NACADA
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

CODE OF PRACTICE

FOR ALCOHOL AND DRUG USE PREVENTION PRACTITIONERS IN KENYA

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FOREWORD

Alcohol and drug use prevention practitioners work in a variety of settings but are not limited to families, schools, workplaces, communities, and media. Practitioners within each set are from a variety of disciplines and represent different technical areas of study. In this field, acting ethically and fulfilling ethical obligations requires evidence-informed practice and collective decision-making. The values and practices of alcohol and drug use prevention affect individuals, groups, and communities.

This Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya describes the core values, shared responsibilities, commitments, and obligations within which alcohol and drug use prevention practitioners should work. It outlines essential principles and rules intended to unite all practitioners; values that reflect the goal of prevention science; and ethical frameworks that practitioners should abide by in their daily work.

This Code is foundational and to be built upon in combination with the laws, regulations, and professional guidelines/standards in Kenya that govern drug demand reduction strategies. Consequently, it also operationalizes the National Guidelines on Alcohol and Drug Use Prevention, 2021 which seeks among others, to ensure professionalism in the planning and implementation of alcohol and drug use prevention interventions.

It is intended to reflect existing good practice and it is anticipated that practitioners will recognize the shared standards, examine their own practice and look for areas to continually improve. To achieve its purpose the Code of Practice must be understood, internalized, and used by all alcohol and drug use prevention practitioners in all aspects of their work.

Rev. (Dr.) Stephen Mairori

CHAIRPERSON- BOARD OF DIRECTORS

ACKNOWLEDGEMENT

The Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya, 2023 represents a collaborative effort made possible by the input and feedback received from the experts in the field of alcohol and drug use prevention.

We sincerely appreciate the Board of Directors and Management for their strategic guidance and support during the development of this document.

In a special way, we recognize members of the Technical Working Group: Dr. Yvonne Olando, (Ph.D.), Susan Maua, Kirwa Lelei, Diana Ouma, Caroline Kahiu, Ritah Khayo, Charles Obel, Brian Magwaro, Joseph Njoroge, Dr. Simeon O. Mboya, Dr. Zipporah Ali, Anthony Muthemba and Benjamin Odhiambo. We appreciate the members for their contributions, hard work, persistence, and resilience to ensure the successful development of this Code.

We appreciate the Secretariat for enabling various stakeholders' engagement and providing various inputs that contributed to the preparation and compilation of this final document. In addition, for all that participated in validation forums (in-person and online), we say thank you. Let us remember that the reason we embarked on this journey is to make a difference in drug demand reduction interventions, and professionalizing this field should be our motivation going forward.

We look forward to collectively shifting the narrative to evidence-based policy and programming.

Prof. John K. Muteti

Ag. CHIEF EXECUTIVE OFFICER

ABBREVIATIONS

ATOD	Alcohol Tobacco and Other Drugs
DSM-5	Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
SUDs	Substance Use Disorders
UPC	Universal Prevention Curriculum
WHO	World Health Organization

DEFINITION OF TERMS

Addiction	A chronic disease characterized by drug seeking and use that is compulsive, or difficult to control despite harmful consequences
Brief Interventions	Systematic, focused processes that aim to investigate potential substance use and motivate individuals to change their behavior. The goal is to reduce risky substance use before and after the individual becomes dependent or addicted
Drug	Any chemical capable of altering the mind, body, behavior, or character of an individual and includes both licit and illicit substances
Evidence-based Practice	Systematic decision-making processes or provision of services that have been shown, through available scientific evidence, to consistently improve measurable client outcomes
Evidence-based/ Informed Programs	Practices that have been shown to be effective in preventing substance use or impacting known protective or risk factors for substance use when targeting a given setting or population
Indicated Population	A subset of the population identified as being at particular risk for substance use or for substance use disorders
Prevention Coordinator	A person who is responsible for assessing, designing, and coordinating alcohol and drug abuse prevention programs to meet the informational and service needs of the target population.
Prevention Practitioner	An individual who has undergone training in prevention science and has acquired the minimum professional expertise
Prevention Science	It is a field of study of interventions that seek to avoid, delay or stop substance use and dependence on drugs
Prevention Specialist	A professional who has undergone training and is qualified to work with a targeted population to help them avoid, delay or stop substance use and dependence
Selective Population	A subset of the population that are at an increased risk of substance use
Substance Use Disorders	A general term used to describe a range of problems associated with substance use from substance abuse to substance dependence and addiction
Targeted Population	Categories of populations for which specific programs and activities are developed and conducted. It includes universal, selective, and indicated populations
Targeted Setting	Specific environments where prevention activities are conducted include but are not limited to schools, workplaces, communities, and media
Universal Population	The entire population without regard to individual or group risk factors

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1. INTRODUCTION

Background

Alcohol and drug use pose a significant threat to the health, social, and economic fabric of families, communities, and nations. Both alcohol and illicit drug consumption have been shown to be associated with family dysfunction, impaired productivity, violence, and criminal behavior. According to the World Health Organization (WHO, 2020) alcohol and illicit drug consumption are major health issues affecting economic development, human health, and well-being.

For many decades, the common view of alcohol and drug use prevention has consisted of informing and warning young people about the effects and dangers thereof. It has also been equated to mass media campaigns, sharing real-life stories/testimonies, and implementing a one-size fits all activities. However, with scientific evidence, enormous advances have been made in alcohol and drug use prevention and practitioners now have a more complete understanding of what makes individuals vulnerable to initiating use and progression to disorders.

The primary objective of prevention is to help people- especially, but not only, young people- to avoid or delay the initiation of the use of psychoactive substances, or, if they have already initiated use, to avert the development of substance use disorders (SUDs). Similarly, the primary goal of prevention science is broader- to improve public health by identifying malleable risk and protective factors, assessing the efficiency and effectiveness of prevention interventions, and identifying optimal means for dissemination and diffusion.

Kenya has made great strides towards the implementation of evidence-based prevention interventions. In 2021, the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA), developed the National Guidelines on Alcohol and Drug Use Prevention that sought among others, to ensure professionalism in planning and implementation of prevention interventions. To operationalize this, the Authority has developed this Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya.

This Code seeks to:

i. Guide and regulate the performance of alcohol and drug use prevention practitioners;
ii. Provide a harmonized approach in prevention science to ensure professionalism and efficiency in prevention interventions;

iii. Outline the necessary steps in planning, implementing, and evaluating drug prevention activities;
iv. Reflect an internally consistent and long-term view on prevention;
v. Underscore the importance of integrated approaches to working with young people;
vi. Value and reward the contributions of practitioners in the field; and
vii. Encourage practitioners to continually improve existing efforts to obtain better and more sustainable outcomes.

2. CORE VALUES IN PREVENTION

Promising prevention strategies are often designed to address different levels of risks and also incorporate the cultural, gender, and age-specific needs of the target audience.

Although individual programs differ widely, the field of alcohol and drug use prevention is guided by the values listed below that practitioners should adhere while undertaking the work.

Autonomy	Freedom over one's destiny
Beneficence	Do good, help others
Competence	Be knowledgeable and skilled
Conscientious refusal	Disobey illegal or unethical directives
Diligence	Work hard
Discretion	Respect, confidentiality and privacy
Fidelity	Keep your promises
Gratitude	Giving back; passing good along to others
Honesty and candor	Tell the truth
Justice	Be fair, distribute by merit
Loyalty	Do not abandon

Non-maleficence	Do not hurt anyone / Do no harm
Obedience	Obey legal and ethically permissible directives
Restitution	Make amends to person's injured
Self- improvement	Be the best that you can be
Self- interest	Protect yourself
Stewardship	Use resources wisely

3. CLASSIFICATION OF PREVENTION STRATEGIES

To provide a simple overview, the classification of prevention strategies is distinguished through the assessment of vulnerability and risk. This allows targeting of particular groups such as marginalized and vulnerable groups in certain settings.

i. Universal Prevention

Universal prevention strategies address an entire population (e.g. local community, school pupils, neighborhood). The aim of universal prevention is to deter or delay the onset of drug use by providing all necessary information and skills. They are delivered to large groups without any prior screening for their risk of drug use and assume that all members of the population are at equal risk of initiating use.

ii. Selective Prevention

Selective prevention serves specific sub-populations whose risk of a disorder is significantly higher than average, either imminently or over a lifetime. Often, this higher vulnerability to drug use stems from social exclusion for example children of substance abusers, young offenders, school drop-outs, and pupils who are failing academically. The main advantage of focusing on vulnerable populations is that they are already identified in many places and contexts.

iii. Indicated Prevention

Indicated prevention aims to identify and target individuals who are showing early signs of problematic drug use (but not clinical criteria for dependence) and other indicators that are highly correlated with an individual risk of developing drug use later in their life (such as psychiatric disorders, school failure, 'antisocial' behavior).

The aim of indicated prevention efforts is not necessarily to prevent the initiation of drug use but to prevent the development of dependence, to diminish the frequency of use, or to prevent progression to more harmful patterns of drug use (e.g. injecting).

iv. Environmental Prevention Strategies

Environmental strategies are aimed at altering the immediate cultural, social, physical, and economic environments in which people make their choices about drug use. This perspective takes into account that individuals do not become involved with drugs solely on the basis of personal characteristics.

Rather, they are influenced by a complex set of factors in the environment, such as: what is expected or accepted in the communities they live in, national rules or regulations and taxes, information and messages to which they are exposed to, and the availability of alcohol, tobacco, and illegal drugs.

4. PURPOSE OF THE CODE OF PRACTICE

i. For information, Education and Guidance

To clarify what drug prevention practitioners should be aiming towards and improve their knowledge and understanding of best practices. It can also be used to promote better planning in prevention policy and strategy, and to promote drug prevention and treatment. It may also serve as a reference in the training of prevention practitioners.

ii. Developing or Updating Quality Criteria

It is not prescriptive, but provides a benchmark for practice, that targets deserving populations by all types of organizations. It can be used to develop quality criteria and best practice guidelines for organizations. It will also be used to review and update existing criteria or guidelines, in line with local, regional, and/or national circumstances.

iii. Performance Appraisals

It can also be used as a reference tool in professional development and performance reviews. For example, to identify staff training needs and potentials for future development.

5. OBJECTIVES OF THE CODE OF PRACTICE

The objectives of this Code are to:

i. Regulate the conduct of prevention practitioners;

ii. Harmonize content, structure and delivery of prevention interventions and policies; and

iii. Enhance adherence to ethical principles of prevention science.

6. SCOPE

The Code is applicable to practitioners working in a wide range of drug prevention activities (drug education, structured programs, outreach work, brief interventions), settings (school, community, family, recreational settings, criminal justice), and target populations (school pupils, students, young offenders, families, ethnic groups, workplace), regardless of the duration of the programs.

7. RATIONALE FOR THE CODE OF PRACTICE

Considering that many people and groups are involved in prevention work, there is need to standardize knowledge and practice of interventions for positive and sustainable outcomes. Evidence-based interventions and practices will ease harmonization, monitoring and evaluation, and strengthening of efforts within the prevention framework.

8. APPLICABILITY OF THIS CODE OF PRACTICE

This Code is applicable in:

i. Policy and Decision-making

It will help policy makers to better understand what prevention practitioners are aiming to achieve through their work, and to reflect on prevention strategies.

ii. Front-line Work

It will guide those who work directly in drug prevention by informing and emphasizing the need to engage with the target population. To tailor activities to their needs, ensure that delivery is of high quality, and refer individuals to specialized services where applicable.

iii. Training

It will standardize drug prevention training content, structure and delivery guided by curriculum manuals outlining all aspects of high-quality drug prevention strategies.

iv. Supervision

It will serve as a reference to identify training needs and potential for further development. It will also highlight key areas and identify existing gaps that the practitioners will need to pay attention to.

Regular follow up, support and mentorship will enable the practitioners to reflect on and improve their competence and practice.

v. Consultancy, Evaluation and Academic Research

It will provide a comprehensive checklist and reference framework, as well as benchmarks for evaluation and research.

vi. Resource Mobilization

It may be applicable for making funding decisions and may be used to conduct formal self-assessment and serves as a basis for accreditation.

9. KNOWLEDGE, COMPETENCE AND TASKS

The following are minimum requirements for prevention practitioners (coordinators and specialists)

i. Bachelor's Degree or Diploma in Health Sciences or Social Sciences
ii. Introduction to UPC series for Implementers (CORE)
iii. Training in Universal Prevention Curriculum (UPC) for Coordinators
    a. Introduction to Prevention Science
    b. Physiology and Pharmacology
iv. Specialty track areas for School, Family, Workplace, Media and Community for those working in specific settings
v. Knowledge of the current issues of SUDs, including the DSM-5 classifications
vi. Knowledge on National Guidelines on Alcohol and Drug Use Prevention, 2021 and other relevant working documents
vii. Diploma in Addiction Counseling will be an added advantage

9.1. Prevention Coordinator

A Prevention Coordinator should be a subject matter expert in school, workplace, family, media and community programs. (S)he should be able to develop, implement and evaluate prevention programs.

Knowledge

Working knowledge on:

- Effects of alcohol, drugs and substance use and their disorders;
- Prevention methods and techniques;
- Principles and practices of community organization to enhance awareness and responsiveness to substance abuse prevention;
- Basic community resources and organizations;
- Program development and evaluation; and
- Communication skills and techniques.

Abilities

- Evaluate needs, design and implement substance abuse prevention programs for specific target populations;
- Conduct community rapid assessment to identify issues that require interventions;
- Plan, coordinate, facilitate and present substance abuse prevention programs;
- Develop and maintain a cooperative working relationship with and between a wide variety of schools, workplaces, communities, media and professional representatives;
- Consult and provide technical expertise in substance abuse prevention programs;
- Plan, assign, direct and evaluate the work of program staff;
- Prepare and present oral and written materials convincingly, clearly and logically; and
- Evaluate curricula and other educational materials related to substance abuse prevention.

Tasks and Responsibilities

- Develop and maintain the coordinated delivery of substance abuse prevention promotion and education services;
- Coordinate prevention services with State and Non-state actors;
- Assess and identify needs of target populations for drug and alcohol prevention programs;
- Provide technical assistance to schools, workplaces, community organizations and groups to plan, organize, design, implement and evaluate programs;
- Foster cooperative relationships between diverse groups concerned with responsive prevention services and public policy
- Develop, negotiate and administer contracts with trainers and consultants;
- Prepare, manage and monitor prevention budget; and
- Fundraising and resource mobilization.

Adapted from Core Course 10: Introduction to Universal Prevention Curriculum Series for Practitioners

9.2. Prevention Specialist

A prevention specialist should be a subject matter expert in one of the following areas: - school, workplace, family, media or community programs.

In-depth knowledge on:

- Alcohol, Tobacco and Other Drugs (ATOD) prevention;
- Communication skills and techniques;
- Program monitoring, evaluation and reporting; and
- Basic community resources and organizations

Abilities:

- Maintain current and relevant knowledge through ongoing professional education;
- Skills in presentation and education techniques;
- Develop and implementing policies and procedures for the prevention program;
- Identify community needs and develop strategies to address them;
- Conduct research on prevention programs aimed at positive behavior change;
- Develop and implementing educational programs that promote healthy behaviors;
- Coordinate community outreach efforts such as surveys or informational events; and
- Communicate effectively.

Tasks and Responsibilities

- Implement population-specific prevention interventions that target children, parents, youth, workers and media;
- Plan and implement programs aimed at helping target groups make alternative lifestyle choices;
- Review and recommend improvements to existing prevention programs;
- Monitor prevention programs for specific population interventions;
- Maintain objectivity, integrity, and the highest standards in delivering prevention services;
- Create, maintain and utilize a referral system for substances use disorder management;
- Promote the health and wellbeing of individuals, families, and communities in order to prevent substance use and dependence;
- Deliver high quality services in the best interest of the public in an honest and professional manner;

- Demonstrate sensitivity, appreciation and understanding of cultural and religious differences in service delivery; and
- Acknowledge their level of competence and skill or training and be willing to refer to another individual or program when appropriate;
- Upgrade their knowledge and skills through continuous professional development and certification.

Adapted from Core Course 10: Introduction to Universal Prevention Curriculum Series for Practitioners

10. PRACTITIONERS' PRINCIPLES FOR ETHICAL CONDUCT

Practitioners principles for ethical conduct express recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field.
The provision of services includes: - preventive education; services to people with drug and alcohol problems; services to those affected by drug and alcohol use; and professional services to other practitioners are outlined in this Code.

10.1. General

i. Practitioners shall at all times be guided by the goal of helping reduce the damage caused by substance misuse to users themselves, those close to them and the wider community.
ii. Practitioners should act in a professional and responsible way at all times. They should be honest and fair in their professional dealings, act with integrity, be conscientious, careful and thorough in their work, and take account of their obligations under the law and to the wider public interest.
iii. Practitioners must at all times respect the rights, dignity and interests of their clients. They should treat all clients equitably, and must not discriminate on grounds of lifestyle, gender, age, disability, race, religion, beliefs, culture, ethnicity, or socio-economic status; colleagues, or anyone else with whom they have dealings in the course of their work.
iv. Practitioners should recognize the difference between fact and opinion, acknowledge where professional opinions differ, and state as fact only what has been empirically validated.
v. Practitioners should seek to have their work adequately covered by insurance for professional indemnity and liability, whether through their employer or independently.

10.2. Service Provision

i. Practitioners should provide services based on an assessment of the individual's need, taking into account the practitioner's professional responsibilities and the relevant evidence based on effective practice.

ii. Practitioners should provide a service only where they feel that it would, taking account of their professional responsibilities, be appropriate for them to do so, and should ensure that those concerned are aware of any alternative options open to them.

iii. Practitioners who receive payment or other benefits from service providers for advising people about or referring them to their services must make this clear to all concerned and not allow their own financial interests to compromise their wider professional responsibilities.

10.3. Professional Competence

i. Practitioners should keep their knowledge and skills up-to-date. They should not attempt to work beyond their competence.

ii. Practitioners should present their qualifications and experience accurately and not misrepresent themselves.

iii. Except for medication taken under direction of a doctor, practitioners should not take any mood-altering substance, including alcohol, prior to, or while carrying out, their work.

iv. Practitioners shall not have any dual (personal, business, sexual) relations with clients.

10.4. Consent

i. Before providing a service, practitioners should secure the informed consent of the person concerned (or their legal representatives) and must take all reasonable steps to ensure that the nature of the service, and anticipated consequences, are well understood.

ii. Written consent must always be secured for a person's involvement in research - and information about the purpose or nature of a research study.

iii. Practitioners must recognize and uphold a client's right to withdraw consent at any time.

iv. Practitioners should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 years before photographing, videotaping, audio recording, or permitting third-party observations.

10.5. Confidentiality

i. Practitioners shall safely guard the acquired information from disclosure, including but not limited to verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate consent of the participants.

ii. Where a practitioner holds a sincere belief that a client poses a serious risk of harm to themselves or others, or where obliged by law, a practitioner may be required to disclose the clients' personal information without their consent.

iii. Information identifying clients must never be published (for example in an article or book), without their written agreement (or that of their legal representatives).

10.6. Client Relations

i. Practitioners must recognize that they hold positions of responsibility and that their clients and those seeking their help will often be in a position of vulnerability.

ii. Practitioners must not abuse their client's trust in order to gain sexual, emotional, financial or any other kind of personal advantage.

iii. Practitioners should exercise considerable caution before entering into personal or business relationships with former clients and should expect to be held professionally accountable if the relationship becomes detrimental to the client or to the standing of the profession.

10.7. Professional Supervision

i. Where a practitioner has any serious doubts about how to handle a particular situation, including in relation to this Code, they should discuss this with their supervisor at the earliest opportunity.

ii. Practitioners should seek regular supervision to support, improve practice, and enhance their well-being.

10.8. Professional Standards

i. Practitioners must not condone, support, conceal or otherwise enable the unethical conduct of colleagues. Where they are aware of or have good reason to suspect misconduct on the part of a colleague this should be discussed with the practitioner's supervisor or consult NACADA – taking into account the need to respect clients' rights of confidentiality.

ii. Practitioners have a duty to explain to clients their rights and options in making a formal complaint about a service they have received. Practitioners must never attempt to prevent or dissuade a client from making a complaint about a service with which they are dissatisfied.

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Annexure 1: Technical Working Group Members

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Annexure 2: Validation Workshops- Organizations

1. Alcohol and Drug Abuse Prevention Practitioners of Kenya
2. Blue Cross, Kenya
3. Child Space Organization
4. Community Education and Empowerment Centre
5. Community Anti-Drug Coalition of Kenya
6. Crime Si Poa Organization
7. International Society of Substance Use Professionals (ISSUP) Kenya
8. Jomo Kenyatta University of Science and Technology
9. Kenya Alliance of Residents Association (KARA)
10. Kenya Girls Guide Organization
11. Kenyatta University- Wellness Centre
12. Kiambiu Justice and Information Network
13. Mathare Coalition Against Drugs Organization
14. Mathare Community Anti-Drugs Coalition
15. Non-Communicable Diseases Alliance of Kenya
16. Oasis of Love
17. Slum Child Foundation
18. Slum Girls Initiative
19. Sober-life Mentorship
20. Straight Talk, Kenya
21. Undugu Society of Kenya
22. Voice of Dagoretti
23. Youth Safety Awareness

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