

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KAKAMEGA

**COUNTY POLICY FOR PREVENTION
AND MANAGEMENT OF ALCOHOL AND
DRUG ABUSE AT THE WORKPLACE**

JANUARY 2022

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FOREWORD

This policy has been developed to provide a uniform approach for handling cases of County Government staff who are affected with alcohol and drug dependence.

The policy provides strategies for addressing issues of ADA prevention, education, referral for treatment and rehabilitation, psycho-social support, acquisition and dissemination of behavior change materials, minimization of denial and stigma associated with alcohol and drug dependence in all areas of the County Government's operations.

I am convinced that once fully implemented the policy will enhance and increase employee productivity, morale and confidence and also contribute to reduced staff absenteeism and the medical burden directly or indirectly associated with ADA. It is incumbent upon the County Government to portray a corporate image of an employer with a healthy and productive workforce free from effects of Alcohol and Drug dependence.

I wish to acknowledge and appreciate the invaluable support from His Excellency Hon. FCPA, Dr. Wycliffe Ambetsa Oparanya, EGH, Governor of Kakamega County, for creating a conducive environment that has enabled employees of the County Government to deliver the much needed services. I also wish to express great appreciation to the staff and the stakeholders who took part in development of this policy.

The burden for effective implementation of this policy lies with Chief Officers and all staff. The staff must be sensitized on the contents of the policy in order to achieve results in the area of minimizing ADA at the workplace.

**MRS RACHEL J. OKUMU, OGW,EGJ
COUNTY EXECUTIVE COMMITTEE MEMBER,
PUBLIC SERVICE AND ADMINISTRATION**

DEFINITION OF TERMS AND CONCEPTS

- Abuse-** The misuse, under use or over use of any drugs or substances.
- Addiction -** A disease caused by long habitual use of drugs and other substances. It is a progressive illness that is not completely curable but manageable. It is characterized by a pattern of repeated self administration of the drug of choice which results into tolerance, dependence and compulsive drug taking.
- Advocacy-** Verbal and/or set of actions geared towards supporting or influencing a particular course of action or position.
- After-care-** A broad range of workplace based support designed to maintain abstinence when structured treatment has been completed.
- Alcoholism-** Chronic continued drinking or periodic consumption of alcohol characterized by impaired control over drinking, frequent episodes of intoxication, and preoccupation with alcohol and the use of alcohol despite adverse consequences.
- Assessment tool-** The standard screening instrument used to assess the extent of Alcohol and Drug use
- Client-** An employee in need of counseling services on Alcohol and Drug Abuse
- Counselor-** A professional who assists people to resolve their issues and/or cope with situations.
- Counseling-** Is a helping relationship where a counselor assists clients to resolve their issues and/o cope with situations.
- Counseling**
- Professional Ethics-** Standards, principles and guidelines that regulate the counseling practice.
- Confidentiality-** The assurance that information shared during therapeutic sessions will not be revealed without the client giving consent.
- Dependency-** A state where drugs or substance must be used for physical or psychological functioning of a person.
- Drug -** Any chemical Substance, which when introduced into the body, alters the normal functioning of the body physiologically, psychologically and socially.

Drug / Substance

Abuse- Refers to use by self administration of illegal drugs and substances or unhealthy use of legal ones.

Dug tolerance- A state where there is an increased use of drugs/substance since the original dose does not produce the desired effect to the abuser.

Employees Assistance

Programs- workplace opportunities offered by employers as an intervention for the benefit of the employee that has a drug and substance problem within the framework of counseling, Programmes aimed at dealing with personal problems that might adversely impact on their work.

Guidance - A process that helps an individual to recognize and unlock their potential, set goals and work towards achieving them in a healthy manner

Harm reduction- A programme directed towards reducing the adverse health, social and economic consequences of alcohol and other drugs/substance use.

Illicit Drug- A psychoactive or narcotic substance, the production, (illegal) sale, or use of which is prohibited.

Licit Drug- A drug that is legally available by medical prescription in the jurisdiction in question or a drug legally (Legal) available without medical prescription.

Intoxication- Condition that follows administration of a psychoactive substance that results in disturbances in the level of consciousness, cognition, perception, judgment, affect, or Behaviour or other psycho-physiological functions and responses.

Narcotic drugs- Drugs that in moderate doses dull the senses, relieves pain, and induces profound sleep but in excessive doses cause stupor or convulsions.

Patient- A client in need of medical services.

Physical dependence- A state where an individual suffers painful bodily symptoms of withdrawal, when denied his/her drug or substance of choice.

Policy A statement setting out a department's or organization's position on a particular issue.

Poly-drug abuse- Use of more than one drug simultaneously.

Prevalence-	The number of people with drug and substance abuse problems at a particular point in time often expressed as a percentage of the total population.
Problem Drinker-	An employee whose alcohol consumption interferes with his work Performance, health and relationships.
Professional-	These are principles, standards, guidelines and Ethics that regulate the counseling practice.
Psychosocial-	Group of employees with drug and substance related Support Group experiences/needs/issues/interests who meet regularly to achieve desired goals
Psychotropic Drugs.	Also called psychoactive drugs that affect the central nervous system and can cause a variety of changes in behaviour or perception
Psychiatry -	A field of medicine concerned with diagnosis, prevention, assessment and treatment of mental disorders.
Referral-	Recommendation of a client to another professional or agency for appropriate care and services.
Rehabilitation-	A process by which a person presenting with a substance related problem is helped to achieve an optimal state of health, psychological functioning and social well being devoid of substance abuse.
Relapse-	A return to drinking or other drug(s) after a period of absence of dependence symptoms.
Therapy-	Treatment of physical, mental or behavioral problems that is meant to cure or rehabilitate an individual.
Tolerance -	The loss of or reduction in the usual response to the drug or other agents as a result of use or exposure over a prolonged period. Increased doses of alcohol or other drugs are required to achieve the effects originally produced by lower doses.
Withdrawal syndrome -	A Period during which somebody addicted to drugs or other addictive substances stops taking it, causing the person to experience painful or uncomfortable symptoms.
Withdrawal syndrome-	Signs and symptoms that result from reduced amount of drugs/substance in the body.
Workplace-	Occupational settings, stations and places where workers are engaged for gainful employment.

ACRONYMS AND ABBREVIATIONS

SUD	Substance Use Disorder
ACU	AIDS Control Unit
ADA	Alcohol and Drug Abuse
ADAPMC	Alcohol and Drug Abuse Prevention and Management Committee
AIDS	Acquired Immune Deficiency Syndrome
AUDIT	Alcohol Use Disorders Identification Test
CDSAC	County Drug and Substance Abuse Committee
CAGE	Cutting down, Anger, Guilt, Eye Opener
DAST	Drug and Alcohol Screening Test
DSM	Diagnostic & Statistical Manual of Mental Disorders
DPSA	Department of Public Service and Administration
HIV	Human Immuno Deficiency Virus
HOS	Head of Section
HRM	Human Resource Management
IEC	Information Education Communication
MAST	Michigan Alcohol Screening Test
M & E	Monitoring and Evaluation
NACADA-	National Authority for Campaign Against Alcohol and Drug abuse
NHIF	National Health Insurance Fund
CO	Chief Officer
UNODC	United Nations
APA	American Psychiatric Association
WDR	World Drug Report

CHAPTER ONE

1.0 INTRODUCTION

The National ADA Policy identifies ADA as a major problem affecting not only the socio-economic development but also the physical, emotional and social wellbeing of the citizens in the entire Republic of Kenya. ADA is a global menace with serious effects on people's health, security, socio-economic and cultural welfare.

People with Substance Use Disorders are unproductive and will eventually lose their jobs as a result of the effects of drug abuse. Drug abuse contributes to increased crime, spread of sexually Transmitted Infections and HIV/AIDS pandemic. It also affects delivery of quality services to the public by employees of both government and the private sector. UNODC's World Drug Report (WDR) 2020 states that; 'Drug use, particularly when it develops into disorders can also have an impact on the social development of individual users. There is an association between drug use disorders and social disadvantage including low educational attainment, increased difficulty in finding and remaining in employment, financial instability and poverty.' ADA is one of the major problems hence contributing towards increased poverty, corruption, insecurity and unemployment.

The African Union Plan of Action 2019-2023 observes that Africa is at cross roads as far as addressing her drug problem is concerned. On the one hand, the continent is facing rapidly rising consumption of drugs and mushrooming of illicit drug production sites and on the other, increase in the volumes of drugs trafficked within and through the continent.

The World Health Organization (WHO) estimates the global burden of disease attributable to alcohol and illicit drug use to 5.4% of the total burden of disease.

Alcohol and Drug Abuse is experienced at the workplace and is associated with problems such as stigmatization, injury, conflicts, decreased morale, illness and even death. It also affects the safety and performance of the employees resulting in low output and poor service delivery. In its ADA Code of Practice(1995), the International Labor Organization observes that problems relating to alcohol and drug use may arise from personal, family or social factors or from work situations, or from a combination of these elements. Such problems not only have an adverse effect on health and wellbeing of workers, but may also cause difficulties at work, including a deterioration in job performance.

According to the National Survey conducted by NACADA in 2017, alcohol use is the major contributor to the burden of substance use disorders in Kenya. It is followed by tobacco,

miraa, and lastly bhang. Analysis of alcohol use disorders showed that Nairobi and Western were the most affected regions.

Sustainable Development Goals (SDGs) subsection 3.4 mandates countries to reduce by one third (1/3), premature mortality and none communicable diseases through prevention and treatment, and promote mental health and wellbeing by 2030.

Another study by NACADA(2013) observed that use of alcohol, bhang and *miraa* have indigenous roots and the three substances have been widely used in the indigenous society. However there exists no evidence that substance abuse is part of the indigenous heritage. The indigenous society for most part regarded drunkenness as a disgrace. The study attributes rapid spread of substance abuse to the breakdown of the indigenous cultural values and introduction of foreign influence, which have made a variety of substances available on a large scale.

1.1 Rationale

According to the AU Action Plan (2019-2023), the fundamental goal of ADA policies should be to improve the health, safety, security and socioeconomic wellbeing of people by reducing drug use, drug related harms, illicit trafficking and associated crime.

The overall goal of the County Public Service Board is to have an effective and efficient public service in the County for excellent service delivery to the citizens. Thus the wellbeing of Government employees is paramount to achieving efficient and effective service delivery. It is through their output that health, social services, education, security and other services to the public are sustained. The effect of ADA at the work place has the potential to jeopardize employees' productivity and curtail competitiveness.

The County Human Resource policy and Procedures Manual provides guidelines on employer–employee relationships and health and safety measures among other issues. The County Public Service Discipline Manual recognizes alternative interventions in the discipline process as an effort undertaken by employer to address employee misconduct using methods other than the traditional disciplinary action.

APA Defines Substance Use Disorder as a complex condition in which there is uncontrolled use of a substance(s) despite harmful consequences. People with SUDs have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs to the point where the person's ability to function in day to day life is impaired. The Work place ADA policy will

therefore offer a chance for early identification, intervention and support for employees with SUDs.

Implementation of the Workplace ADA policy will ensure increased level of ADA awareness at the workplace, together with the development of an attitude of prevention and encouraging greater responsibility among the staff. This will help reduce abuse of drugs by individuals both at work and the community level.

This policy will therefore not only demonstrate the County Government's concern and commitment in the fight against ADA, but also show its resolve to maintain a drug free, healthy and productive workforce.

1.2 Policy Statement

The County Government of Kakamega is committed to providing a safe and productive working environment and promoting the health, safety and wellbeing of its workers by developing and implementing measures to prevent, control and manage ADA at the work place

1.3 Objectives

The main objective of this policy is to promote the prevention, reduction and management of ADA and related problems at the work place. In seeking to achieve this, the policy will endeavor to provide guidance on:

- Putting in place guidelines and standards in mainstreaming of ADA among the employees
- Initiating support programs at the work place to assist those already experiencing alcohol or other drug related problems, or identifying work place conditions which expose workers to a heightened risk of developing such problems.
- Safe guarding the health and safety of all workers
- Setting up administrative, legal, and educational framework within which preventive and remedial measures concerning alcohol and drug related problems can be designed and implemented, including measures to protect the confidentiality, privacy and dignity of workers.
- Promoting local, national and regional action to reduce ADA at the work place and improve efficiency and productivity of the workers.

1.4 Aim

The County Government is focused to provide a work environment that is free of alcohol and drug abuse. This policy is therefore designed to facilitate:

- Empowerment of employees with relevant knowledge, skills and competencies on ADA prevention and management and the health risks associated with ADA
- Ensuring adequate allocation of resources for ADA programmes;
- Establishment of a corporate culture and environment which discourages and reduces the risks of ADA.

1.5 Scope

The policy applies to all employees in the County Government, contractors, suppliers and other stakeholders who may be working or engaged in business on the County Government's premises or affiliated sites within Kakamega County and beyond in matters of ADA at the workplace.

1.6 Situation of ADA in Kenya

The World Drug Report (2020) reveals that over the past decade there has been diversification of the substances available on the drugs markets. In addition to plant based substances-cannabis, cocaine and heroin, the past decade has witnessed the expansion of a dynamic market for synthetic drugs and the nonmedical use of pharmaceutical drugs and prescription medicines.

According to UNODC Nairobi Report (2016), Kenyans generally hold positive attitudes towards consumption of substances such as cigarettes-73%, packaged liquor 72%, traditional brew-69%, Other tobacco products-68% and miraa54%.

Survey Report by NACADA(2017) indicates that alcohol is the most prevalent substance of abuse used by Kenyan adults. The report adds that use of alcohol and other substances is a social behaviour which is embedded in communities and cultures and is sustained by supply.

Statistics from a study by NACADA on ADA Prevalence among public sector employees shows that in 2011;57% of public sector employees had used alcohol once in their lifetime,33.3% of them being classified as current users. The prevalence of lifetime usage of

tobacco products was 22.8%.Data further showed that 15.8% had a life time usage of miraa, while 3.8 were classified as current users. Cannabis was found to be the illicit drug of choice with prevalence of past usage at 6.6% and current usage at 1.2%.The usage of other narcotic drugs was relatively low. However prescription and over the counter drugs were found to be an emerging challenge facing the workplace today.

In view of the situation of alcohol and drug abuse amongst employees in Kenya, it is evident that the public sector institutions are not drug free working environment, hence the need for continued mainstreaming.

CHAPTER TWO:

2.0 LEGAL AND REGULATORY FRAMEWORK

The development of this policy recognizes the Constitution of Kenya, other relevant legislations and International Conventions which advocate for the wellbeing of the employees and the need to observe good work Ethics.

2.1 Ratification of International Conventions

The Kenya Government has ratified major United Nations Conventions on Narcotic Drugs and Psychotropic substances, namely:

- i. Single Convention on Narcotic Drugs of 1961, as amended by the 1972 protocol;
- ii. Convention on Psychotropic Substances of 1971;
- iii. Convention against illicit trafficking of Narcotic Drugs and Psychotropic Substances of 1988; and,
- iv. United Nations Framework Convention on Tobacco Control, 2005.

2.3 The Constitution of Kenya

The constitution of Kenya 2010 is the supreme Law of Kenya and all other Laws must comply with it. The fundamental rights in the constitution provide every person with the right to equality and fairness. Schedule 4 of the Constitution provides for devolution of a number of Government functions including control of alcohol, illicit drugs and pornography.

2.5 The Employment Act. Cap 226

The Employment Act, sets out the minimum standards applicable for conditions of employment relating to wages, leave, health and contracts of service including termination.

2.6 Occupational Safety and Health Act, 2007

The Act stipulates that the work environment should be healthy and safe and adapted to the state of health and capabilities of workers.

2.7 Alcoholic Drinks Control Act, 2010

The Act stipulates general requirements for alcoholic drinks licensing and outlines general penalties and nature of offences, information, education and communication and integration of alcohol matters into health care among others.

2.8 Tobacco Control Act, 2007

Under this Act, provision is made for the control of consumption, promotion and advertisement of tobacco and its products.

2.9 The Compounding of Portable Spirits Act, Cap 123

The Act outlines the offence to compound portable spirits without license and stipulates among others that:-

- i. Any person who, for profit or sale compounds spirits other than under and in accordance with a license, shall be guilty of an offense and liable to a fine not exceeding ten thousand shillings, or to imprisonment for a term not exceeding one year or both.
- ii. The County shall restrict the usage of the precursors to their intended purpose.

2.10 Mental Health Act. Cap 248

The Act provides for care, management and control of persons with mental health problems. It defines a person suffering from mental disorders as one diagnosed with psychopathic mental illness and also one suffering from mental impairment due to alcohol or substance abuse.

The County shall endeavour to support employees diagnosed with mental illnesses related to ADA. This will be achieved through provision of counseling and treatment services.

In cases of identified employees who are unwilling to attend counseling and treatment, the County shall use the legal provisions under the Act to compel the employee into treatment.

2.11 Legal and Judicial Context

In 1994, Kenya enacted the Narcotic and Psychotropic Substances (Control) Act to curb drug trafficking and abuse.

In 2001, the National Agency for the Campaign against Drug Abuse (NACADA) was formed to enhance advocacy against drug abuse in the country. Because of the corruption-prone and subterranean nature of drug trafficking, Parliament passed the Anti-corruption and Economic Crimes Act (2003) and the Public Officer Ethics Act (2003) which prescribes tough penalties for civil servants who do not abide with the stipulations of the Act.

In 2007, Parliament ratified the formation of the National Campaign against Drug Abuse Authority (NACADAA) to replace NACADA with an expanded role to coordinate a multi-

sectoral effort aimed at preventing, controlling and mitigating the menace of ADA within Kenyan society.

In 2014, the County Government enacted the County Alcoholic Drinks Control Act (2014) which provides for the control of manufacture, distribution, promotion, sale and consumption of alcoholic drinks within the County. The Act and the Alcoholic Drinks Control Regulations, provide for effective licensing process as well as strengthened institutional framework for control of alcoholic drinks.

CHAPTER THREE:

3.0 GUIDING PRINCIPLES

Introduction

The purpose of this policy will be to promote the health, wellbeing and safety of employees, families and the surrounding community. It will also establish structures for education and awareness on drug and substance use and available treatment services.

The principles that guide this policy are derived from International Conventions, National Laws, County Laws, policies, guidelines and regulations. The principles are as follows:

- i. Employees shall report for duty and remain sober while at work;
- ii. Each department in the County Government to create a conducive working environment for the employees;
- iii. Seek advice and follow treatment recommendations promptly if one suspects that he/she may have a chemical dependency or an addiction;
- iv. Problems related to drug and substance abuse or dependency are not an excuse for poor performance;
- v. Follow any recommended monitoring or aftercare programme after treatment;
- vi. Cooperate with any search for prohibited drug and psychotropic substances while at work as required by security;
- vii. Entering property to the County Government premises constitutes consent to searches and inspection;
- viii. No employee with drugs or substance problems will be disciplined for requesting help in overcoming the problem or because of involvement in a rehabilitation effort.

3.1 Policy Statements

The County Government's Position on ADA

The policy provides a framework through which ADA interventions are effectively integrated into the County Government's core functions. The purpose of this policy, therefore, is to serve the interest of the County Government's Vision and Mission to be realized by putting in place effective ADA programs. These interventions are to work towards the realization of:

- i. A healthy workforce;

- ii. Employee's Personal development;
- iii. Healthy families; and,
- iv. Human resources base to catalyze the attainment of the Country's and County's vision 2030.

3.2 Policy Violations

This policy recognizes the fact that a certain percentage of the workforce may develop the disease of chemical dependence and in most cases live in denial. It is a requirement of this policy that employees be assessed to find out those violating the policy.

Supervisors shall document and report those violating the policy in order to provide support.

If an employee violates the provisions of this policy, or as a result of drug and substance abuse, does not meet satisfactory standards of safety or work performance, appropriate disciplinary action will be taken.

3.3 Productivity

All employees are expected to perform to expected standards. For the purpose of this policy a staff who is determined to deal with drug or substance abuse problem by engaging rehabilitation services will also be referred to a government doctor trained in drug and substance abuse, where the officer will be evaluated for treatment needs. The doctor's opinion will be used to assess the officer's ability to engage in rehabilitation programme and also to return to work.

Failure to change the undesired behavior through counseling and rehabilitation will lead to the officer's case being referred to County Human Resource Management Advisory Committee (CHRMAC), which will make a recommendation to County Public Service Board (CPSB) to take a decision for the officer's services to be terminated on medical grounds.

3.4 Return- to- Work Agreement

An employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition for continued employment.

3.5 Consumption of alcohol and drugs at the Work Place

The County offices shall be smoke free zones and also free from other substance abuse indulgence. Disciplinary measures will be instituted against members of staff who will flout the policy.

3.6 Advertisement of Alcohol, Cigarettes and other Drugs and Substances

The advertisement of alcohol, cigarettes or any other drug/substances shall not be allowed in the County's offices and environments.

3.7 Employee Assistance Programme

Objectives

The main objective of the program is to achieve mainstreaming of ADA at the work place by:

- Establishment of harm reduction as a work place intervention
- Development of IEC materials
- Establish operational and institutional structures for implementation of ADA prevention and management as required under this policy.

Activities under the employee assistance program are:

i. Health Care Service

Alcohol and drug addiction shall be treated as any other serious illness that affects health and productivity of the workforce. Workers with drug and substance related problems will not be discriminated against and will be facilitated to access healthcare services. They will also receive benefits like paid sick leave, annual leave and leave without pay in accordance with relevant County Government regulations.

ii. Guidance and Counseling Services

All employees will benefit from free guidance and counseling services guided by Counseling Professionals, County Public Service Guidance and Counseling Policy and Counseling Procedure Manual.

iii. Rehabilitation Services

The chemical dependent officers will be provided with out-patient and in-patient rehabilitation services. In order to ensure these services are effective the opinion of a qualified doctor will be sought and the family of the officer will be involved through Employer- Family Assistance Program.

Rehabilitated employees will be reintegrated into normal working system and assisted to adapt to the prevailing working conditions. Recovering addicts should be provided with ways to meet for rehabilitation follow-up, connected to Psycho-social Support Networks (PSN) and prevention of relapse if need be.

iv. Education and Information

From time to time the Department of Public Service and Administration shall arrange for peer led education programmes especially for the young members of staff which will include group discussions that will be more effective in improving attitudes of the new staff that are likely to be involved in ADA. Information, Education and Communication (IEC) materials related to ADA will be developed.

v. Harm Reduction

Harm reduction approach involves actively engaging individuals and target groups in identifying and addressing their most pressing health and safety needs. Harm reduction emphasizes a change to safer practices or patterns of use, but does not rule out a longer-term goal of abstinence, should the victim decide to pursue that goal.

vi. Drug/Substance Testing

The County Government shall expect Counselors under ADA programmes to use standard testing, screening and assessment tools in the management of ADA programmes. In order to ensure the accuracy and fairness of the testing programme, all testing will be conducted according to Kenya Substance Abuse guidelines and National Standards For Treatment and Rehabilitation of Persons with Substance Use Disorders. Where applicable it will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physicians prescription, for the positive result; and a documented chain of custody.

In evaluation, assessment and interpretation of client's results, the personnel shall use assessments used in the provision of Alcohol and Drug Abuse services, taking into account their personal and socio-cultural context. The instruments will include Cutting down, Anger, Guilt, Eye-opener (CAGE), Michigan Alcohol Screening Test (MAST), Diagnostic Statistical Manual-IV Revised (DSM IV-R), AUDIT, among others.

Additional Drug/Substance support strategies may include:

- i. Psycho-social Support Networks;
- ii. ADA Education Week;
- iii. Family day; and,
- iv. Development of ADA Information Education Communication materials.

3.8 Confidentiality

The County Government through the Department of Public Service and Administration shall ensure that employees are accorded privacy during counseling on ADA. Issues raised will be treated in confidence, unless they pose a threat to the officer himself, other officers or property of the employer.

All information received by the Drug and Substance Abuse Committee (DSAC) and counselors will be treated as confidential. Only under ethical and legal conditions will the information be disclosed to authorized persons. However, if a recovering addict wishes to share his/her experience, they will be encouraged to do so because this facilitates quick healing and other employees will gain from this experiential learning.

3.9 Communication

Communicating drug-free workplace policy to supervisors, employees and stakeholders is critical to the policy success. To ensure all employees are aware of their role in supporting the policy the following measures will be taken:

- i. Continuous review during induction of the new employees;
- ii. Posters and brochures will be available at appropriate locations;
- iii. Employee education about the dangers of alcohol and drug use and availability of help will be provided to all employees; and,
- iv. Supervisors will receive training to help them recognize and manage employees with alcohol and other drug and substance problems.

3.10 Shared Responsibility

The County Government will strive at every level to provide a conducive work environment that will promote both physical and emotional health. A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have roles to play. Employees are required not to report to work or be subjected to duty while their ability to perform job duties is impaired due to on- or- off-duty as a result of drugs and substances. In addition, employees are encouraged to:

- i. Be concerned about working in a safe environment.
- ii. Support fellow workers in seeking help.
- iii. Use the Employee Assistance Programme.
- iv. Report dangerous behavior to their supervisor.

3.11 Gender Responsiveness

ADA affects females and males differently. This is because of their biological, economical and socio-cultural conditions. Application of all aspects of this policy should therefore be responsive to the different needs of both genders.

3.12 Non-discrimination

ADA services shall be provided in a fair and impartial manner to all employees. There shall be no discrimination or stigmatization of employees with ADA issues.

3.13 Prevention

The employer and employee shall both have a role to play in creation of awareness for ADA prevention, particularly in relation to changing attitude and behavior through provision of information and education.

3.14 Autonomy

Counseling on ADA shall empower the officer to make their own decisions and take necessary actions in a therapeutic relationship. ADA counseling shall respect the dignity and promote the employee's welfare.

3.15 Workplace Ethics

The Chief Offices of respective departments shall ensure zero tolerance to the following:

- i. Misconduct arising from ADA at the workplace.
- ii. Promotion, possession, sale and consumption of alcohol and illegal drugs and substances.

- iii. Intoxication within the work premises.

3.16 Social Dialogue

The Chief Officers and the employees shall both initiate dialogue on prevention and management of ADA.

3.17 Informed Consent

The employee has a right to give consent to any ADA treatment procedures recommended by the Chief Officers. However, in the event that the employee is unable to function both at occupational and social levels, but refuses to give consent, the provisions of the Mental Health Act Cap 248 shall apply.

3.18 Payment in kind

The County Government prohibits gifts to employees in form of alcohol and other intoxicating substances. Similarly it also prohibits its clients from giving gifts to the Department and its staff in form of alcohol and cigarettes.

3.19 Misuse of Prescription Drugs

The County Government prohibits the misuse of prescription drugs and laboratory chemicals at the workplace.

3.20 Restriction and Prohibition of Alcohol and Illegal Drugs

The County Government prohibits the availability and accessibility of alcohol and illegal drugs through manufacture, possession, consumption, distribution, dispensing and sale at the workplace, County Government's vehicles and canteen/ cafeteria.

The County Government offices shall be non- smoking zones. In this regard smoking will be restricted to designated smoking areas.

3.21 Partnership

The County Government shall liaise with relevant partners for purposes of establishing an appropriate referral system, sharing and development of IEC materials and capacity building.

3.22 Aftercare

The County Government shall support the formation of psycho-social support groups and encourage employees with ADA issues to join aftercare programmes to avoid relapse.

CHAPTER FOUR:

4.0 EMPLOYEE WELLNESS ISSUES

Human resource plays a critical role in the effective implementation and delivery of services in the County. In addressing human resource issues in ADA, the policy focuses attention on significant areas of productivity and individual well being. To this extent therefore, the policy tackles the following human resource management issues:

4.1 Sick Leave

Alcohol and drug addiction will be considered as any other serious illness and sick leave will be granted as stipulated in the relevant service regulations.

4.2 Working Hours

Normal working hours will continue to apply for all employees as stipulated in the relevant service regulations. However, a more flexible approach will be applied for those undergoing counseling and outpatient treatment.

4.3 Counseling Services

The Department of Public Service and Administration will ensure that each County department has a pool of skilled counselors trained among its staff to provide counseling and referral services.

4.4 Intervention and Disciplinary Procedures

Staffs that have problems with Alcohol and Drug Abuse will be treated as persons suffering from normal health problems. In such circumstances the Chief Officer, though having the authority to discipline, will offer counseling, treatment and rehabilitation alternatives before consideration is given to imposition of disciplinary measures.

4.5 Medical Privileges

The normal provision of medical privileges will continue to apply to staff with alcohol and drug addiction.

4.6 Transfers and Deployment

When effecting transfers and deployment due consideration will be given to staff with alcohol and drug addiction problems to enable them access treatment, rehabilitation and support systems.

4.7 Retirement on Medical Grounds

In the event that an officer is incapacitated from performing his/her duties as a result of alcohol and drug addiction and related illnesses, the regulation on retirement on medical grounds shall apply, without prejudice.

4.8 Staff Responsibility

It is the responsibility of the staff to comply with the contents of this policy. Non compliance will be viewed as a serious offence.

CHAPTER FIVE: INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

5.0 Institutional Framework

To effectively administer ADA policy in the County, the ADAC, in collaboration with relevant sections and units, shall be responsible for overseeing the implementation and enforcement of all matters related to the management of drugs and substances abuse in the County. The funding for ADA mainstreaming shall be drawn from the Department of Public Service and Administration Budget. The Committee will also work closely with stake holders in the reduction of drugs and substance abuse in the County.

5.1 Implementation Framework

The following institutions will play a pivotal role in the implementation of this policy; Department of Public Service and Administration (DPSA), Chief Officers/Authorized officers, ADAC, ADAPMC, DADC, supervisors, employees and counselors. The implementation tools that will be used are: Client Referral Form Appendix i Client Intake Form Appendix...ii, and Therapy Consent Form Appendix iii.

5.2 Role of Department of Public Service and Administration (DPSA)

DPSA will address drug and substance abuse issues. All officers will collaborate to implement this policy which outlines how issues of DSA will be addressed. The DPSA is expected to:

- i. Communicate this policy to all employees and stakeholders;
- ii. Mobilize the required resources to facilitate ADA services;
- iii. Promote partnerships with other ADA service providers;
- iv. Promote Employee Assistance Programmes and help employees having ADA related problems;
- v. Ensure that help will be provided in a professional and consistent manner and that supervisors have resources and policy procedure manuals that they can rely on if the need arises;
- vi. Put in place drug and substance abuse prevention programme with an employee drug education component that focuses not only on the dangers of drug and substance abuse but also on the availability of counseling and treatment; and

- vii. Facilitate Training of supervisors and peer educators in identifying and dealing with drug and substance abusers.

5.3 Role of the County Alcohol and Drug Abuse Committee (CADAC)

The committee will comprise of representatives from the departmental committees (ADAPMC) and will take responsibility for coordination of the policy implementation in consultation with all relevant administrators, supervisors and stakeholders.

For cases of employees with HIV/AIDS related issues, the CADAC shall work closely with AIDS Control Unit (ACU) for effective management of such cases.

The committee shall also carry out monitoring and evaluation of ADA Programmes.

5.4 Role of Directorate of Alcoholic Drinks Control

- 1) Develop work plans for allocated resources
- 2) Plan and undertake periodical surveys to monitor ADA status among the County staff.
- 3) Provide evidence based information to CADAC
- 4) Work in liaison with ADAPMCs in the implementation of prevention and harm mitigation programmes among County employees
- 5) Plan and Provide or coordinate capacity building and ADA awareness services to ADAMCs and County staff.
- 6) Establish partnerships for effective coordination and implementation of the policy
- 7) Design and prepare relevant IEC materials
- 8) Prepare quarterly reports to the CEC Member

5.5 Role of Alcohol and Drug Abuse Prevention and Management Committee

The functions of ADAPMC will be to:

- i. Participate in review of the ADA workplace policy;
- ii. Advise Chief officers and Heads of Sections on effective approaches in dealing with ADA concerns in their respective departments;

- iii. Provide the information necessary for planning and budgeting for ADA programmes;
- iv. Advocate for behavior change at the workplace;
- v. Prepare quarterly reports to Alcoholic and Drinks Directorate;
- vi. Conduct continuous surveys to monitor the impact of the programmes in the Department.

5.6 Role of the Chief Officers/Heads of Sections

The Chief Officer and Heads of Sections will:

- i. Advocate for ADA issues in decision making at all levels.;
- ii. Mainstream ADA issues in the core functions of the Department;
- iii. Co-ordinate the implementation of the workplace ADA policy in the Department;
- iv. Mobilize and ensure allocation of resources.;
- v. Recommend the review of the policy when the need arises;
- vi. Keep track of Departmental ADAPMC meetings;
- vii. Strengthen commitment to ADA programmes at all levels;
- viii. Network and promote partnership to enhance provision of ADA services;
- ix. Ensure that ADA policy is implemented by the various units;
- x. Ensure employees in their respective Departments are not indulging in Drug and Substance Abuse and if so they should initiate necessary action.

5.7 Role of Supervisors

They are expected to:

- i. Be aware that addiction is a progressive and chronic disease. They should therefore play a key role in communicating to employees on the County's policy guidelines on ADA;
- ii. Conduct identification of officers with chronic ADA issues and handling of performance problems arising from abuse of drugs and substances. In case work performance has deteriorated to unacceptable level or individual's actions jeopardize their own safety or that of others or the Department's reputation the supervisors should take appropriate remedial action which

includes a performance evaluation with the employee. It may also include formal referral for Employee Assistance Programmes;

- iii. Inform the employees of the drug-free workplace policy;
- iv. Investigate reports of dangerous practices;
- v. Document negative changes and problems in performance;
- vi. Advise employees as to the expected performance improvement;
- vii. Refer employees for Employee Assistance Programme; and,
- viii. Clearly state consequences of policy violations.

5.8 Role of Counselors

They shall;

- i. Provide guidance and counseling services
- ii. Provide referral services as required
- iii. Promote both clients' well-being and employer's interest
- iv. Recommend an officer for rehabilitation services based on a medical report
- v. Facilitate Employee Family Assistance Programme
- vi. Facilitate the re-integration of the recovering addict into the work environment and provide support to prevent relapse.

5.9 The Role of Peer Educators and Counselors

The role of peer educators and counselors will be to:

- i. Identify, refer and offer counseling and support services at the county level;
- ii. Encourage staff with ADA issues to seek counseling;
- iii. Liaise with other partners, organizations and groups in making appropriate referrals;
- iv. Set up and/or link employees with addiction problems to support groups;
- v. Network with various organizations and departments dealing with ADA in the counties;
- vi. Ensure availability of IEC materials on ADA at the workplace;
- vii. Compile quarterly reports for submission to the Departments ADAPMC; and
- viii. Discuss ADA issues in staff meetings and disseminate information on the same.

5.10 Role of Employee

ADA in the workplace creates a problem that affects an employee. There are a number of ways in which one can do something about it:

5.11 Don't be an "Enabler."

When you cover up for drug and substance abusers, lend them money, or help conceal poor work performance, you are protecting them from the consequences of their behavior. You are making it possible for them to continue abusing drugs or substance. You think you are a friend, but in reality you are doing them no favour.

5.12 Don't "Look the other way."

If you suspect drugs and substances are being used or sold, you should pass the information to a supervisor, security or human resource personnel. Such contacts are confidential; this information will be conveyed discreetly;

5.13 Don't Intervene on Your Own Unless Qualified.

Drug and substance abuse, dependence and addiction are serious problems that should be handled by qualified professionals; those concerned need to promptly report such cases.

5.14 Don't Worry About Jeopardizing a Drug and Substance Abuser's Job.

Faced with the possibility of losing their jobs, workers who refuse to recognize or acknowledge their drug and substance abuse are often motivated to enter treatment long enough to make fundamental changes in attitudes and behavior. The truth is that you place a co-worker in far greater jeopardy when you don't report your concern and in that way, make continued drug and substance abuse possible.

CHAPTER SIX: MONITORING

6.0 Policy Monitoring

DPSA recognizes the necessity of making this policy address the real needs of staff and emerging trends concerning all aspects of ADA. The Department shall undertake periodic surveys and set up a monitoring and evaluation system to ensure effective implementation of the ADA workplace policy. Therefore, DSAC will be charged with the responsibility of monitoring the implementation of this policy in relation to each policy directive herein.

6.1 Policy Evaluation

The Department of Public Service together with other County Government Departments, through ADAC, shall be carrying out an evaluation of the ADA policy after every two years in order to ensure that the policy is relevant and effective in achieving the policy goals and objectives set herein. An all inclusive and participatory action plan on reducing drugs and substance abuse will be developed. The action plan should have clear targets and outputs .It should make it possible to track individuals for progress assessment, map surveillance sites, enable rolling up of data and ensure prevention program is on course.

6.2 Review of the Policy

Based on the dynamism of ADA, this policy shall be reviewed from time to time to ensure that it remains relevant to the needs of the County Government employees.

Appendix I

CLIENT REFERRAL FORM

A) Personal Data

Name:.....

P/No:.....

Designation:.....Dept.....

Reasons for Referral (Tick the appropriate)

- i. Drug and Substance Abuse (DSA)
- ii. Work-related
- iii. Family- related
- iv. Relationship
- v. Any other (specify).....

Supervisor's

Name:.....

Appendix II

CLIENT INTAKE FORM

Personal Details

Name..... P/No..... Designation.....

Department..... Address.....

Telephone..... Age.....

Religion..... Level of Education.....

Preferred language:..... Marital Status.....

Family address (if different).....

Person to Contact

Relationship.....

Previous counseling experience (a) No () (b) yes ()

History of Drugs and Substances Abuse

Drugs

Used.....

Treatment and rehabilitation services or programmes attended (if any)

.....
.....

Client's feeling about services attended.....

.....

Client's personal triggers which provoked previous relapses includes:

.....
.....

Work History

How does the client feel about his/her job?

Good.....satisfactory.....Bad.....Very
bad.....

(b) For official use

Administration Information

No. of Sessions

Contracted.....

Mode (tick where appropriate) weekly () Fortnightly () Monthly ()

Others:.....

Date of First Session.....

Date of Proposed Termination.....

Name of counselor.....

Client's Code.....

APPENDIX III

THERAPY CONSENT FORM

During the counseling process, we.....and.....shall
be bound by the following terms;

- i. Confidentiality and its boundaries.
- ii. Adherence to referral procedure.
- iii. Active participation during counseling sessions (s)

Client's

Signature:.....Date:.....

Counselor's

signature.....Date:.....

Designation:.....

Signature:.....