



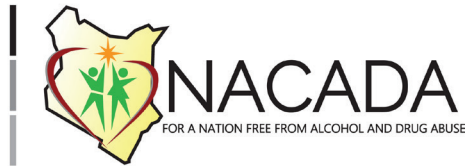
REPUBLIC OF KENYA

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

NATIONAL GUIDELINES FOR ALCOHOL AND SUBSTANCE USE PREVENTION AND MANAGEMENT IN BASIC EDUCATION INSTITUTIONS

2021



OUR VISION

A Nation Free from Alcohol and Drug Abuse

OUR MISSION

"To lead and coordinate the fight against alcohol and drug abuse in Kenya through prevention, advocacy, policy development, research, treatment and rehabilitation programmes and execution of relevant statutes in Kenya".



NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

NATIONAL GUIDELINES FOR ALCOHOL AND SUBSTANCE USE PREVENTION AND MANAGEMENT IN BASIC EDUCATION INSTITUTIONS

2021



TABLE OF CONTENTS

FOREWORD	v
PREFACE	vii
ACKNOWLEDGEMENTS	ix
ABBREVIATION & ACRONYMS	xi
DEFINITION OF TERMS	xii
 CHAPTER 1: BACKGROUND AND RATIONALE	 1
1.1 Introduction	1
1.2 Situation Analysis	3
1.3 Legal and Policy context	6
1.4 Rationale	8
 CHAPTER 2: GOAL, OBJECTIVES AND SCOPE	 11
2.1 Purpose of the guidelines	11
2.2 Goal	11
2.3 Objectives	11
2.4 Scope	11
2.5 Guiding principles	12
 CHAPTER 3: THEMATIC AREAS OF IMPLEMENTATION.....	 14
3.1 Supply Reduction	14
3.2 Preventive Education	16
3.3 Incident Management	17
3.4 Counselling, Treatment and Support	19
 CHAPTER 4: IMPLEMENTATION, MONITORING & EVALUATION FRAMEWORK	 21
4.1 Management and coordination	21
4.2 Roles and responsibilities	21
4.3 Monitoring and evaluation	26

Annex 1:	Preventive Education Content for Learners	27
Annex 2:	Flow Chart on Drug Use Incident Management at School Level	31
Annex 3:	Reporting Format on Prevention, Control and Management of Alcohol and Substance Use at School Level	32
Annex 4:	List of Technical Working Group Members	34

FOREWORD

The Government of Kenya is committed to providing an inclusive education that promotes individual development and self-fulfillment of every learner. However, Government's commitment to this educational ideal is often compromised by several factors. Alcohol and substances of abuse, to which learners are easily exposed are some of the many hindrances that compromise learners' access to education.

The Government mandates the Ministry of Education to provide policy direction to bridge gaps in education service delivery. One such function is safeguarding learners from the barriers to education access, equity and retention where alcohol and substance use is one of them.

The Ministry promotes safe schools and healthy learning environment to enable learners realize their full potential. Prevention of alcohol and substance use is of vital importance to this endeavor. Substance use prevention education has been integrated in the Competency Based Curriculum that aims at producing empowered, engaged and ethical learners. With children spending most of their time in school, schools should assume a primary role in substance use prevention.

The Basic Education Act 2013, section 4, provides for values and principles which include the protection of children against all forms of discrimination and abuse and promote values and skills for nation-building. Several task forces have cited alcohol and substance use as a cause of school unrests which are usually accompanied with property destruction, and in some incidents, loss of lives. Alcohol and substance use prevention and management is therefore key to the achievement of salient educational goals and objectives.

It is in this regard that the Ministry of Education, TSC and NACADA have developed these national guidelines to provide

direction and coordination for prevention and management of alcohol and substance use in basic education institutions. The Government takes cognizance of the need to embrace a multi sectoral approach in efforts to eradicate alcohol and substance use in learning institutions.

We therefore call upon all stakeholders to play their role in supporting the implementation of these guidelines.



Prof. George A.O. Magoha, EGH

Cabinet Secretary Ministry of Education



Dr. Fred O. Matiang'i, EGH

Cabinet Secretary Ministry of Interior and Coordination of National Government

PREFACE

Alcohol and drug use in institutions of basic education is a growing problem that needs urgent attention. Task forces and commissions of inquiry established to investigate indiscipline and student unrest in the country have repeatedly pointed at alcohol and drug use in learning institutions as one of its causes. Surveys conducted by NACADA in primary (2018) and secondary schools (2016) showed that schools are not drug free places. The common sources of drugs mentioned by students included from kiosks or shops near school, bars near school, friends, bought from other students, and school workers. The common periods when drugs are mostly abused included school holidays, on their way home from school, during weekends at school, and during inter-school competitions.

For decades many have believed that what children and youth need most is information on drugs and the harms they cause. Prevention work therefore has focused on sensitization sessions, use of scary posters and even testimonies shared by persons in recovery in the hope that this would lead to the choice to be drug free. Most schools have taken a punitive approach to dealing with learners involved in drug use with drug testing and exclusion being the key strategy used to respond to drug incidents. Research has however revealed that many of these approaches do not work.

The International Standards on Drug Use Prevention by UNODC confirm that non-interactive teaching methods like lecturing, providing information only and non-structured dialogue-based sessions do not yield positive results in drug use prevention among children. It is also not recommended to use ex-drug users to provide testimonies nor to place a focus only on moral values or self-esteem in prevention efforts. The standards assert that the most effective approaches in schools shun stand-alone, single event activities and instead embrace ongoing, comprehensive, and developmentally appropriate strategies.

In view of the above, the Ministry of Education in collaboration with TSC and NACADA developed these guidelines to provide a blueprint for schools in Kenya to effectively address the challenge of alcohol and substance use. The guidelines seek to address use of alcohol, tobacco, inhalants and other chemical substances and shall apply within the school premises and at school events. Indicative approaches and measures for responding to alcohol and substance use in schools have been provided.

Schools are required to create and promote a child friendly learning environment. Elimination of alcohol and substances of abuse will be a major achievement in enhancing access, retention, transition and completion.



Julius O. Jwan, PhD, MBS.

*Principal Secretary State Department Early Learning & Basic Education
Ministry of Education*



Dr. (Eng.) Karanja Kibicho, CBS.

*Principal Secretary State Department of Interior and Citizen Services
Ministry of Interior and Coordination of National Government*

ACKNOWLEDGEMENTS

The task of developing the National Guidelines for Alcohol and Substance Use Prevention and Management in Basic Education Institutions was a consultative process which involved a wide range of stakeholders. The Ministry of Education, TSC and NACADA would like to acknowledge the contribution and commitment of the various line ministries, stakeholders and actors for their effort and time invested in the development of these guidelines.

Special thanks to Dr. Fred Matiang'i, EGH (Cabinet Secretary, Ministry of Interior and Coordination of National Government) and Prof. George A.O. Magoha, EGH (Cabinet Secretary, Ministry of Education) for this noble initiative.

Gratitude to Dr. Belio R. Kipsang, CBS (Outgoing Principal Secretary, State Department of Early Learning and Basic Education), Dr. (Eng.) Karanja Kibicho, CBS (Principal Secretary, State Department of Interior and Citizen Services) and Dr. Nancy Macharia, CBS (CEO, Teachers Service Commission) for facilitating the process.

Appreciation goes to the Ministry of Education, TSC and NACADA Senior Management teams, Regional and County Directors in the Ministry and TSC as well as all participants during stakeholder validation forums for their invaluable contributions in the development of these Guidelines.

Special gratitude to the Technical Working Group consisting of staff from the Ministry of Education, Teachers Service Commission and NACADA who worked together to deliver these Guidelines within the set timelines (see Annex 4).

We appeal for the implementation of these guidelines in all institutions of basic education.



Victor Okioma, EBS

Chief Executive Officer NACADA



Dr. Elyas Abdi, OGW

*Director General State Department of Early Learning & Basic Education
Ministry of Education*

ABBREVIATIONS & ACRONYMS

ASU	–	Alcohol and Substance Use
BOM	–	Board of Management
ECD	–	Early Childhood Development
MoE	–	Ministry of Education
NACADA	–	National Authority for the Campaign against Alcohol and Drug Abuse
NESSP	–	National Education Sector Strategic Plan
SDG	–	Sustainable Development Goal
SUD	–	Substance Use Disorder
TSC	–	Teachers Service Commission
UNODC	–	United Nations Office of Drugs and Crime
WHO	–	World Health Organization

DEFINITION OF TERMS

After Care Services	Services offered to learners recovering from drug dependence to adapt to everyday school life after completing earlier phases of treatment and rehabilitation.
Alcohol and Substance Use	The consumption of alcohol or any other psychoactive substance. This includes all forms of tobacco (e.g. kuber, chavis, shisha, cigarettes), inhalants, non-medical use of prescription drugs and over-the-counter medicines.
Community	This includes the residents around the school as well as non-government actors and businesses operating in the area.
Incident Management	Procedures used to address situations arising from alcohol and substance use within the school premises and school events.
Intoxication	A state in which someone who has consumed alcohol or other substance manifests disturbance of consciousness, thinking, perception, judgement or behaviour.
Paraphernalia	Equipment, product or accessory intended for making or using or concealing drugs. This includes e-cigarettes, pipes, tin foil, needles, burnt spoons, lollipops, tubes of glue, bongs and hookahs, breath fresheners and eye drops.
Preventive Education	Programs and activities aimed at preventing the onset of alcohol or substance use or limiting the development of problems associated with use. This includes development of anti-drug attitudes, values and skills as well as appropriate knowledge in classroom programs such as life skills, sensitizations and non-formal activities to reduce risks from the surrounding or environment.

Problem Behaviour	Continuous actions that hinder social relations, communication and learning of a child and causes harm to them, their families, peers and other adults e.g. aggression, fighting and bullying.
Protective Factors	Characteristics that reduce the likelihood of substance use.
Reintegration	The set of actions or process of assimilating a learner or staff back into the school community after they have undergone rehabilitation.
Risk Factors	Characteristics that interact with personal vulnerabilities to increase the likelihood of alcohol or substance use.
School Community	Group of people closely attached to a learning institution. This includes learners, teachers, parents and non-teaching staff.
School Premises	Buildings, school compound and includes school transport whether owned or hired by the school.
Substance Use Disorder	General term used to describe a range of problems associated with substance use (including alcohol, illicit drugs and misuse of prescribed medications), from substance abuse to substance dependence and addiction.
Supply Reduction	Consistently enforced policies that target possession, use and sale of all substances, including alcohol, tobacco products, on or around school grounds, and at all school sponsored events.



CHAPTER 1:

BACKGROUND AND RATIONALE

1.1 Introduction

Kenya is committed to promoting equitable education by providing the resources that learners may need to succeed hence improving the quality of lives for all Kenyans. The social pillar of Kenya's Vision 2030 positions education and training as essential vehicles for the country's attainment of middle-income status and the improvement of the quality of life for all Kenyans. In the third Medium Term Plan 2018 - 2022 drug and substance use is identified as one of the challenges that hinder achievement of Globally Competitive Quality Education, Training and Research for Sustainable Development.

Sustainable Development Goal (SDG) agenda 4 on inclusive quality education and training for all reiterates that no one is left behind. In addition, SDG agenda 3 seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.5 seeks to strengthen the prevention and treatment of people with substance use disorders, including narcotic drug abuse and harmful use of alcohol.

The Continental Education Strategy for Africa 2016-2025 (CESA 2016-2025), Guiding Principle 6, advocates for a healthy mind in a healthy body - physically and socio-psychologically fit learners.

The Kenyan Constitution under article 53 (1) (b) provides that every child has a right to free and compulsory basic education. Furthermore, the Basic Education Act 2013 provides that basic education is compulsory for all children hence the need for the government to provide education and ensure removal of all barriers to education.

Article 43 (1) (a) further provides that every person has the right to the highest attainable standards of health. Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Alcohol and substance use is a public health concern and a threat to the physical, mental and social well-being of a person.

Some of the factors that would adversely affect access to education retention, completion and transition rates would be alcohol and substance use among learners in basic education institutions. A child who gets involved in alcohol and substance use is not likely to stay in school for the stipulated period of time and transit to other levels of their education.

A healthy body carries a healthy mind and when the body is unhealthy the mind is equally not in the right state to allow for quality learning. Alcohol and substance use affect the health of the learner and if the learner has to benefit from education provided then it is prudent that learners are protected from factors that may influence them from engaging in substance use.

The National Education Sector Strategic Plan (2018-2022) prioritises mainstreaming of cross-cutting and contemporary issues and value systems in education and training. Specifically, Program 1.1 aims to reduce school violence, radicalization, extremism, drug and substance abuse through: developing a framework for awareness creation and redress mechanisms for learners, integrating the themes in the curriculum, developing a multi-sectoral framework to guide prevention interventions and developing protection systems including counselling and supportive referrals for learners.

The National School Health Policy 2018 under non-communicable diseases commits to support promotion of healthy lifestyles and implementation of interventions to reduce the modifiable risk factors for non-communicable

diseases and mental health and their management within the school community. Strategies to achieve this include educating children on the various risk factors and prevention measures for non-communicable diseases; ensuring capacity building and availability of guidelines and standards on promotion, prevention, treatment and rehabilitation of persons with mental, neurological and substance use disorders.

These guidelines are therefore a response to the challenges stated above and seek to provide direction to the basic education sub-sector on strategies to address alcohol and substance use in learning institutions.

The guidelines are organized into four chapters. Chapter one discusses the background, rationale, situational analysis, legal and policy context and justification. Chapter two outlines the goal, objectives, target groups, and the guiding principles. Chapter three provides the thematic areas of implementation and chapter four outlines the implementation framework, including reporting mechanisms.

1.2 Situation Analysis

The education sector analysis of 2017 that provided a baseline for the development of the National Education Sector Strategic Plan placed retention rates at 86.0% and completion rates at 84.2% in basic education institutions of learning. This meant that there are a substantial number of learners who drop out of school due to various reasons among them teenage pregnancies, alcohol and substance use.

According to findings of a National Survey on the Status of Alcohol and Drug Abuse among Primary School Pupils in Kenya conducted by NACADA in 2018¹, the average age of onset of at least one drug or substance of abuse was 11 years. The lowest

1 NACADA and KIPPRA, 2019. Special Paper No. 20. Status of Drugs and Substance Abuse among Primary School Pupils in Kenya.

age of onset of at least one drug of abuse was 4 years. The drug situation in schools will therefore continue to escalate unless comprehensive strategies to prevent and mitigate it are put in place. The situation of alcohol and substance use in primary schools in Kenya indicates an alarming trend given the young age of the learners affected.

Further, a National Survey on the Status of Alcohol and Drug Abuse among Secondary School Students in Kenya conducted by NACADA in 2016² showed secondary schools are not drug free environments: Alcohol had highest current use at 3.8% with prescription drugs and miraa following closely at 3.6% and 2.6% respectively and cocaine having the lowest prevalence at 0.2%. The common sources of drugs and substances of abuse mentioned by students included kiosks or shops near school (28.6%); bars near school (25.7%); friends (19.3%); bought from other students (13.7%); and school workers (13.6%).

In addition, a study conducted by Maingi (2018)³ in Nyeri County on Impact of Level of Education on Alcohol Abuse among Teachers revealed that 59% of teachers use alcohol while 37.2% fall under the category of hazardous use with those of lower level of education being more affected than the higher-level education teachers. This indicates that the effect of alcohol and drug abuse affects teachers equally and, in the process, affects learners. A study by Atwoli (2011)⁴ on Prevalence of Substance Use among College Students in Eldoret, Western Kenya targeting 500 students distributed across the colleges in the county revealed prevalence of substance use at 69.8% and the prevalence rate of tobacco use at 42.8%; cannabis with a prevalence of 2% and

2 NACADA and KIPPRA, 2019. Special Paper No. 20. Status of Drugs and Substance Abuse among Primary School Pupils in Kenya.

3 NACADA and KIPPRA, 2019. Special Paper No. 20. Status of Drugs and Substance Abuse among Primary School Pupils in Kenya.

4 NACADA and KIPPRA, 2019. Special Paper No. 20. Status of Drugs and Substance Abuse among Primary School Pupils in Kenya.

cocaine at 0.6%. The respondents indicated that some of the problems associated with substance use were: quarrels and fights, loss of and damage to property, problems with parents, medical problems, unplanned and unprotected sex. A large proportion of those who reported to be using alcohol exhibited serious adverse effects, raising the necessity of targeted interventions to reduce the risk of subsequent substance dependence.

From the NACADA surveys on primary and secondary schools (2018 and 2016) it was noted that a majority of schools did not have a comprehensive policy on alcohol and substance use. In terms of preventive education, the approach has largely been to organize sporadic one-off sensitizations focused on information only. It was also noted that the inspections for alcohol and drugs were neither regular nor thorough. Suspension or exclusion from school, summoning of parents and referral to guidance and counselling teachers for reported cases characterize current approaches in management of incidents.

Research shows that one-off sessions focused on facts about drugs and the harms caused as well as the use of testimonials of ex-drug users are not effective as they tend to glamorize alcohol/drug use and may make learners more educated users. No single factor determines whether a learner will initiate use of drugs. In general, risk factors include aggressive behaviour in childhood, lack of parental supervision, poor social skills, drug experimentation, availability of drugs at home and school and community poverty. On the other hand, protective factors include good self-control, parental monitoring and support, positive relationships, academic competence, school anti-drug policies and supportive neighbourhoods. Effective interventions therefore need to reduce the risk factors and strengthen protective factors.

The primary school survey (2018) recommended action in three main areas in addressing substance use prevention in schools:

development of a school substance use policy, promotion of positive school climate and inclusion of alcohol and substance use prevention content in the curriculum.

The Competency-Based Curriculum has integrated content on alcohol and substance use to equip learners with relevant knowledge, skills, attitudes and values to make informed healthy choices and resist pressures to use drugs. On positive school climate, the child friendly schools program already rolled out will help to address the problem. Regarding the school substance use policy, the introduction of these guidelines will provide strategies to address alcohol and substance use in learning institutions.

1.3 Legal and Policy context

Kenya is party to various international protocols and has enacted a number of laws to govern the diversity of state responses to alcohol and drug abuse in the country. Of particular relevance is the implementation of the Global Strategy endorsed by the World Health Organization in May 2010 with Member States committing to reduce harmful use of alcohol. In this regard, Kenya has put in place an elaborate domestic legal and policy framework to address harmful use of alcohol. Some of the broad strategy areas addressed in the framework include: leadership awareness and commitment, health service response, community action, regulation of availability of alcohol, marketing of alcoholic beverages, pricing policies, reducing the negative consequences of drinking and alcohol intoxication, reducing the public health impact of illicit alcohol and informally produced alcohol and monitoring and surveillance.

Key among the laws are the National Authority for Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012 which established NACADA with the mandate to coordinate a multi-sectoral campaign against alcohol and drug abuse. The other is the Alcoholic Drinks Control Act 2010 that seeks to regulate the production, sale and consumption of alcoholic drinks whilst prioritizing public health interests.

These guidelines are anchored on the provisions of existing legal frameworks and policies which include:

Legal Framework

- i. National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012
- ii. Alcoholic Drinks Control Act, 2010
- iii. Narcotic Drugs and Psychotropic Substances (Control) Act, 1994
- iv. Tobacco Control Act, 2007
- v. Public Health Act, 2012
- vi. Dangerous Drugs Act, 1994
- vii. Pharmacy and Poisons Act, 2009
- viii. Poisonous Substances Act, 2012
- ix. The Mental Health Act, 1989
- x. Food, Drugs and Chemical Substances Act, 2013
- xi. Children's Act 2001, as revised in 2010
- xii. Basic Education Act, 2013
- xiii. Teachers Service Commission Act, 2012
- xiv. County government laws

Policy Framework

- i. Kenya Mental Health Policy 2015 - 2030
- ii. Basic Education Regulations, 2015
- iii. Safety Standards Manual, 2008
- iv. National Education Sector Strategic Plan 2018 – 2022
- v. School Health Policy, 2018
- vi. Child Friendly Schools Manual, 2006
- vii. Sector Policy for Learners and Trainees with Disabilities, 2018
- viii. National Guidelines for School Re-Entry in Early Learning and Basic Education, 2019

The Children's Act (2001) provides for protection of children from drugs and other psychotropic substances and provision of services for children who abuse drugs.

County government laws are an integral part of the instruments for control of alcohol and drugs in learning institutions. Liquor licensing is a devolved function under the Constitution of Kenya, 2010. Pursuant to this provision, various county governments have taken up the function and proceeded to enact legislation to regulate the same. With respect to control of drugs, the overarching statute in the area is the Narcotics Drugs and Psychotropic Substances Control Act, 1994. However, the county governments have the residual mandate under the function of control of drugs to provide facilitative legislation or policy framework that will enable the county governments discharge their roles in drug control within their areas of jurisdiction. Issues of drug control within the competencies of the county government include addressing channels of access, use, concealment, community campaigns, public education, school programmes, etc.

In addition, county governments are also responsible for pre-primary education. In this regard, the laws and policies they make and implement should support prevention and management of alcohol and substance use in learning institutions.

1.4 Rationale

The ultimate goal of an effective education is to develop the learner as a whole. Basic Education Goal number 4 articulates the need to develop a self-disciplined and ethical citizen with sound moral and religious values as enshrined in the Constitution. In addition, Education Goal 5 promotes inclusive and equitable access to quality and differentiated education providing the learner with opportunities for shared responsibility and accountability. Further, Education Goal 8 provides for inculcating

in the learner the value of physical and psychological well-being for self and others. This underpins the need to prevent use of alcohol and drugs among learners which is a barrier to their holistic development. With children spending most of their time in school, schools naturally have to assume a primary role in substance use prevention.

According to UNODC (2018) report, the extent of drug use among young people remains higher than that among older people. The report indicates that from 12–14 years to late 15–17 years old adolescence is a critical risk period for the initiation of substance use. Substance use may peak among young people aged 18–25 years.

The Government of Kenya has put in place national commitments and legislation aimed at addressing challenges associated with alcohol and substance use in learning institutions. Furthermore, the Basic Education Act (2013) and the 100% transition policy advocate for enhanced enrolment and retention. However, a significant proportion of learners who start schooling are not able to complete the basic education cycle resulting in increased dropout rates. One of the reasons that keep learners out of school is substance use and mental health related challenges (NACADA, 2018). Most school administrators have challenges managing alcohol and substance use incidents due to lack of guidelines and capacity.

The United Nations General Assembly Special Session on Drugs (UNGASS) 2016 recommends increase in availability, coverage and quality of scientific evidence-based measures and tools that aim at reaching in-school youth. This can be done through development and implementation of prevention curricula and programmes for use in the education system at all levels; to enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services.

Africa Agenda 2063 is Africa's blueprint and master plan for transforming the continent into the global powerhouse of the future. It encapsulates seven aspirations and flagship programs. One of the priority areas is to organise evidence-based school interventions, highlighting the need for de-stigmatisation and social inclusion of learners who started using drugs.

These guidelines provide a whole school approach to addressing alcohol and substance use related challenges among learners in basic education institutions.

CHAPTER 2:

GOAL, OBJECTIVES AND SCOPE

2.1 Purpose of the guidelines

The purpose of these guidelines is to support learning institutions to prevent and manage alcohol and substance use.

2.2 Goal

Promote a safe and healthy environment free from alcohol and substance use to enable learners realize their full potential.

2.3 Objectives

To ensure that learning institutions:

1. Eradicate alcohol and substances of abuse in school premises, functions and activities;
2. Establish mechanisms that support alcohol and substance use preventive education for the school community;
3. Respond appropriately to learners with substance use challenges.

2.4 Scope

These guidelines provide a blueprint for heads of basic education institutions, teachers and care givers in responding effectively to issues related to alcohol and substance use in schools. Implementation of the guidelines will support creation of learner friendly environments and promote transition, completion and ethical citizenship. The guidelines spell out effective preventive and management approaches appropriate in responding to alcohol and substance use in schools.

The guidelines will be used by basic education institutions and will apply within the school premises and at school events. They seek to address alcohol, tobacco, inhalants and any other chemical substances that when consumed alter the functioning of the normal behaviour of the user. Key players in prevention and management of alcohol and substance use in schools are:

1. Ministry of Education
2. Teachers Service Commission
3. National Authority for the Campaign against Alcohol and Drug Abuse
4. Ministry of Interior and Coordination of National Government
5. Ministry of Health
6. Department of Children's Services
7. County Governments
8. County Education Boards
9. School Boards of Management
10. Teaching and non-teaching staff
11. Parents and guardians
12. Community
13. Faith Based Organizations (FBOs), Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and development partners
14. Media

2.5 Guiding principles

The following principles embody the spirit of implementing interventions for prevention and management of alcohol and substance use in basic education institutions.

2.5.1 Age-appropriate

The content and interventions implemented shall focus on information, personal and social skills relevant to the learners' developmental stage.

2.5.2 Evidence-based

In order to be safe and effective, all interventions need to be based on scientific evidence, and their implementation monitored and evaluated.

2.5.3 Comprehensive

Interventions shall aim to prevent onset and mitigate consequences of substance use including provision of support for those with substance use disorders (SUDs).

2.5.4 Non-punitive

Substance use mitigation interventions shall take a corrective and supportive approach rather than seeking to punish learners found using alcohol and other drugs.

2.5.5 Confidentiality

Initiatives for mitigating substance use shall uphold discretion to avoid stigma and discrimination of persons with substance use disorders (SUDs).

2.5.6 Early intervention

In order to prevent progression to substance use disorders and mitigate consequences of substance use, players shall ensure early identification of vulnerable learners and initiate support mechanisms.

2.5.7 Inclusivity and Non-discrimination

Prevention and management initiatives shall apply to the entire school community and not focus only on learners. Efforts shall be made to adapt initiatives to meet the requirements of persons with special needs.

CHAPTER 3:

THEMATIC AREAS OF IMPLEMENTATION

Introduction

This chapter elaborates the strategies that basic education institutions shall implement towards prevention and mitigation of alcohol and substance use:

1. Supply reduction
2. Preventive education
3. Incident management
4. Counselling, referral and support

3.1 Supply Reduction

The aim of this is to eliminate access and availability of alcohol and substances in learning institutions. Schools shall do the following:

- 3.1.1 Maintain vigilance to ensure that there is no alcohol and substance use within the school premises and during school activities and events. Any cases of use should be handled as per incident management guidelines for learners and Teachers Service Commission (TSC) ADA workplace policy for teachers.
- 3.1.2 Develop guidelines for incident management for BOM teaching staff, non-teaching staff, parents and visitors to the school.
- 3.1.3 Maintain vigilance to prevent sale, manufacture or storage of alcohol and drugs in establishments around the school. Where an alcohol-selling/manufacturing/storage outlet is operating within 300 meters of the school compound the administration shall report in

writing to the sub-county education office to liaise with Ministry of Interior and County Government to close the outlet. The school shall also collaborate with the same offices for closure of kiosks and vendors operating next to schools.

- 3.1.4 Collaborate with law enforcers and immediate community to deal with peddlers within the community. Information obtained from learners or other members of the community shall be treated with utmost confidentiality and shared with law enforcers for action.
- 3.1.5 Ban the vending of food and other products in school premises.
- 3.1.6 Put measures in place during school events to prohibit availability of alcohol and substances of abuse.
- 3.1.7 Monitor operations of school canteens/tuckshops.
- 3.1.8 Enhance supervision during school events, activities and on weekends.
- 3.1.9 Carry out regular comprehensive whole school inspection, including impromptu searches.
- 3.1.10 Ensure access and use of prescription medicine is supervised by a person appointed by the school administration.
- 3.1.11 Ensure teachers and other relevant staff are equipped with knowledge and skills to conduct effective inspection.
- 3.1.12 Report alcohol advertisements/billboards next to schools to the sub-county education office to liaise with Ministry of Interior and County Government for action.

3.2 Preventive Education

Knowledge about drugs and drug use is important for informing decisions and shaping values and attitudes against drug use. Education about alcohol, tobacco and drugs is most effective if provided in the broader context of a health education programme and delivered in the context of a supportive whole school environment. Preventive education in the school community should target:

1. Teachers and non-teaching staff
2. Parents
3. Learners

Learning institutions shall ensure:

- 3.2.1 Both teaching and non-teaching staff are sensitized about their role in prevention and management of alcohol and substance use. This shall include early warning signs of alcohol and substance use, how to conduct effective and appropriate inspections, effects of alcohol and substance use, incident management and how to support individuals with substance use disorders.
- 3.2.2 Teachers are trained to facilitate early identification of mental health problems.
- 3.2.3 Parents are sensitized on the role of parenting in prevention of alcohol and substance use. This shall include parental supervision/monitoring, early warning signs of alcohol and substance use and how to talk to their children about alcohol and drugs.
- 3.2.4 Learners receive age-appropriate content and life skills under pastoral/madrassa/Duksi, guidance and counselling programs and clubs as per annex 1.

3.3 Incident Management

Management of alcohol, tobacco and drugs requires a multi-agency approach. The following are the recommended procedures in managing incidents involving alcohol, tobacco and drugs:

3.3.1 Use or suspected use of alcohol, drugs, tobacco in the school premises or during a school-related activity

- i. Recording of alcohol, tobacco and drugs related incidents in the register for disciplinary action against learners;
- ii. Establish the facts by the relevant teacher where the incident took place;
- iii. Determine further actions e.g. Counselling, involvement of parent; referral for drug testing in accredited public health facility.

3.3.2 Intoxication/unusual behaviour

- i. Establish health status of the learner involved in the incident;
- ii. Provide first aid and ensure the learner's safety;
- iii. Refer to health facility where applicable;
- iv. Recording of alcohol, tobacco and drugs related incidents in the register for disciplinary action against learners;
- v. Inform parent/guardian;
- vi. Identify the need for involvement of other specialised agencies e.g. education office, police etc.

3.3.3 Disclosure about use

- i. Refer to Guidance and Counselling (ensure confidentiality of information) and where necessary refer to a health care professional.

3.3.4 Finding substances and/or associated paraphernalia

- i. Recording of alcohol, tobacco and drugs related incidents in the register for disciplinary action against learners;
- ii. Confiscate and safeguard the evidence;
- iii. Establish the facts;
- iv. Inform parent/guardian;
- v. Refer to medical facility for assessment;
- vi. Consult relevant authorities e.g. education office, police, health professional, children's department.

3.3.5 Possession and/or supply in the school premises or during a school-related activity

- i. Recording of alcohol, tobacco and drugs related incidents in the register for disciplinary action against learners;
- ii. Random searches including involvement of relevant authorities e.g. law enforcement, local administration;
- iii. Confiscate and safeguard the evidence;
- iv. Inform the parent/guardian;
- v. Prescribe the corrective measures to be taken as provided by the Basic Education Act, 2013 and other written laws.

3.3.6 Other emerging incidents

- i. Recording of alcohol, tobacco and drugs related incidents in the register for disciplinary action against learners;
- ii. Inform parent or guardian;
- iii. Prescribe the corrective measures to be taken as provided by the Basic Education Act, 2013 and other written laws.

Refer to Annex 2 for the flow chart summarizing the recommended management of drug incidents at school level.

3.4 Counselling, Treatment and Support

The purpose of counselling and treatment is to ensure that learners with substance use disorders recover from the negative effects of alcohol and/or drugs for continuity with education. Counselling support system should be provided for learners and other members of school community with substance use disorders or other problem behaviours. For this reason, cases shall be referred to the guidance and counselling committee. The following procedures are recommended:

- 3.4.1 The school shall communicate in writing to the parent the need for counselling and treatment for the learner.
- 3.4.2 The mental health service provider shall provide the school with progress report of the learner.
- 3.4.3 Medical leave from the school shall be provided on recommendation by a medical professional to allow the learner to enter into intensive therapy program where necessary.
- 3.4.4 Readmission of the learner into the school community shall be facilitated in accordance with the School Re-entry Guidelines, 2019.

- 3.4.5 The school shall facilitate compliance to after care service requirements.
- 3.4.6 The school shall monitor the learner's abstinence through searches and facilitation of random testing.
- 3.4.7 Maintain records of learner progress and ensure confidentiality.
- 3.4.8 Encourage teaching and non-teaching staff to seek counselling and treatment for substance use disorders in accredited institutions.
- 3.4.9 Call NACADA toll free line 1192 for counselling and referral information.

Note: All organizations and individuals implementing various drug preventive education programs or offering drug counselling in schools must be vetted by MOE and NACADA.

CHAPTER 4:

IMPLEMENTATION, MONITORING & EVALUATION FRAMEWORK

Implementation of these guidelines requires multi-sectoral approach and collaboration. This chapter captures the roles and responsibilities of various stakeholders in implementation, monitoring and evaluation.

4.1 Management and coordination

The Ministry of Education shall be the overall coordinator of these guidelines. A steering committee in the ministry shall hold quarterly meetings to assess progress of implementation. The Directorate of Policy, Partnerships and East African Community Affairs will have a desk officer to work directly with NACADA. The Directorates of Primary Education, Secondary Education, Special Needs Education and Early Learning and Teacher Education shall be responsible for implementation of the guidelines. The Directorate of Quality Assurance and Standards shall be responsible for enforcement of these guidelines. NACADA shall support the implementation of strategies in these guidelines. Boards of Management shall implement the guidelines at the school level.

4.2 Roles and responsibilities

Ministry of Education shall:

- a) Mainstream ASU in curricular and co-curricular activities;
- b) Promote implementation of whole school approach to drug use prevention including school policies and positive school climate in learning institutions;
- c) Facilitate early identification, counselling, delivery of interventions and referral for learners with problem behaviour/substance use related problems;

- d) Facilitate training and support to educational personnel to ensure capacity to control and manage alcohol and drug use incidents in basic education institutions;
- e) Facilitate the dissemination of the guidelines to all stakeholders at all levels;
- f) Collect and share data on alcohol and substance use related issues with other ministries and NACADA for decision-making;
- g) Develop and co-ordinate the implementation of action plans for the implementation of ASU Prevention and Management Guidelines;
- h) Vet all individuals and organizations who intend to implement various drug preventive education programs or offer drug counselling in schools in collaboration with NACADA.

Teachers Service Commission shall:

- a) Take action against teachers implicated in trafficking and sale of alcohol and drugs to school going children;
- b) Support teachers with substance use disorders to receive counselling, rehabilitation and/or after care services;
- c) Support capacity building for teachers in line with these guidelines.

NACADA shall:

- a) Promote the implementation of evidence-based interventions that seek to modify key risk and protective factors at school, family and community levels;
- b) Strengthen the capacity of stakeholders to control and manage alcohol and drug use incidents in basic education institutions;
- c) Develop and disseminate age-appropriate information and education materials for learners, parents and teachers;
- d) Vet all individuals and organizations who intend to implement various drug preventive education programs or offer drug counselling in schools in collaboration with MoE.

Ministry of Interior and Coordination of National Government shall:

- a) Collaborate with County Governments towards closure of *kiosks* and vendors operating next to schools;
- b) Collaborate with County Governments to ensure implementation of legal frameworks to deter establishment of structures manufacturing/storing/selling alcohol, tobacco and other drugs in and around basic education institutions;
- c) Support schools in handling incidents that relate to illegal drug possession through national government officers and local security agencies;
- d) Promote public awareness within the community on harms caused by alcohol and drugs and encourage child protection through barazas and other community fora;
- e) Create a safe environment in the community by ensuring arrest of those selling alcohol and other drugs to children.

Ministry of Health shall:

- a) Support the implementation and integration of mental health education programmes in all learning institutions;
- b) Ensure child and adolescent friendly services are available at all medical facilities for school children with mental health and alcohol and substance use related disorders.

County Governments shall:

- a) Institute and strengthen policy and legal frameworks to deter establishment of structures manufacturing/storing/selling alcohol, tobacco and other drugs in and around basic education institutions;

- b) Deter establishment of alcohol advertisements/ billboards next to schools;
- c) Promote public awareness about health consequences, addictive nature and consumption of alcohol, tobacco and other drugs.

County Education Boards shall:

- a) Ensure implementation of these guidelines by the Boards of Management of schools;
- b) Liaise with relevant agencies to enhance eradication of alcohol and substances of abuse in and around basic education institutions;
- c) Advise on appropriate action for learners involved in drug use with regard to sanctions.

School Boards of Management shall:

- a) Develop guidelines for incident management for staff, parents and visitors to the school;
- b) Promote implementation of the guidelines for alcohol and substance use prevention and management in their schools;
- c) Strengthen referral mechanisms to support learners with substance use problems;
- d) Ensure that alcohol and substance use prevention is an agenda in annual parent meetings.

School Administration shall:

- a) Ensure a health committee is in place to implement these guidelines for prevention and management of alcohol and substance use in the school;
- b) Ensure the school community maintains vigilance to prevent alcohol and substance possession and use within the school premises and during school activities and events;

- c) Maintain vigilance to prevent manufacture, storage or sale of alcohol and drugs or advertising of the same in establishments around the school;
- d) Facilitate preventive education for the members of the school community – staff, learners and parents.

Parents shall:

- a) Guide their children's development to avoid alcohol and substance use;
- b) Monitor their child's progress in school and support their involvement in co-curricular activities;
- c) Monitor their children for early identification of substance use initiation or behavioural problems;
- d) Collaborate with the school to address alcohol and drug use incidents as they emerge.

The Community shall:

- a) Report to security agencies cases of people in the community selling alcohol or drugs to children;
- b) Support efforts of school administration and law enforcement officers in creating a safe environment free from alcohol and drugs;
- c) Participate in alcohol and drug awareness forums organized by community and faith-based organizations and the national government administration.

4.3 Monitoring and evaluation

Monitoring of these guidelines shall be done on a quarterly basis. The MoE shall develop a monitoring and evaluation system to inform review of the guidelines. Schools shall be guided by the reporting template herein annexed (See annex 3) to monitor implementation of these guidelines.

Annex 1: Preventive Education Content for Learners

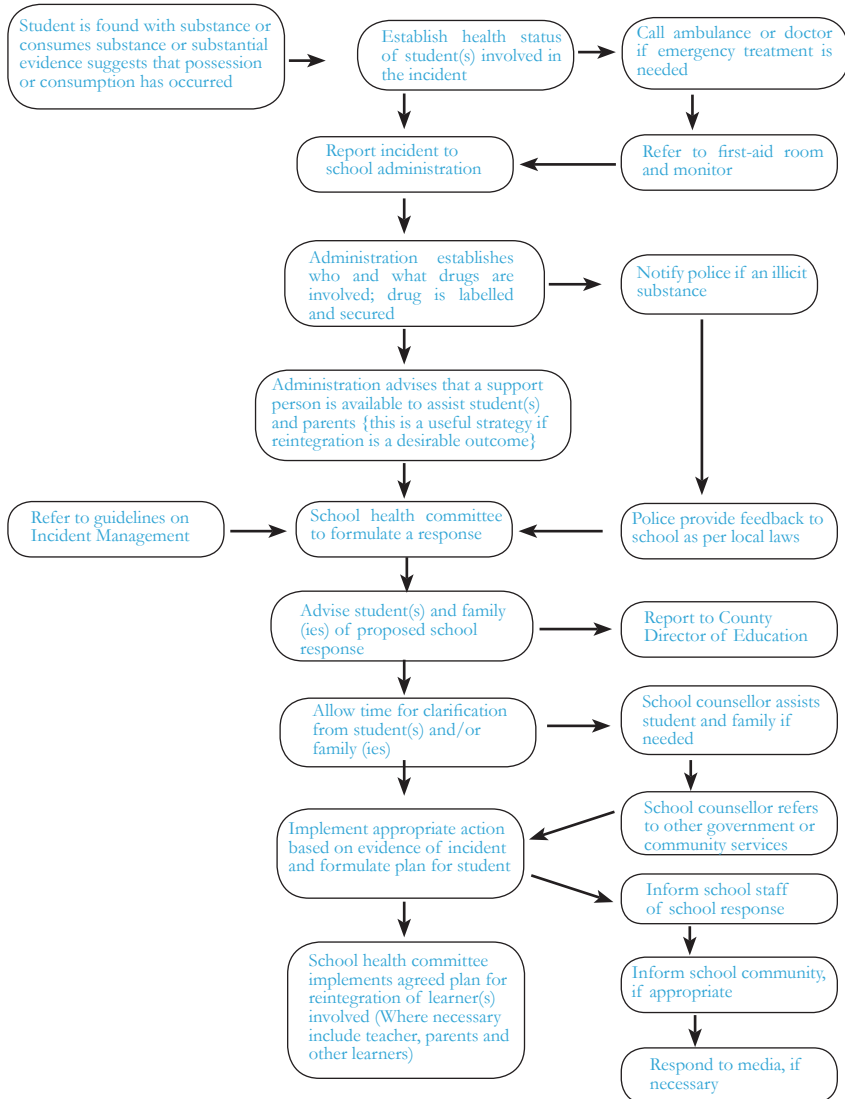
AGE	CONTENT	KEY ISSUES	LIFE SKILLS	MODE OF DELIVERY
4 – 5 ECD	<p>Prevention:</p> <p>Pro-social child behaviour (knowing/living with others);</p> <p>Include message to avoid receiving food, drinks, sweets from strangers</p>	Identifying good and bad friends/people	<p>Self-regulation and social skills</p> <p>Making choices</p> <p>Coping with stress</p> <p>Help-seeking skills</p> <p>Respect for self, parents & others</p>	<p>Methodology should be interactive and utilize small groups</p> <p>Songs, Role play</p> <p>Story telling</p> <p>Animation</p>
Competence: Positive interaction with others				

6 – 12	<p>1. Medications and hazardous household products</p> <p>Learn what medicines are for & their safety rules;</p> <p>Understand effects of incorrect use of medicines, effects of giving medications to others;</p> <p>Understand effects of consuming hazardous household products</p> <p>2. Tobacco</p> <p>Learn about immediate effects of smoking & second-hand smoke</p> <p>3. Alcohol</p> <p>Learn the immediate effects of consuming alcohol</p> <p>4. Other messages</p> <p>Include message to avoid receiving food, drinks, sweets from strangers and friends</p>	<p>Define content terminologies;</p> <p>Focus on:</p> <p>Immediate effects of improper use of medications;</p> <p>Immediate effects of smoking and second-hand smoke;</p> <p>Immediate effects of alcohol consumption;</p> <p>Analyze the hidden messages in advertisements-counteract the messaging</p> <p>Note: <i>Keep the information generic; do not provide details on the drugs</i></p>	<p>Basic prosocial skills and impulse control</p> <p>Respect for self, parents & others;</p> <p>Making choices-emphasis on personal choices, goals and acceptance of differences;</p> <p>Recognizing feelings;</p> <p>Anger management;</p> <p>Coping with stress;</p> <p>Coping with peer pressure; Assertiveness;</p> <p>Help-seeking skills</p>	<p>Methodology should be interactive and utilize small groups</p> <p>Songs</p> <p>Role play</p> <p>Story telling</p> <p>Poetry</p> <p>Debates</p> <p>Quizzes</p> <p>Homework - to engage parents</p> <p>Animation</p>
Primary school	<p>Competence: Proper use of medicine, avoidance of smoking and exposure to second-hand smoke, avoidance of alcohol consumption, obedience to school rules on substance use; Understand the hidden messages in advertising that seek to influence children to use alcohol and other substances</p>			

13 – 15 Secondary school	<p>1. Medications, hazardous household and beauty products</p> <p>Learn what medicines are for & their safety rules</p> <p>Understand effects of incorrect use of medicines, effects of giving medications to others</p> <p>Understand effects of consuming hazardous household products</p> <p>2. Tobacco Use</p> <p>Learn about adverse effects of tobacco use & second-hand smoke</p> <p>3. Alcohol use</p> <p>Learn about the adverse effects of consuming alcohol</p> <p>4. Other messages</p> <p>Reinforce messages earlier given to avoid food, drinks, sweets from strangers and friends</p>	<p>Demystify myths and misinformation on substances</p> <p>Focus on:</p> <p>Prescription medicines</p> <p>Performance enhancing drugs</p> <p>Nutritional supplements</p> <p>Hormonal supplements</p> <p>Beauty products</p> <p>Immediate and long-term effects of alcohol and tobacco use</p> <p>Analyze the hidden messages in advertisements-counteract the messaging</p>	<p>Positive social norms and attitudes that are protective against substance use</p> <p>Respect for self, parents & others</p> <p>Making choices-emphasis on personal choices, goals and acceptance of differences.</p> <p>Recognizing feelings</p> <p>Anger management</p> <p>Coping with loneliness</p> <p>Coping with stress</p> <p>Coping with peer pressure</p> <p>Assertiveness</p> <p>Help-seeking skills</p>	<p>Methodology should be interactive and utilize small groups</p> <p>Story telling</p> <p>Poetry</p> <p>Skits</p> <p>Essays</p> <p>Debates</p> <p>Quizzes</p> <p>Homework- to engage parents</p> <p>Animation</p>
<p>Competence: obedience to school rules on substance use; ability to resist substance use; Understand the hidden messages in advertising that seek to influence children to use alcohol and other substances</p>				

16 – 18 Senior Secondary	<p>1. General</p> <p>Definitions of substance use and dependence;</p> <p>Legal consequences of substance use;</p> <p>Learn the consequences of using performance enhancing substances;</p> <p>Understand the relationship between substance use and risky behaviours;</p> <p>Reinforce message earlier given to avoid food, drinks, sweets from strangers and friends (spiking)</p> <p>2. Medications, hazardous household and beauty products</p> <p>Learn what medicines are for & their safety rules</p> <p>Understand effects of incorrect use of medicines, effects of giving medications to others</p> <p>Understand effects of consuming hazardous household products</p> <p>3. Tobacco Use</p> <p>Learn about adverse effects of tobacco use & second-hand smoke</p> <p>4. Alcohol use</p> <p>Learn about adverse effects of consuming alcohol</p> <p>5. Cannabis use</p> <p>Adverse effects of cannabis</p>	<p>Deny myths and misinformation on substances</p> <p>Signs of substance use</p> <p>Laws on substance use</p> <ul style="list-style-type: none"> • Trafficking • Possession • Use <p>Risky behaviors</p> <ul style="list-style-type: none"> • Sexual behaviour • Injecting drug use • Violence • Drunk driving • Riding with a peer or adult who has been drinking or is impaired <p>Linking substance use with</p> <ul style="list-style-type: none"> • HIV & AIDS • Mental health • Date rape <p>Focus on:</p> <ul style="list-style-type: none"> • Prescription medicines • Performance enhancing drugs • Nutritional supplements • Hormonal supplements • Beauty products • Cannabis • Alcohol • Tobacco • Others <p>Note: discussions to be confined to drugs available in that environment</p>	<p>Values, decision making, and assertive behaviors in situations where substances are being used or there are inducements to use</p> <p>Help-seeking skills</p> <p>Coping with loneliness & depression</p> <p>Coping with stress</p> <p>Conflict resolution & management</p> <p>Respect for self, parents & others</p> <p>Making choices -emphasize on personal choices, goals and acceptance of differences</p> <p>Anger & anxiety management</p> <p>Coping with peer pressure</p> <p>Assertiveness</p> <p>Suicide prevention</p>	<p>Methodology should be interactive and utilize small groups</p> <p>Story telling</p> <p>Poetry</p> <p>Skits</p> <p>Essays</p> <p>Debates</p> <p>Quizzes</p> <p>Homework- to engage parents</p> <p>Audio-visual aids</p> <p>Brief lectures</p> <p>Counselling</p> <p>Referral for treatment</p>
		<p>Competence: ability to avoid consequences of substance use; avoid use of substances to enhance performance; obedience to school rules on substance use; ability to resist substance use; understand the hidden messages in advertising that seek to influence children to use alcohol and other substances.</p>		

Annex 2: Flow Chart on Drug Use Incident Management at School Level



Annex 3: Reporting Format on Prevention, Control and Management of Alcohol and Substance Use at School Level

	Name of the school: County: Sub-county:		Strategies	Indicators	Term/Year: Student population:	
					Action taken	Notes (include details e.g. content of education, referral institutions)
1	Supply reduction		1.1 Carry out inspections and impromptu searches	No. of inspections and impromptu searches		
			1.2 Report suspicion or sale of alcohol, tobacco and other drugs in or near the school	No. of cases reported (kiosks, shops, alcohol selling outlets, peddlers)		
			1.3 Ban vending of food and other items during school events	No. of events held with no outside vendors		
			1.4 Regulate storage of prescription drugs	Provision of storage for prescription medicines		
			1.5 Ensure no alcohol and substance use within school premises and during school events	No. of persons identified using within or reporting to school under the influence		

2	Preventive education	2.1 Conduct sensitization of teachers and other staff	No. of sensitizations No. of teachers and staff sensitized		
		2.2 Facilitate sensitization of parents	No. of sensitizations No. of parents sensitized		
		2.3 Conduct sensitization for learners	No. of sensitizations No. of learners sensitized		
3	Incident management	Manage incidents as per guidelines	No. of incidents related to alcohol and substance use		
			Types and quantities of substances confiscated		
4	Counselling, treatment and support	4.1 Provide counselling to learners with substance use disorders or other behaviour problems	No. of learners counselled		
		4.2 Facilitate referral of learners or staff with substance use disorders or other behaviour problems	No. of persons referred		

Note: The form can be integrated into existing MOE monitoring structures

Annex 4: List of Technical Working Group Members

	Name	Institution/Department
1	Dr. Silvester Mulambe	MOE- Director Policy , Partnerships, &EACA
2	Truphena Kirongo	MOE - Office of the Director General
3	Edith Wekesa	MOE - Directorate of Policy , Partnerships, &EACA
4	Joseph Wambua	MOE - Directorate of Quality Assurance and Standards
5	Michael Gacha	MOE - Directorate of Secondary Education
6	Musa Wambua	MOE - Directorate of Primary Education
7	Margaret Gitiiya	MOE - Directorate of Teacher Education &ECDE
8	Phyllis Mavindu	MOE - Directorate of Policy Partnerships &EACA
9	Magdalene Mwele	Teachers Service Commission – Directorate of Administrative Services
10	Joanne Onyonke	Teachers Service Commission - Directorate of Administrative Services
11	Prof. John Muteti	NACADA- Director Research and Policy
12	Daniel K'Onyango	NACADA – Legal Services
13	Susan Maua	NACADA – Directorate of Public Education and Advocacy
14	Kirwa Lelei	NACADA – Directorate of Policy and Planning
15	Adrian Njenga	NACADA - Directorate of Policy and Planning
16	Wendy Waithaka	NACADA – Directorate of Public Education and Advocacy



NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

NEED SOMEONE TO TALK TO ABOUT ALCOHOL AND DRUGS?

TOLL FREE HELPLINE 1192



National Authority for the Campaign Against Alcohol and Drug Abuse

P.O. Box 10774 00100 NAIROBI

NSSF Building, Block A, Eastern Wing 18th Floor



+254 (020) 2721997/93



info@nacada.go.ke

Website: www.nacada.go.ke



REPUBLIC OF KENYA

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

P.O Box 30040-00100 Nairobi, Kenya

Jogoo House B, Harambee Avenue



+254-020-3318581

Fax: +254-020-20214287



info@education.go.ke

www.education.go.ke