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PREPARED BY: KS <div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>KIRINYAGA UNIVERSITY HUMAN RESOURCE OFFICER P.O. Box 143 - 10300, KERUGOYA. Date:.....</p></div> HUMAN RESOURCE OFFICER	APPROVED BY:  <div style="text-align: center;"> Vice Chancellor</div>

FOREWORD

Alcohol and drug abuse is a vice that has lived within different societies in Kenya. The most pronounced adverse effects resulting from this vice is poverty, disease and death which consequently affect the economy thus referred to as a national disaster in the recent past.

Institutions have realized that alcohol and drug abuse continues to affect organizations with the most affected being the youth. Kenya has laid down policies to curb alcohol and drug abuse in the society with rules and regulations laid down and enforced on industry to ensure compliance to the acceptable standards.

Kirinyaga University Alcohol & Drugs policy is designed to ensure that problems relating to alcohol and drug addiction are dealt with effectively, consistently and early in the process. This Policy is designed to protect the staff and students of KyU and encourage them to seek help. It is designed to show how to deal with staff who seek help, and where expert advice to help may be obtained. The staff and student's body are further advised that covering up for someone with an alcohol & drug problem is not in that person's long-term interests.

As Kirinyaga University, it is our commitment to ensure that the KyU staff recognize the dangers of alcohol, drug and other substance misuse and encourage them to seek help.

PROF. MARY NDUNG'U,
VICE CHANCELLOR

Table of Contents

Foreword.....	2
Executive Summary.....	6
List of Abbreviations.....	7
Definition of Terms.....	8
1. INTRODUCTION.....	9
1.1 Background.....	9
1.2 Kenya Overview.....	11
1.3 Policy VISION.....	11
1.4 Objectives of the policy.....	11
1.5 Policy Statement.....	12
1.6 Situation of ADA at Kirinyaga University (KyU).....	12
1.7 Policy Guidelines.....	13
1.8 Scope of Application.....	13
1.8.1 Situation of alcohol and drugs in the workplace in Kenya.....	13
1.8.2 Situation analysis of ADA in KyU.....	14
1.8.3 Preventive Measures.....	15
1.8.4 Rules and Regulations on Alcohol and Drugs.....	16
1.9 Rationale.....	17
2. PURPOSE OF THE ALCOHOL AND SUBSTANCE ABUSE WORK PLACE POLICY.....	18
2.1 Roles of staff and students.....	18
2.1.1 Measures to prohibit or restrict availability of alcohol and drugs at the work place.....	18
2.1.2 Prohibition of illegal drugs and substances.....	19

2.1.3	Restriction on legal drugs	19
2.1.4	Payment in kind	19
2.1.5	Advertisement of alcohol and drugs at work place.....	19
2.2	Responsibility.....	20
2.2.1	Responsibility of Staff members is to:.....	20
2.2.2	Responsibility of ADA Prevention Committee is to:.....	20
2.2.3	Responsibility of the supervisor (HoD).....	21
2.2.4	Responsibility of Management is to:.....	21
2.2.5	Responsibility of Medical Practitioners	22
2.2.6	Providing guidance to managers.....	22
3.	MANAGEMENT OF STAFF WHO HAVE AN ALCOHOL AND DRUG ABUSE (ADA) PROBLEM.....	23
3.1	support mechanism for persons with substance use disorders(sud's).....	23
3.1.1	Sources of help.....	23
3.1.2	Treatment and rehabilitation.....	23
4.	DISCIPLINARY ACTION.....	24
4.1.1	Support Programme for Employees.....	24
4.1.2	Job Placement	24
4.1.3	Job security and Promotion.....	25
4.1.4	Medical Insurance	25
4.1.5	Budget Allocation	25
5.	MONITORING AND REVIEW.....	26
6.	POLICY AUTHORITY	27
7.	POLICY EXECUTION ROLES AND RESPONSIBILITIES	29
7.1	Vice Chancellor.....	29
7.2	Deputy Vice Chancellor, Administration & Planning	29

7.3 Deputy Vice Chancellor, Academic and Student Affairs30

7.4 Alcohol and Drug Abuse Committee members30

Appendix.....33

EXECUTIVE SUMMARY

Kirinyaga University has developed this Policy to tackle alcohol and substance abuse related problems and intends to maintain high levels of professional conduct amongst its students and staff.

This Policy is intended to help staff do their work with diligence. It is also intended to help the staff and students realize the dangers of alcohol and substance abuse. The University endeavors to ensure that staff and students do not abuse alcohol, drug and substances.

The Policy supports the University's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by realistic and helpful policies to promote healthier lifestyles.

KyU also recognizes that alcohol and drug abuse problems can have a detrimental effect on work performance and behavior, and the health and safety responsibility to its staff and customers to ensure that this risk is minimized.

This policy aims at address the following:

- a. Establishing an operational peer educators' program.
- b. Specializing in counseling, treatment and rehabilitation.
- c. Ensuring the implementation of drug and substance abuse policy.
- d. Establishing a culture which discourages alcohol and drug abuse.
- e. Formulating clear rules on expected consequences in relation to alcohol and drug abuse.

LIST OF ABBREVIATIONS

AA	Alcoholic Anonymous
ADA	Alcohol and Drug Abuse
EAP	Employee Assistance Program
IEC	Information, Education and Communication
ILO	International Labour Organization
NA	Narcotic Anonymous
NACADA	National Authority for the Campaign against Alcohol and Drug Abuse
KyU	Kirinyaga University
SGC	Student Governing Council
SUDs	Substance Use Disorders

DEFINITION OF TERMS

- a) **Policy:** This is a guide to establish how decisions are made in relation to Alcohol and Drug Abuse.
- b) **Drug Abuse:** This is the chronic or habitual use of a drug for a non-medical purpose, with the objective of altering states of body, health and mind for the user.
- c) **Addict:** a person who likes or enjoys something very much and spends a large amount of time doing it, watching it, etc.
- d) **Employees Assistance Programmes :(EAPS):** Are employee-benefit programmes offered by the University through counseling, to assist staff and students dealing with their personal problems adversely impacting on their work.
- d) **NACADA:** This refers to National Campaign Against Drug Abuse Authority.
- e) **Prevalence:** A measure of the frequency of the abuse of alcohol and drugs in an institution at a specified time.
- f) **Rehabilitation center:** This refers to an institution where alcohol and drug abusers are treated.
- g) **Confidentiality:** This is assurance that information shared during counseling sessions will not be revealed without the consent of the client.
- h) **Referral:** Recommendation of a client to another professional or agency for appropriate and specialized care and services.
- i) **Hard Drugs:** This narcotic that is considered relatively strong and likely to cause addiction and dependency e.g. Cocaine, heroin etc.
- j) **Relapse:** Complete return to using a psychoactive substance in the same way the person did before he or she quit
- k) **Counselling:** Is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals

1. INTRODUCTION

1.1 BACKGROUND

Kirinyaga University (KyU) is an institution of higher learning, located in Kirinyaga County, approximately 115 Kilometers North East of Nairobi on Sagana - Embu - Highway in Kutus town, Kerugoya, Kenya, with a varied population made of staff, students and service providers. The holistic wellness of KyU community will go a long way in ensuring effectiveness and efficiency in service delivery and the realization of its mission and vision.

The University management is aware of the fact that alcohol, drug and substance abuse have negative effects not only to the staff's work, their family and students' academic performance but also on their health and safety. As such effective implementation of alcohol and drug abuse policy ensures early identification, intervention and support for staff and students with substance use disorders (SUDs).

Alcohol and Substance Abuse has contributed to the wastage of manpower in our learning institutions and the community at large. This has been through increased rate of student drop outs, job loss, family breakups and deaths through HIV&AIDS and death through alcohol and drug abuse. The most commonly abused drugs are narcotics, antidepressants, stimulants, hallucinogens, cannabis, organic solvents, bhang, miraa and illicit brew. Other forms of drug abuse are prescriptive drugs bought over the counter, opiates, relaxants, and sex enhancement drugs.

The most commonly abused substances by students are alcohol, tobacco and tobacco based products e.g. bhang. Narcotic drugs such as amphetamines, barbiturates, cocaine, codeine, ecstasy, heroin, and inhalants are also researched as drugs persistently abused. A major indicator of drug abuse is alcohol which is considered as the most highly abused.

Kirinyaga University Alcohol and Drug abuse (ADA) policy is a support tool that provides guidelines for the prevention of alcohol and drug abuse among the University staff, students and service providers. This policy provides guidance to the programmes the KyU management has put in place to prevent alcohol and drug

abuse, treatment, referral and maintenance of recovery in cases where staff and students engage in Alcohol and drug abuse. In addition, the policy outlines the roles of different University players.

The 30th Special UN Assembly held between 19th and 21st April, 2016, commonly referred to as the UNGASS 2016, in its final declaration noted that globally, drug abuse and illicit drug trafficking is a shared problem requiring concerted control mechanisms. The declaration further observed that the world drug problem remains a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and demands an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach.

Global reports by The United Nations' office on Drugs and Crime UNODC (2020) indicate that in 2018, 269 million people aged 15-64 years had used an illicit drug at least once in the previous year. This corresponds to about 5.3% of the global population that is at risk of becoming drug abusers. Adolescents and young adults account for the largest proportion of those using drugs. This age group grew by 16 percent in developing countries over the period 2000-2018 but declined 10 percent in developed countries.

Sad to note is the fact that the World Drug Report, 2014 exposes a serious lack of drug treatment facilities around the world. While some people in developed countries have access to treatment services, very few in developing countries like Kenya can afford treatment. The report estimates that only one in six drug abusers globally have access to or receive drug abuse treatment services each year. Although the general public may perceive cannabis (bhang) to be the least illicit drug, the UNODC (2014) report indicates that there has been an increase in the number of persons seeking treatment for cannabis use disorders. This underscores the fact that cannabis has serious negative effects on the health of the user.

1.2 KENYA OVERVIEW

NACADA reports indicate that ADA is prevalent in Kenya across all religions, gender and regions though some disparities exist. The most commonly abused drugs and substances in Kenya are alcohol, tobacco, bhang, glue, miraa (Khat) and psychotropic substances. The NACADA Survey of 2017 indicates that 12.2% of persons aged between 15 and 65 or about 3.3 million Kenyans are active users of alcohol, with 10.4% of them being addicted. This survey also indicated that other substances of abuse included: Tobacco, at 8.3% of the population or 2.2 million persons; Miraa at 4.1% or 1.1 million persons; and, Cannabis at 1.0% or 270,000 persons.

A study on “Determinants of Alcohol Use by Students in Medical Training Colleges(MTC) in South Nyanza Region, Kenya, reported in African Journal for alcohol and drug abuse (AJADA), Volume 3: June 2020, conducted using a sample of 303 MTC students established that 113 (37.3%) of the respondents indulged in alcohol use because it was readily available within their colleges. Proximity of alcohol selling premises to their colleges was also a reason for alcohol use as reported by 135 (44.6%) of the respondents. Majority of the respondents 100 (33.0%) were introduced to alcohol use by friends. Curiosity was the main reason that made 73(24.1%) of the respondents to use alcohol for the first time. Mentorship from their tutors and peer education can help reduce alcohol use among the college students.

1.3 POLICY VISION

The university ADA policy is to create a University that embraces diversity and culture free from Alcohol, drugs and substance abuse

1.4 OBJECTIVES OF THE POLICY.

The objectives of this policy are:

1. Prevention of alcohol and drug abuse problems affecting the University staff, students and service providers
2. Identification and management of alcohol and drug abuse issues at the earliest stage among the University staff, students and service providers;

3. Protection of the health, safety and welfare of employees, students and other stakeholders by offering support for persons with substance use disorders and related problems

1.5 POLICY STATEMENT

The university policy involves two approaches;

1. The KYU management commits to provide reasonable assistance to a member of staff and students with alcohol and drug abuse problem who is willing to cooperate in treatment.
2. To balance a disciplinary approach with a more understanding attitude to people with the problem of SUDs and to result to disciplinary action only when such persons allow their SUD to persist with detrimental effects on their own and colleagues' work.

1.6 SITUATION OF ADA AT KIRINYAGA UNIVERSITY (KYU)

KyU population is composed of 97.48% and 2.52% of students' and staff respectively. Both categories are at risk of abusing drugs. A large number of students are most likely to be tempted to abuse alcohol and drugs due to the newly found autonomy from parent, guardian and teacher controls, stressful academic programmes, peer pressure, stressful living conditions and curiosity. To gain a deeper understanding of the issue of ADA, KyU conducted a baseline survey to establish the status of alcohol and drug abuse amongst staff in 2021. It established that Staff of Kirinyaga University mainly consumed alcohol, cigarette, cannabis sativa and khat (*miraa*). According to the survey findings, usage of other drugs like of heroin, cocaine, inhalants and prescription drugs did not come out clearly mainly due to stigmatization. In terms of demography it was found that males abused these substances more than females. Most of these drugs are readily available within the vicinity of Kirinyaga University. The baseline survey report indicated that the major factors that influenced the use of ADA at KyU were bad company /Peer pressure at 28.75% and Stress at 21.25%, Family issues at 5%, more money at 2.5% and free time / idleness at 2.5%. A total of 3.75% reported having ever tried to stop using alcohol and 6.25% reported feeling guilty for using alcohol. These findings indicate that alcohol and drug abuse problems in KyU and its environs is a reality and that there

is need to conduct a survey on alcohol and drug abuse among the students' population and to regularly revise the policy on alcohol and drug abuse to foster evidence-based prevention, treatment and rehabilitation practices. The University is further committed to continue conducting periodic follow-up surveys to assess progress and to adjust the prevention and intervention programmes accordingly.

1.7 POLICY GUIDELINES

The Policy guidelines shall apply to the workplace Alcohol and Drug Abuse Policy for University staff and students.

1.8 SCOPE OF APPLICATION

This policy shall apply to all Kirinyaga University staff, students and visitors. All students and stakeholders interacting with university are obliged to abide by this policy while within Kirinyaga University premises. The policy provides procedures to help staff, students and stakeholders to understand and put into practice its provisions. The policy also provides guidelines for use of alcohol in University functions as well as spelling out preventive measures to ensure members of staff and students who do not engage in substance use/abuse remain abstinent.

1.8.1 Situation of alcohol and drugs in the workplace in Kenya

Alcohol is the most prevalent substance used by Kenyan adults. Statistics from a NACADA Alcohol and Drug Abuse Situation Analysis among Employees in the Public Sector in Kenya showed that in 2011 57.9% of public sector employees had ever used alcohol at least once in their lifetime with 33.3% of them being classified as current users. The prevalence of lifetime usage of tobacco products was 22.8% while current use was at 8.5%. Data further showed that 15.9% had a lifetime usage of Khat or Miraa and 3.8% were classified as current users. Cannabis or bhang continues to be the illicit drug of choice. Prevalence of past usage of cannabis in the public sector was 6.6% and current usage standing at 1.1%. The usage of other narcotic drugs i.e. heroin and cocaine was relatively low. However, there is evidence that the usage of prescription and over-the-counter medication is an emerging challenge facing the workplace today. In view of the situation of alcohol and abuse amongst employees in Kenya, it is evident that public sector institutions

are not drug free working environments, hence, the need for continued mainstreaming of prevention and management of ADA.

1.8.2 Situation analysis of ADA in KyU among staff and students

According to baseline survey conducted in 2021 it was revealed that Staff of Kirinyaga University mainly consumed alcohol, cigarette, cannabis sativa, khat (*miraa*). Usage of other hard drugs did not come out clearly mainly due to stigmatization. In terms of demography it was found that males abused these substances more than females. Most of these drugs are readily available within the vicinity of Kirinyaga University. The baseline survey report indicated that the major factors that influenced the use of ADA at KyU were bad company/Peer pressure at 28.75% and Stress at 21.25%.

According to a baseline survey that was conducted among Kirinyaga University students in April 2021 the most commonly used substances are alcohol (78.5%), bhang(59.6%), miraa(62.9%) and cigarettes (54.6%). The findings further indicate that Cigarettes and Miraa were reported to be very easy to obtain within the university. Bhang and Weed Cookies/ Weed cakes were also reported to be easily accessible within the university. Shisha, Kuber, Heroin, e-cigarette and Prescription drugs were reported to be slightly easy to obtain.

The survey also sought to find out about life time use among students and the findings indicated that majority of the respondents (33.6%) had ever used alcohol in their life time while those who had ever used bhang were (15.0%) Cigarettes and Miraa had also been abused by a bigger number of the respondents at 11.7% and 11.6% respectively while 8.55% of the respondents had ever used Shisha while

Snuff and e-cigarette had been used by 4.4% and 3.6% of the respondents. Kuber had been used by 3.2% of the respondents.

The survey further sought to establish the risk factors for drug and substance use. Based on the findings, having a parent/guardian or a friend who uses drugs or substances of abuse is a risk factor for the university students to use drugs and other substances of abuse. The study established the most effective strategies for drug and substance abuse prevention, control and management include guidance and counseling services (81.8%), peer counseling (79.8%), awareness talks on drugs and substance abuse (73.4%) and sensitization programs for 1st year students (70.3%). Other intervention measures include awareness sensitizations on existence of KyU ADA policy on drug free environment and sobriety clubs. On avenues for seeking help, the most popular was the university counselor followed by the university health center and the Dean of Students office.

1.8.3 Preventive Measures

Kirinyaga University will ensure that staff and students are sensitized on health hazards and the negative impact of drug usage particularly on one's health, academic, and general life wellbeing. This activity will be coordinated by the ADA committee in collaboration with various departmental heads within the University. In this regard the following will be the main purveyors of the information on ADA: ADA policy, ADA committee, Peer Educators, Student Governing Council (SGC) members, posters, flyers and brochures, seminars, workshops, students campaigns against ADA, movies and slides on ADA prevention, stress management trainings, media campaigns and sanctions for violation of ADA policy.

1.8.4 Rules and Regulations on Alcohol and Drugs

- i) Kirinyaga university proscribes manufacturing, selling, possession distribution of illegal drugs and substances within its premises.
- ii) Use of Prescription drugs for any other purposes apart from that which is prescribed by a medical practitioner within the university or on an away assignment is prohibited
- iii) Use of prohibited substances which affects performance or leads to compromising the safety or welfare of other staff members and students.
- iv) Staff member and students using a controlled substance under prescription of a medical practitioner has an individual responsibility to inform his/her immediate supervisor
- v) Prohibits students and staff from intoxication while on university business. Use of alcohol while on university premises may only happen with express authority from management
- vi) Random alcohol checks and drug tests may be conducted by the university management. Staff and students found abusing alcohol and drugs shall be referred to mandatory treatment and rehabilitation. Non-compliant individuals will be subjected to disciplinary process.
- vii) In line with national regulations, Kirinyaga University prohibits sale, purchase, possession, distribution and consumption of alcohol for persons under the age of 18 year
- viii) Members of staff and students shall be expected to abide by these regulations and report any person found violating the same.
- ix) Alcohol and drugs found shall be confiscated and the bearer will be subjected to disciplinary action.
- x) Refrain from and/or avoid such drunkenness or drunken behavior as would constitute a disturbance to other students and staff of the University.

- xi) Desist from abuse of drugs and totally refrain from the use of drugs, the possession and use of which is prohibited by law.
- xii) Suspend any student suspected of committing any disciplinary offence under this regulation from the University pending appropriate disciplinary action.
- xiii) Being drunk and disorderly and the abuse of or use of drugs, the possession and use of which is prohibited by the law.
- xiv) KyU management shall endeavor to make the university an alcohol and drug free community through collaborative efforts from various stakeholders

1.9 RATIONALE

This policy is meant to ensure that there is a systematic approach towards understanding the challenge of alcohol and drug abuse within Kirinyaga University. It's also purposed to provide a mechanism geared towards prevention, management or minimizing impact of ADA at work place by instituting measures to help members who may have already become users of such substances.

Presently, ADA has become a matter of concern in society. This problem is aggravated by availability, increased usage of illegal substances, peer pressure, varied stressors and uncontrolled promotion of such substances both on line and otherwise. University communities are vulnerable especially the students who experiments with such substances out of curiosity. The negative consequences therefore make it important to approach the problem formally which is provided through concretizing actions in a policy.

2. PURPOSE OF THE ALCOHOL AND SUBSTANCE ABUSE WORK PLACE POLICY

2.1 ROLES OF STAFF AND STUDENTS

The University Strict Policy is to have and maintain an alcohol free environment, free from illegal drugs and illicit brew. Students and staff who interact with others who are addicted to drugs and alcohol are exposed to negative behavior change which will in turn result to adverse effects in University operations.

According to a baseline survey that was conducted among Kirinyaga University students in June 2021, results indicated that, in general, 59% student's population had taken alcohol, 31% tobacco, 24% bhang, 39% miraa and 4% inhalants.

Every member of staff and students should be involved and committed to ensure that alcohol and other drugs are not abused as stipulated below;

2.1.1 Measures to prohibit or restrict availability of alcohol and drugs at the work place

- a) The university expressly prohibits use of alcohol or illicit drugs on its premises. Consumption of alcohol within university shall only be allowed with a prior approval from the university management.
- b) Drunkenness shall remain prohibited within the university premises and those found under influence of alcohol and other illegal substances shall be dealt with as per the laid down procedures.
- c) Kirinyaga university proscribes manufacturing, selling, possession, distribution of alcohol, illegal drugs and substances within its premises.
- d) In an event where there is prior approval for usage of alcohol the organizers shall ensure:
 - Alcohol is served to adults only
 - Unruly and uncivil behaviors shall not be allowed
 - Security breaches will be prevented
 - Time shall be observed as per government regulations

- Review of such an event especially where a problem occurred to prevent recurrence

2.1.2 Prohibition of illegal drugs and substances

KyU prohibits access and distributing of alcohol, drugs and any illegal substance within its premises. Consumption and sale of such illegal substances including and not limited to marijuana, heroin, cocaine, mandrax, shisha and synthetic drugs as well as any other drugs that are classified as illicit by Kenyan laws shall remain prohibited. Staff and students are also reminded of the criminality of handling, trading in, or consumption of such prohibited substances. All these carry punitive jail sentences. University shall cooperate with criminal justice system players in processing such a person found offending under such laws and will advise on treating and rehabilitating such an employee regardless of the outcomes of the legal process.

2.1.3 Restriction on legal drugs

KyU prohibits abuse of prescription drugs by staff and students. The heads of departments will be in the frontline in identifying staff members who are likely to be abusing prescription drugs and report the same for timely intervention. University clinic will only prescribe drugs based on a qualified clinician diagnosis of a medical condition or ailment

2.1.4 Payment in kind

KyU prohibits use of alcohol or drugs as a form of payment/recognition for a service well rendered or as a reward for performance.

2.1.5 Advertisement of alcohol and drugs at work place

KyU prohibits any form of advertisement of alcohol and drugs on its premises. This includes indirect advertisement where entities promote alcohol and drugs in the process of sponsoring activities like sports or social events within the University. Employees and students are also prohibited from any form of advertising drugs and alcohol within the University premises. These advertisements are prohibited

whether they are in print media, electronic media, internet, branded merchandise like clothes or bags, etc.

2.2 RESPONSIBILITY

The policy reminds everybody that we all have responsibilities for identifying and dealing with alcohol or drug abuse.

Head of departments will have a key role to play in identifying staff who may have alcohol or drug-related problems and adopt a business-like but sensitive approach. The over-riding intention in intervening will be to provide assistance to the person concerned, as per the guidelines of ADA policy.

2.2.1 Responsibility of Staff members is to:

- a.) Familiarize oneself with the policy and ensure that staff are aware of and understand it;
- b.) Be alert to possible alcohol or drug abuse in the sections;
- c.) Take an objective and non-judgmental approach when investigating or taking action on any potential or actual case of alcohol or drug abuse.

2.2.2 Responsibility of ADA Prevention Committee is to:

Committee has the overall responsibility of coordinating the program including:

- a) Development of annual work plan
- b) Implementation of the Policy on ADA
- c) Implementation of ADA prevention programs
- d) Sensitization and training on matters pertaining ADA in collaboration with NACADA
- e) Identifying prevention priorities, interests and needs of staff and Students
- f) Dissemination of relevant information, education and communication (IEC) materials
- g) To inform the staff and students on the effects of alcohol and drug substance abuse.

- h) To give Information about the work environment in relation to alcohol and drug substance abuse.
- i) To provide services to assist the staff and students who abuse alcohol and drugs.
- j) To establish Employee Assurances Programs. (STUDENTS?)
- k) To assess and review working and learning environment among the staff and students in order to control alcohol and drug substance abuse.
- l) Liaise with the management in implementation of ADA Policy
- m) Promote mental wellness of Staff and Students through sensitization and Psychoeducation on ADA issues, Stress management and distribution of IEC materials on mental wellness.
- n) Awareness creation on EAP's amongst Staff and Students

2.2.3 Responsibility of the supervisor (HoD)

If concerned about the performance, attendance or conduct of a member of staff, know or suspect that the cause is in any way is alcohol or drug-related, discussing the matter with the individual at a private and confidential interview as soon as possible will be the appropriate approach.

At the interview the possible existence of an alcohol or drug abuse problem should be explored. The head of department will not be required to diagnose the existence of an alcohol or drug abuse problem, but to merely assess whether such abuse is a possible factor.

Should the HoD lead to the conclusion that an alcohol or drug abuse problem might exist, and the member of staff accepts referral, the HoD will be expected to refer the matter to a medical practitioner at KyU who will arrange and act as appropriate. Any disciplinary procedures that might otherwise apply will normally be suspended until the outcome of the practitioner is known.

If the member of staff rejects, or fails to co-operate with the medical practitioner, disciplinary action should be continued, where and as the situation justifies

2.2.4 Responsibility of Management is to:

- a.) Be familiar with the Policy and ensure performance is not impaired as a consequence of alcohol or drug abuse (ADA);

- b.) Advise respective HoD if one is using medicines, which may have the potential to affect work performance;
- c.) Avoid covering up for or colluding with any colleague who has an alcohol or drug abuse problem;
- d.) Urge colleagues with an alcohol or drug abuse problem to seek help;
- e.) Seek help yourself if you have problems related to alcohol or drug abuse;
- f.) Advise management if you consider that a colleague's alcohol or drug abuse may be endangering the safety of self, other staff members, or the public.

2.2.5 Responsibility of Medical Practitioners

- a.) Offer support and guidance when required;
- b.) Provide details of external agencies when required;
- c.) Refer staff for assistance in appropriate cases and advise on the appropriateness or otherwise of recourse to the disciplinary procedure;
- d.) Ensure fairness and consistency of treatment across the KyU;
- e.) Monitor and maintain the policy.

2.2.6 Providing guidance to managers

Clearly, Management has a key role to play in dealing with instances of alcohol or drug abuse problems. In order to help HoDs deal effectively with such issues, the Management of KyU will provide the opportunity for all HoDs to attend workshops on the application of this policy. This will provide the opportunity to talk about the policy and to raise any issues of concern.

3. MANAGEMENT OF STAFF WHO HAVE AN ALCOHOL AND DRUG ABUSE (ADA) PROBLEM

3.1 SUPPORT MECHANISM FOR PERSONS WITH SUBSTANCE USE DISORDERS(SUD'S)

Staff with alcohol or drug abuse related problems will not be discriminated against. They will access health care services similar to employees with other health problems. They will receive paid sick leave, paid annual leave, leave with pay and medical coverage, in accordance with Kenyan Law and Practice. Any member of staff or student who may be rehabilitated will be reintegrated in the normal working and learning system and be helped to adapt to the prevailing working and learning conditions.

3.1.1 Sources of help

Employee Assistance Programme (EAP)

- Respective HoD's
- Medical Practitioner
- Alcohol & Drug Abuse Committee
- University Counsellor
- Referral to NACADA accredited Rehabilitation Centres

3.1.2 Treatment and rehabilitation

Staff and student with alcohol, drugs and substance abuse (ADA) will be treated as persons with health problem. This will mean that KyU will offer counselling services, offer treatment, refer for treatment including and or rehabilitation as opposed to a wholesale condemnation to disciplinary procedures and its associated sanctions. These actions will be intended to assist staff and students to adopt an alcohol and drug free lifestyle. However, where such interventions will be deemed not to be effective due to the person with SUDs' non cooperativeness then University will institute disciplinary measures with its attendant consequences.

4. DISCIPLINARY ACTION

In line with the policy, the following will be regarded as serious misconduct:

- a.) Attending work and/or carrying out duties under the influence of alcohol or drugs.
- b.) Consumption of alcohol or drugs whilst at work (other than where prescribed or approval has been given for use of drugs).

Where a breach of these rules occurs, but it is established that an alcohol or drug abuse problem exists, and the member of staff is willing to co-operate in referral for specialist help and subsequent treatment, the Management of KyU will suspend any disciplinary procedures and provide guidance and counseling. Staff members/ students who do not comply with the treatment suggested or continue to abuse alcohol or drugs will be subject to the application of the disciplinary policy.

4.1.1 Support Programme for Employees

KyU will provide psycho social support to persons with ADA problems within its ranks. Employee assistance programmes (EAPs), Peer support programmes like Alcoholic Anonymous (AA), Narcotics Anonymous (NA) and other professional interventions shall be employed to support persons with SUDs to help them lead an alcohol and drug free lifestyles

4.1.2 Job Placement

Kirinyaga University will provide a mechanism to ensure that persons recovering from SUD's are reintegrated into the job community. There will be ensuring that roles and duties shall be given equally without reference to the earlier problem of SUDs. However, care shall be taken to avoid exposing the recovering person from to working conditions which could have earlier contributed to SUDs problems. Where possible a recovering person should be placed under a supervisor who has been trained on ADA management.

4.1.3 Job security and Promotion

Staff who have sought treatment and rehabilitation for SUD's or related problems shall enjoy regular job security and career development path guaranteed as enjoyed by any other employee. There will be no discrimination for persons with SUD's as a result of the aforementioned problem

4.1.4 Medical Insurance

KyU management shall provide necessary resources for counselling, treatment and rehabilitation of persons with SUD's. Such persons will be covered for both in and outpatient medical services. The medical cover scheme whether NHIF or other insurance shall cover medical intervention for persons with SUD's.

4.1.5 Budget Allocation

Kirinyaga University shall set aside an annual budget for carrying out activities as outlined in this policy. The budget shall be informed by the work plan developed by the ADA prevention committee.

5. MONITORING AND REVIEW

This policy is an integral part of the KyU health and wellbeing program and will be subject to review from time to time. The Human Resource Division primarily, will be responsible for monitoring the effectiveness of this policy. This will be done in liaison with HoDs, Medical practitioner and the Alcohol and Drug and Substance Abuse (ADA) Committee to ensure that the policy is clearly understood by all and that the procedures for tackling instances of alcohol or drug abuse are helping to address KyU commitment to the health and well-being of all staff.

6. POLICY AUTHORITY

The policy derives its authority from

1. Narcotic Drugs and Psychotropic Substances (Control) Act, 1994
2. Tobacco Control Act, 2007
3. The Compounding of Potable Spirits Act (Cap 123)
4. The Chang'aa Prohibition Act (Cap 70)
5. The Industrial Alcohol (Possession) Act (Cap 119)
6. Methylated Spirits Act (Cap 129)
7. Liquor Licensing Act (Cap 121)
8. The Use of Poisonous Substances Act (Cap 245)
9. Customs & Excise Tax Act
10. The Pharmacy and Poisons Act (Cap 244)
11. The Food Drugs and Chemical Substances Act (Cap 254)
12. The Standards Act (Cap496)
13. The Chief's Act (Cap 128)
14. The Public Health Act (Cap 242)
15. The Trade Descriptions Act (Cap 505)
16. Weights and Measures Act (Cap 513)
17. Kenya Gazette Notice 3749, 13th May, 2006
18. Sub-sector workplace policy on HIV and AIDS, 2006
19. Foods, Drugs and Chemical Substances Act Cap 254
20. Environmental Management & Coordination Act, 1999 (S78)
21. Workplace Counseling Policy 2008
22. The Service Commissions Act Cap 185
23. The Sexual Offences Act 3 of 2006

24. The HIV and AIDS Prevention and Control Act 14 of 2006
25. Gender Policy in Education, 2007
26. The Mental Health Act Cap 248
27. ILO Convention – Vocational
28. Public Officers Ethics Act
29. Vocational, rehabilitation and employment (disabled persons)
30. Vision 2030 (social pillar)
31. KNBS Human Resource Manual

7. POLICY EXECUTION ROLES AND RESPONSIBILITIES

This policy shall be implemented by the Vice Chancellor, Deputy Vice Chancellor (A&P) and Deputy Vice Chancellor (ASA).

7.1 VICE CHANCELLOR

- 1) To strengthen commitment at all levels of management.
- 2) To appoint Alcohol Drug and Abuse Prevention Committee.
- 3) To advocate for Alcohol Drug and Substance Abuse issues in decision making at all levels;
- 4) To ensure allocation of resource and evidence based budgeting;
- 5) To Monitor and evaluate the Alcohol and Drug Abuse Policy;
- 6) To Create partnerships with and across Ministries, development partners and stakeholders;

7.2 DEPUTY VICE CHANCELLOR, ADMINISTRATION & PLANNING

1. To provide and ensure quality Alcohol and Drug Abuse services to University staff and students
2. To ensure that Alcohol and Drug Abuse programmes are mainstreamed in the core functions of the University's strategic plan.
3. To provide and advocate for Alcohol and Drug Abuse services to University staff and students.
4. To co-ordinate the implementation of the workplace Alcohol and Drug Abuse Policy in the University workplaces.
5. To review Policy, strategy and guidelines on Alcohol and Drug Abuse services.
6. To provide information necessary for planning and budgeting for Alcohol and Drug Abuse programmes.
7. To Co-ordinate the development of Alcohol and Drug Abuse Information, Education and Communication (IEC) materials.
8. To Identify Alcohol and Drug Abuse needs and develop appropriate intervention programmes for University workplaces.
9. To identify training needs and facilitate capacity building for Staff in the University workplaces in liaison with other Universities.

10. To network with relevant organizations and individuals to enhance Alcohol and Drug Abuse services.
11. To develop mechanisms for monitoring and evaluation of Alcohol and Drug Abuse services.
12. To create awareness among the University staff and students on Alcohol and Drug Abuse.
13. To promote partnership with Alcohol and Drug Abuse Service providers across Ministries, development partners and stakeholders.

7.3 DEPUTY VICE CHANCELLOR, ACADEMIC AND STUDENT AFFAIRS

- 1) To encourage Staff and Students to write proposals and research papers on alcohol and substance abuse related issues.
- 2) To integrate drug and substance abuse issues in all public addresses, workshops, official functions and welfare gatherings.
- 3) To show films, conduct dramas, music, arts and other competitions in the University.
- 4) To invite Motivational Speakers to sensitize Staff and Students on ADA effects and consequences.
- 5) To invite role models and success stories of those who have overcome drug abuse problems to give talks on how they were able to overcome successfully.
- 6) To organize outreach programmes with community groups around the University.

7.4 ALCOHOL AND DRUG ABUSE COMMITTEE MEMBERS

1. To Identify needs and provide necessary information for planning and budgeting for Alcohol and Drug Abuse programmes;
2. To Provide Alcohol and Drug Abuse services to University staff and students.
3. To respond to disasters and crisis through psycho-social interventions.
4. To prepare confidential reports as deemed necessary for informed decision-making.
5. To Create awareness among the University staff and students on Alcohol and Drug Abuse;
6. To make referrals of clients when necessary;

7. To conduct monitoring and evaluation of the implementation of Alcohol and Drug Abuse services.
8. To network with professional bodies and organizations to enhance provision of Alcohol and Drug and substance Abuse services.

8.0 SELECTED REFERENCES

1. Guidelines for Developing Work Place Alcohol and Drug Abuse Policies (NACADA, Authority for Drug Free Nation).
2. The constitution of Kenya.
3. Kirinyaga University Rules and Regulations Governing the Conduct and Discipline of Students.

APPENDIX

List of contributors

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