

## **SPECIAL ISSUE**

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REPUBLIC OF KENYA

# **KENYA GAZETTE SUPPLEMENT**

**NATIONAL ASSEMBLY BILLS, 2025**

**NAIROBI, 1st August, 2025**

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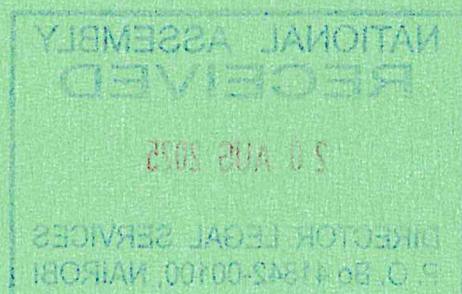
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**NATIONAL ASSEMBLY  
RECEIVED**

**20 AUG 2025**

**DIRECTOR LEGAL SERVICES  
P. O. Bo 41842-00100, NAIROBI**







**THE HARM REDUCTION BILL, 2025**  
**ARRANGEMENT OF CLAUSES**

*Clause*

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- 3 — Object of the Act.
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**THE HARM REDUCTION BILL, 2025****A Bill for**

**AN ACT of Parliament to provide a framework for the provision, administration and coordination of harm reduction services in Kenya and for connected purposes**

**ENACTED by the Parliament of Kenya, as follows—**

**PART I – PRELIMINARY**

**1.** This Act may be cited as the Harm Reduction Act, 2025. Short title.

**2.** In this Act, unless the context otherwise requires— Interpretation.

“Cabinet Secretary” means the Cabinet Secretary for the time being responsible for matters relating to health;

“drug” has the meaning assigned to it under the National Authority for the Campaign Against Alcohol and Drug Abuse Act;

“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 substance use disorder; Cap. 122.

“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;

“health provider” has the meaning assigned to it under the Health Act;

“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

“substance use disorder” means a maladaptive pattern of substance use leading to clinically significant impairment or distress. Cap. 241.

**3.** The object of this Act is to— Object of the Act.

- (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.

4. The implementation of this Act shall be guided by the following principles in addition to the national values and principles set out under Article 10 of the Constitution and the objects of devolution specified under Article 174 of the Constitution—

Guiding principles.

- (a) inclusive and equitable provision of harm reduction services;
- (b) 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;
- (c) transparent and accountable implementation of harm reduction programmes and strategies aimed at ensuring the realisation of the right to health;
- (d) provision of accessible and timely harm reduction services;
- (e) provision of accessible and reliable information on harm reduction services; and
- (f) monitoring and evaluation of the policies, programmes and strategies established to enable the realisation of the right to the highest attainable standard of health and the suitability of interventions put in place to address any gaps in the delivery of harm reduction services.

## PART II — FUNCTIONS OF THE NATIONAL GOVERNMENT AND COUNTY GOVERNMENTS

5. (1) The Cabinet Secretary shall—

Role of national government.

- (a) develop a comprehensive policy and a national strategy on harm reduction to ensure improved general welfare and treatment of persons with substance use disorder;



- (b) within six months of this Act coming into force, develop a policy and strategy on the delivery of harm reduction services in public hospitals;
- (c) maintain a register indicating the number of persons with substance use disorder, their ages, their sex, the disorders or diseases diagnosed and the number of deaths of persons with substance use disorder;
- (d) develop standards to be maintained by health facilities providing harm reduction services;
- (e) provide the necessary resources for the provision of harm reduction services at national referral hospitals;
- (f) promote research, data collection, analysis, sharing and dissemination of information on the welfare of persons with substance use disorder; and
- (g) carry out such other roles necessary for the implementation of the object and purpose of this Act.

(2) The Cabinet Secretary shall designate a Directorate under the Ministry of Health to co-ordinate the provision of harm reduction services in the country.

**6. (1)** The County Executive Committee member responsible for matters relating to health shall—

Role of county governments.

- (a) implement the national policy, strategy and standards relating to harm reduction services;
- (b) facilitate the provision of harm reduction services within the county health facilities;
- (c) mobilise resources necessary for the delivery of harm reduction services in the respective county;
- (d) allocate adequate funds and resources necessary for the effective delivery of harm reduction services in the county health facilities;
- (e) facilitate access to information on harmful health, economic and social consequences of the consumption of drugs and substance use disorders in the respective county;



- (f) establish half-way houses for the care, treatment and rehabilitation of persons with substance use disorder in the respective county;
- (g) develop and carry out sensitisation programmes on harm reduction and its effect on the prevention of infectious diseases in the respective county; and
- (h) provide psychosocial support to persons with substance use disorder, their families, care givers, dependents and the community.

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

7. The national government shall in collaboration with county governments—

Collaboration  
between national  
and county  
governments.

- (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.

### **PART III — PROVISION OF HARM REDUCTION SERVICES**

8. (1) The Cabinet Secretary shall cause to be established harm reduction facilities which shall be adequately provided with trained health providers and

Harm reduction  
facilities.



necessary equipment and facilities, the standard of which shall be defined by the Ministry responsible for matters relating to health.

(2) The health providers referred to in this section shall be trained in the treatment, after-care, rehabilitation and social reintegration of persons with substance use disorder.

9. (1) A person with substance use disorder shall be entitled to harm reduction services including—

Harm reduction  
services.

- (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.

(2) A person with substance use disorder 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.

(3) For purposes of this section, the following documentation may be used to verify the membership of a person to harm reduction programmes and facilitate provision of harm reduction services—

- (a) a clinic card containing the file number indicating the harm reduction programme that the person with 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.



**10.** A healthcare provider shall have the duty to—

Duty of a healthcare provider.

- (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.

#### **PART IV — MISCELLANEOUS PROVISIONS**

**11.** (1) A health provider commits an offence if they—

Offence relating to provision of harm reduction services.

- (a) unduly refuse to grant a person access to harm reduction services; or
- (b) unreasonably withhold information or treatment services.

(2) A person who commits an offence under this section is liable, upon conviction, to a fine not exceeding two hundred thousand shillings or to imprisonment for a term not exceeding two years or to both.

**12.** A person who contravenes any provision of this Act or of any regulations made under this Act, for which no specific penalty is provided, is liable upon conviction—

General penalty.

- (a) in the case of a natural person, to a fine of not less than one million shillings or to imprisonment for a term of not less than one-year or to both such fine and imprisonment; and
- (b) in the case of a body corporate, to a fine of not less than two million shillings.

**13.** The Cabinet Secretary may require a public institution concerned with any aspect or function relating to the provision of harm reduction services for persons with substance use to collaborate with the Ministry of Health and to submit such reports and information as may be necessary for the effective management of harm reduction services.

Collaboration with other public institutions.

#### **PART V — DELEGATED LEGISLATION**

**14.** (1) The Cabinet Secretary may, in consultation with the Council of County Governors, make regulations generally for the better carrying into effect of this Act.

Regulations.



(2) Without prejudice to the generality of the foregoing, regulations under this section may provide for—

- (a) 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.

(3) For the purposes of Article 94(6) of the Constitution—

- (a) the power of the Cabinet Secretary to make regulations shall be limited to bringing into effect the provisions of this Act and the fulfilment of the objectives specified under subsection (1); and
- (b) the principles and standards set out under the Statutory Instruments Act and the Interpretation and General Provisions Act in relation to subsidiary legislation shall apply to regulations made under this Act



## **MEMORANDUM OF OBJECTS AND REASONS**

### **Statement of the Objects and Reasons for the Bill**

The principal object of the Bill is 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 through provision of harm reduction services including access to healthcare, social services, treatment and management of persons with substance use disorder.

**Part I of the Bill (clauses 1 — 4)** provides for preliminary matters including the short title of the Bill; the definition of key terms; object of the Act; and guiding principles.

**Part II of the Bill (clauses 5 — 7)** sets out the functions of the national and county governments.

**Part III of the Bill (clause 8—10)** provides for harm reduction facilities, provision of harm reduction services and the duty of a healthcare provider.

**Part IV of the Bill (clauses 11 — 13)** sets out the miscellaneous provisions on offences relating to provision of harm reduction services; general penalty; and collaboration of the ministry of health with other public institutions.

**Part V of the Bill (clause 14)** provides for the delegated powers of the Cabinet Secretary to make Regulations under the Act.

### **Statement on the delegation of legislative powers and limitation of fundamental rights and freedoms**

The Bill delegates legislative powers but does not limit fundamental rights and freedoms.

### **Statement of how the Bill concerns county governments**

The Bill concerns provision of harm reduction services which are health interventions developed to assist the users of drugs and harmful substances to prevent the transmission of infectious diseases. Health services are devolved under Paragraph 2 of Part 2 of the Fourth Schedule of the Constitution and the Bill proposes to integrate harm reduction services for persons with substance use disorder in the county health system.

Therefore, the Bill concerns county governments in terms of Article 110(1) (a) of the Constitution.



**Statement as to whether the Bill is a money Bill within the meaning of Article 114 of the Constitution**

The enactment of this Bill will not occasion additional expenditure of public funds.

Dated the 14th April, 2025.

ESTHER M. PASSARIS,  
*Member of Parliament.*