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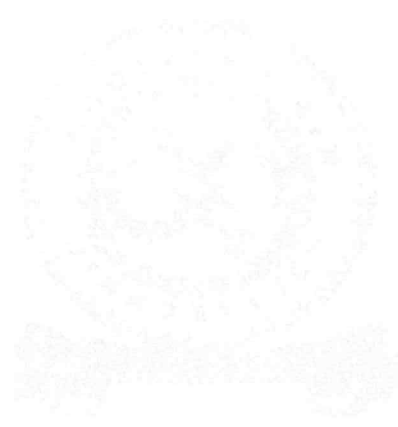
KISII NATIONAL POLYTECHNIC

ALCOHOL AND DRUG ABUSE POLICY

KNP /ADA/05
Second Edition 2020

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KISII NATIONAL POLYTECHNIC

ALCOHOL AND DRUG ABUSE POLICY

Policy No.

KNP/ADA/05

Principal's Signature

Date

6/5/2021

**Approval by Governing
Council**

Chairman's Signature

Date

6/5/2021

Responsible Office

GUIDANCE AND
COUNSELLING OFFICE



GOVERNMENT OF INDIA

Ministry of Education

Department of Higher Education

For the purpose of the Government of India, the following is the list of the names of the persons who have been appointed to the various posts in the Department of Higher Education, Ministry of Education, Government of India.

The names of the persons who have been appointed to the various posts in the Department of Higher Education, Ministry of Education, Government of India, are as follows:

1. Mr. [Name] has been appointed to the post of [Post] in the Department of Higher Education, Ministry of Education, Government of India.

2. Mr. [Name] has been appointed to the post of [Post] in the Department of Higher Education, Ministry of Education, Government of India.

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INTRODUCTION

1.1 Background

Alcohol and Drug Abuse (ADA) is a global concern and constitutes one of the most formidable impediments to development and social progress. Globally, the United Nations Office of Drug and Crime (UNODC) estimates that Around 269 million people used drugs worldwide in 2018, which is 30 per cent more than in 2009. Cannabis was the most used substance worldwide in 2018, with an estimated 192 million people using it worldwide. Opioids, however, remain the most harmful, as over the past decade, the total number of deaths due to opioid use disorders went up 71 per cent, with a 92 per cent increase among women compared with 63 per cent among men.

Drug use increased far more rapidly among developing countries over the 2000-2018 period than in developed countries. Adolescents and young adults account for the largest share of those using drugs, while young people are also the most vulnerable to the effects of drugs because they use the most and their brains are still developing.

In Kenya ADA has been identified as a national problem with negative effects in all sectors of the economy with productive sectors being the most affected. The country has the highest reported cases of heroin use at about 25,000 IDUs compared to her neighbours (UNODC, 2019). In Kenya, the most commonly abused drugs are; alcohol, tobacco, Miraa/ khat, bhang (Cannabis sativa). It is against this background that NACADA was formed in 2001, an Authority to advocate against drug abuse in Kenya. The role of the Authority is to adopt a multi-sectoral approach in addressing the ADA aspects and mitigation of its impacts.

All sectors were called upon to mainstream ADA in their core functions. To effectively address the effects of ADA, it is important to recognize it as a key constraint in attaining organizational and national goals. ADA affects human resource productivity in all sectors by loss of skilled labour and diversion of financial resources hence deepening poverty levels.

1.2 Purpose/Rationale

Kisii National Polytechnic is charged with production of high caliber human resource capable of transforming theoretical skills to practical competencies for the development of the society and the country as a whole. The effects of ADA on staff, students and stakeholders need to be addressed so as to reverse the far reaching consequences on academic performance and productivity. Consequently the Kisii National Polytechnic realized the need to formulate and implement workplace guidelines to prevent, detect, mitigate and manage the vice.

1.3 Policy Statement

Kisii National Polytechnic is committed to an ADA-free work environment as the guiding principle. It shall endeavor to co-ordinate the prevention, early detection, mitigation and management of ADA through education, advocacy, empowerment, enforcement and partnership for a productive workforce.



With this Policy as a guide, the management, staff, students and stakeholders have the collective responsibility of addressing ADA issues.

1.4 Scope

The policy guidelines shall apply to all Kisii National Polytechnic staff and students and clients with equity and without discrimination.

1.5 Applicability

The guidelines shall apply while in the institution, on academic trips, extra curricula activities, and official trips outside the main campus whenever deemed to be representing/conducting business for KNP.

2.0 LEGAL AND REGULATORY PROVISIONS

The Constitution of the Republic of Kenya is the supreme law of the land and all other laws must comply with it. The fundamental rights in the constitution provide every person with the right to equality and nondiscrimination. The guiding legal and regulatory provisions for this policy are also in accordance with international conventions, national laws, policies, guidelines and regulations which include but not limited to:-

- a) The Single Convention on Narcotic Drugs, 1961 adopted by the United Nations Conference at New York in March, 1961;
- b) The Protocol, amending the Convention mentioned in paragraph (a), adopted by the United Nations Conference at Geneva in March, 1972;
- c) The Convention on Psychotropic Substances, 1971 adopted by the United Nations Conference at Vienna in February, 1971;
- d) The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances adopted at Vienna on 19th December, 1988; and
- e) Any other international convention or protocol or any other instrument amending an international convention relating to psychotropic substances/ narcotic drugs which may be ratified or acceded to by Kenya after the commencement of this Policy.
- f) Regulations and other relevant legislation proposed and in place including:-
 - (i) Public Officers Ethics Act, 2003
 - (ii) Occupational Safety And Health Act, 2007
 - (iii) Alcoholic Drinks Control Act, 2010
 - (iv) Compounding Of Portable Spirits Act, (Cap 123)
 - (v) Tobacco Control Act, 2007
 - (vi) Industrial Alcohol (Possession Act (Cap119)



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- (vii) Methylated Spirits Act (Cap 129)
 - (viii) The Use Of Poisonous Substances Act (Cap 245)
 - (ix) The Pharmacy and Poisons Act (Cap 244)
 - (x) The Food, Drugs and Chemical Substances Act (Cap254)
 - (xi) Environmental Management And Coordination Act, 1999
 - (xii) The Public Health Act (Cap 242)
 - (xiii) Narcotic Drugs And Psychotropic Substances (Control) Act (2004)
 - (xiv) Polytechnic Order by-Laws.
 - (xv) Public Service Commission Act Cap.185 (1985 revised)
 - (xvi) Employment Act, 2007
 - (xvii) Public Service Commission's Discipline Manual
 - (xviii) The Penal Code
 - (xix) Factories and other places of work Act Cap 514
 - (xx) Any other Acts, amending, substituting or repealing the foregoing.

2.1 GUIDING PRINCIPLES

The Kisii National Polytechnic is devoted to ensuring the safety, health and well being of all employees and students in the workplace. The policy shall be guided by the following principles:-

2.1.1 Confidentiality

Access to client information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies and shall not be shared or used discriminately against the particular staff or student.

2.1.2 Autonomy

Counseling on Alcohol and Drug Abuse shall empower the client to make appropriate decisions, choose their own direction, and take necessary actions in a therapeutic relationship.

2.1.3 Beneficence

Alcohol and Drug Abuse programs shall respect the dignity and promote the welfare of clients and will be geared entirely for the client's wellbeing.



2.1.4 Non-maleficence

Doing no harm; counselors promote this principle by avoiding any behavior that can cause harm or has the potential to harm client either physically or emotionally.

2.1.5 Impartiality

Alcohol and Drug Abuse programs shall be provided in a fair and impartial manner to all clients.

2.1.6 Informed Consent

The client has a right to be informed, by way of documentation, about ADA treatment procedures, goals and benefits so as to make an informed decision on whether or not to participate. In-case of continued use of drugs that may be a threat to the security of other employees, students and the assets, the Polytechnic shall take ultimate decisive action to contain any possible harm.

2.1.7 Professionalism

Alcohol and Drug Abuse programs shall be implemented by persons possessing requisite skills and/or certifications from relevant certified bodies and shall uphold professional ethics.

3.0 GUIDELINES

3.1 Prohibited Behavior

- (i) Manufacture, distribution, dispensing, possession, consumption, sale and advertisement of alcohol and other drugs at the workplace, in halls of residence, in institutional vehicles or while on official assignments.
- (ii) The use of alcohol and other drugs of abuse as items for expense account reimbursement.
- (iii) Payment of any wages in the form of alcohol and drugs or giving rewards/tokens or materials that in any way may trigger alcohol and drug craving.
- (iv) Misuse of drugs and laboratory chemicals at the workplace.
- (v) Inebriation or intoxication at workplace
- (vi) The illegal or unauthorized use of prescription drugs.

3.2 Searches

- (i) Any person who transacts business for or on behalf of the Polytechnic shall be presumed to have consented to be subjected to search and inspection at the workplace or at any Polytechnic function.
- (ii) A person reasonably suspected of having alcohol and illicit drugs would be required to undergo a search or inspection at any time.
- (iii) Search and inspection may be conducted within the workplace from time to time by professional persons as the Polytechnic will determine.



(iv) Any search must be carried out professionally. A search on a suspected male violator shall be carried out by a male officer and a female violator by a female officer.

(v) The search shall be in a manner not to prejudice the rights of the suspect.

3.3 Identification, evaluation, assessment of clients

Addiction professionals/Counselors in the Alcohol and Drug Abuse programs shall use assessment instruments as one component of the ADA services, taking into account the client's personal and socio-cultural context. The instruments will include among others, Alcohol Use Disorders Identification Test (AUDIT), cutting down, Anger, Guilt, Eye Opener (CAGE) and Michigan Alcohol Screening Test (MAST).

3.4 Drug Testing

(i) Where drug testing is necessary the client shall be referred to relevant practitioner (s).

(ii) Drug testing shall be done by taking into consideration the constitution of Kenya; the bill of rights and in accordance with the law.

(iii) All drug-testing information will be maintained in separate confidential records.

(iv) The testing shall be done on informed consent basis.

(v) Some instances may warrant compulsory testing on the individuals who may be affected and are in denial and whose behavior is likely to cause harm to self and others.

3.5 Consequences

One of the goals of the policy is to encourage individuals to voluntarily seek help. However, the violation of the policy may result in the following consequences:

(i) Officers who are intoxicated during working hours would be referred to relevant authorities such as Management.

(ii) Staff/students who persistently get intoxicated or lack discipline due to challenges related to ADA would be facilitated with counseling, referral services and/or rehabilitation.

(iii) The officers who are unable to adjust accordingly to the work environment shall be referred (with practitioner's report and recommendations) to the Polytechnic Management for further directions.

(iv) Staff found in possession and using illicit drugs be referred to relevant authorities such as law enforcers.

(v) Visitors found in possession of illicit drugs be referred to relevant authorities

3.6 Return-To-Work Agreement

This particular clause shall be used as the last resort for an employee who has been compelled by the employer to go for rehabilitation. An employee shall sign and abide by the terms set forth in a Return-



to-Work Agreement as a condition of continued employment and rehabilitation. A return to work agreement will entail;-

- (i) Integration of the individual back to work and assignment of relevant duties.
- (ii) Involvement in continuous Employee Assistance Programmes (EAPs) that include integration of family, employer, colleagues and friends support where need be.
- (iii) Avoidance of redeploying staff in working situation similar to that which will predispose the individual.
- (iv) Customization of the EAPs to serve individual needs.
- (v) Continual monitoring and counseling

3.7 Assistance

The Polytechnic recognizes that ADA is a treatable illness. It also realizes that early intervention and support is key for the success of rehabilitation.

To support affected individuals, the Polytechnic will be involved in:

- i. Provision of counseling services and Employee Assistance Programs.
- ii. Linking the affected to support group(s).
- iii. Rehabilitation of the affected staff through the existing medical provisions.
- iv. Provision and linkage to recreation facilities.
- v. Provision of continuous information for enhanced awareness.
- vi. Encouraging individuals to seek help from qualified professionals.
- vii. Availing an updated list of qualified addiction practitioners and certified rehabilitation centers.
- viii. Considering Alcoholism and/or other drug use disorders as any other illness.

3.8 Shared Responsibility

A safe and productive drug free workplace is achieved through shared responsibility and cooperation between staff and management.

It is the employee's responsibility to:-

- (i) Be concerned about working in a safe environment.
- (ii) Support fellow workers in seeking help.
- (iii) Use the Employee Assistance Program.
- (iv) Make known undesirable ADA related behaviors to their supervisor.
- (v) Not stigmatize or discriminate against those undergoing rehabilitation.



(vi) Avail him/her self for rehabilitation when identified.

It is the HODs responsibility to:-

- (i) Inform and educate employees on this policy.
- (ii) Observe employee change in performance.
- (iii) Investigate and make known reports of dangerous practices arising from ADA.
- (iv) Refer clients to the Employee Assistance Program and/or counseling.
- (v) Motivation/incentives plans for successfully rehabilitated officers in accordance to Corporate Responsibility.
- (vi) Clearly communicate consequences of violating the policy.
- (vii) Keep records of employees confidential.

3.9 Roles and Responsibilities

It is the responsibility of the Polytechnic Council, Polytechnic management, HODs and program coordinators, in liaison with NACADA to enforce this policy.

3.9.1 Human Resource

The Human Resource shall:-

- (i) Develop, implement and review the Alcohol and Drug Abuse Policy.
- (ii) Support and advocate for ADA issues at all levels of decision making.
- (iii) Link ADA policy programmes to the budgetary process.
- (iv) Strengthen commitment at all levels of management.
- (v) Establish partnerships with and across Polytechnic's TVET Institutions, Universities, development partners and stakeholders.
- (vi) Mainstream ADA into overall strategic planning and performance targets in the Polytechnic.
- (vii) Ensure all new employees are inducted on ADA.
- (viii) Monitor and evaluate the ADA Policy.

3.9.2 Chair of Alcohol and Drug Abuse Unit

The Chair of Alcohol drug Abuse unit shall:-



- (i) Ensure that ADA programs are mainstreamed into the functions of the Polytechnic.
- (ii) Advocate for ADA programs to students, staff and other stakeholders at all levels.
- (iii) Co-ordinate the implementation of the ADA Workplace Policy.
- (iv) Recommend the review of the ADA policy.
- (v) Planning and budgeting for ADA programmes.
- (vi) Co-ordinate the development, acquisition and dissemination of ADA IEC materials.
- (vii) Identify ADA needs and develop appropriate intervention programs for students and employees.
- (viii) Identify training needs and capacity building for employees/students in the workplaces in liaison with other stakeholders.
- (ix) Network and Promote partnership to enhance ADA programmes.
- (x) Develop mechanism for monitoring, evaluation and research on ADA issues.

3.9.3 Alcohol and Drug Abuse Committee

This committee shall exist at the Polytechnic.

The committee shall:-

- (i) Coordinate and backstop the ADA activities in the Polytechnic,
- (ii) Be responsible for the policy implementation and review,
- (iii) Ensure implementation of ADA programmes in their respective departments of representation,
- (iv) Identify needs and provide necessary information for ADA programs,
- (v) Provide psycho-social interventions in their departments,
- (vi) Prepare reports as deemed necessary for informed decision making,
- (vii) Promote and advocate for behavior change and communication at the workplace.
- (viii) Undertake monitoring and evaluation of implementation of ADA Policy

3.10 Communication

Communication will be done through the laid down structures and will be precise, simple and clear at all levels.

3.11 Alcohol and Drug Abuse Programmes

The programs shall include but not limited to:

- (i) Care and support



- (ii) Prevention and Advocacy
- (iii) Identification and counseling
- (iv) Resource mobilization
- (v) Capacity building
- (vi) Partnership and collaboration
- (vii) Monitoring and evaluation
- (viii) Research and information dissemination

4.0 IMPLEMENTATION

The overall implementation will be the responsibility of the Polytechnic Management Team and the Chair of ADA unit.

5.0 MONITORING AND EVALUATION

There will be continuous monitoring on implementation of the policy using the proposed Indicators. Reporting on progress on implementation will be in line with organizational guidelines. Evaluation of expected results will be undertaken. This will inform continuous review and update ADA Policy.

6.0 RESEARCH AND DEVELOPMENT

The Polytechnic through the ADA Unit shall undertake periodic surveys on matters of ADA to inform the policy for improvement and relevance.

7.0 REVIEW OF POLICY

This policy may be reviewed every five years and when need arises to ensure that it remains relevant.



ANNEX I: RETURN-TO-WORK AGREEMENT

This Return-to-Work Agreement is necessitated due to the fact that:

- ☐ The employee tested positive for drugs.
- ☐ A supervisor refers the employee to the EAP or treatment due to declining job performance.
- ☐ The employee has violated a work rule that could result in discipline.
- ☐ The employee acknowledges receipt of the ADA policy and agrees to comply with all provisions.
- ☐ The employee agrees to comply with all aspects of the healthcare professional's recommendations.
- ☐ The employee agrees to abstain from the use of alcohol and/or other drugs except when prescribed by a healthcare professional who has been informed of the employee's difficulty with substance abuse.
- ☐ The employee understands this is his/her last chance to successfully address his/her problem with alcohol and/or other drugs. The employee must satisfactorily meet the Ministry expectations and standards. The employee understands that failure to comply fully with this agreement may result in summary termination.

Signature of Employee

Date

Signature of HOD

Date



ANNEX II: M&E INDICATORS

The indicators proposed in monitoring the ADA workplace policy shall include:

- (i) Awareness level among the staff.
- (ii) The number of ADA related cases identified and appropriate interventions undertaken.
- (iii) Number of activities to promote positive culture against ADA.
- (iv) Number of officers referred for ADA related counseling.
- (v) Reduced ADA related cases at workplace.
- (vi) Reduced ADA incidences.
- (vii) Stigma reduction.
- (viii) No. of all employees sensitized on Alcohol and Drug Abuse.
- (ix) Increased Peer educator-to-employee ratio.
- (x) Increased Peer counselor-to-employee ratio.
- (xi) No. of employees given IEC materials.
- (xii) No. of the IEC materials printed, procured and distributed.
- (xiii) Percentage of current former alcohol and drugs abusers changed.
- (xiv) Percentage of employees with an alcohol or drug problem who have enrolled in EAPS.
- (xv) Percentage of employees with an alcohol or drug problem who have been successfully treated rehabilitated and reintegrated.
- (xvi) Percentage of employees with an alcohol or drug problem who have abstained since rehabilitation.
- (xvii) Percentage of employees with relapse cases after completion of their term in treatment



ANNEX IV: IMPLEMENTATION TOOLS

Various tools shall be employed in the implementation of this policy. These will assist in harnessing the required data and information for future referencing.

These will include:

- i. Client Intake Form
- ii. Consent Form
- iii. Referral Forms
- iv. Updated Database for referrals
- v. Standardized Assessment tools
- vi. Clients' records sheets
- vii. Treatment progress reports and review
- viii. Codes of Regulation, existing policies and circulars
- ix. Diagnostic and Statistical Manual of Mental Disorders (DSM-V)

A continuous review of these tools will be encouraged to keep up with the emerging issues in ADA.

REFERENCES

1. *Management of alcohol- and drug-related issues in the workplace. An ILO Code of practice, Geneva, International Office, 1996*
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3. *NACADA Authority, Guidelines for development of ADA Workplace Policies, 2009*
4. *Republic of Kenya, Factories and other Places of Work Act cap 514*
5. *Republic of Kenya, Public Service commission Act cap.185, 1985 Revised*
6. *Republic of Kenya, The employment Act cap 226*





