



**NACADA**  
FOR A NATION FREE FROM ALCOHOL AND DRUG ABUSE

**GUIDELINES FOR DEVELOPING A WORKPLACE ALCOHOL AND  
DRUG ABUSE PREVENTION AND MANAGEMENT POLICY**

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## **LIST OF ABBREVIATIONS**

AA	Alcoholic Anonymous
ADA	Alcohol and Drug Abuse
EAP	Employee Assistance Program
IEC	Information, Education and Communication
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
SUDs	Substance Use Disorders

## DEFINITION OF TERMS

After-care	The provision of services to persons in the period after formal counselling, treatment and rehabilitation, in order to assist them during a period of adjustment to independent functioning within the community.
Confidentiality	The right of every person, employee or job applicant to have his/her medical or other information, including alcohol or drug use status, being kept secret.
Counselling	Is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals
Drug	Any substance or chemical that when absorbed into the body alters normal bodily function either physically and/or psychologically.
Drug abuse	Continued compulsive and excessive use of any substance despite negative consequences to self and others.
Early detection	Mechanisms for diagnosing the onset of an individual's consumption of alcohol and other drugs before substance use disorder develops
Employee Assistance Program	Employer-sponsored service designed for personal or family problems, including mental health, substance abuse, various addictions, marital problems, parenting problems, or emotional problems.
Employee Wellness Program	Any program implemented by an employer to support and improve the health of its employees in the workplace.
Psychoactive -Substances	Drugs or medicines that affect the body's central nervous system and change how people behave or perceive what is happening around them.
Rehabilitation	Enabling a member of staff to cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences for purposes of reintegration back into workplace and the society.
Relapse	Complete return to using a psychoactive substance in the same way the person did before he or she quit.

Substance Use Disorders	General term used to describe a range of problems associated with substance use (including illicit drugs and misuse of prescribed medications), from substance abuse to dependence and addiction.
Treatment	Medical or non-medical care provided to improve the situation of a member of staff suffering from substance use disorder.
Workplace	This includes the physical location and work environment in which staff members are exposed.

The **Guidelines for Developing a Workplace ADA Prevention and Management Policy** provides a “support tool” to assist institutions in developing a standardized workplace policy.

## **DEVELOPMENT OF A WORKPLACE ADA PREVENTION AND MANAGEMENT POLICY**

The policy is the backbone for management and response to ADA related issues.

### *Outline of an ADA workplace prevention and management policy*

A policy for the management of alcohol and drugs in the workplace should include the following information and procedures:

#### **Foreword**

This should be a brief introduction to the policy document by the top management stating the institution’s commitment to intervene on alcohol and drug abuse at the workplace.

#### **1.0 Introduction**

Provide brief background of institution and ADA matters.

#### **2.0 Situation of alcohol and drugs in the institution**

MDAs shall undertake surveys on the prevalence of ADA to give a deeper understanding of issues and concerns in their institutions. It also provides quantitative measurements that will be tracked over the years to assess the effectiveness of the ADA interventions put in place. Assessments should be done as per NACADA guidelines on conducting ADA baseline and follow-up surveys (see separate attachment). NB. Consult with [research@nacada.go.ke](mailto:research@nacada.go.ke)

#### **3.0 Policy statement**

The policy shall have a statement from top management indicating commitment to its implementation.

#### **4.0 Rationale for alcohol and drugs policy**

The effect of alcohol and drugs on the employees’ health, safety and work performance can jeopardize productivity and curtail competitiveness. Effectively implemented ADA prevention and management policy offers employers a chance for early identification, intervention and support for employees with substance use disorders (SUDs). This consequently benefits the employer, employee, the family and the community at large.

The policy shall outline the basis for prevention and dealing with alcohol and drug abuse issues at the specific workplace.

#### **5.0 Legal and policy framework for alcohol and drug abuse control in Kenya**

The policy shall outline the applicable legal instruments and institutional policies for alcohol and drug abuse control. This includes The Narcotic Drugs and Psychotropic Substances (Control) Act 1994; Tobacco Control Act, 2007; Proceeds of Crime and Anti-Money Laundering Act, 2009; and The Alcoholic Drinks Control Act, 2010. Other relevant laws in the control of alcohol and drugs in Kenya include Employment Act, 2007, Chapter 226; Pharmacy and Poisons Act (Cap 244); Food Drugs and Chemical Substances Act (Cap 254); Standards

Act (Cap 496); The Public Health Act (Cap 242); and the National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012.

## **6.0 Objectives of the policy**

- i. Prevention of alcohol and drug abuse problems affecting the workplace;
- ii. Identification and management of alcohol and drug abuse issues at the earliest stage;
- iii. Protection of the health, safety and welfare of employees by offering support for persons with substance use disorders and related problems

## **7.0 Scope /applicability**

It shall identify the persons to be bound by the policy. It may be important to indicate that the policy applies to everyone who conducts business for or on behalf of the institution including employers, directors, workers and consultants, as well as visitors, clients, customers and contractors entering the workplace. It will further seek to extend interventions to eligible dependants of the employees.

## **8.0 Rules and Regulations on Alcohol and Drugs**

Institutions shall specify the employee responsibility with regard to alcohol and drugs use at the workplace and employer responsibility of duty to care to provide a conducive working environment.

## **9.0 Measures to prohibit or restrict availability of alcohol and drugs at the workplace**

The policy shall outline measures to be put in place to restrict availability of legal substances and prohibit illegal drugs and substances.

### *9.1 Restriction on Legal Drugs*

The policy shall require employees to report to the workplace free from the influence of alcohol and drugs. The employer should consider restricting access and availability of alcohol through possession, consumption and sale of alcohol at the workplace including canteens, cafeteria, dining and recreation areas. In place of alcoholic beverages, the employer will ensure that non-alcoholic beverages including water are made available in appropriate and convenient locations.

Employees taking medications that may affect their work performance should report to the supervisor before beginning work for appropriate mechanism to mitigate the effects.

### *9.2 Prohibition of illegal drugs and substances*

The policy shall prohibit use, possession and handling of any drugs and substances and their paraphernalia that are classified as illegal by law. It shall also provide for the right to conduct searches at the workplace for purposes of determining whether this section of the policy has been violated. If an employee violates this section of the policy, he or she may be subject to disciplinary action, including prosecution and termination.

The management shall commit to create awareness to the employees on the criminal nature of handling, trading in, or using such drugs and the consequences.

### *9.3 Payment in kind*

The policy shall prohibit payment of any wages in the form of alcohol or drugs. It should also prohibit giving alcohol or drugs as a form of reward to employees or alcohol on credit.

### *9.4 Advertisement of alcohol and drugs at the workplace*

The policy shall prohibit advertisement of alcohol and drugs at the workplace. It may also make provision to restrict wearing attire or using accessories that may be considered to be promoting use of alcohol or any other drugs of abuse at the workplace.

## **10.0 Establishment of structures to coordinate matters relating to prevention and management of ADA**

The policy shall provide a mechanism to operationalize the alcohol and drug abuse prevention committee or unit. The committee or unit shall constitute at least six members headed by an officer respected by management and employees. Members include Human Resource Manager, Trade Union Representative (where applicable), Health and Safety Representative, representatives from middle and upper management. The members should serve for at least three years.

### *The Role of the ADA Prevention and Management Committee*

The overall responsibility of the committee is coordinating the program including:

- a) Development of annual work plan;
- b) Implementation of prevention programs;
- c) Sensitization and training on matters pertaining alcohol and drugs in collaboration with NACADA;
- d) Identifying prevention priorities, interests and needs of staff;
- e) Dissemination of relevant information, education and communication (IEC) materials;
- f) Advising management on effective approaches of dealing with ADA concerns;
- g) Facilitate for early identification, and referrals to treatment, support and re-integration of employees with substance use disorders (SUDs)
- h) Periodic review of the ADA policies within the institution;
- i) Monitoring, evaluating and reporting on the progress to management and NACADA.

Individual institutions can expand the mandate of the ADA Unit depending on their unique characteristics.

## **11.0 Prevention of ADA related problems in the workplace**

The management shall commit to train committee members and create awareness through sensitizations.

This will include but not limited to:

- development and distribution of information, education and communication (IEC) materials to suit the needs of the institution;
- training for supervisors and managers to facilitate identification of individuals with SUDs;
- training for all employees on workplace prevention.

- sensitizations on situation of ADA at your specific workplace; stress management; reduction of workplace stressors; addiction and mental health; negative effects of alcohol and drug abuse; employee assistance programs; parenting programs for ADA prevention etc.

The strategies for dissemination of awareness programs should be as proactive as possible.

## **12.0 Early identification and referral for treatment of persons with ADA related problems**

The management shall commit to put in place mechanisms for early identification and encourage employees to undergo assessment/screening if they have alcohol or drug related problems. The options for identification of ADA problems shall include but not be limited to:

- a) self-assessment by the employee,
- b) informal identification by colleagues, friends or family members and
- c) formal identification by supervisors.

It shall also cover the conditions and procedures under which employees may be tested for alcohol and drug use. In the context of a workplace, all testing shall be undertaken in accordance with the applicable laws, practice and procedures. It should provide for a statement on how an employee identified with alcohol or drug related problem will be assisted.

It is also necessary to provide that access to information related to identification of persons with alcohol or drug related problems is limited only to authorized people and is maintained under strict confidentiality by all those involved in accordance with principles of medical ethics and the laws of Kenya.

## **13.0 Management of SUDs and other health related issues**

The management shall commit itself to operationalize an Employee Assistance Program (EAP) and/ or Employee Wellness Program (EWP) for management of substance use disorders and other related issues. It should also provide those employees with SUDs should not be discriminated against and should access healthcare services similar to employees with other health problems.

### *13.1 Referral system for treatment*

The policy shall outline a referral system for employees identified with SUDs and other related issues for counseling, treatment and rehabilitation. It may be important to indicate that assessment and treatment will be done in partnership with relevant service providers.

### *13.2 Treatment and rehabilitation*

The management shall commit to provide resources for counseling, treatment and rehabilitation both in-and-out patient services for employees with SUDs. This may include having treatment and rehabilitation services covered in their medical insurance scheme/fund as well as National Hospital Insurance Fund (NHIF).

The management shall commit itself to meet the full cost of treatment and rehabilitation at least once. An employee with SUD should be accorded at least

3 opportunities prior to disciplinary measures taking effect. It should also provide modalities for relapse prevention and management.

People on treatment should have similar employee benefits in accordance with Kenyan law and practice. The policy should further specify the circumstances that would lead to disciplinary measures, including dismissal, as a result of alcohol and drug abuse related problems.

### *13.3 Re-integration, aftercare and relapse management*

#### *13.3.1 Re-integration and aftercare, job security and promotion*

The policy shall provide modalities for re-integrating of employees who have completed treatment. This may entail proper placement, and where reasonably practicable, avoid exposing the employee in recovery to a working situation similar to that which, in the past, may have led to such problems. For effective re-integration into the workplace, the employee should be placed under a supervisor trained on ADA management. Linkages to aftercare programs should be provided.

Employees recovering from SUDs shall not be discriminated against and will enjoy job security and opportunity for career development and advancement.

#### *13.3.2 Support system*

The policy shall provide a framework to support employees in recovery from alcohol and drug-related problems. This may include identifying professional services which specialize in psychosocial support such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA). Institutions may consider developing a Peer Support Programme composed of employees trained on peer-to-peer education to support colleagues in recovery from ADA-related problems.

## **14.0 Policy implementation**

It is necessary to sensitize all employees to understand ADA related issues at the workplace and their responsibilities. The policy should also explicitly state the roles and functions of all involved in alcohol and drug abuse prevention, early identification and management. These may include **top management, ADA Committee, Human Resource Management and the employees**. It should also indicate when the policy will be subjected to review.

## **15.0 Monitor, evaluate and report on the progress.**

The policy shall provide mechanisms for continuous monitoring of its implementation as well as evaluating the quality of workplace programs. It may include undertaking periodic assessments to determine the status of alcohol and drugs in the institution.

Monitoring and evaluation shall focus on the following indicators among others:

- Type of problems manifested;
- Percentage of employees using and abusing alcohol and other substances;
- Percentage of employees trained and/or sensitized on ADA;
- Percentage of employees who have quit alcohol and drug abuse;
- Proportion of employees in need of treatment and rehabilitation;
- Proportion that has actually been taken for treatment and rehabilitation;

- Number of staff utilizing the support systems provided;
- Number of staff who are aware of the consequences of ADA;
- Number of counselors (where applicable) and/or peer educators trained in workplace prevention;
- The cost-benefit analysis of prevention at the workplace.

### 16.0 Budget Allocation

The management shall commit to set an annual budget for implementation of this policy.

### ANNEX: Policy Development Process

