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The State of Suicide Today and How to Prevent It

Authority To Partner
With The World
Federation Against
Drugs (Wfad)

Supporting Counties
To Strengthen The
Fight Against Alcohol
And Drug Abuse

Alcohol: A Hindrance
To Social-Economic
Development

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Authority to Partner With The World Federation Against Drugs (Wfad)

By Simon Mwangi

The Authority hosted a team from the World Federation Against Drugs (WFAD) who were in the country on a fact-finding mission on how Kenya is implementing its campaign against drug abuse.



NACADA Board Chair Prof Mabel Imbuga (Left) presents a lapel pin to the Secretary General of the World Federation Against Drugs (WFAD) Regina Mattson during a visit to the NACADA offices

Led by Regina Mattson, who is the Federation's Secretary General the team also included delegates from the Democratic Republic of Congo and Ethiopia who were keen on understanding Kenya's strategy in countering the menace. "Kenya has a robust anti-drug campaign spearheaded by the government through the National Authority for the Campaign Against Alcohol and Drug Abuse. This is quite impressive considering that the program has been running for over a decade now and it is important for us to learn how the authorities in the country have managed to keep the drug issues at bay," said Mattson

Speaking during a tour of the Authority's Miritini treatment and rehabilitation center in Mombasa, Chief Executive Officer Victor Okioma underscored the need for partnership in the fight against drugs on the African continent.

"Kenya's story is unique in the sense that NACADA which is a government body is the one championing the fight against drugs while also collaborating with other stakeholders who are both government and non-government. Our collaborative approach to the issue has seen us play a critical role in countering the deadly effects of drugs within our communities. A lot more is being done through a multi-sectoral approach so as to ensure that the strategy is multi-pronged," said the CEO.

"The members of WFAD share a common concern that illicit drug use is undercutting traditional values and threatening the existence of stable families, communities, and government institutions throughout the world. We shall explore ways through which we shall work with NACADA to enhance the campaign against drug abuse in Kenya," added Mattson.

World Federation Against Drugs (WFAD) is a multilateral community of non-governmental organizations and individuals. Founded in 2009, the aim of WFAD is to work for a drug-free world.



The State of Suicide Today and How to Prevent It

By Caroline Kahiu

If you are reading this, you likely know that suicide is often a product of incomprehensible pain and results in the heavy grief that suicide loss leaves in its wake. Suicide is a complex problem, with multiple risk factors that can change with time, and rarely due to a singular cause or event.

In June 2020, researchers at the Centers for Disease Control and Prevention (CDC) found that about twice as many people reported having serious thoughts of suicide than they did prior to the pandemic. Although the pandemic did not lead to the dramatic increase in completed suicides as some had predicted, rates remain high. CDC also found that suicide was the second leading cause of death among people ages 10-14 and 25-34.

The pandemic created more stressors to mental health issues, adding to an already strained mental health crisis. Multiple issues continue to fuel it, among them young peoples' social media-influenced feelings of inadequacy, increasing rates of substance abuse, financial stress caused by inflation, and an increasingly divisive political landscape.

While there are disparities among different populations, many still experience stigma surrounding mental health and suicidal ideation. However, we are seeing some progress, particularly among younger generations that increasingly see the value and need for mental health-oriented care.

Where Do We Go from Here?

Given the state of suicide, how can we help prevent suicide? The first step is to revisit the basics:

1. Remove the stigma by treating suicide as a public health crisis

Successful public health efforts should incorporate public advocacy and learning. We must continue to advocate for depression and suicidal ideation screening in every primary care visit. Just as importantly, education is crucial. This includes helping family members and friends have easy access to informational resources they can use to help those in mental distress.

2. Know the warning signs of suicide

Indifference, prolonged sadness, and a sudden desire to give away prized possessions are just a few of the signs to watch for. Individuals who experience a crisis, like the death of a loved one, the end of a relationship, the loss of a job, or a significant financial loss, are also at increased risk of depression and suicidal ideation.

3. Reach out and offer help

Don't be afraid to ask someone how they feel, if something is wrong or share with them that you have noticed they are not their usual self. Then listen without judgment.

Those contemplating suicide may hesitate to get help on their own, but you can help by offering to accompany them to visit a provider, to stay with them while seeking help, or even call to get help for someone else who is in crisis. Never underestimate the value of your presence when a loved one needs support.

Supporting Counties To Strengthen The Fight Against Alcohol And Drug Abuse

By Simon Mwangi

The Authority is in the process of partnering with the Makueni County Government with a view to enhancing the fight against alcohol and drugs within the devolved unit.

Deputy Governor Makueni County Lucy Mulili highlighted the need for the partnership owing to the affordability of rehabilitation services within the county for persons suffering from substance use disorders.

“We are grateful to NACADA for agreeing to work with us in the area of alcohol and drug abuse since access to rehabilitation services is one of the challenges we face as a county. The high cost of treatment of persons with substance use disorders within and beyond the county has made it difficult for our residents to access rehabilitation services thus undermining our effort to deal with this menace,” said the Deputy Governor.

Speaking during the same meeting NACADA Chief Executive Officer Victor Okioma underscored the need for a well-informed approach to the fight against drugs in the county emphasizing the need to conduct a survey.

“Baseline surveys are very critical entry points to any drug and alcohol abuse-related interventions and we will highly recommend that we work together towards ensuring that we undertake these studies. It is from the findings that we will crystalize the specific interventions required for the people of Makueni County so as to effectively handle the menace. We also have technical expertise in the area of counseling and rehabilitation and thus will be willing to also partner with you on that front,” said the CEO.

The Deputy Governor further revealed that the County administration had identified land where it intends to put up a rehabilitation center which will bring the cost of treatment down.

“At the right time, we shall be calling on NACADA to assist us with capacity building of our personnel who will be deployed to the facility so as to equip them with the necessary skills to undertake this exercise. In the meantime, we shall also partner in undertaking a survey within the county so that we appraise ourselves on the situation before deciding on the best approach to deal with the issue,” added the Deputy Governor.



Teams from Makueni County Government led by the Deputy Governor Her Excellency Lucy Mulili and NACADA Chief Executive Officer Victor Okioma during the meeting

Working With The Evangelical Association To Promote Campaign Against Alcohol And Drug Abuse

By Simon Mwangi

The Authority is pursuing a partnership with the Evangelical Association of Kenya (EAK) with a view to leveraging on the faith-based body to promote the campaign against alcohol and drug abuse in the country. The two organizations have started crafting a document that will culminate in a memorandum of understanding which will see collaborative effort towards mutually beneficial activities targeting families and the youth. Speaking during an inaugural meeting between the two teams, NACADA's Public Education and Advocacy Director Dr. Yvonne Olando observed that alcohol and other drug problems must be understood as a social, economic, spiritual, and health problem.

“This therefore provides an opportunity for all those involved in the campaign against this menace to re-orient their energies towards ridding or reducing the vagaries of alcohol and drug use in society. Religious bodies are central pillars in the promotion of the fundamentals that provide a firm foundation upon which alcohol and drug abuse is dealt with in society.” She said

Grace Muthungu the Director of Strategy at the EAK pointed out the need for the two organizations to play their part in addressing the drug menace not only in churches but also the community.

“The reality is that in the confines of any religious organization, someone is suffering in silence, enslaved to some addictive substance or behavior. Accepting this reality becomes imperative for the leaders, so as to enable religious organizations take a stand in the fight against substance abuse and addiction.” Said Grace

Some of the key areas of collaboration identified during the meeting include: school based programs aimed creating safe spaces for children; Family based programs aimed at empowering parents with skills to prevent alcohol and drug use among children and youth; community outreach programs; sensitization on stigma and alcohol and drug abuse in the church; media relations and Corporate Social Responsibility (CSR) activities.

The Evangelical Alliance of Kenya (EAK) is the National Umbrella Organization for evangelical churches in Kenya. It was established in 1975 as Evangelical Fellowship of Kenya and later rebranded to Evangelical Alliance of Kenya in 2002. EAK is a member of the Association of Evangelicals in Africa (AEA) which is affiliated to the World Evangelical Alliance (WEA), the global evangelical body that has over 700 Million members globally, the second largest Christian umbrella body in the world.

Fetal Alcohol Spectrum Syndrome Debunked



By Caroline Kahiu

September is Fetal Alcohol Spectrum Disorder (FASD) Awareness Month—a month devoted to raising awareness to improve prevention, diagnosis, and support for individuals exposed to alcohol before birth. So, what is FASD? FASD describes the range of effects that can occur in an individual exposed to alcohol before birth ranging from physical, intellectual, and neurobehavioral deficits.

While experts agree that there is no safe level of drinking alcohol during pregnancy, it is important to raise awareness by debunking myths about FASD.

Myth #1: It's safe to have a regular glass of wine or other alcoholic beverage during pregnancy

FACT: Experts agree that there is no safe level of drinking during pregnancy, and it is safest not to consume any alcohol. Research has also shown that alcohol consumption during pregnancy can increase the risk of adverse neurobehavioral outcomes for the child. Damage to the brain is the most common effect of prenatal alcohol exposure and can occur at any point during the course of the pregnancy.

Myth #2: Drinking in moderation will not cause FASD

FACT: There is insufficient scientific evidence to define any threshold for safe low-level drinking during pregnancy or when planning to become pregnant. It is recommended that no alcohol be consumed during pregnancy. No amount of alcohol is safe for the developing brain.

Myth #3: Every person with FASD has a thin upper lip and small eyes

FACT: FASD is most often an invisible disability, and only a small percentage of people diagnosed with FASD have the sentinel facial features associated with FASD. Typically, an FASD diagnostic clinic or medical team would determine if the features are present as part of their diagnostic assessment

Myth #4: FASD is a childhood disorder that goes away as the person ages

FACT: The difficulties that a person with FASD experiences can vary depending on their age and level of development, but the disabilities are lifelong and permanent. Each person with FASD will need special support to help them succeed in daily life.

Myth #5: A person with FASD has a low IQ

FACT: Each individual with FASD is unique, and no two people with FASD will have the same strengths or challenges. Some individuals with FASD have an average or high average overall IQ, and some have a low IQ. The nature of the disabilities of those affected depends on the parts of the brain or Paragraph (P1) that have been affected by alcohol.

Myth #6: Because there are no FASD-specific treatment options and supports available, it is not helpful to give a child or adult a diagnosis of FASD

FACT: As with any developmental disorder, early diagnosis is imperative to improve the lives of those affected by FASD. The sooner a child is diagnosed, the sooner supports at school, home, and in the community can be implemented, such as teaching strategies, educational accommodations, or occupational and behavioral therapy. We are learning more and more about how to support individuals with FASD by collaborating with professionals, families, and individuals living with the diagnosis.

Myth #7: Adults cannot get diagnosed with FASD

FACT: Even though it may be difficult to access information about the mother's alcohol consumption during pregnancy, research has shown that getting the diagnosis in adulthood can lead to a better understanding of oneself. Individuals diagnosed with FASD in adulthood have said: "I knew all my life that I was different, now I know why," and "had I known my memory was affected, I wouldn't have been so angry at myself all the time."

To prevent FASDs, a woman should avoid alcohol if she is pregnant or might be pregnant. This is because a woman could get pregnant and not know for up to 4 or 6 weeks.

FASDs are preventable. FASDs have a lifetime effect and there is no cure for FASDs but research shows that early intervention treatment services can improve a child's development.

Congratulations Dr. CPA Samuel Makini



NACADA takes this opportunity to celebrate our Manager, Finance and Accounts for being auspiciously conferred the highest academic level, a Doctor of Philosophy in Strategic Management from the University of Nairobi during the 67th Graduation on September 23, 2022.

As NACADA, we congratulate Dr. CPA Samuel Makini for this milestone and look forward to him putting theory into practice as we strive to create a nation free from alcohol and drug abuse.

Mr. Makini is a consummate Finance and Accounts Professional with over 20 years of experience in financial management. He holds a Master's Degree in Finance from the University of Nairobi, and a Bachelor's Degree in International Business Administration (Finance Option) from the United States International University-Africa (USIU). He is a Certified Public Accountant and a member of good standing of the Institute of Certified Public Accountants of Kenya (ICPAK). Mr. Makini is also a Certified Public Secretary of Kenya (CPSK).

Congratulations & Welcome to NACADA

On behalf of the Board, Management and Staff, we take this opportunity to congratulate and welcome the following newly recruited staff to the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA):

1. Susan Maua- Manager Public Education and Advocacy, Headquarters
2. Agnes Kanyngi- Public Education and Advocacy Officer, Central Region
3. Kennedy Marau - Public Education and Advocacy Officer, Nyanza Region
4. Jemima Auka- Public Education and Advocacy Officer, Nairobi Region
5. John Mwaliko - Public Education and Advocacy Officer, Headquarters
6. Darya Kidakwa – Legal Officer, Headquarters
7. Joram Wainaina – Internal Auditor, Headquarters
8. Calvin Olulo- Public Education and Advocacy Officer, Nyanza Region
9. Mohamed Wako- Counsellor, North Eastern Region
10. Brayan Otina- Counsellor, Miritini Treatment and Rehabilitation Centre
11. Erick Gocovi- Counsellor, Miritini Treatment and Rehabilitation Centre
12. Mornica Achieng- Counsellor, Helpline Headquarters
13. Juddy Muthoni- Counsellor, Helpline Headquarters
14. Joan Juma- Counsellor, Miritini Treatment and Rehabilitation Centre
15. Matthew Epoloto – ICT Assistant, Headquarters
16. Twala Lemiso- Librarian, Headquarters
17. Mohamedshukri Hussein – Assistant Administration Officer, North Eastern
18. Erick Mogire- Assistant Administration Officer, Headquarters
19. Roseline Mideva- Assistant Administration Officer, Headquarters
20. Everlyne Awour- Assistant Administration Officer, Headquarters
21. Vivian Nduati- Office Assistant, Miritini Treatment and Rehabilitation Centre
22. Joshua Obande- Office Assistant, Headquarters
23. Beatrice Akulo- Office Assistant, Headquarters

Alcohol: A Hindrance To Social-Economic Development

By Ken Marau

The problem of alcohol abuse in Kenya is extremely entrenched and has continued to affect not only the health but also the social and economic well-being of the populace. Some of the biggest public health problems in the world are caused, or exacerbated, by alcohol. It creates economic problems, both for individuals and societies, and is an important factor to take into account when working with poverty reduction because alcoholism contributes to poverty.

Alcohol has been perceived to be socially acceptable in many cultures both among the rich and the poor. Alcohol is undoubtedly an accelerator to innumerable societal ills and economic instability. Some of its effects include; violence, abuse health problems, family breakdown, and loss of income among others. Such effects can be devastating for the affected families and neighborhoods. Both the rich and the poor are vulnerable to the shattering effects of alcohol in the view of personal and societal development. Globally, alcohol is the most abused drug of choice but as much as the richer parts of the world are hard hit by the effects of alcohol affecting their social and economic development, it is also a growing problem in many low- and middle-income countries like Kenya.

Alcohol abuse places a huge socio-economic weight on families, societies/communities, and the country as a whole. Alcohol abuse can have both primary, secondary, and intangible costs. The primary costs are evidently seen in terms of meeting the costs of alcohol dependence in treatment and rehabilitation centers, and the cost of implementing prevention programs in the country, alcohol, and crime go hand in hand hence leading to crime costs when it gets to the point of law enforcement, the cost for property damage or loss, costs of alcohol beverage among others. On the other hand, secondary costs lead to the loss of resources without any direct payment being made. These include; disability caused by alcohol dependence through accidents hence reducing one's productivity at work, premature death costs, cost of unproductivity due to absenteeism from work and tardiness or loss of employment, and the associated crime cost like time loss for victims of crime being jailed. The intangible costs are for instance distress, pain, and worsening of the quality of life. These costs prevent a nation from thriving both socially and economically and barring individuals from achieving progressive economic development.

Alcohol addiction in families has ended up in poor and careless parenting styles which have become a precursor to many societal problems due to the lack of proper guidance of children toward desired behavior for the posterity of both individuals and the nation at large. This poor parenting leads to chaos and domestic violence which threaten the quality of family life. In cases of alcohol dependence by pregnant or lactating mothers, there is the risk of fetal alcohol syndrome among children leading to mental retardation, difficulty in learning, problem-solving, and other rebellious behaviors. Children born of this nature are highly predisposed to have learning disabilities thereby affecting their education performance.

Other alcohol-related problems include disruption of family and social relationships, aggression, and emotional problems. Therefore, adequate interventions are needed to address the problem of alcohol abuse in our societies. The road map to this achievement can better be realized when the government, parents, and other agencies work together towards a common goal.

With the following activities, mitigating the negative consequences of alcohol to boost social and economic development will be a success

- **Prevention:** this can be done by raising awareness of the ravaging effects of alcohol, and changing environmental factors by for example increasing the price of alcohol, reducing its availability, accessibility, and acceptability, and banning or limiting alcohol advertisement.
- **Brief interventions:** This aims to inform people that they are drinking or using drugs at levels that increase their risk of developing abuse or dependence disorders and to encourage them to decrease consumption or quit drug use to reduce risk
- **Treatment:** when a case of alcohol dependence is identified early enough, early interventions are then initiated to curb the problem from worsening. This can be addressed through treatment of the disorder through detoxification or psychotherapeutically either at an in or outpatient treatment center
- **Rehabilitation and reintegration:** this is where the affected individual is restored to good health or a useful life through counseling, support, therapy, or education. The process includes quitting drinking or substance use and learning to remain abstinent

The Writer is a Public Education & Advocacy Officer, at the Nyanza Regional Office, NACADA



COMPLAINT HANDLING PROCEDURE

HOW TO COMPLAIN

Where our services do not meet the standards that we have set, you may forward your complaint to us through the following channels:

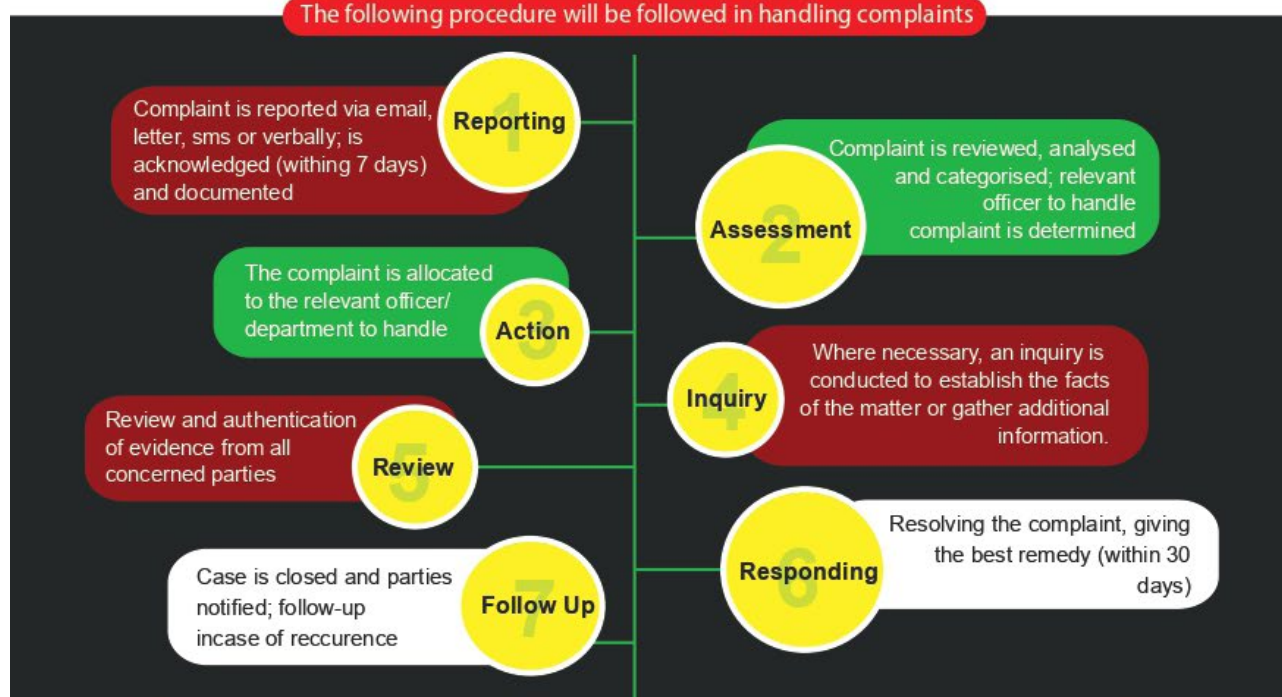
- Verbally; you may ask to speak to the line manager for the service you are seeking.
- You may forward your complaint by email to ceo@nacada.go.ke or info@nacada.go.ke
- You may write a letter directly to the Chief Executive Officer.

COMPLAINT HANDLING PROCESS

1. We will acknowledge complaints and enquiries within seven (7) days of receipt.
2. We will acknowledge receipt of other disputes and complaints received through email, letters and related communication within seven (7) days.
3. We will make our decision known on any matter brought before the Board within 30 working days following the conclusion of investigations.

Every effort will be made to treat your complaint with utmost confidentiality.

The following procedure will be followed in handling complaints



COMPLAINT CHANNELS

All complaints should be forwarded to us through the following channels:

CHIEF EXECUTIVE OFFICER

National Authority for the Campaign Against Alcohol and Drug Abuse
 NSSF Building, Block A, 18th Floor
 P.O. Box 10774-00100 GPO NAIROBI
 Tel.: +254 020 272 1997, 2721993
 Email: complaints@nacada.go.ke /info@nacada.go.ke
 Website: www.nacada.go.ke

THE COMMISSION SECRETARY/CEO

Commission on Administrative Justice
 2nd Floor, West End Towers, Waiyaki Way, Nairobi
 P.O. Box 20414-00200 NAIROBI
 Tel.: +254 020 2270000/ 2303000
 Email: complain@ombudsman.go.ke
 Website: www.ombudsman.go.ke

www.nacada.go.ke | @NACADAKenya | NACADA



CUSTOMER SERVICE DELIVERY CHARTER

At the **National Authority for the Campaign Against Alcohol and Drug Abuse**, we are committed to serving you promptly with courtesy and efficiency. This is our promise to you.

SERVICE	REQUIREMENTS TO OBTAIN SERVICE	SERVICE FEE (KSHS*)	TIMELINE
Serving Customers	Courtesy and respect	Free	Within 7 minutes
Access to Information			
Face to Face Enquiries	None	Free	Immediate
Telephone Enquiries	None	Free	Up to 3 rings
Correspondences	None		Acknowledgement within 7 days upon receipt
Suggestion box	None	Free	
Website	None	Free	Immediate. Visit www.nacada.go.ke
Official email info@nacada.go.ke	None	Free	Acknowledgement within 48 hours upon receipt
Social media platforms	None	Free	
Publications/IEC materials	None	Free	Immediate. Visit www.nacada.go.ke
Resource Centre	None	Free	Weekdays during working hours (Mon-Fri 8.00am to 5.00pm) excluding public holidays
Technical Services			
Research on alcohol and drug abuse- Baseline/ follow-up surveys	Letter of Request or proposal	Subject to contract guidelines	Acknowledgement and response with 7 working days. Services offered weekdays during working hours (Mon-Fri 8.00am to 5.00pm) excluding public holidays
Advise on development and implementation of ADA Workplace policies (Public & private sector organizations)	Letter of Request or proposal	Subject to contract guidelines	
Trainings/Capacity-building on ADA prevention, counseling, treatment, rehabilitation and aftercare (Public & Private Sector)	Letter of Request or proposal	Depends on required resources & scope. Each case on its own merit	
Basic counselling and referrals on treatment, rehabilitation and aftercare	None	Free	45 Minutes to 1 Hour
24-hour free Helpline service 1192: Counseling and referral services on alcohol and drug abuse	None	Free	Immediate*
Accreditation, advise, and licensing of treatment and rehabilitation facilities	None	Free	Acknowledgement and response with 7 working days
Licensing Alcoholic Drinks Importers and Exporters	Application	Depends on scope of operations	
Certification Training Program for Addiction Professionals (Three Phases)	Application	Kshs25,000/- per phase	
Enforcement on compliance to the ADCA, 2010 on alcohol and drug abuse	None	N/A	
Job or Attachment Application	None	N/A	
Payments for goods and services rendered	Relevant documents to support payments	N/A	
Procurement of goods and services	Relevant documents	As per PPRA	

*Depends on when a counselor concludes serving clients before an incoming call.

Any service that does not conform to the above standards or any officer who does not live up to the above commitment to courtesy and excellence in service delivery should be reported to:

CHIEF EXECUTIVE OFFICER
National Authority for the Campaign Against Alcohol and Drug Abuse
 NSSF Building, Bishops Road; Annex 9th Floor
 P.O. Box 10774-00100 GPO NAIROBI
 Tel.: +254 020 272 1997, 2721993
 Email: complaints@nacada.go.ke / info@nacada.go.ke
 Website: www.nacada.go.ke

THE COMMISSION SECRETARY/CEO
Commission on Administrative Justice
 2nd Floor, West End Towers, Waiyaki Way, Nairobi
 P.O. Box 20414-00200 NAIROBI
 Tel.: +254 020 2270000/ 2303000
 Email: complain@ombudsman.go.ke
 Website: www.ombudsman.go.ke

NACADA endeavors to uphold our national values and principles of governance on human dignity; human rights; equality and equity; social justice and inclusiveness; non-discrimination and protection of the marginalized.

www.nacada.go.ke | @NACADAKenya | NACADA

NSSF Building Block A, 18th floor (Eastern Wing)
 P.O Box 10774-00100
 Nairobi Kenya

Telephone: +254 020 2721997
E-mail: info@nacada.go.ke

Need someone to talk to on drugs and alcohol?

TOLL FREE 1192
HELPLINE