



NACADA

FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE



NATIONAL ALCOHOL AND DRUG USE PREVENTION SYSTEM 2023

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PREFACE

The National Alcohol and Drug Use Prevention System seeks to deliver a range of interventions and policies based on scientific evidence, taking place in multiple settings and targeting relevant ages and levels of risk. It is anchored on a supportive policy and legal framework, scientific evidence, coordination of multi-sectoral and multi-tier stakeholders, capacity building, and commitment to providing adequate resources for its sustenance.

The goal of the System is to support the healthy and safe development of individuals by highlighting the core components of prevention and how they interact. It is a starting point to guide policymakers and other stakeholders to deliver programs, policies, and interventions that are an investment in the future of children, youth, families, and communities.

I am confident that continued and sustained efforts by all stakeholders toward the utilization of this System will be the tipping point and the hallmark moment toward evidence-based drug demand reduction programs in Kenya.



Rev. Dr. Stephen K. Mairori

CHAIR, NACADA BOARD OF DIRECTORS

ACKNOWLEDGMENT

NACADA recognizes and appreciates the very useful contribution by various individuals who were involved in the drafting, reviewing, and validation of the Alcohol and Drug Use Prevention System, 2023.

Special gratitude to the NACADA Board of Directors and Management for their guidance and support towards the successful development of this document.

We recognize the members of the Technical Working Group: Dr. Yvonne Olando, (Ph.D.), Susan Maua, Kirwa Lelei, Morris Kamenderi, Diana Ouma, Wendy Waithaka, Adrian Njenga, Caroline Kahiu, Ritah Khayo, Dr. Jane Gatua, Thomas Lindi, Herbert Dody, and Catherine Muthiani. We appreciate the members for conceptualizing and their professional contributions with a view to ensuring that the goal of alcohol and drug use prevention is achieved.

We are equally grateful to the Secretariat for facilitating stakeholders' engagement and validation workshops. The comments and inputs received from both state and non-state actors are gratefully acknowledged.

Finally, we take cognizance that this System provides a snapshot of how each of the components fit together to build one another and encourages a team approach.

Let us work together to operationalize effective strategies and interventions in a guided and coordinated multi-sectoral approach.



Prof. John K. Muteti

Ag. CHIEF EXECUTIVE OFFICER

ABBREVIATIONS AND ACRONYMS

AUC	African Union Commission
CBO	Community Based organization
CSOs	Civil Society Organizations
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FBO	Faith-Based Organization
GAP	Global Assessment Program on Drug Abuse
GoK	Government of Kenya
MoH	Ministry of Health
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
NADPS	National Alcohol and Drug Use Prevention System
NDO	National Drug Observatory
NGO	Non-Governmental Organization
SUDs	Substance Use Disorders
UNODC	United Nations Office on Drugs and Crime

DEFINITION OF TERMS

Alcohol and Drug Use	This is the consumption of alcohol or any other psychoactive substance. It includes all forms of tobacco, <i>khat</i> , cannabis, cocaine, heroin, inhalants, non-medical use of prescription drugs, and over-the-counter medicines.
Community Programs	Policies and activities that are implemented over time to mitigate the consequences of alcohol and drug use in the community.
Developmental Factors	Conditions and variables that influence emotional, intellectual, social, and physical development from conception to maturity.
Evidence-Informed	Scientifically verified practices that over the years, have proved to be effective in preventing substance use or impacting known protective or risk factors when targeting children, youth, and other at-risk populations.
Environmental Factors	External factors that positively or negatively influence an individual's behavior towards initiation and use of alcohol and drugs.
Family Programs	Substance use prevention interventions and policies, exposed to parents and families over time that contribute to preventing and mitigating the consequences of alcohol and drug use.
Media Programs	Media-based prevention interventions with a focus on altering the course of substance use by promoting positive developmental outcomes and reducing behaviors that predispose people to alcohol and drug use.
National Drug Observatory	An official source of reliable and comparable information concerning drug demand and supply suppression interventions in the country.
Non-State Actors	Non-governmental organizations, civil society organizations, faith-based organizations, and private enterprises.
Prevention Interventions	Activities focusing on altering the course of substance use by promoting positive developmental outcomes and reducing negative behaviors and outcomes.
Prevention Settings	Locations where programs targeting families, children, youth, and adults are conducted.
Protective Factors	Factors that directly decrease the likelihood of substance use, risks, and behavioral health problems.
Risk Factors	Factors that increase the likelihood of initiating substance use, of regular and harmful use, and of other behavioral health problems associated with use.
School Programs	Policies and activities to which learners are exposed over time contribute to preventing and mitigating the consequences of alcohol and drug use.

Risk Factors	Factors that increase the likelihood of initiating substance use, of regular and harmful use, and of other behavioral health problems associated with use.
School Programs	Policies and activities to which learners are exposed over time contribute to preventing and mitigating the consequences of alcohol and drug use.
State Actors	Institutions and individuals appointed by the Government at the national and county levels are also authorized to act on policy issues on its behalf.
System	An organized framework for collecting and analyzing prevention interventions and disseminating best practices and lessons learned.
Target Audience	Decision makers, professionals, researchers, civil society organizations, faith-based organizations, and any other relevant stakeholders working in the prevention field.
Target Population	Categories of populations for which prevention interventions are developed and implemented.
Workplace Programs	Policies and activities which employees are exposed to over time that contribute to the prevention and management of alcohol and drug use.

1. INTRODUCTION

1.1. Background

The prevention and moderation of the impacts of alcohol and drug use is a complex social and public health issue and it cannot be handled solely by one entity. It calls for a multi-sectoral strategy and collaboration with like-minded stakeholders. It also requires a shared vision and teamwork for prevention efforts to be successful.

Drug use treatment and supply suppression efforts have been common in countries across Africa, but the implementation of evidence-informed prevention interventions is limited and under-resourced. Through various efforts at the global and continental levels, the prevention landscape has been changing over the last decade.

In 2015, International Standards on Drug Use Prevention were developed by the United Nations Office on Drugs and Crime (UNODC). This was pivotal in creating a global discussion and movement toward policies and interventions backed by scientific evidence. In the same year, the African Union Commission (AUC) launched the African Union Plan of Action on Drug Control and Crime as a comprehensive strategic framework to guide drug policy development in the continent.

The Government of Kenya through the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) has made great strides in integrating evidence-informed practices in drug demand reduction prevention interventions. The National Guidelines on Alcohol and Drug Use Prevention (2021) is the overarching guide on evidence-informed prevention programming in Kenya. One of its objectives was to develop a National Prevention System that will support children, youth, and adults in different settings leading to positive, healthy, and safe lifestyles. To operationalize this, the Authority has developed the National Alcohol and Drug Use Prevention System (NADPS).

2. RATIONALE

Kenya, being a signatory of the three International Conventions on drug control (1961, 1971, 1988), is obligated to submit annual reports on drug demand reduction and supply suppression interventions to the United Nations Office on Drugs and Crime (UNODC) and African Union Commission. In fulfillment of one of its core functions, the Authority prepares and submits bi-annual status report on alcohol and drug use control to both Houses of Parliament.

Worth noting is that the focus of these reports is drug supply suppression and there is a gap in the documentation and reporting on demand reduction interventions. This has necessitated the development of the National Alcohol and Drug Use Prevention

System (NADPS) to provide an observatory for prevention data in Kenya. The NADPS is a starting point for collecting, analyzing, disseminating, and adaptation of effective approaches to alcohol and drug use prevention in Kenya.

It is envisaged that it will help achieve sustained behavioral changes leading to the establishment of multi-level, multi-tiered, and multi-component prevention systems that are able to effectively deliver appropriate evidence-based interventions.

3. OBJECTIVES

The main objective of NADPS is to provide a strategic framework for planning, delivery, monitoring, evaluation, and reporting of prevention efforts in schools, families, workplaces, communities, and the media in Kenya.

3.1. Specific Objectives

The specific objectives are to:

- (i) Coordinate national and county prevention efforts and provide a structured reporting mechanism;
- (i) Provide the target audience with information for policy and decision-making regarding alcohol and drug use prevention-related services and programs;
- (ii) Collect data, analyze, and interpret to produce information needed to fulfill the national and international reporting obligations;
- (iii) Serve as a repository for evidence-informed prevention programs and activities;
- (iv) Strengthen cooperation with various arms of government, non-state actors, and researchers toward promoting, adopting, and implementing evidence-based interventions and policies;
- (v) Organize regular forums for sharing best practices in the prevention of alcohol and drug use; and
- (vi) Enhance compliance with international and national prevention standards on alcohol and drug use.

3.2. Scope

This document is intended for use by all stakeholders in Kenya that are involved in the planning, development, and implementation of alcohol and drug use prevention interventions.

4. FUNCTIONS AND COMPONENTS OF THE NATIONAL ALCOHOL AND DRUG USE PREVENTION SYSTEM

4.1. Functions of the Prevention System

The functions of NADPS shall but are not limited to: -

- (i) Document a range of interventions and policies based on evidence to:
 - Support children and youth throughout their development stages;
 - Target the population at large, support vulnerable groups and individuals;
 - Address both individual and environmental factors of vulnerability and resilience; and
 - Reach the population through multiple settings (families, schools, workplaces, media, communities).
- (ii) Support policy and regulatory framework at the national level which includes:
 - National Guidelines on Alcohol and Drug Use Prevention, 2021;
 - Code of Practice for Alcohol and Drug Use Prevention Practitioners in Kenya, 2023;
 - National Guidelines for Alcohol and Substance Use Prevention and Management in Basic Education Institutions, 2021;
 - Workplace Alcohol and Drug Abuse Prevention and Management Guidelines;
 - Kenya Mental Health Policy 2015-2030; and
 - National Drug Observatory.
- (iii) Support a strong basis on research and scientific evidence which includes:
 - A system that regularly collects and monitors information;
 - A formal mechanism to collate and analyze the data generated to inform programming.
- (iv) Support the inclusion of different sectors involved at the national, county, and community levels by:
 - Supporting policymakers to develop policies, legal framework, and infrastructure for implementation of prevention interventions;
 - Supporting agencies, NGOs, FBOs, CBOs, residents' associations, universities, research institutions, and the private sector to implement evidence-based prevention interventions.
- (v) Promote an effective alcohol and drug use intervention delivery system
 - Resource mobilization by agencies and stakeholders delivering interventions and policies;
 - Practitioners and policymakers delivering intervention and policies need to be competent and pursue continued prevention education;
 - Provision of technical assistance on an ongoing basis to support implementation and continuous quality improvements.

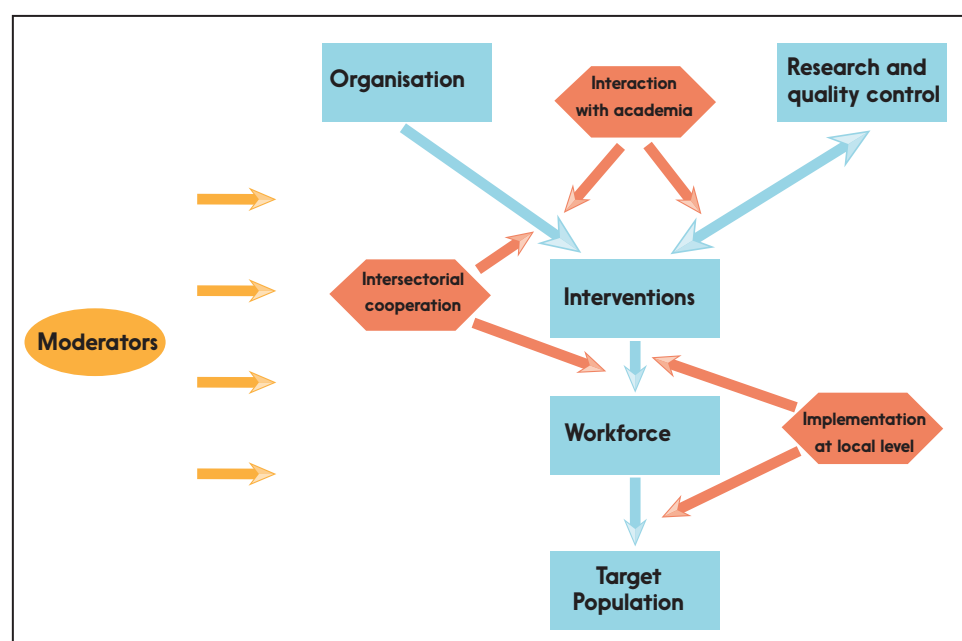
(vi) Support Monitoring, Evaluation, Learning, and Sustainability Mechanisms

- A mechanism of review and adjustment of the national alcohol and drug use prevention system after 3 years;
- Delivery of evidence-informed interventions and policies planned and resourced to be active at least in the medium term;
- Regular collection and analysis of data through the information system, including feedback into the planning/review process;
- Documenting and sharing of best practices with stakeholders for quality improvement;
- Continuous research for the rigorous evaluation of interventions and policies;
- Continuous training of practitioners and policymakers involved in planning, delivering, monitoring, and evaluating alcohol and drug use prevention strategies.

4.2. Components of the Prevention System

The NADPS is guided by the pillars of prevention science which are research, policy, and practice. Research findings influence policy and interventions or practice and vice versa. Implementers of prevention interventions are encouraged to utilize research and existing evidence of what works and does not work to inform their programs.

Figure 1: Components of a Prevention System



Adapted from: EMCDDA (2019), Drug prevention: exploring a systems perspective, technical report.

4.2.1. Organization

The NADPS constitutes both government and non-state actors and shall be coordinated by NACADA, the lead agency in drug demand reduction in Kenya. The centrality of the prevention system guides where decision-making happens, how cooperation between sectors happens, and how prevention programs are funded.

(i) Decision making

This will be spearheaded by NACADA guided by the variety of data gathered from various sources at the national and county levels. Similarly, a standardized systematic approach to assessing the prevention needs of the population will be used to support the given programs that should be implemented in specific settings and locations.

(ii) Intersectoral Cooperation

Establishing a level of agreed cooperation at national and county levels is critical for a positive prevention outcome among stakeholders implementing prevention interventions. This underscores the importance of establishing alliances and coalitions with key stakeholders for prevention interventions at the local or community levels.

(iii) Funding

Resource availability is an essential requirement for effective implementation of interventions to ensure their sustainability. County governments through their respective Alcoholic Drinks Control Fund shall support prevention interventions. Government agencies, civil society organizations, and other stakeholders shall also lobby for funding to support prevention interventions.

4.2.2. Research and Quality Assurance

NADPS aims at translating scientific findings, new paradigms, effective interventions, and principles of effectiveness into practice to enhance the functioning of existing services or infrastructure.

Non-state actors will be subjected to conditional funding wherein only interventions that fulfill certain standards or quality criteria will receive government funding or be allowed to implement among the target group. This is especially for those wishing to implement school-based interventions.

Further, technical assistance will be provided to improve the quality of prevention through capacity building of practitioners to implement evidence-based prevention interventions as guided by the National Guidelines for Prevention of Alcohol and Drug Use (2021) and the Code of Practice for Alcohol and Drug Use Prevention Practitioners (2023).

(i) Input (data sources)

Reports from organizations on interventions, policies, and programs developed and/or implemented are the main sources of prevention data. Stakeholders shall hold regular meetings to share their reports and take necessary actions.

(ii) Output (reporting)

The reports generated by NADPS are of importance in not only establishing what works but what does not work and why. In doing this, it acts as a learning platform for members and contributes to information on best practices.

In order to enhance research and evidence of what works all implementers shall maintain good record keeping and ensure monitoring and evaluation of interventions is done.

4.2.3. Interventions

Alcohol and drug use prevention approaches are varied, ranging from those that target society as a whole (environmental prevention) to interventions focusing on at-risk individuals (indicated prevention). Most prevention strategies focus on substance use in general; some also consider associated problems, such as violence and sexual risk behavior; a limited number focus on specific substances such as alcohol, tobacco, or cannabis.

One of the main challenges lies in matching different strategies – from indicated to environmental – to target groups and contexts while ensuring that they are evidence-based and have sufficient population coverage.

Table 1: Menu of prevention interventions prescribed in the National Guidelines for Alcohol Drug Use Prevention, 2021.

	PROGRAM TYPE	TARGET POPULATION	IMPLEMENTERS
1.	Family-based prevention interventions <ul style="list-style-type: none"> Family skills programs Parenting skills programs Capacity building on positive parenting 	Parents and their children	<ul style="list-style-type: none"> ✓ NACADA ✓ Faith-Based Organizations ✓ Non-Governmental Organizations ✓ Community-Based Organizations ✓ Prevention Professionals ✓ Community health volunteers
2.	School-based prevention interventions <ul style="list-style-type: none"> Dissemination of national guidelines for Alcohol and Substance Use prevention & management in basic education institutions (2021); Curriculum-based programs e.g. Life Skills Training; <ul style="list-style-type: none"> i. School policies and positive school climate; ii. Preventive education for learners in basic education institutions; iii. Capacity building for school counselors to handle substance use-related problems; iv. Counseling for learners with substance use-related problems; v. Capacity building for education personnel to control and manage substance use 	<ul style="list-style-type: none"> ✓ Teaching and non-teaching staff ✓ Learners in primary and secondary schools ✓ Learners in institutions for special needs ✓ School management boards ✓ All the teacher's unions and associations ✓ National Parents Association 	<ul style="list-style-type: none"> ✓ NACADA ✓ School Administrators ✓ Non-governmental Organizations ✓ Faith-Based Organizations ✓ Community-Based Organizations ✓ Prevention Professionals

	PROGRAM TYPE	TARGET POPULATION	IMPLEMENTERS
	incidents in basic education institutions; vi. School health clubs to promote involvement in co-curricular activities		
3.	Workplace-based Prevention Interventions i. Prevention and management programs in public sector institutions; ii. Preventive education for learners in tertiary institutions; iii. Training and sensitization of workers on the harms caused by alcohol and drugs; iv. Brief interventions and referrals to treatment for workers with substance use problems; v. Awareness campaigns on harms caused by alcohol and drugs for informal sector workers (<i>boda boda</i> , <i>matatus</i> , youth groups)	✓ Workers in public sector institutions ✓ Students in colleges and universities ✓ Workers in the informal sector ✓ Young people in formal youth groups ✓ Private sector	✓ NACADA ✓ Public sector institutions ✓ Administrators in tertiary institutions ✓ Faith-Based Organizations ✓ Community-Based Organizations ✓ Non-Governmental Organizations ✓ Kenya private sector alliance ✓ Prevention professionals
4.	Community-based Prevention Interventions i. Advocacy for implementation of alcohol and tobacco policies; ii. Public awareness campaigns within the community on harms caused by alcohol and drugs; iii. Local radio programs to create awareness on topical areas affecting the community; iv. Training and sensitization for employees of entertainment venues on the prevention of underage drinking, drugged/drunk	✓ Community members ✓ Proprietors of entertainment venues and businesses ✓ Media ✓ Policy implementers at national and county levels	✓ NACADA ✓ County Governments ✓ National Government ✓ Civil Society Organizations ✓ Faith-Based Organizations ✓ Community-Based Organizations ✓ Community Workgroups ✓ Prevention professionals

	PROGRAM TYPE	TARGET POPULATION	IMPLEMENTERS
	V. driving Community-based initiatives that promote healthy meaningful engagements for children and youth		✓ Community Health Volunteers ✓ Community Health Workers

*More specific interventions are in Annex I

Table 2: Information Needs of Different Stakeholders

INFORMATION NEEDS OF DIFFERENT STAKEHOLDERS	
Decision-makers	Summarized information on specific issues and topics of interest, e.g., policy briefings and executive summaries of national reports.
Professionals from the drugs field	Information covering a wide range of technical and methodological issues, structured and well-documented contents.
General public is drawn from families, schools, workplaces, community-wide, and media	Summarized information on topics of general interest, allowing the audience to gain some insight into changes in the alcohol and drugs situation about the responses that may be relevant to their needs.

5. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS IN THE NATIONAL ALCOHOL AND DRUG USE PREVENTION SYSTEM

The implementation of alcohol and drug use prevention policies and activities requires a number of stakeholders. The table below highlights some of the key stakeholders who are instrumental in the implementation of this prevention system:

Table 3: Roles and responsibilities of stakeholders in the NADPS

STAKEHOLDER	RESPONSIBILITIES
National Authority for the Campaign against Alcohol and Drug Abuse	<ul style="list-style-type: none">• Coordinate capacity building for the target audience• Receive, collate, analyze, and share information/data from different stakeholders• Convene regular prevention meetings/ forums• Submit national, regional, and international prevention reports• Regularly update prevention system stakeholders' database• Utilize the prevention system to inform evidence-based national policy and programs• Monitoring, Evaluation, Compliance, and Enforcement
Ministry of Education and Teachers Service Commission	<ul style="list-style-type: none">• Disseminate guidelines on addressing alcohol and substance use• Implement school-based policies and interventions• Coordinate data collection, collation, analysis, and sharing of information/data from learning institutions to NACADA• Utilize the prevention system to inform evidence-based policy and programs• Participate in regular prevention system meetings
Private Sector Businesses	<ul style="list-style-type: none">• Implement workplace prevention and management strategies• Coordinate data collection and sharing of private sector prevention data with NACADA• Utilize the prevention system to inform evidence-based policy and programs• Participate in regular prevention system meetings

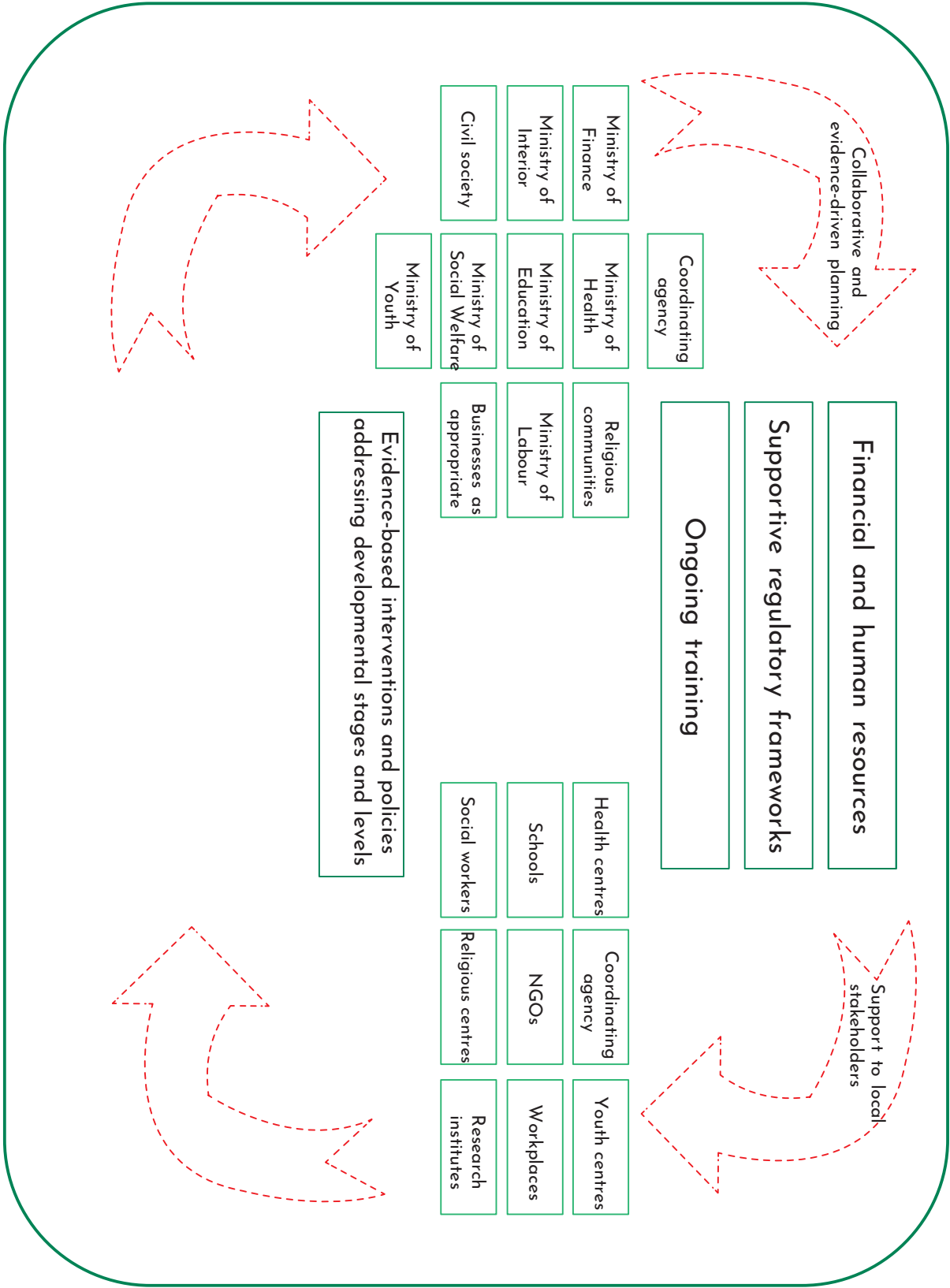
Ministry responsible for Youth Development	<ul style="list-style-type: none"> ● Implement prevention programs targeting out of school youth ● Prepare and submit reports to NACADA on prevention efforts and relevant data ● Utilize the prevention system to inform evidence-based policy and programs ● Coordinate data collection and sharing prevention data with NACADA ● Participate in regular prevention system meetings
Ministry responsible for Children Services	<ul style="list-style-type: none"> ● Implement prevention programs targeting children ● Prepare and submit reports to NACADA on prevention efforts and relevant data ● Utilize the prevention system to inform evidence-based policy and programs ● Coordinate data collection and sharing prevention data with NACADA ● Participate in regular prevention system meetings
Ministries, Departments, and Agencies	<ul style="list-style-type: none"> ● Implement workplace prevention and management strategies ● Prepare and share reports on prevention efforts and relevant data to NACADA ● Implement prevention programs ● Utilize the prevention system to inform evidence-based policy and programs ● Coordinate data collection and sharing prevention data with NACADA ● Participate in regular prevention system meetings
County Governments	<ul style="list-style-type: none"> ● Implement school, workplace, and community prevention programs ● Utilize the prevention system to inform evidence-based policy and programs ● Coordinate data collection and sharing prevention data with NACADA ● Participate in regular prevention system meetings
Civil Society and Faith-Based Organizations	<ul style="list-style-type: none"> ● Implement prevention policies and programs ● Participate in regular prevention system meetings ● Utilize the prevention system to inform evidence-based policy and programs ● Coordinate data collection and sharing prevention data with NACADA

N/B

The stakeholders shall meet regularly to discuss progress made with regard to the implementation of the system as well as the reports submitted throughout the year. Standardized reporting tools (see Annexure 2) will ensure the right data is provided. The output of this meeting shall include a report on alcohol and drug use prevention interventions that will be disseminated to identified stakeholders at the local, county, national and international levels

INTERNATIONAL STANDARDS ON DRUG USE PREVENTION

Figure 2. Schematic representation of a national drug prevention system



ANNEXURES

- i. MENU OF PREVENTION PROGRAMS
 - a) Early childhood education
 - b) Parenting skills programs
 - c) Family programs
 - d) Personal and social skills education
 - e) Classroom environment improvement program
 - f) Policies to retain children in school
 - g) Interventions to address mental health disorders
 - h) Prevention education based on social competence and influence School policies on substance use
 - i) School-wide programs to enhance school attachment Interventions to address individual psychological vulnerabilities
 - j) Mentoring
 - k) Brief interventions
 - l) Workplace prevention programs
 - m) Community-based multi-component initiatives
 - n) Media campaigns
 - o) Interventions in entertainment venues
 - p) After-school activities, sports and other structured leisure activities
 - q) Interventions to prevent the non-medical use of prescription drugs
 - r) Interventions and policies targeting children and youth, particularly at risk
 - s) Interventions to prevent the use of new psychoactive substances not controlled under the international conventions
 - t) Interventions using media

ii. REPORTING TOOL

DRUG USE PREVENTION BI-ANNUAL REPORT

This form is used to collect data on the implementation of interventions and programs for the prevention of alcohol and drug use in the country to inform the National Alcohol and Drug Use Prevention System.

Reporting period: ☐ January - June

☐ July - December

Date of report submission: __/__/__

Section 1: Institution Data

1. Full name of organization: _____
2. Physical location: _____
3. Name of contact person: _____
4. Designation of contact person: _____
5. Telephone no. of contact person: _____
6. Email address: _____
7. Type of registration:
 - ☐ Government ministry or agency
 - ☐ County government
 - ☐ International non-governmental organization
 - ☐ Local non-governmental organization
 - ☐ Faith based organization
 - ☐ Community based organization
 - ☐ Women organization
 - ☐ Youth organization
 - ☐ Children organization
 - ☐ Charitable trust
8. Registration body: _____
9. Registration number: _____
10. Source of funding:
 - ☐ Income generating activities
 - ☐ Private funding
 - ☐ Donations and contributions
 - ☐ Government (Specify): _____
 - ☐ Donor funding (Specify): _____

11. Networks, associations, coalitions and alliances. (Kindly mention any groups that you are affiliated to or a member of)

12. County/counties of operation:

13. Organizational goals related to alcohol and drug use

14. Does your organization undertake any prevention interventions? (These include any activities that contribute to the prevention of alcohol and drug use)

☐ Yes

☐ No

Section 2: Data on Prevention of Alcohol and Drug Use

15. What is the geographical coverage of your prevention interventions?

☐ National (at least 20 counties in different regions of the country)

☐ Regional (Central, Eastern, Nyanza, Rift Valley, Coast, Western, N. Eastern)

☐ County

☐ Sub-county

☐ Division

☐ Location/ward

16. Prevention intervention settings (select all relevant options)

☐ Family interventions

☐ School interventions

☐ Workplace interventions

☐ Community-based interventions

☐ Media interventions/campaigns

17. Specific prevention interventions implemented

☐ Prenatal and infancy visitation (visits to those in difficult circumstances to provide them with parenting skills and address a range of issues)

☐ Interventions targeting pregnant women (support for those using substances or with SUDs)

☐ Early childhood education (support the social and cognitive development of preschool children from deprived communities)

☐ Parenting skills programs (support parents to be better parents & positive role models)

☐ Personal and social skills education (structured interactive sessions with a range of skills)

☐ Classroom environment improvement programs (strengthen classroom management abilities of teachers, reducing disruptive behaviors)

☐ Policies to retain children in school (policies to support the attendance of children and improve educational outcomes)

☐ Interventions to address mental health disorders (supporting children and

parents to address emotional and behavioral disorders)

❑ Prevention education based on social competence and influence (structured interactive sessions to learn personal and social skills)

❑ School policies on substance use (prevent use at school; non-punitive mechanisms to address incidents)

❑ School-wide programs to enhance school attachment (support student participation, positive bonding, and commitment to school)

❑ Interventions to address individual psychological vulnerabilities (help at-risk adolescents with personality and mental health challenges to cope positively)

❑ Mentoring (structured activities matching youth from marginalized circumstances with adults)

❑ Brief interventions (one-to-one counseling for at-risk adolescents and adults to support goal setting reducing/stopping use)

❑ Workplace prevention programs (multi-component activities including policy, education of workers, counseling, and referral to treatment)

❑ Community-based multi-component initiatives (mobilization efforts by different community actors to address substance use)

❑ Media campaigns (well-designed drug use prevention messages reaching a large number of people)

❑ Interventions in entertainment venues (training of staff and managers on laws/policies and management of intoxicated patrons)

❑ After-school activities, sports, and other structured leisure activities (sports and another drug- or substance-free leisure time activities to give youth prosocial and healthy pursuits)

❑ Interventions to prevent the non-medical use of prescription drugs (educating parents on use by them and their children; community on safe disposal; education of health-care professionals)

❑ Interventions and policies targeting children and youth particularly at risk (including out-of-school children and youth, street children, youth of displaced, and those in the juvenile justice system)

❑ Interventions to prevent the use of new psychoactive substances not controlled under the international conventions

❑ Interventions on the influence of media (programs to build media literacy and help youth understand the influence of media)

Other (specify)

18. Partners worked with during the reporting period in question (Specify the names of institutions partnered with - CSOs, Government, International NGO, learning institution)

19. Kindly click on the link below to fill in the data of those reached through your interventions. Attach the filled spreadsheet to the report.

Number of people reached by prevention interventions

Section 3: Concluding remarks

20. Challenges faced in your work.

21. Areas for support and capacity building.

☐ Training

☐ Technical support

☐ None at the moment

22. Specific support areas (Mention areas for training and/or technical support)

23. Other comments

The report will be submitted via an online tool using the following link **Biannual Reporting template**

https://bit.ly/DUP_Reporting

iii. TECHNICAL WORKING GROUP

	NAME	INSTITUTION
1.	Catherine Muthiani	ISSUP Kenya
2.	Dr. Jane Gatua	Min. of Education, Science & Technology
3.	Herbert Dody	ADAPPKE
4.	Thomas Lindi	Kenya Tobacco Control Alliance (KETCA)
5.	Dr. Yvonne Olando, (Ph.D.)	NACADA
6.	Susan Maua	NACADA
7.	Kirwa Lelei	NACADA
8.	Morris Kamenderi	NACADA
9.	Wendy Gaya	NACADA
10.	Adrian Njenga	NACADA
11.	Diana Ouma	NACADA
12.	Caroline Kahiu	NACADA
13.	Ritah Khayo	NACADA

iv. VALIDATION WORKSHOPS- ORGANIZATIONS

- | | |
|--|---|
| 1) A Pack A Month Kajiado | 30) Mwangaza Youth Foundation |
| 2) Annread Kamunde Counselling Services | 31) Nairobi City County Government |
| 3) Blue Cross Kenya | 32) National Syndemic Diseases Control Council |
| 4) Child Space Organization | 33) Oasis of Love |
| 5) Cloth A Child Initiative | 34) Oltalet Support Group |
| 6) Community Anti-Drug Coalition of Kenya | 35) Psychiatric Disability Organization (PDO Kenya) |
| 7) Community Education and Empowerment Centre | 36) Safe Care Haven |
| 8) Crime Si Poa Organization | 37) Second Chance Support CBO |
| 9) DABS Africa | 38) Slum Child Foundation |
| 10) Eagles Production | 39) Slum Girls Initiative |
| 11) Elewa Ulevi Consultancy | 40) Smart Key CBO |
| 12) Fadhili Dada Organization | 41) Straight Talk Foundation Kenya |
| 13) Faith Power Evangelism Ministry | 42) Students Campaign Against Drugs |
| 14) Giselle Foundation | 43) Tiaty Youth Development |
| 15) Heal Africa Counselling and Training Centre | 44) TINADA Youth Organization |
| 16) Inspire Teenagers Foundation | 45) UHAI Center |
| 17) International Institute for Legislative Affairs (ILLA) | 46) Undugu Society of Kenya |
| 18) ISSUP Kenya | 47) Vijana Tubonge |
| 19) JKUAT | 48) Willing Way Wellness Center |
| 20) Juja Community Anti-Drug Coalition | 49) Youth advisory champions for health Kiambu |
| 21) Kenya Girl Guides Association | 50) Youth Safety Awareness |
| 22) Kenyatta University | |
| 23) Kiambiu Justice and Information Network | |
| 24) KIMO foundation Kenya | |
| 25) KINPUD | |
| 26) Kisumu Artists for Children | |
| 27) MAISHA YOUTH NETWORK | |
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NEED SOMEONE TO TALK TO ON ALCOHOL AND DRUGS?

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