



Republic of Kenya

**GUIDELINES FOR DEVELOPING A WORKPLACE SUBSTANCE ABUSE PREVENTION  
POLICY**



**National Authority for the Campaign against Alcohol and Drug Abuse (NACADA)**

**JULY 2018**

## TABLE OF CONTENTS

TABLE OF CONTENTS .....	ii
PREAMBLE .....	iii
ACKNOWLEDGMENTS .....	iv
LIST OF ABBREVIATIONS.....	v
DEFINITION OF TERMS .....	vi
1.0 BACKGROUND.....	1
1.1 Introduction.....	1
1.2 Rationale for alcohol and drug abuse policies .....	1
1.3 Objective of the guidelines .....	1
1.4 Situation of alcohol and drugs in the workplace in Kenya .....	1
2.0 POLICY AND ORGANIZATIONAL FRAMEWORK FOR ALCOHOL AND DRUG ABUSE CONTROL IN KENYA	
2	
3.0 ALCOHOL AND DRUG ABUSE PREVENTION AND MANAGEMENT PROGRAM.....	2
3.1 Implementation structures.....	2
3.2 Situation analysis .....	2
3.3 Prevention programs .....	3
3.4 Support mechanism for persons with substance use disorders (SUDs) .....	3
4.0 DEVELOPMENT OF SUBSTANCE ABUSE WORKPLACE POLICY .....	3
4.1 Outline of an ADA workplace prevention policy .....	3
4.2. Contents of the ADA workplace prevention policy .....	3
4.2.1 Forward .....	3
4.2.2 Scope / applicability.....	4
4.2.3 Policy statement.....	4
4.2.4 Situation of alcohol and drugs in the workplace.....	4
4.2.6 Rationale for ADA workplace policy .....	4
4.2.7 Legal and policy framework for alcohol and drug abuse control in Kenya.....	4
4.2.8 Establishment of structures to coordinate matters relating to prevention and management of ADA.....	4
4.4 Prevention of ADA related problems in the workplace .....	5
4.4.1. Measures to prohibit or restrict availability of alcohol and drugs at the workplace .....	5
4.4.2 Restriction on Legal Drugs .....	5
4.4.3. Prohibition of illegal drugs and substances.....	5
4.4.4. Payment in kind .....	6
4.4.5. Advertisement of alcohol and drugs at the workplace .....	6
4.4.6. Identification of persons with ADA related problems .....	6
4.5. Management of SUDs.....	6
4.5.3 Reintegration and aftercare .....	7
4.6. Support system.....	7
4.7. Job placement.....	7
4.8. Job security and promotion .....	7
5.2. Budget Allocation .....	8

## **PREAMBLE**

It is widely acknowledged that substance abuse is one of the most critical challenges facing the world today. Many people with substance abuse problems are in employment and cost workplaces billions in lost productivity. In addition to higher absenteeism and lower job performance, substance abuse also exposes employers to greater health care expenses for injuries and illnesses. It was for this reason that the Governing Body of the International Labour Organization (ILO) convened a meeting of experts in 1995, to consider a code of practice on the management of alcohol- and drug related problems at the workplace (ILO 1996). The key recommendation in the resultant code of practice is that, prevention, early detection and intervention on substance abuse is more effective than dealing with the problem once it became obvious.

Acknowledging the negative impact that alcohol and drug abuse (ADA) has on service delivery, the Government of Kenya stipulated mainstreaming of alcohol and drug abuse prevention programs by all public sector institutions under the Performance Contracting regime. The programs center on prevention as well as effective mitigation on abuse among people working in the public sector.

These guidelines will therefore harmonize the workplace ADA prevention policy development process both in the public and private sector.

**VICTOR G. OKIOMA, EBS**  
**CHIEF EXECUTIVE OFFICER**

## **ACKNOWLEDGMENTS**

The formulation of these Guidelines for Developing an Alcohol and Drug Abuse Work Place Policy would not have been possible without the able coordination and guidance of the CEO, NACADA and the NACADA Board of Directors. The Authority also acknowledges that the inputs from various Ministries, Departments and Agencies who regularly reported their performance on ADA to NACADA through the Annual Performance Contracts that significantly enhanced the quality and relevance of these guidelines.

Special thanks also go to the members of the NACADA ADA Committee who initiated the review of these guidelines and staff who enriched it through their invaluable comments.

All your efforts and commitment are sincerely appreciated.

**PROF. JOHN MUTETI**  
**DIRECTOR, RESEARCH & POLICY DEVELOPMENT**

## LIST OF ABBREVIATIONS

<b>AA</b>	Alcoholic Anonymous
<b>ADA</b>	Alcohol and Drug Abuse
<b>EAP</b>	Employee Assistance Program
<b>IEC</b>	Information, Education and Communication
<b>ILO</b>	International Labour Organization
<b>NA</b>	Narcotic Anonymous
<b>NACADA</b>	National Authority for the Campaign against Alcohol and Drug Abuse
<b>SUDs</b>	Substance Use Disorders

## DEFINITION OF TERMS

<b>After-care</b>	The provision of services to persons in the period after formal counselling, treatment and rehabilitation, in order to assist them during a period of adjustment to independent functioning within the community.
<b>Confidentiality</b>	The right of every person, employee or job applicant to have his/her medical or other information, including alcohol or drug use status, being kept secret.
<b>Counselling</b>	Is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.
<b>Drug</b>	Any substance or chemical that when absorbed into the body alters normal bodily function either physically and/or psychologically.
<b>Drug abuse</b>	Continued compulsive and excessive use of any substance despite negative consequences to self and others.
<b>Early detection</b>	Mechanisms for diagnosing the onset of an individual's consumption of alcohol and other drugs before substance use disorder develops
<b>Employee Assistance Program</b>	Employer-sponsored service designed for personal or family problems, including mental health, substance abuse, various addictions, marital problems, parenting problems, or emotional problems.
<b>Employee Wellness Program</b>	Any program implemented by an employer to support and improve the health of its employees in the workplace.
<b>Psychoactive - Substances</b>	Drugs or medicines that affect the body's central nervous system and change how people behave or perceive what is happening around them.
<b>Rehabilitation</b>	Enabling a member of staff to cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences for purposes of reintegration back into workplace and the society.
<b>Relapse</b>	Complete return to using a psychoactive substance in the same way the person did before he or she quit.

**Substance Use Disorders**

General term used to describe a range of problems associated with substance use (including illicit drugs and misuse of prescribed medications), from substance abuse to dependence and addiction.

**Treatment**

Medical or non-medical care provided to improve the situation of a member of staff suffering from substance use disorder.

**Workplace**

This includes the physical location and work environment in which staff members are exposed.

## **1.0 BACKGROUND**

### ***1.1 Introduction***

The *Guidelines for Developing a Workplace Alcohol and Drug Abuse Prevention Policy* provides a “support tool” to assist organizations in developing/implementing their workplace policy.

This guideline is expected to provide a reference point for the standardization of a workplace alcohol and drug abuse policy within any organization both in the public and private sector.

### ***1.2 Rationale for alcohol and drug abuse policies***

The wellbeing of Government employees in Kenya is paramount for service delivery. It is through their output that health and social services, education and security and other services are sustained. The effect of alcohol and drugs on the employees’ health, safety and work performance can jeopardize productivity and curtail competitiveness.

Effectively implemented alcohol and drugs policy offers employers a chance for early identification, intervention and support for employees with substance use disorders (SUDs). This consequently benefits the employer, employee, the family and the community at large.

### ***1.3 Objective of the guidelines***

The overall aim of the guidelines is to standardize the approach for developing an alcohol and drug abuse prevention policy to ensure a safe and healthy working environment. This will further enhance productivity and strengthen performance in the public sector.

The objectives of the guidelines are to specifically provide a framework for:

- i. Prevention of alcohol and drug problems affecting the workplace;
- ii. Identification and management of alcohol and drug issues at the earliest stage;
- iii. Protection of the health, safety and welfare of employees by offering support for persons with Substance Use Disorders and related problems.

### ***1.4 Situation of alcohol and drugs in the workplace in Kenya***

Alcohol is the most prevalent substance used by Kenyan adults. Statistics from a NACADA Alcohol and Drug Abuse Situation Analysis among Employees in the Public Sector in Kenya showed that in 2011 57.9% of public sector employees had ever used alcohol at least once in their lifetime with 33.3% of them being classified as current users. The prevalence of lifetime usage of tobacco products was 22.8% while current use was at 8.5%. Data further showed that 15.9% had a lifetime usage of *Khat* or *Miraa* and 3.8% were classified as current users. Cannabis or bhang continues to be the illicit drug of choice. Prevalence of past usage of cannabis in the public sector was 6.6% and current usage standing at 1.1%. The usage of other narcotic drugs i.e. heroin and cocaine was relatively low. However, there is evidence that the usage of prescription and over-the-counter medication is an emerging challenge facing the workplace today. In view of the situation of alcohol and abuse amongst employees in Kenya, it is



evident that public sector institutions are not drug free working environments, hence, the need for continued mainstreaming of prevention and management of ADA.

## **2.0 POLICY AND ORGANIZATIONAL FRAMEWORK FOR ALCOHOL AND DRUG ABUSE CONTROL IN KENYA**

Kenya has ratified all the three major United Nations Conventions on narcotic drugs and psychotropic substances. These are 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 legislations: The Narcotic Drugs and Psychotropic Substances (Control) Act 1994; Tobacco Control Act, 2007; Proceed of Crime and Anti-Money Laundering Act, 2009; and 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); and the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012.

## **3.0 ALCOHOL AND DRUG ABUSE PREVENTION AND MANAGEMENT PROGRAM**

The overall objective of mainstreaming ADA prevention and management at the workplace is to promote an alcohol and drug free working environment, early identification and support for employees with substance use disorders using appropriate interventions. The key components for ADA prevention and management at the workplace include:

- a) Implementation structures
- b) Situation analysis
- c) Workplace prevention policy
- d) Prevention programs
- e) Support mechanism for persons with substance use disorders.

### ***3.1 Implementation structures***

The first step for employers in dealing with an ADA related problem in the workplace is to put in place structures to coordinate the implementation of ADA prevention and management programs. Establishment of ADA Committees is therefore essential to coordinate ADA workplace programs.

### ***3.2 Situation analysis***

Undertaking surveys on the prevalence of ADA at the workplace gives a deeper understanding of issues and concerns unique to the organization that should be addressed in the policy. Conducting periodic follow-up surveys to assess progress is important.

### ***3.3 Prevention programs***

Prevention of ADA at the workplace entails training of supervisors and managers to facilitate identification of individuals with substance use problems; training for all employees on workplace drug prevention interventions; stress management; parenting programs; wellness days/week for staff and families; work environment improvement and relevant information, education and communication materials to suit the needs of the organization.

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

This entails putting in place mechanisms for early identification and support of employees with ADA related problems. It can be in the form of an employee assistance/ wellness program.

## **4.0 DEVELOPMENT OF SUBSTANCE ABUSE WORKPLACE POLICY**

The policy is the backbone for management and response to substance use-related issues.

### ***4.1 Outline of an ADA workplace prevention policy***

A policy for the management of alcohol and drugs in the workplace should include the following information and procedures:

- a. Forward;
- b. Scope /applicability;
- c. Policy statement;
- d. Situation of alcohol and drugs in the individual workplace;
- e. Rules and Regulations on Alcohol and Drugs;
- f. Rationale for alcohol and drugs policies;
- g. Legal and policy framework for alcohol and drug abuse control in Kenya;
- h. Establishment of structures to coordinate matters relating to prevention and management of ADA;
- i. Prevention of ADA related problems in the workplace;
- j. Measures to prohibit or restrict availability of alcohol and drugs at the workplace;
- k. Early identification and referral for treatment of persons with ADA related problems;
- l. Management of SUDs and other health related issue;
- m. Re-integration, aftercare and relapse management;
- n. Policy implementation;
- o. Monitor, evaluate and report on the progress.

### ***4.2. Contents of the ADA workplace prevention policy***

#### ***4.2.1 Forward***

This should be a brief introduction to the policy document by the top management stating the organization's commitment to intervene on alcohol and drug abuse at the workplace.

#### ***4.2.2 Scope / applicability***

It should identify the persons to be bound by the policy. It may be important to indicate that the policy applies to everyone who conducts business for or on behalf of the organization including employers, directors, workers and consultants, as well as visitors, clients, customers and contractors entering the workplace. It will further seek to extend interventions to eligible dependants of the employees.

#### ***4.2.3 Policy statement***

The policy should have a statement from top management indicating commitment to its implementation.

#### ***4.2.4 Situation of alcohol and drugs in the workplace***

Organizations should undertake surveys on the prevalence of ADA to give a deeper understanding of issues and concerns. It also provides quantitative measurements that will be tracked over the years to assess the effectiveness of the ADA interventions put in place. Assessments should be done as per NACADA guidelines on conducting baseline and follow-up surveys.

#### ***4.2.5 Rules and Regulations on Alcohol and Drugs***

Organizations should specify the employee responsibility with regard to alcohol and drugs use at the workplace and employer responsibility of duty to care to provide a conducive working environment.

#### ***4.2.6 Rationale for ADA workplace policy***

The Policy should outline rules, regulations and procedures for prevention and dealing with alcohol and drug abuse issues at the workplace.

#### ***4.2.7 Legal and policy framework for alcohol and drug abuse control in Kenya***

The workplace policy should outline the applicable legal instruments and organizational polices for alcohol and drug abuse control.

#### ***4.2.8 Establishment of structures to coordinate matters relating to prevention and management of ADA***

The policy should provide a mechanism to operationalize the alcohol and drug abuse prevention committee or unit. The committee or unit should constitute at least six members headed by an officer respected by management and employees. Members should include Human Resource Manager, Trade Union Representative (where applicable), Health and Safety Representative, representatives from middle and upper management. The members should serve for at least three years.

### ***4.3. Mandate of the committee***

The overall responsibility of the committee is coordinating the program including:

- a) implementation of prevention programs;
- b) Sensitization and training on matters pertaining alcohol and drugs in collaboration with NACADA;
- c) Identifying prevention priorities, interests and needs of staff;

- d) Dissemination of relevant information, education and communication (IEC) materials;
- e) Advising management on effective approaches of dealing with ADA concerns;
- f) Early identification, treatment, support and re-integration of employees with substance use disorders (SUDs)
- g) Periodic review of the ADA policies within the organization;
- h) Monitoring, evaluating and reporting on the progress to management and NACADA.

Individual organizations can expand the mandate of the ADA Unit depending on their unique characteristics.

#### ***4.4 Prevention of ADA related problems in the workplace***

The management should commit to create awareness and train employees on alcohol and drug abuse matters.

This should include but not limited to development of information, education and communication materials to suit the needs of the institution; training for supervisors and managers to facilitate identification of individuals with SUDs; training for all employees on workplace prevention; stress management; reduction of workplace stressors; wellness days/week for staff and families; parenting programs etc. The strategies for dissemination of awareness programs should be as proactive as possible.

##### ***4.4.1. Measures to prohibit or restrict availability of alcohol and drugs at the workplace***

The policy should outline measures to be put in place to restrict availability of legal substances and prohibit illegal drugs and substances.

##### ***4.4.2 Restriction on Legal Drugs***

The policy should require employees to report to the workplace free from the influence of alcohol and drugs. It should prohibit consumption of alcohol and drugs at the workplace. Employees taking medications that may affect their work performance should report to the supervisor before beginning work for appropriate mechanism to mitigate the effects.

##### ***4.4.3. Prohibition of illegal drugs and substances***

The policy should prohibit use, possession and handling of any drugs and substances and their paraphernalia that are classified as illegal by law. It should also provide for the right to conduct searches at the workplace for purposes of determining whether this section of the policy has been violated. If an employee violates this section of the policy, he or she may be subject to disciplinary action, including prosecution and termination.

The management should commit to create awareness to the employees on the criminal nature of handling, trading in, or using such drugs and the consequences.

#### ***4.4.4. Payment in kind***

The Policy should prohibit payment of any wages in the form of alcohol or drugs. It should also prohibit giving alcohol or drugs as a form of reward to employees.

#### ***4.4.5. Advertisement of alcohol and drugs at the workplace***

The policy should prohibit advertisement of alcohol and drugs at the workplace. It may also make provision to restrict wearing attire or using accessories that may be considered to be promoting use of alcohol or any other drugs of abuse at the workplace.

#### ***4.4.6. Identification of persons with ADA related problems***

The management should commit to put in place mechanisms for early identification and encourage employees to undergo assessment/screening if they have alcohol or drug related problems. The options for identification of ADA problems shall include but not be limited to self-assessment by the employee, informal identification by colleagues, friends or family members and identification by supervisors.

It should also cover the conditions and procedures under which employees may be tested for alcohol and drug use. In the context of a workplace, all testing should be undertaken in accordance with the applicable laws, practice and procedures. It should provide for a statement on how an employee identified with alcohol or drug related problem will be assisted.

It is also necessary to provide that access to information related to identification of persons with alcohol or drug related problems is limited only to authorized people and is maintained under strict confidentiality by all those involved in accordance with principles of medical ethics and the laws of Kenya.

### ***4.5. Management of SUDs***

The management should commit itself to operationalize an Employee Assistance Program (EAP) and/ or Employee Wellness Program (EWP) for management of substance use disorders and other related issues. It should also provide that employees with SUDs should not be discriminated against and should access healthcare services similar to employees with other health problem.

#### ***4.5.1. Referral system for treatment***

The policy should outline a referral system for employees identified with SUDs and other related issues for counseling, treatment and rehabilitation. It may be important to indicate that assessment and treatment will be done in partnership with relevant service providers.

#### ***4.5.2. Treatment and rehabilitation***

The management should commit itself to meet the full cost of treatment and rehabilitation at least twice. It should also provide modalities for relapse prevention and management. People on treatment should have similar employee benefits in accordance with Kenyan law and practice. The policy

should further specify the circumstances that would lead to disciplinary measures, including dismissal, as a result of alcohol and drug abuse related problems.

#### ***4.5.3 Reintegration and aftercare***

The policy should provide modalities for re-integrating of employees who have completed treatment.

#### **4.6. Support system**

The policy should provide a framework to support employees in recovery from alcohol and drug-related problems. This may include identifying professional services which specialize in psychosocial support such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Organizations may consider developing a Peer Support Programme composed of employees trained on peer-to-peer education to support colleagues in recovery from substance use-related problems.

#### **4.7. Job placement**

The policy should provide modalities for re-integration of employees in recovery from SUDs. This may entail proper placement, and where reasonably practicable, avoid exposing the employee in recovery to a working situation similar to that which, in the past, may have led to such problems. For effective re-integration into the workplace, the employee should be placed under a supervisor trained on ADA management.

#### **4.8. Job security and promotion**

Employees recovering from SUDs will not be discriminated against and will enjoy job security and opportunity for career development and advancement.

#### **4.9. Medical insurance**

The management shall commit to provide resources for counseling, treatment and rehabilitation both in-and-out patient services for employees with SUDs. This may include having treatment and rehabilitation services covered in their medical insurance scheme/fund as well as National Hospital Insurance Fund (NHIF).

#### **5.0 Policy implementation**

It is necessary to sensitize all employees to understand ADA related issues at the workplace and their responsibilities. The policy should also explicitly state the roles and functions of all involved in alcohol and drugs prevention, early identification and management. These may include top management, ADA Committee, Human Resource Management and the employees. It should also indicate when the policy will be subjected to review.

#### **5.1. Monitor, evaluate and report on the progress**

The policy should provide mechanisms for continuous monitoring of its implementation as well as evaluating the quality of workplace programmes. It may include undertaking periodic assessments to determine the status of alcohol and drugs in the organization.

Monitoring and evaluation shall focus on the following indicators among others:

- Number of employees using alcohol and different types of drugs;
- Type of problems manifested;
- Percentage of employees using and abusing alcohol and other substances;
- Percentage of employees trained and/or sensitized on ADA;
- Percentage of employees who have quit alcohol and drug use;
- Proportion of employees in need of treatment and rehabilitation;
- Proportion who have actually been taken for treatment and rehabilitation;
- Number of support systems initiated;
- Number of staff who have used the support systems initiated;
- Number of staff who are aware of the consequences of ADA;
- Number of counselors and/or peer educators trained in workplace prevention;
- The cost-benefit analysis of prevention at the workplace.

## **5.2. Budget Allocation**

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

## Appendix 1

### PREVENTION OF ADA AT THE WORKPLACE FOR PUBLIC SECTOR INSTITUTIONS

The focus of this indicator is implementation of a package of intervention activities/ programmes aimed at reducing the prevalence of ADA in the public sector and minimizing the negative and minimizing the negative effects thereof.

#### Levels of ADA Workplace Prevention

##### A. Level 1

1. Establish and operationalize ADA committees

ADA committees should comprise of 6-12 members drawn from workers at all levels of the institution/organization including:

- Human Resources Manager
  - Senior and middle level management
  - Occupational Health and Safety representative
  - Employee Assistance and Wellness representative
  - Trade union representative (where applicable)
- \*committee members should be in office for at least 3 years

2. Provide budgetary allocation for ADA Prevention activities that should be indicated in the work plan.
3. Conduct Needs Assessment (Baseline Survey) to help the workforce understand substance use prevalence, risk factors and protective factors. It should include:
  - anonymous survey of employees
  - review of workplace data (absenteeism, healthcare utilization, disciplinary actions)
  - cost of ADA at the workplace
  - review of current workplace policies and practices regarding alcohol and drug use
4. Disseminate Baseline survey to staff.
5. Develop ADA Workplace Policy which clearly describes the institution/ organization's stand on how they will address ADA issues.
6. Develop Work plan for ADA mainstreaming.
7. Train ADA committee on Workplace Based Prevention Interventions.

##### B. Level 2

1. Ensure functioning ADA committee with 50% of membership drawn from senior and middle level management.
2. Provide budgetary allocation for activities targeting staff and family members.
3. Train Supervisors and Managers on Workplace Based Prevention Interventions.
4. Provide Parenting Skills education for drug prevention.



5. Provide Wellness prevention education for staff and family members.
6. Strengthen social support (Peer referral and supervisor referral).
7. Implement ADA workplace policy to address issues of whole workplace, at risk population and the dependent population.

**C. Level 3**

1. Conduct Follow up survey to assess progress made and challenges faced (at least 3 years from start of implementation). This should include cost-benefit analysis of ADA workplace prevention.
2. Implement Evidence Based Interventions (e.g. Team Awareness Program).
3. Continue Parenting Skills education for drug prevention.
4. Continue to provide Wellness prevention education for staff and family members.

Monitoring of the programme: submit work plan and quarterly performance reports for prevention of ADA programs to NACADA. The work plan should have at least three activities addressing ADA in the workplace. Monitoring is done at all levels.