



# KENYATTA UNIVERSITY

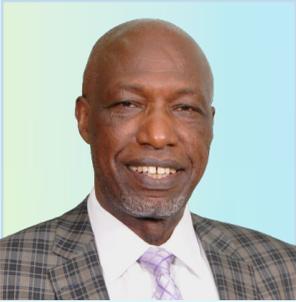
*Transforming Higher Education...Enhancing Lives*

## Alcohol and Drug Abuse Prevention Workplace Policy



**NOVEMBER, 2020**

## FOREWORD



It is with great honour that I write the foreword for the second revision of Kenyatta University Alcohol and Drug Abuse Workplace Policy. Kenyatta University management is cognizant of the fact that alcohol and drug abuse remains a great threat to both the workforce and the students. The university has therefore joined the international and national partners to respond to alcohol and drug abuse issues affecting members of the staff, their dependents and students. The University endeavours to ensure that alcohol and drug abuse preventive measures are put in place and the necessary support mechanisms are availed for persons with alcohol and substance abuse challenges. To guide the response to alcohol and drug abuse within Kenyatta University, the Wellness Centre developed its first policy in 2015. The current revision 2020-2025 aligns the alcohol and drug abuse response to the National Alcohol and Drug Abuse Policy 2018.

The purpose of this policy revision is to introduce changes envisaged to address the dynamic situation of alcohol and drug abuse and coordinate appropriate responses. Moreover, it will provide a monitoring and evaluation framework to drive annual programme reviews that conform to the national policy and the Kenya country performance contracting monitoring and evaluation and foster evidence-based practice at Kenyatta University.

In keeping with her mission and vision, the university is committed to addressing the impact of alcohol and drug abuse by ensuring that staff and students who have alcohol and drug problems are assisted. Individuals with alcohol and drug abuse problems should seek professional help at the Directorate of Wellness and Rehabilitation Services. Indeed, affected individuals are encouraged to initiate help-seeking behaviour. The Directorate of Wellness and Rehabilitation Services provides counselling services conducted by professionals who have wide experience in managing alcohol and drug abuse complexes.

Ultimately this policy goes a long way in fulfilling the Government's mission of having a healthy and productive population that can participate fully in the country's development agenda. It also provides a framework through which interventions may be availed to address various aspects of alcohol and drug abuse. It is my firm belief that this document will provide the information required to initiate and sustain Alcohol and Drug Abuse prevention and support programs at Kenyatta University.

A handwritten signature in black ink, appearing to read 'Paul Wainaina', written in a cursive style.

**Prof. Paul Wainaina, Ph.D.**  
**Vice-Chancellor, Kenyatta University**

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## **ABBREVIATIONS AND ACRONYMS**

**AA:** Alcoholic Anonymous

**ADA:** Alcohol and Drug Abuse

**KU:** Kenyatta University

**DWRS:** Directorate of Wellness and Rehabilitation Services

**NA:** Narcotics Anonymous

**NACADA:** National Authority for the Campaign against Alcohol and Drug Abuse.

**SSAP** Staff/ Student Assistance Program

## DEFINITION OF TERMS

**Addiction:** is a psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.

**Alcohol:** alcohol is any intoxicating drink for example spirits, wines, beer and other variations of locally made drinks that contain ethanol as the intoxicating substance.

**Assessment:** is the process of gathering information through multiple methods and consolidating the information to arrive at a determination of the nature of the severity of the client's drug use and related problems.

**Confidentiality:** is the requirement that therapists, psychiatrists, psychologists, and other mental health professionals protect their client's privacy by not revealing the contents of therapy.

**Continuum of services:** a coordinated network of community-based services and supports that is person-centered and builds on strengths and resilience of individuals and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug use problems.

**Controlled drug:** Drug produced, supplied or processed under license. The distribution of the drug is strictly controlled because of its potential for abuse and the risk that may emanate from its use.

**Dependence:** is an adaptive state that develops from repeated drug use, and which results in withdrawal upon cessation of drug use.

**Drug:** is a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body.

**Drug abuse:** use of substances in a manner that causes social, physical, emotional, and occupational/educational related problems.

**Drug rehabilitation:** is the process of medical or psychotherapeutic treatment for dependency on psychoactive substances aimed at achieving abstinence, improved health, wellness and quality of life.

**Evidence-based practice:** Processes of collecting, processing and implementing research to improve clinical practice

**Illicit drug:** A drug that is prohibited by the laws of a given country

**Intervention:** Orchestrated attempts by one or more people to get the person with substance use disorder to seek professional help.

**Licit drug:** A drug that is not prohibited by the laws of a country

**Prescription drug:** A pharmaceutical product or a substance that primarily brings about a change in the existing state of the user either psychological, physiological or biochemical which is only obtained with a prescription from a doctor.

**Prevention:** Refers to strategies in the workplace aimed at creating a healthy, safe and substance use free environment for workers and assist workers in need of treatment. Three approaches are utilized (i) Universal prevention refers to strategies focusing on all workers including users and non-users. (ii) Selective prevention refers to strategies targeting vulnerable or at-risk groups (iii) Indicated prevention refers to strategies focusing on those who have already initiated substance use.

**Record:** A document containing information about drugs and alcohol-related issues of a client which should be treated with the utmost confidentiality.

**Relapse:** A return to substance use/abuse following recovery

**Substance Abuse:** A maladaptive pattern use of a substance that is not considered dependent but causes problems in key areas of functioning as it may interfere with work/learning, health and significant relationships.

**Substance use disorder:** A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested in failure to fulfil major role obligations at work, school and home and/or endangering self-occurring within a 12-month period.

**Staff:** Any person under the employment of Kenyatta University discharging teaching or non-teaching duties in the institution.

**Student:** A person who is currently registered to pursue an academic program at Kenyatta University.

**Treatment:** Process of modifying or altering addictive behaviour through medications, behavioural therapies or a combination of both.

**Violation:** to disregard or act against established rules and regulations.

**Workplace:** all places where staff, students and service providers of Kenyatta University need to be or go to by reason of their work or study and which are in direct or indirect control of the university

## **CHAPTER 1: BACKGROUND INFORMATION**

### **1.1 Introduction**

Kenyatta University is an institution of higher learning with a diverse population comprising of staff, students and service providers. The University’s vision is “to be a dynamic and inclusive and competitive centre of excellence in teaching, learning, research and service to humanity”. This vision has birthed the University’s mission “to provide quality education and training, promote scholarship service, innovation and creativity and inculcate moral values for sustainable individual and societal development. The well-being of the Kenyatta University community is paramount to service delivery and the realization of its mission and vision.

The University is aware of the fact that abuse of alcohol and drugs has negative effects not only on the staff and students’ work and academic performance but also on their health and safety. Effective implementation of alcohol and drugs policy ensures early identification, intervention and support for staff and students with substance use disorders (SUDs).

The Kenyatta University Alcohol and Drug abuse policy is a support tool that provides guidelines for the prevention of alcohol and drug abuse among the University staff, students and service providers. The policy provides guidance to the programmes that Kenyatta University puts in place to prevent alcohol and drug abuse, treat and maintain recovery in cases where staff and students engage in Alcohol and drug abuse. Further, the policy outlines the roles of different University players.

### **1.2 Global Overview**

The 30th Special UN Assembly held between 19th and 21st April, 2016, commonly referred to as the UNGASS 2016, in its final declaration noted that globally, drug abuse and illicit drug trafficking is a shared problem requiring concerted control mechanisms. The declaration further observed that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach.

Global reports by The United Nations’ office on Drugs and Crime UNODC (2020) indicate that in 2018, 269 million people aged 15-64 years had used an illicit drug at least once in the previous year. This corresponds to about 5.3% of the global population that is at risk of becoming drug abusers. Adolescents and young adults account for the largest proportion of those using drugs. This age group grew by 16 percent in developing countries over the period 2000-2018 but declined 10 percent in developed countries. Sad to note is the fact that the World Drug Report, 2014 exposes a serious lack of drug treatment facilities around the world. While some people in developed countries have access to treatment services, very few in developing countries like Kenya can afford treatment. The report estimates that only one in six drug abusers globally have access to or receive drug abuse treatment services each year. Although the general public

may perceive cannabis (bhang) to be the least illicit drug, the UNODC (2014) report indicates that there has been an increase in the number of persons seeking treatment for cannabis use disorders. This underscores the fact that cannabis has serious negative effects on the health of the user.

### **1.3 Kenya Overview**

NACADA reports indicate that ADA is prevalent in Kenya across all religions, gender and regions though some disparities exist. The most commonly abused drugs and substances in Kenya are alcohol, tobacco, bhang, glue, miraa (Khat) and psychotropic substances. The NACADA Survey of 2017 indicates that 12.2% of persons aged between 15 and 65 or about 3.3 million Kenyans are active users of alcohol, with 10.4% of them being addicted. This survey also indicated that other substances of abuse included: Tobacco, at 8.3% of the population or 2.2 million persons; Miraa at 4.1% or 1.1 million persons; and, Cannabis at 1.0% or 270,000 persons.

### **1.4 Situation at Kenyatta University**

At the onset, it is important to note that students form 95% of the University population and they are most likely to be tempted to abuse alcohol and drugs due to the newly found autonomy from parent and teacher controls, stressful academic programmes, stressful living conditions and peer pressure. To gain a deeper understanding of the ADA situation, Kenyatta University conducts surveys to establish the status of alcohol and drug abuse from time to time. Such a survey was conducted in 2010 and the findings established that 69% of the respondents had at one time or the other used drugs and 5% of them still used them. Alcohol was used by 43% of the respondents while 7% used miraa.

A recent survey aimed at establishing the extent of alcohol and drug abuse among staff and students was conducted in 2019. The survey affirmed that alcohol and drug abuse problems persist at the university with alcohol, tobacco, bhang and miraa products being the commonly abused drugs. Sources of drugs in Kenyatta University were found to be KM area, Kiwanja and Annex while occasions and places for drug use initiation include hostels, sports and recreational areas and parties. Further to this, the University conducted a baseline survey to explore the extent of alcohol and drug abuse among members of staff in 2020. The findings confirm that the most commonly used substance among the staff was alcohol (45.9%), tobacco second (13.5%), bhang third (12.5%) and khat fourth by (10.3%). According to this survey, use of heroin, cocaine, inhalants and prescription drugs was hardly reported.

These findings indicate persistent alcohol and drug abuse problems in Kenyatta University and its environs and further sustain the need for revision of alcohol and drug abuse policies to foster evidence-based prevention, treatment and rehabilitation practices. The University is further committed to continue conducting periodic follow-up surveys to assess progress and to adjust the prevention and intervention programmes accordingly.

## CHAPTER 2: POLICY FRAMEWORK

### 2.1 Scope

This policy shall apply to all Kenyatta University teaching and non-teaching staff in all Kenyatta University campuses. The policy will also apply to all students undertaking any course/programme at Kenyatta University. It will also include visitors to Kenyatta University for whatever reason. All contractors conducting business or providing services in Kenyatta University campuses are also obliged to abide by this policy while within Kenyatta University premises. The policy provides procedures to help staff, students and contracting agencies to understand and put into practice its provisions. The policy also provides guidelines for use of alcohol in University functions as well as spelling out preventive measures to ensure members of staff and students who do not engage in substance use/abuse remain abstinent.

### 2.2 Policy statement

Kenyatta University is committed to:

- i. Creating a safe environment free from alcohol abuse
- ii. and drugs for staff, students, service providers and visitors.
- iii. Addressing personal and environmental stressors that make staff and students vulnerable to alcohol and drug abuse.
- iv. Supporting treatment and long-term recovery for staff and students who may be having problems with alcohol and drug abuse.

### 2.3 Rationale for alcohol and drug abuse policy

Kenyatta University ADA policy will:

- i. Enable the University to safeguard the health, welfare and safety of her community through programs that promote a healthy lifestyle.
- ii. Guide the University in providing support systems that mitigate against alcohol and drug abuse-universal.
- iii. Enable the University to identify factors within her and her environs, through research, that expose staff and students to the risk of alcohol and drug abuse.
- iv. Guide the University in her effort to coordinate assistance and support programs for members of her community who have substance abuse problems.
- v. Enable Kenyatta University to establish a corporate culture and practice that discourages alcohol and drug abuse.
- vi. Equip members of the University community with information on alcohol and drug abuse.
- vii. Guide the University in managing cases arising from alcohol and drug abuse through early detection, intervention, treatment and rehabilitation.
- viii. Promote confidence and morale, reduce absenteeism and improve productivity and efficiency among staff and students by creating a substance abuse free environment.

- ix. Provide programs of education and awareness on alcohol and drug abuse and available treatment resources to staff and students.
- x. Enable the University to create an environment of consistency in dealing with substance abuse issues.
- xi. Utilize research findings in monitoring and evaluation and recommend changes to the policy.-review the section, collapse into unique thoughts

## **2.4 Rules and regulations governing Kenyatta University ADA policy**

Kenyatta University, in line with various statutes of the Kenyan Law, is required to be responsible for the health and safety of her staff and students. The university recognizes that a major challenge to this is the abuse of alcohol and drugs or being under their influence while performing one’s duties within and outside the institution.

The following are the rules and regulations govern Kenyatta University ADA policy

- i. Kenyatta University strictly prohibits staff/students from the manufacture, sale, possession, distribution or dispensing of illicit drugs or controlled substances or non-prescribed medication while on any University premises or while on any outside duty assigned by University authorities.
- ii. Kenyatta University prohibits the use of a controlled substance that affects job performance or poses a hazard to the safety and welfare of other staff/students. However, an individual using a controlled drug prescribed by a medical practitioner has a responsibility to inform the supervisor.
- iii. Kenyatta University strictly prohibits being intoxicated or the manufacture, sale, transfer, or distribution of alcohol by any staff/student while conducting University business or participating in University activities on University premises. However, alcohol may be used in the University where a legal permit or advance consent has been obtained from the University management.
- iv. Kenyatta University strictly prohibits staff and students from appearing on any University premises manifestly under the influence of alcohol or any other drugs.
- v. The University reserves the right to conduct random alcohol and drug test on any staff or student. If there is evidence that the individual is abusing alcohol or drugs, then the person will be referred for mandatory treatment and rehabilitation otherwise disciplinary action will be taken against such an individual.
- vi. Kenyatta University strictly prohibits the sale, possession, distribution, manufacture, or consumption of alcohol and other drugs at any University-sponsored event.
- vii. It is illegal in the Republic of Kenya for anyone under the age of 18 to possess, purchase, distribute, or acquire alcoholic beverages. Therefore; Kenyatta University strictly prohibits aiding an underage person in the purchase or consumption of alcoholic beverages.

## 2.5 Legal framework for alcohol and drug abuse control in Kenya

This policy positions Kenyatta University in tandem with the three conventions that Kenya has signed which include:

- 1.1 The 1961 Convention on Narcotic Drugs as amended by the 1972 protocol; the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. Towards domestication of the ratified conventions, the Country has enacted the following legislation: The Narcotic Drugs and Psychotropic Substances (Control) Act 1994; Tobacco Control Act, 2007; Proceed of Crime and Anti-Money Laundering Act, 2009.
- 1.2 The Alcoholic Drinks Control Act, 2010. Other relevant laws in the control of alcohol and drugs in Kenya include Employment Act, 2007, Chapter 226; Pharmacy and Poisons Act (Cap 244); The Food Drugs and Chemical Substances Act (Cap 254); the Standards Act (Cap496); The Public Health Act (Cap 242)
- 1.3 The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012.

Kenyatta University, in line with various statutes of the Kenyan Law, is required to be responsible for the health and safety of its staff and students. The university recognizes that a major challenge to this is the abuse of alcohol and drugs or being under their influence while performing one's duties within and outside the institution.

## **CHAPTER 3: KENYATTA UNIVERSITY ADA NORMS AND PROCEDURES**

### **3.1 Kenyatta University stand on ADA matters**

Kenyatta University does not tolerate alcohol and drug abuse or possession within her premises. Any staff or student known to possess abuse or distribute drugs or any controlled substance is subject to disciplinary action. Those actions may include a student's removal from the accommodation, suspension or expulsion from the University. Members of staff who violate this policy may face suspension, interdiction or eventual dismissal.

However, Kenyatta University encourages all individuals to seek help voluntarily and favours the earliest possible intervention.

The University respects the right to confidentiality of persons in recovery from alcohol and drug abuse and will assist them to continue with their education and employment. While favouring a treatment program that is separate from the disciplinary process, the University will provide counselling services at the Directorate of Wellness and Rehabilitation Services for free for staff and students.

For staff, treatment and rehabilitation at external facilities shall be catered for in line with the university medical scheme and NHIF provisions and any other additional policy as may be approved by the University management. For students, treatment and rehabilitation at external facilities shall be catered to in line with student medical scheme and NHIF provisions and any other additional policy as may be approved by the University management.

Making Kenyatta University an alcohol and drug free environment is the responsibility of all stakeholders namely: heads of departments/sections, staff, students, contracted agencies and visitors.

### **3.2 Alcohol use at university events**

The University reserves the right to deny or limit the consumption of alcoholic beverages on its premises or while on any outside duty or events assigned by University authorities. No alcoholic beverages may be consumed on University property without the latter's prior written approval. Any approval for alcohol consumption in university events must be guided by the criteria set out in the Alcoholic Drinks Control Act 2010. Drunkenness is not allowed in authorized University functions.

The event organizers have the following responsibilities:

- i. Obtain appropriate permission from the relevant authority.
- ii. Ensure that alcohol is not served to minors.
- iii. Ensure that discipline is maintained by preventing abusive and unsafe behaviour
- iv. Ensure that there is adequate security.
- v. Keep the event within the stipulated time.
- vi. Evaluate an event where problems occurred to avoid repetition of similar situations in the future.

### 3.3 Kenyatta University procedures for handling ADA cases

#### 3.3.1 Staff procedure

A staff who is found to have violated the Alcohol and Drug Abuse Policy will be referred for mandatory treatment and rehabilitation otherwise disciplinary action will be taken against such an individual. The following steps will be taken:

- i. Supervisors will be expected to identify and refer staff with alcohol and drug-related problems affecting their work performance to DWRS and keep confidential evidence of such referrals. In collaboration with the Directorate of University Health Services, a medical report and recommendation for residential/inpatient treatment and rehabilitation shall be made to the DVC-Administration.
- ii. If the supervisor makes a reasonable judgement that the problem is significantly affecting work performance and the staff is uncooperative in following-up at the DWRS, the matter should be escalated to the HRM copying the DVC – Administration through a confidential report attaching evidence thereof.
- iii. The human resource manager or the registrar-administration will first refer the staff to the DWRS for assessment, treatment and rehabilitation. If the affected staff is uncooperative and fails to take up assistance, then disciplinary action may commence.
- iv. A staff referred to DWRS will undergo a Comprehensive Assessment to determine the treatment needs and generate an all-inclusive treatment plan.
- v. DWRS will be responsible for linkage and referral of the staff to various service providers to meet their treatment needs, to coordinate service provision and follow-up.
- vi. DWRS will be responsible for writing periodic and final reports on the progress of the staff to the relevant University organs.
- vii. A staff referred to DWRS will be required to commit in writing to follow through the treatment plan laid out for them. Failure to follow through the treatment plan will lead to disciplinary action as per University HR policy.
- viii. Upon completion of the initial treatment, the client will be issued with a letter of completion as evidence that he/she has completed the approved treatment plan. In addition, an ongoing care plan will be designed to help the client maintain abstinence.

### 3.3.2 Student procedure

A student who is found to have violated the Alcohol and Drug Abuse Policy will be referred for mandatory treatment and rehabilitation otherwise disciplinary action will be taken against such an individual. The following steps will be taken:

- i. Students identified to have alcohol and drug abuse problems should be referred to DWRS for assessment, treatment and rehabilitation. A medical report and recommendation for residential/inpatient treatment and rehabilitation shall be made to the DVC- Academic Affairs in collaboration with the Directorate of University Health Services.
- ii. For students reported directly to the DVC – Academic Affairs or Registrar Academic Affairs as having alcohol and drug abuse problems, the latter first refer the staff to the DWRS for assessment, treatment and rehabilitation. If the affected student is uncooperative and fails to take up assistance, then disciplinary action may commence.
- iii. A student referred to DWRS will undergo a Comprehensive Assessment to determine the student’s treatment needs and generate an all-inclusive treatment plan.
- iv. DWRS will be responsible for linkage and referral of the student to various service providers to meet their treatment needs, to coordinate service provision and follow-up.
- v. DWRS will be responsible for writing periodic and final reports on the progress of the student to the relevant University organs.
- vi. The student referred to DWRS will be required to commit in writing to follow through the treatment plan laid out for them. Failure to follow through the treatment plan will lead to disciplinary action as per University policy
- vii. Upon successful completion of the initial treatment plan, the student will be issued with a letter of completion as evidence that he/she has completed the approved treatment plan. In addition, an ongoing care plan will be designed to help the student maintain abstinence.

### 3.4 Kenyatta University ADA Sanctions

While the university has put in place services to help in dealing with alcohol and drug abuse, it is the staff/students’ responsibility to maintain physical, mental and social health to enable effective functioning within the University. Therefore;

- i. a staff/student that is found to have violated the Alcohol and Drug Abuse Policy will be referred for mandatory treatment and rehabilitation otherwise disciplinary action will be taken against such an individual, up to and including termination /discontinuation.
- ii. as part of discipline, the staff/student may be required to participate in rehabilitation as a condition of continued employment/studies. In such a case, the staff/student will be required to produce a letter of completion of rehabilitation/treatment plan.
- iii. Kenyatta University retains full and final discretion on whether, when, and under what conditions a staff/student may be re-employed /admitted after an instance where a staff/student has violated this policy.
- iv. a staff/student decision to seek voluntary help (before one is found to have violated the policy) will not be used as a basis for disciplinary action. For a decision to seek help to be considered voluntary, it must occur before a staff/student is discovered to have violated this rule in any manner.

## **CHAPTER 4: ADA PREVENTION PROGRAMS**

### **4.1 Approaches to prevention**

This policy adopts a three-pronged approach to the prevention of alcohol and Drug abuse in Kenyatta University. Prevention interventions are categorised as (i) Universal i.e. aimed at the general population and consist mainly of non-users or (ii) Selective i.e. targeting those who are vulnerable or determined to be at risk of substance use or (iii) indicated i.e. targeting those who may have already initiated substance use.

### **4.2 Universal Prevention Interventions**

These are interventions that promote substance use prevention for the general population mainly non-users

#### **4.2.1 Workplace Environment**

- i. Enforce alcohol and drug-free workplace regulations
- ii. Creation of alternative alcohol and drug-free recreation spaces
- iii. Conduct periodic workplace audits for work-related risk factors (safety and comfort) for alcohol and drug abuse and implement strategies to address them.
- iv. Supervisory and management training including heads of sections on prevention education including various ways of recognizing/ rewarding staff efforts.
- v. Training of all staff on workplace drug prevention including stress management
- vi. Develop, disseminate and implement procedures for identification and referral of persons at risk or affected by alcohol and drug abuse among key stakeholders.
- vii. Wellness days/weeks for staff and families

#### **4.2.2 Social Interactions/Peer Support**

- i. Developing ADA champions among staff and students
- ii. Build capacity of ADA champions to identify and refer persons at risk of alcohol and substance abuse.
- iii. Initiate and promote drug-free clubs among staff and students
- iv. Building cohesion and teamwork among workmates by promoting welfare activities
- v. Parenting programs

### **4.2.3 Individual Substance Use**

- i. Life skills training
- ii. Spiritual development

## **4.3 Selective prevention interventions**

In the Kenyatta University context, various vulnerable groups to substance abuse exist, owing to information gaps or unique stressors at the personal and interpersonal level or owing to unique working conditions. Among students, first-year students (freshers) and differently-abled students have been identified to be vulnerable. Among staff, vulnerable groups include drivers, funeral home workers, healthcare workers and security officers.

### **4.3.1 Workplace Environment**

- i. Targeted psychoeducation
- ii. Creation of alternative alcohol and drug-free recreation spaces
- iii. Conduct periodic workplace audits for work-related risk factors (safety and comfort) for alcohol and drug abuse and implement strategies to address them.
- iv. Supervisory and management training including heads of sections on prevention education including various ways of recognizing/rewarding staff efforts.

### **4.3.2 Social Interactions/Peer Support**

- i. Peer counsellors
- ii. Wellness ambassadors
- iii. Support groups

### **4.3.3 Individual Substance Use**

- i. Sensitization on support systems available
- ii. Sensitization on alcohol and drug abuse

## **4.4 Indicated prevention interventions**

These are prevention interventions for staff or students who have already initiated substance use. The goals of these interventions are to identify users and refer for treatment appropriately.

#### **4.4.1 Workplace Environment**

- i. Enforce alcohol and drug-free workplace regulations
- ii. Conduct periodic workplace audits for work-related risk factors (safety and comfort) for alcohol and drug abuse and implement strategies to address them.
- iii. Supervisory and management training including heads of sections on prevention education including various ways of recognizing/rewarding staff efforts.
- iv. Support rehabilitation within existing sick leave policy

#### **4.4.2 Social Interactions/Peer Support**

- i. Developing ADA champions among staff and students
- ii. Build capacity of ADA champions to identify and refer persons at risk of alcohol and substance abuse.
- iii. Initiate and promote drug-free clubs and support groups among staff and students

#### **4.4.3 Individual Substance Use**

- i. Sensitize on support systems available
- ii. Sensitize on the dangers of alcohol and drug abuse
- iii. Incorporating substance use into general wellness
- iv. Confidential screening and identification of substance users that also provides for referral to treatment and re-entry into the workforce
- v. Include confidential drug testing only as part of a comprehensive, multi-component program

## CHAPTER 5: ADA SUPPORT PROGRAMS

### 5.1 Support mechanism for persons with substance use disorders (SUDs)

Kenyatta University recognizes that alcohol and drug abuse are treatable conditions. As a result, the University has put in place programs and services for staff and students with substance abuse problems. Affected staff and students are encouraged to seek assistance, as appropriate, from the Directorate of Wellness and Rehabilitation Services (DWRS).

Interventions can either be prompted voluntarily or mandatory. Voluntary intervention is the willingness of the affected individual to seek help or enter a rehabilitation program for alcohol and drug abuse treatment. Mandatory intervention occurs when there is reasonable evidence to indicate that a person is abusing alcohol and/or drugs and hence cannot function effectively. The affected person may be asked to submit to a treatment program and if he/she refuses, he/she will be subject to disciplinary action, up to and including termination/discontinuation of work or studies.

Support programmes offered at Kenyatta University include:

- i. **Outpatient programmes** which involve ADA counselling services which is intended to help persons with substance abuse problems lead an alcohol and/or drug-free life and able to work or study effectively and efficiently. This is done through intensive counselling and case management by personnel that have specialized in the area of substance abuse. Clients must attend weekly individual counselling sessions for at least eight weeks.
- ii. Clients needing **residential care** are referred to facilities that offer residential rehabilitation services.
- iii. **Continuing care Programs:** Persons recovering from alcohol and drug abuse are advised to join support groups. There is a support group at the DWRS and interested people could also join such as
  - Alcoholic anonymous an international organization/fellowship for persons in recovery that follows the twelve steps and traditions of Alcoholic Anonymous.
  - Clients can also join **Narcotics Anonymous another** international organization similar to AA. NA meetings are aimed at individuals in recovery from Narcotic Addiction.
- iv. **Staff/ Student Assistance Program (SSAP)** This program will help members of staff/students struggling with alcohol and drug abuse problems. Staff/students will be enrolled in any of the above programs but there will be separate sections for both group and individual therapy.
- v. **Family education**, sadly, addiction is a disease that affects families and it may also be inherited. Thus, families experiencing an addiction problem should be educated about the disease and how to support a family member who is recovering. Family members and guardians will be

encouraged to attend classes once a week but with the client's consent.

## **5.2 Reintegration and Continuing care**

Any Kenyatta University employee or student who has completed a rehabilitation programme shall be re-integrated in the workplace or academic programme and shall be given continued support to prevent relapse.

- i. Such an employee or student shall continue receiving aftercare from Wellness and Rehabilitation services counsellors. The employee or student will be encouraged to join the ADA support at the Directorate.
- ii. The colleagues working with a person recovering from ADA shall receive appropriate sensitization to enable them to provide the support the employee needs most and especially stigma and discrimination which may push the person back to abusing substances.
- iii. To improve the success of re-integration the supervisors in the sections of recovering employees will be trained on ADA management.
- iv. In addition, workers recovering from ADA shall be assured of Job security and fair promotion practices so that they can advance in their careers
- v. The persons with ADA challenges shall enjoy the same medical benefits like every other employee and as such the management shall commit to provide resources for counselling, treatment and rehabilitation both in-and-out patient services for employees with SUDs as per applicable university policies

## **CHAPTER 6: POLICY IMPLEMENTATION**

### **6.1 Implementation structures**

Kenyatta University has established the Wellness and Rehabilitation Services Directorate to deal with ADA related problems within the University. The directorate is mandated to develop and implement programmes aimed at prevention and intervention of ADA matters the University. The University has also established an ADA Committee as per the NACADA guidelines to provide leadership in the development and implementation of the ADA programmes.

### **6.2 Policy implementation guidelines**

Kenyatta University ADA policy will be developed and implemented at many levels starting from the university management, the Director Wellness and Rehabilitation Services, the ADA committee, section heads, members of staff and contracting agents.

#### **6.2.1 Roles of Kenyatta University management**

The responsibility for the overall implementation of the policy lies with the Kenyatta University Management headed by the Vice-Chancellor. The Vice-Chancellor shall appoint a Wellness and Rehabilitation Services director who will be responsible for the implementation of the ADA policy. In addition, the Vice-Chancellor shall appoint ADA committee members following NACADA guidelines.

#### **6.2.2 Mandate of the ADA Committee**

The mandate of the committee shall be to develop and implement ADA prevention programs that will involve:

- i. Sensitization and training on matters pertaining to alcohol and drugs in collaboration with NACADA
- ii. Identifying prevention priorities, interests and needs of staff
- iii. Dissemination of relevant information, education and communication (IEC) materials
- iv. Advising management on effective approaches of dealing with ADA concerns
- v. Early identification, treatment, support and re-integration of employees with substance use disorders (SUDs)
- vi. Periodic review of the ADA policies within the organization
- vii. Monitoring, evaluating and reporting on the progress to Quality Management Systems, Kenyatta University (QMS) and NACADA.
- viii. DWRS with the help of the ADA committee will design and implement ADA sensitization campaigns and TOT training for Kenyatta University staff and students.

### **6.2.3 Roles of supervisors**

The supervisors in Kenyatta University shall play the following roles towards the implementation of this policy:

- i. Communicate and implement the alcohol and drug abuse policy to all members of staff working under them
- ii. Identify alcohol and drug abuse among staff and students and make referrals to DWRS for intervention.
- iii. Maintain confidentiality regarding staff involvement in alcohol abuse treatment
- iv. Non-judgmentally offer psychological support to staff struggling with alcohol and drug abuse.
- v. Encourage members of the sections to participate in seminars and workshops organized by the University on alcohol and drug abuse-related issues.
- vi. Display the policy and if possible, spell out the definition and types of substance abuse to staff and students.

### **6.2.4 Responsibilities of members of staff**

Staff members are expected to:

- i. Read and understand this policy
- ii. Ensure they are not under the influence of alcohol and any illicit drug while on duty
- iii. Understand that problems related to alcohol and drug abuse are no excuse for poor or unsafe actions.
- iv. Take appropriate action to help a colleague who may be abusing alcohol and/or drugs.
- v. Inform the supervisor of any use of a prescribed drug that may affect or interfere with the job performance.
- vi. Cooperate with any random drug search/testing
- vii. Seek help in time if they have an alcohol or drug abuse problem.
- viii. Follow the treatment and continuing-care programs as recommended by the professionals.
- ix. Provide evidence upon completion of the treatment program for those enrolled.
- x. Identify the staff or students with alcohol and drug abuse problems and refer them to the directorate of Wellness and Rehabilitation Services.
- xi. Make an informed and deliberate choice not to use illicit substances.

### **6.2.5 Responsibilities of students**

Students are expected to;

- i. Familiarize themselves with the risks associated with the use and abuse of alcohol and drugs and assist the University in creating an environment that promotes health-enhancing attitudes and activities.

- ii. Assist the University in creating a drug-free environment by not engaging in alcohol and drug abuse activities
- iii. Voluntarily seek help for their alcohol and drug abuse problems.
- iv. Understand that being under the influence of alcohol and other drugs in no way lessens their accountability for their actions.
- v. Help fellow students who may be struggling with alcohol and drug abuse by referring them to appropriate sources for help.
- vi. Attend and participate in the alcohol and drug abuse-related seminars and workshops organized by the University.
- vii. Actively participate in substance abuse campaigns within and outside the university.
- viii. Notify their wardens, housekeepers, zonal officers or accommodation department concerning any alcohol and drug-related violations.
- ix. Make an informed and deliberate choice not to use illicit substances.

### **6.2.6 Responsibilities of contracting agencies**

The contracting agencies doing business with Kenyatta University are also bound by this policy in the following ways:

- i. While providing services to Kenyatta University, contractors, their employees and agents have a responsibility to ensure that they abide by this policy.
- ii. They also have a responsibility to ensure that their employees do not engage in alcohol and drug abuse while on duty at the University.

### **6.3 ADA activities budget Allocation**

Kenyatta University Management shall commit to set an annual budget for the implementation of this policy. The activities and work plan shall be developed and its implementation coordinated by the ADA Prevention Committee.

## CHAPTER 7: POLICY MONITORING AND EVALUATION

### 7.1 Mechanisms for continuous monitoring and evaluation of the ADA policy

Whereas the University management will support the ADA policy, the Director Wellness and Rehabilitation Services will be expected to submit periodic reports which will be evaluated against the mandate, goals and objectives of the Directorate. Findings from on-going research on alcohol and drug abuse will be utilized to make relevant adjustments to the policy.

The following indicators shall guide policy implementation:

- i. Type of problems manifested
- ii. Percentage of employees using and abusing alcohol and other substances
- iii. Percentage of employees trained and/or sensitized on ADA
- iv. Percentage of employees who have quit alcohol and drug use
- v. Proportion of employees in need of treatment and rehabilitation
- vi. Proportion who have actually been taken for treatment and rehabilitation
- vii. Number of support systems initiated
- viii. Number of staff who have used the support systems initiated
- ix. Number of staff who are aware of the consequences of ADA
- x. Number of counsellors and/or peer educators trained in workplace prevention

## ANNEXES

### Annex 1: List of contributors

- |                           |   |
|---------------------------|---|
| 1. Dr. Gabriel Waari      | Directorate of University Health Services           |
| 2. Dr. Tabitha Wang'eri   | Directorate of Wellness and Rehabilitation Services |
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| 5. Dr. Beatrice Kathungu  | Directorate of Accommodation Services               |
| 6. Mrs. Veronica Gitau    | Medical Matters Office                              |
| 7. Fr. Boniface Kariuki   | University Chaplaincy                               |
| 8. Mr. Joseph Ojuani      | Kenyatta University Staff Union                     |
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| 10. Mrs. Waithera Njoroge | Kenyatta University Staff Union                     |



