

Unmasking the Hidden Health Crisis: The Long-Term Impacts of Teargas Use on Respiratory Health in Kenya

Executive Summary

In Kenya, the increasing and often unnecessary use of **teargas by police during public protests** poses a significant yet overlooked **public health threat**. Beyond its immediate discomfort, teargas leaves behind lingering chemical residues that pose long-term risks to respiratory health—especially among vulnerable populations such as **children, the elderly, pregnant women, and people with pre-existing health conditions**.

The **World Health Organization (WHO)** classifies **chronic respiratory diseases (CRDs)** as one of the leading **non-communicable diseases (NCDs)** globally—driven significantly by environmental exposure to harmful substances like **chemical irritants**. Kenya is already grappling with rising NCDs; continued misuse of teargas without regulation, research, or cleanup **exacerbates the public health burden**.

This policy brief calls for **urgent government attention, public health investigations, and protective policy reforms**.

Problem Statement

Despite growing public concern, Kenya lacks:

- Data and research on the **long-term health effects** of teargas exposure.
- **Accountability mechanisms** for police deployment of chemical agents in public spaces.
- **Guidelines for environmental decontamination** and post-exposure medical response.

The **unchecked use of teargas** during demonstrations—often fired into homes, hospitals, schools, and transport terminals—poses **a clear and present danger to respiratory health**, contributes to **avoidable disease burdens**, and violates **constitutional rights to health and safety**.

Background and Evidence

- **Teargas contains CS and CN compounds** that irritate mucous membranes and inflame the respiratory system.
- WHO identifies **environmental pollutants** as a **leading contributor** to chronic respiratory diseases (CRDs), such as asthma and chronic obstructive pulmonary disease (COPD).
- Studies have shown that **repeated exposure** to teargas increases risk of:

- Long-term lung inflammation
- Airway hyper responsiveness
- Miscarriages and fetal harm during pregnancy
- Teargas can **linger for days** on surfaces, in the air, and in enclosed spaces—leading to **secondary exposure** even among non-protesters.

✦ *WHO NCD Factsheet (2022)*: <https://www.who.int/news-room/factsheets/detail/noncommunicable-diseases>

✦ *WHO Social Media Awareness Reel on CRDs*:
<https://www.instagram.com/reel/DLmazXisBce/?igsh=c3N4cnloeHQxZHA2>

Populations at Risk

- **Infants and young children** with developing lungs
- **Pregnant women and fetuses** during critical stages of growth
- **Elderly individuals** and those with existing respiratory or cardiovascular conditions
- **Frontline workers** (vendors, healthcare workers, transport operators) in protest-prone urban areas

Policy Gaps Identified

1. **No mandatory environmental health assessments** post-teargas deployment.
2. **Lack of public health guidelines** for civilian exposure to chemical agents.
3. **Absence of a national surveillance system** for chemical-induced chronic respiratory diseases.
4. **Weak accountability and regulation** on the use of force during public order management.

Legal and Ethical Considerations

- **Article 43 of the Constitution of Kenya (2010)**: Guarantees the right to the highest attainable standard of health.
- **Occupational Safety and Health Act (2007)**: Prohibits exposure to hazardous substances without safeguards.

- Use of teargas in hospitals, residential areas, or public transport is **ethically indefensible** and violates **international human rights standards**.
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Policy Recommendations

1. Commission Immediate Investigations

- Independent inquiry into past protest events where excessive teargas was used.
- Map out hotspots and affected populations for targeted public health follow-up.

2. Fund National Research on Chemical Exposure and CRDs

- Partner with research institutions and public health bodies to investigate:
 - Short- and long-term respiratory impacts
 - Community-level environmental residue analysis
 - Health system response capacity

3. Enforce Protective Regulations on Police Conduct

- Ban the use of teargas in enclosed, residential, or healthcare spaces.
- Require police to file incident reports and justify use of chemical agents.
- Establish a civilian oversight body for monitoring and reporting abuses.

4. Introduce a Post-Exposure Protocol

- Guidelines for emergency services and hospitals to assess, treat, and record teargas exposure cases.
- Community awareness on first aid and cleanup after exposure.

5. Include Environmental Exposure in NCD Prevention Frameworks

- Integrate chemical exposure into national NCD and urban pollution policies.
 - Sensitize county health departments and urban planners.
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Conclusion

The indiscriminate use of teargas is not merely a security concern—it is an emerging **public health crisis**. Kenya must not wait until chronic respiratory diseases silently overwhelm its people and health systems. By acting now to **investigate**, **research**, and **regulate** the use of teargas, we can protect future generations from **avoidable chemical harm**.

Prepared by:

Lilian Mumina

Nutrition and Wellness Advocate | Public Health Researcher

Mumina Wellness Solutions

✉ muminawellness@gmail.com

🌐 www.muminawellness.com