after paragraph (a)—

(aa) data of clients;

(f) Clause 14 of the Bill be amended by deleting sub clause (3).

(g) The Bill be amended by inserting the following new clause immediately after Clause 14—

Consequential amendments.

15. The laws listed in the Schedule are amended in the manner specified in that Schedule.

SCHEDULE
(Sec. 15)

Written Law	Provision	Amendment
Medical Practitioners and Dentists (Mental Health Treatment and Rehabilitation Institutions) Rules, Legal Notice No. 173 of 2022.	Rule 2	Delete the word drug and substitute therefor the following new definition— "drug" has the meaning assigned to it under National Authority for the Campaign Against Alcohol and Drug Abuse Act;
	Rule 2	Delete the definition of the words "harm reduction services" and substitute therefore the following new definition— "harm reduction" means public health policies, programmes or strategies that reduce negative social or physical consequences of drug use and support the health and well-being of a person with problematic drug and substance use;
Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245.	Section 53- Establishment of a Rehabilitation Fund.	Insert the following new subsection immediately after subsection (5)— (6) For purposes of this section, "Cabinet Secretary" means the "Cabinet Secretary" responsible for finance.

Committee Resolution: The Committee noted the submissions by Hon. Esther Passaris. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

38. The **Pharmaceutical Society of Kenya** (PSK) – Nairobi Branch submitted as follows:

(h) Amend Clause 2 by insert new definitions for "health facility" and "patient"

Justification: to align with the Health Act, Cap. 241.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(i) Amend Clause 3 by inserting a new clause 3A establishing digital registration systems, integrated to the Comprehensive Integrated Health **Justification**: Information System established under the Digital Health Act, to track registration of persons under this Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(j) Amend Clause 5 by Substituting the term "public hospitals" with "health facilities" in clause 5(b), insert a new clause 5(d) to establish digital reporting systems, integrated to the Comprehensive Integrated Health **Justification**: Information System established under the Digital Health Act, to track the events of substance abuse and care and insert a new sub-clause providing that the provisions of this Act shall be subject to further control of the Strategic Goods Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(k) Insert a new clause 9(g) on provision of crisis management support to include assessment and registration of patients under this Act who are moderately and severely dependent on other people for their daily living under the Persons Living with Disabilities Act.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(l) Amend Consequential Amendments on the Health Act to insert all harm reduction facilities as proposed in this Act and classify them as centres of excellence, and amend section 2 of the Health Act by substituting a new comprehensive definition of "healthcare services."

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(m) Amend section 35 of the Persons Living with Disability Act, 2025 on registration of persons living with disability by inserting a subsection to include patients listed under the Harm Reduction Bill.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(n) Amend the Penal Code to provide that any person listed and under the care of a healthcare provider or health facility shall not be guilty of offences related to substances.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(o) Amend the Facilities Improvement Financing Act, 2023 in section 7 by inserting a new subsection proposing that finances are used to facilitate primary health care and preventive services at the community level, to include uses of funds to facilitate establishment of units to manage provisions of this Bill.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between

the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

39. **Nextgen Lawyers** submitted as follows:

(a) Amend the definition of "Harm Reduction Services" to adopt a broader, evidence-based, public-health and social interventions approach.
Justification: argued that the current definition is narrow and limited to institutional and mental health contexts, and recommended alignment with WHO, UNODC and UNAIDS definitions.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(b) Insert new definitions for "authorised harm-reduction programme" and "peer-led service provider."
Justification: The Bill does not provide for existing community-based and peer-led harm reduction service delivery. Excluding these programmes risks marginalising proven, cost-effective services that reach vulnerable communities in counties including Nairobi, Mombasa, Kiambu and Kisumu.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(c) Amend clause 3 to add provisions on: protection from criminal liability for persons engaging in authorised harm-reduction services; gender-responsive and youth-inclusive harm reduction interventions; linkages to social reintegration initiatives including housing, education and employment; and recognition of community-led and peer-led organisations.
Justification: The current objects primarily limit the Bill to "prevention and treatment of substance use disorders," ignoring broader dimensions of harm reduction which enhance effectiveness of service uptake and delivery.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(d) Amend clause 4 to include: recognition and facilitation of community-based and peer-led harm reduction initiatives as integral to harm reduction delivery; respect for privacy, confidentiality and data protection of service users; and progressive and sustainable domestic financing of harm-reduction programmes.

Justification: Current principles fail to anchor harm reduction within a public-health, rights-based and inter-sectoral framework.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(e) Amend clause 5 comprehensively to include consultation with county governments and relevant stakeholders; establishment of a National Multi-sectoral Harm Reduction Coordination Committee comprising representatives from relevant ministries, county governments, NACADA, the National Police Service, civil society organisations and peer-led networks; progressive domestic financing; gender-responsive and youth-inclusive strategies; recognition and support for community-based and peer-led initiatives; promotion of ethical research; and enforcement guidelines preventing law enforcement interference with authorised harm reduction services.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(f) Amend section 5(c) to establish anonymised, national aggregate data collected.

Justification: compliance with the Data Protection Act, 2019, with personal data collected only with informed consent.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(g) Amend clause 8 to designate harm reduction facilities as protected spaces for law enforcement purposes, prohibiting arrest, search or detention of persons on the premises by reason of their participation in a harm reduction programme without a warrant.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(h) Insert a provision requiring the Cabinet Secretary to accredit community-based and peer-led organisations to deliver harm-reduction interventions in accordance with prescribed standards.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(i) Amend clause 9(1) to comprehensively list harm reduction services including, but not limited to: harm reduction commodity distribution including needle and syringe programme; medication-assisted therapy; HIV-related healthcare services; sexually transmitted infections treatment and prevention; overdose management, prevention and response services and training; TB and hepatitis testing, treatment and prevention; psychosocial support services; sexual and reproductive health services; outreach services; provision of crisis management support; and linkage to any other necessary service.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(j) Amend clause 10(c) to require healthcare providers to ensure that personal data of persons engaging with harm-reduction services is handled in compliance with the Data Protection Act, with no disclosure without informed written consent unless authorised by a court order, and data shared for public-health monitoring to be in anonymised form.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(k) Amend clause 11 to provide that a person who unreasonably denies or restricts access to harm-reduction services shall be subject to disciplinary or administrative sanctions .
Justification: Align with the Health Act, 2017, relevant professional codes, public service regulations and other applicable law – rather than criminal sanctions.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(l) Delete clause 13 and replace with a provision that a person who contravenes any provision of this Act for which no specific penalty is provided shall be subject to administrative and/or regulatory sanctions as prescribed under the Health Act, 2017 or other relevant professional codes or laws, including if the contravention involves wilful obstruction or corruption.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(m) Amend clause 14 to require public consultation within sixty days before regulations are gazetted.

Justification: To ensure transparency, accountability and public participation under Articles 10 and 118 of the Constitution.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(n) Insert a new part IIIA on Legal Protections and Non-Interference .

Justification: To create statutory protections for service users and providers participating in authorised harm-reduction programmes, prohibiting arrest, prosecution or harassment for possession, use or presence at a recognised harm-reduction site; and mandate coordination with the Ministry of Interior to ensure policing aligns with health priorities.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(o) Insert a new part IIIB – Gender, Youth and Vulnerable Groups:

Justification: To require gender-responsive and youth-inclusive harm-reduction programmes; provide for services tailored for women, adolescents, and persons with disabilities; and mandate collection of sex- and age-disaggregated anonymised data.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(p) Insert a new part IIIC – Community-Led and Peer-Based Service Delivery:

Justification: To recognise and accredit community-based and peer-led harm reduction initiatives; allow the Cabinet Secretary to designate

community actors as implementing partners; and provide for minimum standards, funding access and capacity building.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(q) Insert a new part IIIE – Multi-Sectoral Coordination Mechanism:
Justification: To establish a National Harm Reduction Coordination Committee (NHRCC) comprising representatives from health, NACADA, Interior, Labour, Social Protection, Youth, Civil Society, and County Governments, with a mandate to harmonise policy, budgets and reporting.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(r) Insert a new part IIIF – Financing and Sustainability:
Justification: To require annual budgetary allocation to harm reduction in both national and county health budgets; provide for a Harm Reduction Fund to pool government and partner resources; and set progressive domestic funding targets.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

(s) Insert a new part IIIG – Social and Structural Interventions:
Justification: To mandate linkages between harm reduction and social protection, housing, employment and education programmes; and provide referral pathways for reintegration and recovery.

Committee Resolution: The Committee noted the submission. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may

adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

3.3.2 GENERAL COMMENTS ON THE BILL BY STAKEHOLDERS

40. The Ministry of Health (MOH) submitted that the Bill substantially duplicates and in parts conflicts with the existing statutory and institutional framework governing prevention, treatment, rehabilitation, policy coordination, and enforcement in relation to alcohol and drug abuse. The Ministry recommended that the Bill be shelved to allow for adequate and structured consultations with the Ministry of Health and the Ministry of Interior and National Administration, together with NACADA and the Council of Governors. The Ministry noted that core definitions, national mandates, and coordination functions are already anchored in the NACADA Act, Cap. 122, the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245, and the Health Act, 2017.

41. The Ministry further noted that the Kenya Mental Health Act 2023 includes provisions for the treatment of persons with substance use disorders. The Ministry stood ready to appear before the Committee and to participate in a time-bound technical process to map gaps, align roles, and, where necessary, draft narrowly tailored instruments consistent with the existing Acts.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

42. The Community Advocacy Initiative Kenya (CAIK) commended Parliament for recognising the importance of a health-based approach to drug use. CAIK identified three key gaps in the Bill:

    (a) lack of recognition of community-led and peer-based initiatives – many services including outreach, commodity distribution, overdose response and referrals are already run by civil society and peer-led groups, particularly in Nairobi, Mombasa, Kiambu and Kisumu counties;

    (b) limited attention to gender and intersectionality, noting that the Bill does not adequately address the specific needs of women and young people who use drugs; and

    (c) lack of clear coordination and financing mechanisms. CAIK recommended inclusion of recognition for community-led and peer-based harm reduction initiatives, institutionalisation of community representation in governance and oversight structures, mainstreaming of gender and youth considerations, provision for sustainable financing mechanisms, and ensuring alignment with global best practices.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

43. The Office of the Attorney General (OAG) recommended incorporation of harm reduction services into the NACADA policy framework, with services implemented as a programme by NACADA. The OAG submitted that the harm reduction services proposed in the Bill relate to the functions of NACADA as provided in section 5 of the NACADA Act, and it is not necessary to create a new institution to implement these services. The NACADA Policy, 2025 outlines policy interventions and action plans to combat alcohol and drug abuse, including promoting provision of and access to quality and affordable treatment, rehabilitation and aftercare services.

    Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

44. Wajir County Teaching & Referral Hospital appreciated the Government's initiative to provide a legal framework for harm reduction services and commended the emphasis on treating persons with substance use disorder as patients rather than criminals.

    Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

45. Nextgen Lawyers submitted that the Bill is a transformative step toward aligning Kenya's drug control framework with constitutional guarantees and international public health standards. They noted that Kenya has introduced needle and syringe programmes and opioid-substitution therapy, but coverage remains low with approximately 189 sterile needles per person per year (below the UN target of 200) and OST reaching just 13% of those in need (HRI, 2024). These programmes remain largely donor-funded and lack statutory protection. Nextgen Lawyers recommended strengthening the Bill to provide legal protection, continuity of services, data protection, gender and youth equity, recognition of community-led service delivery, social and structural interventions, and sustained domestic financing.

    Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health,

NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

46. The Law Society of Kenya (LSK) supported the policy shift that the Bill seeks to advance but noted significant gaps and ambiguities that could lead to unintended consequences if enacted without substantial redrafting and broader stakeholder consultation. Specifically, LSK noted that:

    (a) the Bill lacks sufficiently precise definitions for technical terms such as "harm reduction services," "harm reduction facility," "medically assisted therapy" and "halfway house";

    (b) provisions for a national register and broad data-collection powers raise serious privacy, dignity and child-protection concerns;

    (c) the Bill does not sufficiently protect authorised service users and providers from criminal liability and routine law-enforcement interference;

    (d) the Bill favours clinic-based services and does not give enough recognition to community-led and peer-led harm reduction programmes;

    (e) the Bill lacks provisions on domestic financing mechanisms; and

    (f) roles and responsibilities between national and county governments require clearer articulation. LSK also recommended insertion of new parts on a National Harm Reduction Coordination Committee, a Harm Reduction Fund, statutory recognition and accreditation of community/peer-led providers, mandatory gender-responsive and youth-inclusive measures, anti-stigma protections, and referral pathways to social protection, housing and employment programmes.

    Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

47. The Harm Reduction Society of Kenya, appreciated the intentions expressed in the Bill and was pleased that the mover acknowledged the need for inclusion of harm reduction in Kenya's legislative frameworks. The Society noted the absence of provisions on a number of aspects including: resource mobilisation and funding; integration of harm reduction services into mental health services; youth-focused approaches; omission of key harm reduction services such as supervised consumption services, drop-in centres, housing-first policy, tobacco harm reduction, pharmacy access and referrals; and the need to create linkages with existing legislations for regulated substances. However, the Society supported the Bill on the basis of its user-focused approach, recognition of research and evidence-based interventions, recognition of harm reduction as a range of intentional and pragmatic practices, collaborative approach with government agencies, inclusive and equitable approach as envisaged in the Constitution, well-coordinated

public participation, the right to health imposing four essential standards on healthcare services, and recognition of monitoring and evaluation as key components.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

48. KUZA Trust submitted that they supported the intent and direction of the Bill and recognised it as a progressive step toward health, rights and social justice. They recommended that Parliament strengthen the Bill to embed a rights-based framework, enhance community participation and representation in governance, prohibit criminalisation and coercion, guarantee equitable and voluntary access to services, and establish a sustainable domestic financing framework.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

49. The Caucus on Harm Reduction and Drug Policy Reforms (CHRDPR), urged the Committee and the National Assembly to:

(a) recommend withdrawal of the Bill to allow for comprehensive redrafting;
(b) convene inclusive consultations with communities and experts;
(c) develop a law that reflects global best practice, Kenyan realities and constitutional obligations; and
(d) ensure that harm reduction is legislated in a manner that protects persons who use drugs.

50. CHRDPR submitted that in its current form the Bill contains significant legal, structural and human rights gaps that cannot be corrected through routine clause-by-clause amendments at the Committee stage. CHRDPR identified the following structural deficiencies: the Bill misdefines harm reduction and reduces it to facility-based treatment; excludes essential peer-led, community and outreach components; fails to anchor internationally endorsed principles; provides no financing framework making the Bill unimplementable; excludes community-led and peer-led programmes that currently deliver majority of harm reduction services; introduces new criminalisation targeting health workers and peer providers; provides no legal protection for users or providers; introduces a mandatory register without legal basis; fails to properly assign county roles; and fails to address gender, youth or intersectional needs. CHRDPR proposed a structured redrafting process with creation of a National

Multi-Stakeholder Taskforce and a 90–120 day redrafting timeline for a Harm Reduction Bill.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

51. The Women in Response to HIV/AIDS & Drug Addiction submitted that the Bill fails to address the gaps in delivery of harm reduction services. If passed, the Bill may not protect against violation of human rights and stigma and discrimination against persons with substance use disorder. They recommended that the Health Committee ensure the Bill adopts an evidence-based, public health-centred and human rights-compliant approach to harm reduction.

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

52. The Kenya Law Reform Commission (KLRC), supported the policy direction of the Bill, noting that its objectives align with global trends in public health policy that recognise substance use as a medical and social condition rather than a criminal one. The KLRC noted that according to NACADA, approximately 26,000 people inject drugs in Kenya, with an estimated HIV prevalence of 18 per cent in that group. Evidence from comparable jurisdictions such as Portugal, which adopted a harm-reduction model in 2001, shows significant reductions in new HIV infections and overdose deaths. KLRC also noted that several provisions use passive constructions and recommended redrafting in active form to assign clear responsibility, avoid bureaucratic ambiguity and enhance administrative accountability. KLRC further recommended insertion of a clause with consequential amendments to the NACADA Act (to integrate harm-reduction policy into national drug-control strategy) and to the HIV and AIDS Prevention and Control Act (to embed harm-reduction measures in HIV-prevention programmes).

Committee Resolution: The Committee noted the general comments. The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, NACADA and the persons with substance use disorders. The harm reduction services proposed in the Bill may adequately be handled by NACADA pursuant to section 5 of National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS

53. The Committee made the following observations in relation to the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025):

(a) The Harm Reduction Bill seeks to provide a framework for the delivery of harm reduction services within public health facilities in order to minimize drug-related deaths, drug overdose and infectious disease transmission. This is to be done through the provision of harm reduction services including access to healthcare, social services, treatment and management persons with substance use disorder.

(b) The Office of the Attorney General and Department of Justice and the Ministry of Health submitted that harm reduction services may be implemented as a programme by National Authority for Campaign Against Alcohol and Drug Abuse (NACADA) and hence there was no need to establish a new institution. Harm reduction services may also be incorporated in the NACADA policy.

(c) The community of persons with substance use disorders submitted that the Bill does not adequately and holistically address their concerns. The over ten (10) civil society groups of community of persons with substance use disorders recommended that the Bill should be withdrawn to allow for further inclusive and meaningful consultations between the persons with substance use disorders, NACADA and the Ministry of Health.

(d) The Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 makes provision for a comprehensive framework for care, treatment and rehabilitation for persons with substance use disorders.

(e) NACADA also has an existing framework to deal with the control of alcohol and drug abuse pursuant to section 5 of the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122, in particular the mandate to formulate policies, develop strategies and standards and to operate rehabilitation services. NACADA may therefore make provision for harm reduction services.

(f) To further enhance the existing framework, the National Authority for Campaign Against Alcohol and Drug Abuse Act, Cap. 122 and the Narcotic Drugs and Psychotropic Substances (Control) Act, Cap. 245 may be amended to address any shortcomings in the provision of rehabilitation services in the country including the development and financing of programmes to prevent the youth from engaging in drug abuse.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATION

Upon considering the Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025) and submissions from stakeholders, the Committee recommends that the **House rejects the Bill in its entirety.**

CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

In light of the Committee recommendation that in Chapter five, the Committee proposes the following amendments:

CLAUSE 1
THAT, Clause 1 of the Bill be deleted.

CLAUSE 2
THAT, Clause 2 of the Bill be deleted.

CLAUSE 3
THAT, Clause 3 of the Bill be deleted.

CLAUSE 4
THAT, Clause 4 of the Bill be deleted.

CLAUSE 5
THAT, Clause 5 of the Bill be deleted.

CLAUSE 6
THAT, Clause 6 of the Bill be deleted.

CLAUSE 7
THAT, Clause 7 of the Bill be deleted.

CLAUSE 8
THAT, Clause 8 of the Bill be deleted.

CLAUSE 9
THAT, Clause 9 of the Bill be deleted.

CLAUSE 10
THAT, Clause 10 of the Bill be deleted.

CLAUSE 11
THAT, Clause 11 of the Bill be deleted.

CLAUSE 12
THAT, Clause 12 of the Bill be deleted.

CLAUSE 13
THAT, Clause 13 of the Bill be deleted.

CLAUSE 14

THAT, Clause 14 of the Bill be deleted.

Justification: The Bill should not be proceeded with to allow for further consultations between the Ministry of Health, the Office of the Attorney General and Department of Justice, NACADA and the persons with substance use disorders.

SIGNED..... **DATE**.....7/14/2026.....

HON. DR. JAMES NYIKAL WAMBURA, CBS, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ADOPTION SCHEDULE

THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FIFTH SESSION (2026)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON.....THE HARM REDUCTION BILL, 2025(.....
...NATIONAL ASSEMBLY Bill NO. 37 OF 2025).....

We, the undersigned Members of the Departmental Committee on Health do hereby append our signatures to adopt this Report **Date:** 31/3/2025

NO	NAME	SIGNATURE
1.	The Hon. Dr. Nyikal James Wambura,CBS,MP- **Chairperson**	
2.	The Hon. Ntwiga Patrick Munene, MP **-Vice-Chairperson**.	
3.	The Hon. Dr. Pukose Robert, **CBS**, MP	
4.	The Hon. Titus Khamala, MP	
5.	The Hon. Sunkuli Julius Lekakeny Ole, **EGH, EBS**, MP	
6.	The Hon. Prof. Jaldesa Guyo Waqo, MP	
7.	The Hon. Owino Martin Peters, MP	
8.	The Hon. Wanyonyi Martin Pepela, MP	
9.	The Hon. Lenguris Pauline, MP	
10.	The Hon. Mary Maingi, MP	
11.	The Hon. Muge Cynthia Jepkosgei, MP	
12.	The Hon. Oron Joshua Odongo, MP	
13.	The Hon. Kibagendi Antony, MP	
14.	The Hon. Mathenge Duncan Maina, MP	
15.	The Hon. Kipngor Reuben Kiborek, MP	