



GUIDELINES FOR DEVELOPING WORKPLACE ALCOHOL AND DRUG ABUSE POLICIES

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DEFINITION OF TERMS

- Drug Abuse:*** Refers to consumption of illegal drugs or unhealthy use of legal ones.
- 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'.
- Current Usage:*** Consumption of alcohol or drugs within the last 30 days.
- Past Usage:*** Previous consumption of alcohol or drugs by an individual in their lifetime
- 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.
- 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.
- 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.

SECTION 1

INTRODUCTION

Alcohol and drug abuse, in the workplace, has the potential to negatively affect the health, safety, productivity and performance of employees, which results in low business output in organizations. The well being of the working community is therefore paramount. Although alcohol and drug abuse happens in the context of family and the wider society, the workplace offers a chance for early detection, intervention and psycho-social support for employees. This consequently benefits the employer, the family and the community at large.

An ideal workplace policy on alcohol and drug abuse should address issues of preventive education, referral for treatment and rehabilitation, psycho-social support, acquisition and dissemination of behaviour change materials, minimisation of denial and stigma associated with alcohol and drug dependency, and customising targets for prevention and control of alcohol and drug abuse to a specific area of the organisation's operations and risk levels.

The target groups for these guidelines are the owners of businesses, employers and managers, in both the public and the private sector. However, the guidelines are recommendations which must be applied among all staff in the workplace with equity and without discrimination. Therefore, the workplace policy should be developed in a participatory way involving all the workers and managers. However, for the policy to be successful, it is critical that there is commitment and ownership from top management.

SECTION 2

PURPOSE OF AN ALCOHOL AND DRUG ABUSE WORKPLACE POLICY

The abuse of drugs in Kenya is escalating rapidly from alcohol and cigarettes to the more dangerous drugs, like marijuana, cocaine and heroin, among other drugs. In addition, there are marked changes in the demographic profile of users: women and youth are increasingly initiating use of drugs. According to a study by NACADA Authority¹, 8 percent of 10-14 year-olds have used some alcohol at least once in their life and about 13 percent of them have used other drugs or substances, like cigarettes. The same study found that close to 40 percent of adults aged between 15 and 65 years have used one type of alcoholic beverage or another in their lifetime, with huge variations in the types and the rate of consumption across regions, rural-urban residence, age, gender, education level, religion and economic status. At least 13 percent of people aged 15 to 65 from all provinces in Kenya, except North Eastern, are current consumers of alcohol.

Seven in every 10 people aged 15-64, with “partners”; sexual partners are likely to be substance abusers. Users of bhang/hashish, heroin and cocaine are more likely to have multiple partners compared to users of alcohol, tobacco and miraa. In a country where HIV/AIDS is a national disaster, risky sexual behaviour will make the HIV/AIDS epidemic worse.

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

1. It helps increase worker confidence and morale, reduces absenteeism and labour turnover, increases productivity and profits, increases competitiveness and reduces medical burden on the workforce.
2. It enables the organization to create awareness on the harmful effects of alcohol and drug abuse at the workplace.
3. A written policy assists the organization in managing cases arising from alcohol and drug abuse through early detection and intervention.
4. It ensures 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.
5. It enables the organization to establish corporate culture and practices that prevent and pre-empt alcohol and drug abuse at the workplace.
6. It enables the organization to maintain a drug free, healthy and productive workforce.

SECTION 3

CONTENTS OF AN ALCOHOL AND DRUG ABUSE WORKPLACE POLICY

An effective workplace policy on alcohol and drug abuse will include the following elements:

1. The organization's definition of what constitutes alcohol, drug and substance abuse in the workplace and all other related issues.
2. Objective - set out clear objectives to promote the prevention, reduction and management of alcohol and drug abuse in the workplace by:
 - a. Safeguarding the health, welfare and safety of all workers through programs that promote a healthy lifestyle and provide assistance and support for those affected.
 - b. Empowering the worker with relevant knowledge and information on alcohol and drug abuse.
 - c. Providing for early detection and intervention, which would include available treatment options.
 - d. Prescribing clear rules on expected conduct and consequences, in relation to alcohol and drug abuse.
 - e. Preventing accidents and occupational hazards related to alcohol and drug abuse in the workplace through early detection, risk analysis and mitigation,
 - f. Improving productivity and efficiency of workers in the workplace by maintaining an alcohol and drug free environment.
 - g. Identifying workplace conditions which expose workers to the risk of developing alcohol and drug related problems.
 - h. Providing support systems which mitigate against alcohol and drug abuse.
 - i. Establishing a corporate culture which discourages alcohol and drug abuse in the workplace.
3. Define minimum period in which abstinence would be maintained for alcohol and other licit substances before reporting to the workplace.
4. Measures to reduce alcohol and drug abuse related problems in the workplace.
5. Good employment practices, including equal opportunities for those currently affected and those who have been affected in the past. Outline working conditions that will prevail in order that predatory factors contributing to alcohol and drug abuse problems are eliminated.
6. Measures to proscribe or control the access and availability of alcohol and drugs at the workplace.
7. Prevention of alcohol and drug related problems in the workplace through education, information, training and early detection.

8. Procedures for dealing with alcohol and drug related problems which include testing procedures and methods (early detection), assessment and referral of those who have alcohol or drug abuse related problems for medical attention and psychosocial support.
9. Measures relating to timely intervention, treatment and rehabilitation of individuals with alcohol or drug abuse related problems.
10. Rules governing prescribed and proscribed conduct in the workplace relating to alcohol and drugs, including disciplinary procedures.
11. How the policy will apply in the workplace and outside the workplace.
12. The persons responsible for implementing or enforcing the policy.
13. Commitment by employees to remain drug free after treatment and rehabilitation.

SECTION 4

REMEDIAL MEASURES

The following are some of the remedial measures to mitigate alcohol and drug abuse related negative effects through good employment practices:

4.1 Detection of working environment-related risks in relation to alcohol and drug abuse

For example in certain circumstances, some job situations may contribute to alcohol and drug related problems. In this connection, the employer/managers in collaboration with the workers will identify and take appropriate preventive or remedial measures.

4.2 Corporate culture and practices

In corporate responsibility, the employers must formally discourage development of organizational culture that encourages or facilitates alcohol and drug abuse in the workplace.

4.3 Job placement for rehabilitated workers

When a worker voluntarily discloses a previous history of alcohol or drug abuse related problem to the employer, the employer shall, where reasonably practicable, avoid exposing the rehabilitated individual to a working situation similar to that which, in the past, may have led to such problems.

4.4 Suggestion boxes

The organisation should avail suggestion boxes for employees to report colleague who may need counselling, treatment and/or rehabilitation.

4.5 Medical insurance

The organisation should ensure that its medical insurance cover caters for treatment and rehabilitation of the employees who need such services. The National Hospital Insurance Fund should also be used to cater for treatment and rehabilitation services.

SECTION 5

RESTRICTIONS ON LEGAL DRUGS AND PROHIBITION OF ILLEGAL DRUGS IN THE WORKPLACE

5.1 Restrictions on alcohol

The employer or the management in consultation with the workers will prohibit access and availability of alcohol through possession, consumption and sale of alcohol at the workplace, including the canteen, cafeteria, dining and recreation areas at the workplace.

As part of corporate culture and practice, the employer, after consultation with workers will ensure that alcohol is not an item for expense account reimbursement.

5.2 Availability of non-alcoholic beverages

In place of alcoholic beverages, the employer should ensure that non-alcoholic beverages, including water, are made available in appropriate and convenient locations.

5.3 Payment in kind

The policy will prohibit the employer from paying any wages in the form of alcohol or drugs. In addition, the employer will be prohibited from paying any wages or rewards by giving objects or material that in any way may trigger alcohol and drug cravings in persons in recovery.

5.4 Prohibition of illegal drugs and substances

The employer or management will prohibit use of illegal drugs and substances by the employees at the workplace.

5.5 Prohibition of advertisement of alcohol and drugs at the workplace

The organisation will ensure that alcohol and drugs are not advertised in the organisation. Indirect advertisement through sponsorship of organisation's activities such as sports should also be expressly prohibited.

SECTION 6

PREVENTION THROUGH INFORMATION, EDUCATION AND TRAINING PROGRAMS

The workplace policy will focus on prevention aspects of alcohol and drug abuse. The policy will deal with information, education and training programmes covering the following areas:

1. Information on effects of alcohol and drug abuse;
2. Information about the work environment in relation to alcohol and drug abuse, measures to prevent such abuse from occurring and available services to assist the workers who may be abusing alcohol and drugs;
3. Training for supervisors and managers on identification of individuals with alcohol and drug problems, establishment of Employee Assistance Programmes (EAPs), assessment of working environment and identifying working methods or conditions which would need be changed or improved to prevent, reduce or otherwise better manage alcohol and drug abuse related problems.
4. In collaboration with NACADA Authority, the organisation should furnish all employees with information on accredited treatment and rehabilitation service providers in the country.
5. The organisation will avail the policy to all employees including newly employed ones.

SECTION 7

IDENTIFICATION OF ALCOHOL AND DRUG ABUSE PROBLEMS

The workplace policy on alcohol and drug abuse will provide the manner in which alcohol and drug related problems will be identified among the workers.

These will include but not limited to:

1. Self-assessment by the worker, facilitated by information, education and training programmes;
2. Informal identification by colleagues, friends or family members.
3. Formal identification by the employer, which may involve testing. However, testing of bodily samples for alcohol and drugs in the context of employment 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 and practice.

SECTION 8

HUMAN RESOURCE MANAGEMENT ISSUES – ASSISTANCE, TREATMENT AND REHABILITATION PROGRAMS

8.1 Dealing with workers who have an alcohol and drug abuse problem

Workers with alcohol or drug abuse related problems will not be discriminated against and will access healthcare services similar to workers with other health problems. In addition, they will receive similar benefits like paid sick leave, paid annual leave, leave without pay and healthcare insurance coverage, in accordance with Kenyan law and practice. Rehabilitated workers will be reintegrated into the normal working system and helped to adapt to the prevailing working conditions.

8.2 Job security and promotion

Workers 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.

8.3 Assistance to workers

The employers should coordinate the assistance programmes for workers with alcohol and drug abuse problems. This will be done through the establishment of Employee Assistance Programmes (EAPs) by the employers in cooperation with the workers. The EAPs will be guided by the principle of confidentiality (in information sharing and records) as well as integration of family, employer, colleagues and friends support. In addition, the EAPs will include counselling, treatment and rehabilitation programmes which are adapted to the individual needs of the person concerned.

8.4 Intervention and disciplinary procedures

Workers who have problems with alcohol and drug abuse will be treated as persons suffering from a normal health problem. Therefore in such circumstances, the employer though having the authority to discipline will offer counselling, treatment and rehabilitation alternatives before consideration is given to imposition of disciplinary measures. However, the workplace policy will have rules specifying the circumstances which would lead to disciplinary measures, including dismissal, as a result of alcohol and drug abuse related problems.

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ANNEX 1

MANDATE/TERMS OF REFERENCE OF THE ALCOHOL AND DRUG ABUSE PREVENTION UNIT

The Alcohol and Drug Abuse Unit is charged with the overall responsibility for coordinating all matters relating to prevention and control of alcohol and drug abuse in the organisation, including:

1. Coordination of implementation of prevention, early detection, and support activities
2. Provision of a budget proposal on ADA to the management for approval
3. Sensitization and awareness campaigns on danger of ADA among all employees.
4. Coordination design and production of information, education and communication materials
5. Advising management on effective approaches in dealing with ADA concerns including discipline
6. Lobbying for the development and periodic review of the ADA policies within the organisation
7. Drawing action plans, monitoring and evaluation and reporting back the progress to management and NACADA

It should be noted that individual organisations are at liberty to expand the mandate of the ADA Unit depending on their unique characteristics.

ANNEX 2

PARTICIPANTS IN THE VALIDATION WORKSHOP

List of participants who participated in the validation workshop held November 2009 at **African Advanced Level Telecommunications Institute (AFRALTI)**, Nairobi

Name	Institution
1. Catherine Mutwiwa	Youth Enterprise Development Fund
2. Roselyn Mugavana	Kenya Literature Bureau
3. James Mbogo	Ministry of State for Defence
4. Jane Mwangi	Kenya Institute of Administration
5. Brenda Owino	Kenya Institute of Administration
6. Jackylene Wegoki	Commission for Higher Education
7. Martha Mburu	Commission for Higher Education
8. William Bett	Ministry for Higher Education Science and Technology
9. Linda Okora	Ministry for Higher Education Science and Technology
10. Dr. Wangari Kuria	Kenyatta National Hospital/ University of Nairobi
11. Dr. M. Makanyego	Kenyatta National Hospital
12. Lucy Mitu	Athi Water Services Board
13. Elizabeth Kibuna	Athi Water Services Board
14. Beatrice Maingi	Teachers Service Commission
15. Editter Mugo	Kenya ports Authority
16. Stephen Kiplagat	Prisons Department
17. Florence Mueni	Probation Department
18. Stephen Kamau	Ministry of Cooperatives Development
19. James Botela	Ministry for Medical Services
20. Simon Njuguna	Ministry for Medical Services
21. Sarah Wamunyu	Ministry for Medical Services
22. Elizabeth Kimani	National Hospital Insurance Fund
23. Edna Kiunga	National Hospital Insurance Fund
24. Mary Azegele	Insurance Regulatory Authority
25. Richard Nyongesa	Ministry of Education
26. Kennedy Nyariki	National Housing Corporation
27. Anthony Thiong'o	National Housing Corporation
28. Nganda Scholastica	Kenyatta University
29. Joash Odhiambo Odera	Kenya Wine Agencies Limited
30. Doreen Lugalia	Kenya Wine Agencies Limited
31. Samuel Mutunga	Jomo Kenyatta Foundation
32. Rose Kipyego	Jomo Kenyatta Foundation
33. Kepha Marube	Office of the President
34. Pauline Echesa	Kenya Medical Training College
35. Victor Mwambui	Kenya Safari Lodges and Hotels
36. G.N. Mutura	Ministry of Gender Children and Social Services
37. S.C. Gatheru	Ministry of Gender Children and Social Services
38. Samson Nyakundi	Ministry of Gender Children and Social Services
39. Judith Odhiambo	Anti Narcotics Unit

40. Isaac Manyonge
41. Anthony Theura

National Council for Persons with Disability
Kenya Institute of Education