



Inspiring Innovation and Leadership

KARATINA UNIVERSITY

ALCOHOL AND DRUGS ABUSE POLICY

JUNE 2013

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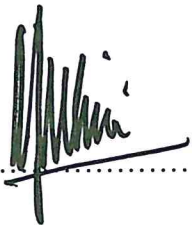
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SIGNATURE PAGE

This Alcohol Drug Workplace Policy was approved by Karatina University Council on 26th July 2013.

A handwritten signature in dark ink, appearing to read 'Mucai Muchiri', is written over a horizontal dotted line. The signature is stylized with vertical strokes and a long horizontal stroke at the bottom.

Prof. Mucai Muchiri
Vice Chancellor

VISION

To be a University of global excellence, meeting the dynamic needs and development of society.

MISSION

To conserve, create and disseminate knowledge through training, research, innovation and community outreach.

CORE VALUES

Equity
Teamwork
Meritocracy
Academic Freedom
Accountability
Excellence
Probity

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EXECUTIVE SUMMARY

Karatina University has developed this Policy as a positive strategy for tackling alcohol and substance related problems. At all times the University wishes to maintain high standards of professional conduct amongst its staff and students.

The policy is not intended to intrude into the privacy of individuals, particularly in health matters, where their condition does not affect their conduct or performance. However, Karatina University is concerned where health or behaviour impairs the conduct, safety or work performance of its staff/students and it recognizes that the misuse of alcohol and/or other psychoactive substance abuse may be a cause of such impairment.

The University will endeavour to ensure that staff and students don't use alcohol, drug and substances while delivering their duties, so that it does not impair the safe and efficient running of the University or the health and safety of its staff and students. From the foregoing this policy will aim at addressing the following:

- i. Dissemination of information, preventive education and communication.
- ii. support referral for treatment and rehabilitation,
- iii. Outreach programmes, and
- iv. Monitoring and evaluation system on implementation of drug and substance abuse policy.
- v. Establishing a corporate culture which discourages alcohol and drug abuse in the university.
- vi. Prescribing clear rules on expected conduct and consequences, in relation to alcohol and drug abuse.

I wish to thank the University staff involved in the development of this document and all the stakeholders including NACADA for their invaluable contributions. We shall apply this policy which is applicable to staff and students without discrimination.

Prof. Mucai Muchiri
Vice Chancellor, Karatina University.

DEFINITION OF TERMS

For the purpose of the policy,

Addiction: A chronic disorder which has genetic, psychosocial, and environmental dimensions and is characterized by the continued use of a substance despite its detrimental effects, impaired control over the use of a drug, and preoccupation with a drug's use for non-therapeutic purposes.

Alcoholism: Refers to a disease known as 'Alcohol Dependence Syndrome'. Alcohol dependence is the habitual drinking of intoxicating liquor by an staff, whereby the staff's ability to perform his/her duties is impaired or his/her attendance at work is interfered with, or he/she endangers the safety of others.

Confidentiality: The assurance that information shared during therapeutic sessions will not be revealed without the consent of the client

Current Usage: Consumption of alcohol or drugs within the last 30 days.

Drug Abuse: Refers to consumption of illegal drugs or unhealthy use of legal ones.

Employees Assistance Programmes (EAPS): Are employee-benefit programmes offered by employers, within the framework of counselling, to assist employees in dealing with personal problems that might adversely impact their work.

Health Effects: Consequences of alcohol and drug abuse on one's health.

Intoxication: Condition that follows administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception, judgment, affect, or behaviour or other psycho-physiological functions and responses.

NACADA: Refers to National Campaign Against Drug Abuse Authority

Past Usage: Previous consumption of alcohol or drugs by an individual in their lifetime

Policy: A guide which establishes the parameters for decision making and action.

Prevalence: A measure of the frequency of a condition at a particular point in time.

Problem Drinkers: Current users of alcohol whose drinking patterns meet some defined criteria, such as experiencing negative consequences (e.g. conflict with family members) as well as exhibiting one or more symptoms of alcohol dependency.

Referral: Recommendation of a client to another professional or agency for appropriate care and services

Substance: Any non prescriptive chemical that is capable of altering biological systems.

Treatment and Rehabilitation: Enabling a patient cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences which are associated with it especially with extreme abuse.

1.0 INTRODUCTION

Alcohol and Substance Abuse has been responsible for many adverse consequences in the society at large. Among them are education and resource wastage, health problems, loss of careers, crime, propagation of HIV/AIDS (Human Immune Virus/Acquired Immune Deficiency Syndrome), accidents, family breakdown and other issues that cause harm to the person and society at large. Therefore, effort to address the problem of drug and abuse are very necessary for the health and life of our nation. The most abused drugs are narcotics, antidepressants, stimulants, hallucinogens, cannabis, and organic solvents. Other forms of drug abuse are prescriptive drugs, over the counter drugs, opiates, relaxants, and sex enhancement drugs.

Nationally the use of hard drugs like cocaine, heroin and mandrax has increased. The situation has been worsened by the failure of the Ministry of Health to put up rehabilitation centres as stipulated by section 52 of the Drugs and Substance Act of 1994.

The five most commonly abused substances are alcohol, tobacco and tobacco based products, bhang, psychotropic, as well as narcotic drugs such as amphetamines, barbituates, cocaine, codeine, ecstasy, heroin, and inhalants. A major indicator of drug abuse is alcohol which is considered a highly predictable precursor.

Karatina University Alcohol Drug and Substance Abuse Policy is formulated based on relevant International Conventions, National Laws, Policies, Guidelines, and Regulations formulated to combat drug abuse. The policy and programs are designed to identify problems at the earliest possible stage, motivate the affected individual(s) to seek help, and to direct the individual toward the best assistance available. Consequently, this benefits the University and the community at large.

This policy aims at creating a university where issues of alcohol and drug abuse are addressed through preventive education, referral for treatment and rehabilitation, psycho-social support, acquisition and dissemination of behaviour change materials, minimization of denial and stigma associated with alcohol and drug dependency, and customizing targets for prevention and control of alcohol and drug abuse in the University's operations.

2.0 SCOPE OF APPLICATION

Karatina University Policy on Alcohol, Drug and Substance abuse applies to the students and staff. The surrounding community may benefit through outreach programmes.

3.0 RATIONALE

Alcohol and substance abuse has negative repercussions to health and the productivity of its users. In addition, without immediate intervention, the continued abuse of drugs by staff, students and the surrounding community is likely to remain high.

This policy has been developed following the findings and recommendations of an alcohol and substance abuse survey commissioned by Karatina University in June 2012 among its staff and students.

The University will build the capacity to carry out collaborative interventions against alcohol and substance abuse. This will include creating awareness, prevention, treatment, rehabilitation and support.

4.0 PURPOSE OF THE ALCOHOL AND SUBSTANCE ABUSE WORKPLACE POLICY

The University's strict policy is to maintain programs which are free from illegal drugs. Students, faculty, staff and/or others with whom they interact, whose behaviour is influenced by illegal drugs, compromise the academic programs and living conditions of all concerned, endanger their own health and safety, violate laws of the country and violate the alcohol and substance abuse policy of the University. After baseline survey the study established that the frequency of using drugs among the staff and students is on the increase for those who abuse drugs daily.

Thus, this policy on alcohol and drug abuse is necessary for the following reasons:

- 4.1. It will help increase staff and students' confidence and morale, reduces absenteeism and labour turnover among staff, increase productivity, increase competitiveness and reduce medical burden on the workforce.

- 4.2. It will enable the University to create awareness on the harmful effects of alcohol and drug abuse at the workplace.
- 4.3. This written policy will assist the University in managing cases arising from alcohol and drug abuse through early detection and intervention.
- 4.4. It will ensure knowledge and understanding of rules related to alcohol and drug abuse, as well as structures and procedures for dealing with alcohol and drug abuse cases.
- 4.5. It will enable the University to establish a corporate culture and practices that prevent and pre-empt alcohol and drug abuse at the workplace.
- 4.6. It will enable the University to maintain a drug free, healthy and productive workforce and clientele.

5.0 POLICY VISION

This University's Policy vision is to create a University of global excellence that meets the dynamic and developmental needs of the society, which is free from Alcohol, Drug and Substance Abuse.

6.0 POLICY OBJECTIVES

The broad objective of this Policy is to provide a framework on prevention, reduction, early detection and management of alcohol and drug abuse among University staff and student.

The specific objectives are:

- 6.1 Prevention, control and management of alcohol, drug and substance abuse by disseminating appropriate Information, Education and Communication materials.
- 6.2 Provision of appropriate care and support for those experiencing drug dependency, addiction and those in danger of relapse.
- 6.3 Mobilization of the University Community to participate in Alcohol, Drug and Substance Abuse, prevention, control and treatment programmes.
- 6.5 Promotion of research on prevention, care, treatment, cure and other related interventions on alcohol, drug and substance abuse.

- 6.6 Building the capacity of the University to develop, implement, monitor, and evaluate alcohol and substance abuse programmes.
- 6.7 Strengthening and promoting the staff/students Assistance Programmes on the management of alcohol and substance abuse.
- 6.8 Networking with other stakeholders to facilitate the fulfillment of the policy vision.
- 6.9 Ensure and mobilize adequate allocation of resources to Alcohol and Drug Abuse interventions.

7.0 POLICY AUTHORITY

The policy derives its authority from

- i. Narcotic Drugs and Psychotropic Substances (Control) Act, 1994
- ii. Alcohol Drinks Control Act, 2010
- iii. Tobacco Control Act, 2007
- iv. The Compounding of Potable Spirits Act (Cap 123)
- v. The Industrial Alcohol (Possession) Act (Cap 119)
- vi. Methylated Spirits Act (Cap 129)
- vii. The Use of Poisonous Substances Act (Cap 245)
- viii. Customs & Excise Tax Act
- ix. The Pharmacy and Poisons Act (Cap 244)
- x. The Food Drugs and Chemical Substances Act (Cap 254)
- xi. The Standards Act (Cap496)
- xii. The Public Health Act (Cap 242)
- xiii. Kenya Gazette Notice 3749, 13th May, 2006
- xiv. Sub-sector workplace policy on HIV and AIDS, 2006
- xv. Foods, Drugs and Chemical Substances Act Cap 254
- xvi. Environmental Management & Coordination Act, 1999 (S78)
- xvii. Workplace Counseling Policy 2008
- xviii. The Service Commissions Act Cap 185
- xix. The Sexual Offences Act 3 of 2006
- xx. The HIV and AIDS Prevention and Control Act 14 of 2006
- xxi. Gender Policy in Education, 2007
- xxii. The Mental Health Act Cap 248
- xxiii. ILO Convention – Vocational
- xxiv. Public Officers Ethics Act
- xxv. Vocational, rehabilitation and employment (disabled persons)
- xxvi. Vision 2030 (social pillar)

8.0 POLICY AREAS

8.1 *Information and Assistance*

The University is committed to providing information to staff and students on the policy.

The assistance procedures are in the following order.

- i. Self-assessment by the employee or student, facilitated by information, education and training programmes.
- ii. The University encourages all the members of the University community to encourage colleagues whom they believe have alcohol or drug dependency problem to seek professional help.
- iii. Formal identification by the university management, which may involve testing. However, testing of bodily samples for alcohol and drugs in the university context involves moral, ethical and legal issues of fundamental importance, requiring a determination of when it is fair and appropriate to conduct such testing. Therefore, testing should be undertaken in accordance with the Kenyan Law.

The University will continually audit its working environment to ensure that it does contribute to a dependency problem and the University will take all reasonable actions to ameliorate the environment to curtail such problems.

8.2 *Prevention through Information Education and Training*

Karatina University workplace policy information, education and training programs cover the following areas:

- i. Information on effects of alcohol and drug abuse.
- ii. Information about the work environment in relation to alcohol and drug abuse.
- iii. Budget for promotion and dissemination of Information, Education and Communication (IEC) materials.
- iv. Assessment and review of working/learning environment, identifying working methods/ conditions which would need to be changed /improved to prevent, reduce or better manage alcohol and drug abuse.

8.3 Support and Treatment

The University shall treat drug and substance abuse as a social health risk and make education, job training and treatment a priority. To achieve this, the University shall:-

- (i) Establish counseling services and support systems to provide guidelines on detoxification, healthy living and abstinence.
- (ii) Recognize and institutionalize welfare groups such as peer educators, A.A-Alcoholic Anonymous, N.A-Narcotic Anonymous as means of educating those involved in drug and substance abuse.
- (iii) Promote and facilitate treatment and /or refer those under drug dependency and addiction in line with its medical policy.
- (iv) Prevent relapse by supporting therapies that aim at modifying behavior. This includes skills development (social skills, assertiveness and stress management among others).
- (v) Avail services to assist the staff who may be abusing alcohol and drugs.
- (vi) Establishment of employee assistance programs.
- (vii) Support and promote provision of biological measures (Treatment facilities), psychological measures (counseling and psychotherapy) and psychosocial measures (Group therapy and Socio-therapy).

8.3.1 Client Obligations

The responsibility of the client(s) will be to:

- i. Take appropriate action on being informed about Alcohol and Drug Abuse regulations to protect himself/herself and the family and seek guidance and counseling;
- ii. Take proactive measures in seeking treatment and rehabilitation services;
- iii. Comply with Alcohol and Drug Abuse Policy;
- iv. Attend, lend support to and participate in all activities aimed at combating Alcohol and Drug Abuse.
- v. Take care of themselves and avoid situations that may lead to relapse.

8.3.2 Client Record

Due to the confidential nature and ethical obligations of Alcohol and Drug Abuse services, appropriate client records shall be developed, maintained, stored and utilized in a manner that ensures the clients' privacy and safety.

8.3.3. Referral System

The Alcohol and Drug Abuse Section shall identify relevant partners for purposes of establishing an appropriate referral system. These partners will include:
Institutions Rehabilitation Centres, support groups and hospital among others;
Other professional like Psychiatrists, Medical Doctors, Clinical Psychologists, Counselling Psychologists, social Workers and Peers.

8.3.4. Conditions for Referral

Referral shall be made when:

- The issue is beyond the therapist competence;
- The Client requests for referral;
- An emotional entanglement between the client and the therapist occurs;
- A client is no longer benefiting from the therapist relationship;
- Dual/Multiple relationship exists between a therapist and the client;
- Either the therapist or client is transferred.

8.3.5. Termination of therapy

Both the client and therapist have an obligation to proceed with therapeutic process until termination phase when mutually agreed upon goals are achieved. However, there are other instances when termination may be necessary. This includes when:

- i. A client ceases to benefit from counseling sessions;
- ii. Instances of conflict of interest arise during the therapeutic process;
- iii. The case requires referral to another practitioner
- iv. Either the client or counselor relocates

9.0 HUMAN RESOURCE MANAGEMENT ISSUES – ASSISTANCE, TREATMENT AND REHABILITATION PROGRAMMES

9.1 Dealing with staff who have an alcohol and drug abuse problem

Staff with alcohol or drug abuse related problems will not be discriminated against and will access health care services similar to employees with other health problems. In addition, they will receive similar benefits like paid sick leave, paid annual leave, leave without pay and medical coverage, in accordance with the university terms of service.

Rehabilitated employees will be reintegrated in the normal working system and helped to adapt to the prevailing working conditions.

9.2 Job Security and promotion

Staff who seek treatment and rehabilitation for alcohol or drug abuse related problems will not be discriminated against by the employer and will enjoy normal job security and opportunity for career development and advancement.

9.3 Assistance to Employees

The University shall co-ordinate the assistance programmes for employees with alcohol and drug abuse related problems. This will be done through the establishment of Employee assistance Programmes (EAPs) by the University in cooperation with the employees. The EAPs will be guided by the principle of confidentiality (in information sharing and record) as well as integration of family, employer, colleagues and friend support. In addition, the EAPs will include counseling, treatment and rehabilitation programmes which are adapted to the individual needs of the person concerned.

9.4 Intervention and disciplinary procedures

Staff who have problems with alcohol and drug abuse will be treated as persons suffering from special health problems. Therefore in such circumstances, the University though having the authority to discipline will offer counseling, treatment and rehabilitation alternatives before consideration is given to imposition of disciplinary measures.

9.5 Rules and regulations applying in this policy

The following acts are prohibited and they will subject the violator to disciplinary actions by the University under the circumstances, which may include suspension without refund for the students, termination of employment, referral to law enforcement authorities:-

- i. The use, possession, purchase, sale, manufacture, distribution, transportation or dispensation of any illegal drugs or other controlled substance.
- ii. b. Being under the influence of any illegal drug or other controlled substance at the University. It will be considered a contravention of this policy for any staff

- or student to consume or use illegal drugs or other controlled substance five (5) hours before attending to duty or attending class.
- iii. Students found guilty of violating this policy face penalties including disciplinary probation, residential eviction, suspension or expulsion from the University. In addition to these penalties, students may be required to participate in an alcohol and other drugs education course or chemical-abuse evaluation.
 - iv. Any member of the Karatina University community who assists a drug or alcohol impaired person by alerting University officials, and/or the police, will not be victimized by the University.
 - v. Alcoholic beverages are prohibited at University's sponsored athletic events and field trips.
 - vi. Drivers or passengers in University's vehicles shall not use alcohol and illegal drugs.
 - vii. Advertising or promoting of alcohol as a primary attraction of an event and the marketing of alcohol by beverage manufacturers or distributors or by clubs, organizations, departments or divisions of the University are prohibited.
 - viii. A division, department, club or organization that fails to adhere to these guidelines and procedures will lose its privilege to conduct social events for a period to be determined by Deputy Vice Chancellor, Academic, Research and Student Affairs or Deputy Vice Chancellor (Planning, Finance and Administration) or their designee.
 - ix. Suspension and termination: The University may suspend or terminate any staff whose performance at work/behavior is suffering because of alcohol or drug dependency, as a disciplinary action. Such action will be suspended for an appropriate period during treatment. Should help be refused or treatment unreasonably discontinued or, after a reasonable interval there is no improvement in behavior and/or work performance remains poor, disciplinary procedures will be resumed.

10.0 POLICY IMPLEMENTATION

This policy shall be implemented by Vice Chancellor, Deputy Vice Chancellor, Planning, Finance and Administration and Deputy Vice Chancellor, Academic Research and Student Affairs, in collaboration the Alcohol and Drug Abuse committee.

10.1 Vice Chancellor

- i. Strengthen commitment at all levels of management
- ii. Appoint Alcohol and Drug Abuse Control Committee to develop, implement and review the policy;
- iii. Advocate for Alcohol and Drug Abuse issues in decision making at all levels;
- iv. Ensure allocation of resource and evidence based budgeting;
- v. Monitor and evaluate the Alcohol and Drug Abuse Policy;

10.2 Deputy Vice Chancellor (Planning, Finance and Administration)

- i. Provide and ensure quality Alcohol and Drug Abuse services to University staff and students
- ii. Ensure that Alcohol and Drug Abuse programmes are mainstreamed in the core functions of the University's strategic plan.
- iii. Provide and advocate for Alcohol and Drug Abuse services to University staff at all levels.
- iv. Co-ordinate the implementation of the workplace Alcohol and Drug Abuse Policy in the University workplaces.
- v. Review Policy, strategy and guidelines on Alcohol and Drug Abuse services.
- vi. Provide information necessary for planning and budgeting for Alcohol and Drug Abuse programmes.
- vii. Co-ordinate the development of Alcohol and Drug Abuse Information, Education and Communication (IEC) materials.
- viii. Identify Alcohol and Drug Abuse needs and develop appropriate intervention programmes for University workplaces.
- ix. Identify training needs and facilitate capacity building for Staff in the University workplaces in liaison with other organizations.
- x. Network with relevant organizations and individuals to enhance Alcohol and Drug Abuse services.

- xi. Develop mechanisms for monitoring and evaluation of Alcohol and Drug Abuse services.
- xii. Create awareness among the University staff on Alcohol and Drug Abuse.
- xiii. Promote partnership with Alcohol and Drug Abuse Service providers across Ministries, development partners and stakeholders.

10.3. Deputy Vice Chancellor, (Academic Research and Student Affairs)

- i. Encourage Staff and Students to write proposals and research papers on alcohol and substance abuse related issues.
- ii. Integrate drug and substance abuse issues in public addresses, workshops, official functions and welfare gatherings where applicable.
- iii. Shall show films, conduct dramas, music, arts and other competitions.
- iv. Shall invite Role models and success stories of those who have overcome drug dependence problems to give talks.
- v. Shall organization of outreach programmes with community groups
- vi. Create awareness among the students on Alcohol and Drug Abuse.

10.4 Alcohol and Drug Abuse Committee members

- i. Identify needs and provide necessary information for planning and budgeting for Alcohol and Drug Abuse programmes;
- ii. Provide Alcohol and Drug Abuse services to commission employees;
- iii. Respond to disasters and crisis through psycho-social interventions;
- iv. Prepare confidential reports as deemed necessary for informed decision-making;
- v. Create awareness among the University staff and students on Alcohol and Drug Abuse;
- vi. Make referrals of clients when necessary;
- vii. Conduct monitoring and evaluation of the implementation of Alcohol and Drug Abuse services; and
- viii. Network with professional bodies and organizations to enhance provision of Alcohol and Drug Abuse services.

11.0 MONITORING AND EVALUATION

The University shall establish a monitoring and evaluation system on the implementation of the Drug and Substance Abuse Policy. To achieve this University shall:

- 11.1 Integrate strategies and mechanisms for monitoring and evaluating the quality of programmes, responses to interventions and efficiency of resource utilization.
- 11.2 Ensure review of this policy appropriately in order to address the realities of Drug and Substance Abuse.
- 11.3 Be pro-active in advocating abstinence and prevention of relapse among students, staff and the surrounding community.

12.0 REVIEW OF POLICY

This Policy will be reviewed from time to time by a senate committee to ensure that it remains relevant to the Drug and Substance Abuse needs of the University staff and students.

