

Generation at risk: Findings and recommendations from the tobacco and nicotine use among adolescents DaYTA survey 2024

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ABSTRACT

Peer and family influences play a significant role in adolescent use of tobacco and nicotine products, with boys and older adolescents being at a notably higher risk. Additional factors associated with tobacco use include observing someone smoking inside school buildings and exposure to second-hand smoke at home. Despite perceptions of profitability, the cost of using or producing tobacco or nicotine far outweighs any financial gain from product sales. Current evidence provides crucial, up-to-date, and inclusive data to inform policy decisions. To address these challenges, actionable recommendations include instituting legal reforms such as banning the importation, manufacture, and sale of new and emerging products, as well as enforcing stricter restrictions on sales to adolescents. Strengthening these measures is essential to protect the health and well-being of Kenya's adolescents and youth and to reduce the long-term burden of tobacco-related diseases.

INTRODUCTION

Adolescents in Kenya are increasingly becoming vulnerable to tobacco and nicotine product use. Research has shown that exposure to these products early in life affects the developing brain and could lead to long-term addiction, cognitive impairments, and psychological disorders, as well as burden various sectors of the country including economic and health sectors. There is a strong need for up-to-date evidence to address key gaps and enhance existing knowledge.

This brief presents evidence and policy recommendations based on the 2024 Kenya Data on Youth and Tobacco in Africa (DaYTA) survey. The survey investigated and highlighted the state of tobacco and nicotine use among adolescents aged 10 to 17 years in Kenya. This nationally representative survey sampled 6,435 adolescents, reflecting Kenya's adolescent population.

PROBLEM AND IMPACT

Kenya's 11.6 million adolescents aged 10 to 19 years (National Council for Population and Development (NCPD) et al., 2024) are at a heightened risk of being affected by tobacco and nicotine product use, with tobacco use being reported in children as young as six years old (NACADA & KIPPRA, 2019). There is also an increasing concern about the use of nicotine products because they have a high concentration of nicotine and a combination of other harmful substances (Ashraf et al., 2024; eClinicalMedicine, 2022). Unfortunately, the intention to quit the use of tobacco or nicotine products among adolescents is low. This is especially worrying because their brains are still developing, and therefore the use of tobacco or nicotine products can lead to cognitive impairment and psychological disorders (Castro et al., 2023; Goriounova & Mansvelter, 2012; Yuan et al., 2015). Additionally, evidence indicates that nicotine products like vapes can cause significant damage to lung tissue through mechanisms such as inflammation, oxidative stress, and cellular damage (Blagev et al., 2019; Gotts et al., 2019; Lerner et al., 2015; McConnell et al., 2017; Sassano et al., 2018). While further research is needed to understand the long-term effects fully, the findings underscore the importance of regulating these products and raising awareness about their potential health risks. Overall, all these factors raise serious concerns about the impact of early exposure to the potential for long-term addiction (Sharp & Chen, 2019), and the economic and health burden to the country.

JUSTIFICATION

Tobacco and nicotine use among adolescents poses a significant threat to the future of Kenya. This is because adolescents and youth form a critical component of our economic, social and cultural growth as a country. Thus, if the use of tobacco and nicotine is not addressed among this population, Kenya's population will likely suffer poor health outcomes and a heavy economic burden. The country is already on the path to incur substantial direct and indirect costs as a result of tobacco and nicotine use. The direct costs refer to treatment including medical supplies, consultations and hospital care. Indirect costs involve productivity losses such as absenteeism, reduced work efficiency and premature death due to tobacco-related illnesses.

Between 2021 and 2022, the estimated health care cost attributed to tobacco use in Kenya was approximately 51 billion KES (US\$396 million) (Mwai et al., 2024). During the same period, productivity losses from tobacco-related diseases ranged between approximately 16 billion KES (US\$ 148 million) to 39 billion KES (US\$ 360 million) and accounted for 27% to 48% of total economic costs (Mwai et al., 2024). These costs far outweigh any financial gain from tobacco or nicotine product sales. In 2022, for every dollar generated from tobacco tax revenue, Kenya incurred losses of between \$2.2 and \$3 in healthcare cost and productivity costs related to tobacco use (Mwai et al., 2024).

Over the years, the lack of sufficient data on tobacco and nicotine use among adolescents has limited Kenya's policy makers and implementers from making data-informed decisions on tobacco control policies and initiatives. This brief provides crucial up-to-date, relevant and inclusive data for evidence informed policy decision making especially in order to develop appropriate policies to address youth concerns. The use of tobacco and nicotine products is universally considered a preventable and important risk factor for morbidity and mortality due to several non-communicable diseases. Therefore, it is critical to ensure that this generation gains meaningful economic opportunities and the best quality of life.

EVIDENCE

The survey was a household-based, cross-sectional national survey of adolescents aged 10 to 17 years in urban and rural Kenya.

Prevalence

In 2024, about 6.5% (approximately 622,000) adolescents in Kenya had ever used tobacco or nicotine products, while 2.5% (approximately 244,000) adolescents were current users. The use was higher within certain groups as shown below:

Boys

1. Ever use: 8.8% of boys vs. 4.2% of girls (figure 1)
2. Current use: 3.3% of boys vs. 1.8% of girls (figure 1)

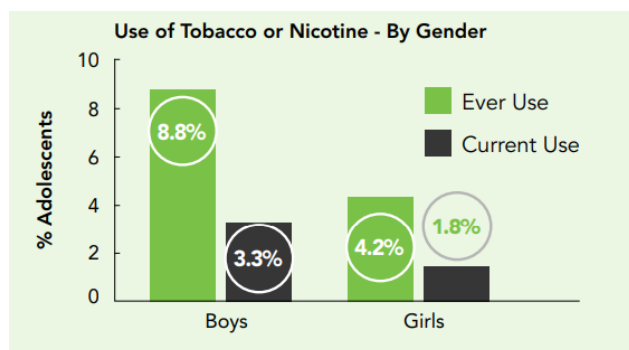


Figure 1: Use of tobacco or nicotine products by gender

Out-of-school adolescents (figure 2)

1. Ever use: 24.5% (out of school) vs. 4.7% (in school) (figure 2)
2. Current use: 17.7% (out of school) vs. 1.0% (in school) (figure 2)

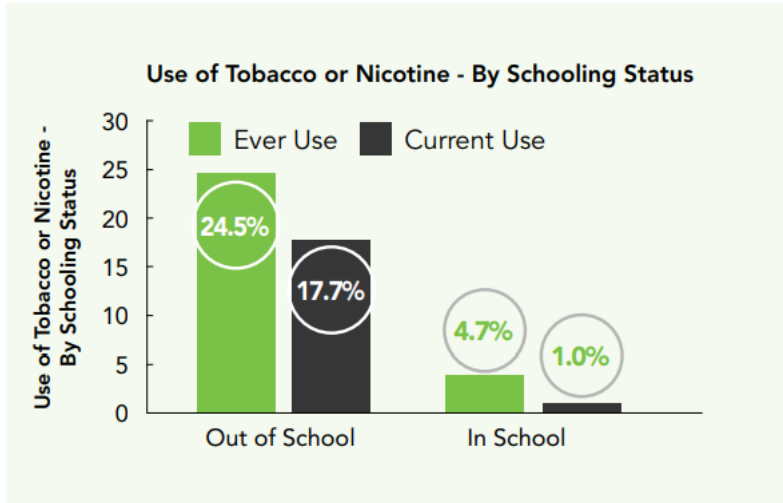


Figure 2: Use of tobacco or nicotine products by schooling status

In addition to the overall prevalence, further analysis revealed concerning patterns by product types:

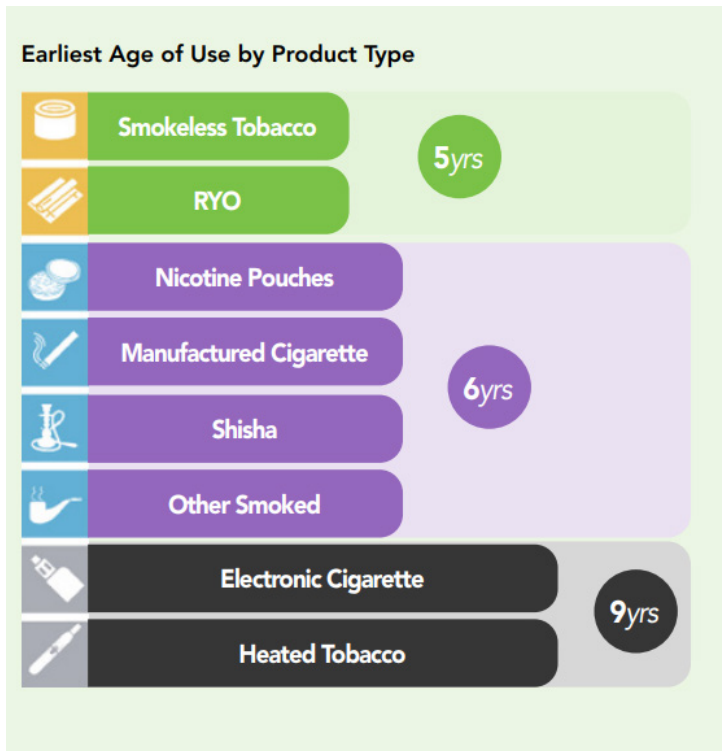
1. **Any tobacco product:** Ever use 6.2% and Current use 2.5%
2. **Smoked tobacco products e.g. cigarettes:** Ever use 3.5% and Current use 1.0%
3. **Smokeless tobacco products e.g. snuff:** Ever use 3.4% and Current use 1.7%
4. **Nicotine products e.g. e-cigarettes:** Ever use (0.6%) and Current use (0.1%)

Early initiation

Age of initiation

Alarmingly, adolescents started using tobacco or nicotine products as early as **five years old**. (figure 3).

1. Roll-your-own (RYO) cigarettes and smokeless tobacco – 5 years old
2. Manufactured cigarettes, shisha and other smoked tobacco products – 6 years old
3. HTPs, electronic cigarettes, and nicotine pouches – 9 years old



Reasons behind starting to use products:

1. Peer and family influence and curiosity were the most common reasons.
2. For new and emerging products like electronic cigarettes and HTPs, adolescents were also drawn in by attractive packaging.

Access to products and marketing

Place obtained:

1. Manufactured cigarettes and smokeless tobacco were mostly obtained from stores or shops, at 50.10% and 52.21% respectively.
2. RYO cigarettes were mostly obtained from someone else at 64.3%.
3. About 10% of adolescents reported seeing tobacco advertisements at points of sale, with a higher percentage among girls than boys, and urban than rural areas.

Purchase restrictions due to age:

1. Majority (91.3%) of adolescents who attempted to purchase tobacco or nicotine products, were not denied purchase due to their age.

Low motivation to quit

1. Fewer than half of the current adolescent users intend to quit within the next 12 months

Risk and protective factors

1. Higher risk tobacco uses among:
 - a) Boys
 - b) Older adolescents
 - a) Those living with tobacco users
 - b) Adolescents were also less likely to use tobacco products if:
 - Adolescents in households where the head has a higher level of education are less likely to use tobacco. This means that adolescents in a household where the head has a higher level of education is a protective factor.

POLICY RECOMMENDATIONS

1. Institute legal reforms

- a) **Amend the Tobacco Control Act of 2007** to include stricter regulations on the sale, advertising, and packaging of tobacco and nicotine products.
- b) **Ban** the manufacture, importation, and sale of new and emerging products like e-cigarettes, HTPs and nicotine pouches.
- c) Promote **tobacco-free, child-friendly school environments** and enhance guidance and counselling services to support prevention efforts.

2. Enforce stricter restrictions on sales to adolescents

- a) Strengthen monitoring and **enforce bans on sale to minors** across all retail points, including informal vendors.
- b) Introduce **penalties for retailers** who sell tobacco or nicotine products to individuals under 18.

CONCLUSION

This brief provides valuable insights to support the design of inclusive; age appropriate and equity-focused tobacco control policies and interventions aimed at protecting Kenya's adolescent from tobacco and nicotine use and harm. Urgent action is required to prevent Kenya from facing substantial health and economic challenges.

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Full report available online: <https://kenya.tobaccocontroldata.org/wp/wp-content/uploads/Kenya-DaYTA-report-2024.pdf>

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