



KMTCC is ISO 9001:2015 Certified

Kenya Medical Training College



**ALCOHOL, DRUG & SUBSTANCE ABUSE
POLICY**

MAY 2019

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PREFACE

On behalf of the Kenya Medical Training College (KMTc) Board of Directors, I am delighted to approve this Policy on Alcohol, Substance and Drug Abuse for use by Management. The KMTc Board is determined to improve access to and equity of quality medical training and to ensure that the institution plays its role in the realization of Sustainable Development Goals, Vision 2030, health sector policies and the government agenda on the “Big Four”. As the Board continues to realize the set milestones which contribute to improving the quality and quantity of essential health care providers, it is equally cognizant of the many challenges which impede the resolve to reach these set goals and objectives. Inadequate numbers of skilled care providers and loss of skilled personnel to Alcohol, Substance and Drug Abuse among others have had a negative impact on efforts to expand access and improve the quality of health services. This situation is compounded by continued high prevalence of communicable and non-communicable diseases in the country.

To support this end, the KMTc Board of Directors under my leadership is determined to critically address the task of defining long-term strategies for addressing the constraints to training and development of quality health care providers through:

- i. Improved policy and corporate governance for enhancing accountability and decision making.
- ii. Enhanced access, quality, relevance and equity in medical training.
- iii. Prudent resource utilization and good infrastructural management.
- iv. Increased visibility of Kenya Medical Training College nationally and internationally as a premier institution focusing on training, research and consultancy.
- v. Improved resource base, partnership and linkages.
- vi. Mainstreaming Alcohol, Drug and Substance Abuse concerns in the programmes of KMTc.

In response to the 2010 Constitutional Agenda, the Board will continue to direct efforts at advancing community – oriented programs that respond positively to the country’s social and economic development agenda. This Policy therefore provides an analysis of the internal and external environment, and makes strong statement on the role KMTc will play in supporting the Government to realize sustainable growth in the health sector. The Board is dedicated to offer oversight on the operations and management of the College to ensure sustainable delivery of health coverage in the country and beyond. I believe successful implementation of the Policy will be realized through total commitment of the entire staff, students and other key stakeholders.



Prof. Philip Kaloki, MBS,

Chairperson, KMTc Board of Directors.

FOREWORD

Alcohol, Substance and Drug Abuse affects all spheres of society regardless of age, gender, academic standard, income, religious affiliation or geographical location. However, one of the areas that suffer when an individual is affected by alcohol or drug is that of work output or performance.

This Policy has been necessitated by the challenges posed by alcohol or/and drug abuse generally and more specifically its impact in the College. Majority of the targets of alcohol and drug abuse are labour force between the age of 15years-65years, the bulk of who are still in their prime ages. Illness and subsequent death of employees as a result of Alcohol and Drug abuse has an enormous impact on the nation's productivity and earnings. Resources that could have been used for development and poverty reduction are instead diverted to treatment and care of substance abuse disorders.

This Policy provides guidance for those who deal with the day to day substance use disorders and related problems that arise at the College and outlines the students and employee's rights, responsibilities and expected behaviour in the College. The Policy directions outlined in this document aim at preventing and mitigating the effects of Alcohol Drug and Substance Abuse in the College and providing the means towards greater efficiency in service delivery.

The overarching principle of this Policy is prevention, control and management of substance use disorders to ensure a safe working environment. This is because a conducive working environment will lead to increased productivity that ultimately brings about sustainable development for the KMTC and ultimately enhanced sectorial efficiency in the nation.

KMTC's core function is to train competent middle level health professionals in Kenya. In view of this KMTC is at the forefront of ensuring that its workplace is free from Alcohol and Drug abuse. This Policy will guide the College in developing strategies and programs for effective response to prevention and management of alcohol and drug abuse at the workplace.



Prof. Michael Kiptoo,

Chief Executive Officer.

VISION

A model institution in the training and development of competent health professionals

MISSION

To produce competent health professionals through training and research, and provide consultancy services

CORE VALUES

Accountability

Integrity

Responsiveness

Equity

Teamwork

Professionalism

Creativity and innovation

ABBREVIATIONS

ADSA	Alcohol Drug and Substance Abuse
AIDS	Acquired Immune Deficiency Syndrome
CEO	Chief Executive Officer
EAP	Employee Assistance Programme
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HR	Human Resource
IEC	Information, Education and Communication
KMTC	Kenya Medical Training College
M&E	Monitoring and Evaluation
MCDAs	Ministries, Counties, Departments and Agencies
MoH	Ministry of Health
NACADA	National Authority for the Campaign Against Alcohol and Drug Abuse
UPC	Universal Prevention Curriculum

DEFINITION OF TERMS

The following are the definitions of terms as they apply to this ADSA Policy.

Addict:	A person with substance use disorders who continues using alcohol or other drugs despite their detrimental effects and has impaired control over the use of that drug. He/she is preoccupied with drug use for non-therapeutic purposes.
Addiction:	This is a progressive disease that is chronic, relapsing (potentially fatal) characterized by compulsive, loss of control, continued drug use despite adverse consequences and distortion in normal thinking.
Alcohol:	Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. Harmful use of alcohol cause diseases, social and economic burden in society.
Alcohol abuse:	Includes consuming alcohol whilst on duty, being at the workplace while under the influence of alcohol, and being incapable of effectively performing duties due to intoxication.
Alcoholism:	An illness characterized by preoccupation with alcohol and a loss of control over its consumption.
Board:	Means the KMTC' Board of Directors.
Care:	Promotion of a person's well-being through medical, physical, psychological, spiritual and other means.
Chronic:	Refers to a condition that continues or persists over an extended period of time.
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.
Counsellor:	A person trained to give guidance on personal, social, or psychological problems.
Counseling:	Is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.
Current Use:	Consumption of alcohol or drugs in the recent days.
Drug:	Substance or chemical that when absorbed into the body of a living organism, alters normal bodily function either negatively or positively.
Drug Abuse:	Refers to consumption of illegal drugs or the unintended use of legal ones.
Early detection:	Mechanisms for diagnosing the onset of an individual's consumption of alcohol and other drugs before substance use disorder develop.

Employee Assistance Programmes:	A voluntary work- based programme that offers free and confidential assessment, short-term counselling referrals and follow-up services to employees who have personal and work-related problems.
Evaluation:	The assessment of the impact of the Policy at a particular point in time.
Health Effects:	Any deviation in the normal function of the human body due to an external agent or stimuli. This includes the consequences of alcohol and drug abuse on one's health.
KMTC Community:	This refers to the Board of Directors, members of staff, students, visitors and any other persons doing business in the college under temporarily or extended period in Kenya Medical Training College at any given time.
Past Use:	Previous consumption of alcohol or drugs by an individual in his/her lifetime.
Policy (ADSA):	A statement indicating the College's position on alcohol drugs and substance abuse at the workplace.
Prevention:	A programme or strategy designed to curtail the onset of alcohol and drug abuse.
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:	Resumption of alcohol or drug abuse after a period of abstinence.
Treatment:	Medical or non-medical care provided to improve the situation of a member of staff suffering from substance use disorder.
Substance	An intoxicating, stimulating chemical or drug especially an illegal one.
Workplace:	Occupational settings, stations and places where the Authority's staff members are officially engaged to implement the Authority's mandate.

1.0 INTRODUCTION AND BACKGROUND INFORMATION

1.1 Overview

Alcohol and Drug Abuse in the workplace has the potential to negatively affect the health safety, productivity and efficiency of employees which result in low output in the organization. The wellbeing of the working community is paramount. Although alcohol and drug abuse happens in the context of the family and the wider society, the work place offers a chance for early detection, intervention and psycho-social support for employees. Consequently, this benefits the employer and the community.

This workplace Policy on alcohol drug and substance abuse shall address issues of preventive education, identification, referral for treatment and rehabilitation. The Policy also focuses on psycho-social support, acquisition, dissemination of behaviour change material and minimization of denial/stigma associated with dependency.

1.2 Global Developments in Illicit Drug Consumption (World Drug Report 2011)

According to the 2011 World Drug Report, United Nations Office on Drug and Crime (UNODC) estimates that, in 2009, between 149 and 272 million people, or 3.3% and 6.1% of the population aged 15-64, used illicit substances at least once in the previous year. About half those numbers are estimated to have been a current drug user(s) that is, having used illicit drugs at least once during the past month prior to the date of assessment. While the total number of illicit drug users has increased since the late 1990s, the prevalence rates have remained largely stable, as has the number of problem drug users, which is estimated at between 15 and 39 million.

Cannabis is by far the most widely used illicit drug type, consumed by between 125 and 203 million people worldwide in 2009. This corresponds to an annual prevalence rate of 2.8%-4.5%. In terms of annual prevalence, cannabis is followed by ATS (amphetamine-type stimulants: mainly methamphetamine, amphetamine, ecstasy), opioids (including opium, heroin and prescription opioids) and cocaine. Lack of information regarding use of illicit drugs -- particularly ATS - in populous countries such as China and India, as well as in emerging regions of consumption such as Africa, generates uncertainty when estimating the global number of users.

This is reflected in the wide ranges of the estimates. While there are stable or downward trends for heroin and cocaine use in major regions of consumption, this is being offset by increases in the use of synthetic and prescription drugs. Non-medical use of prescription drugs is reportedly a growing health problem in a number of developed and developing countries. Moreover, in recent years, several new synthetic compounds have emerged in established illicit drug markets. Many of these substances are marketed as 'legal highs' and substitutes for illicit stimulant drugs such as cocaine or 'ecstasy'. Two examples are piperazines and mephedrone, which are not under international control. A similar development has been observed with regard to cannabis, where demand for synthetic cannabinoids ('spice') has increased in some countries. Sold on the internet and in specialized shops, synthetic cannabinoids have been referred to as 'legal alternatives' to cannabis, as they are not under international control. The control status of these compounds differs significantly from country to country.

In terms of treatment demand, the picture varies between regions. Cannabis contributes significantly to treatment demand in most regions, but it is particularly prominent in Africa and Oceania. Opiates dominate treatment demand in Europe and Asia, whereas cocaine is the main problem drug in South America. In North America, cannabis, opioids and cocaine make up similar shares of total treatment demand. ATS does not dominate anyone region but makes a sizable contribution to treatment demand particularly in Asia and Oceania, but also in Europe and North America.

In terms of the health consequences of drug use, the global average prevalence of HIV among injecting drug users is estimated at 17.9%, or equivalently, 2.8 million people who inject drugs are HIV positive. This means that nearly one in five injecting drug users is living with HIV. The prevalence of Hepatitis C among injecting drug users at the global level is estimated at 50% (range: 45.2%-55.3%), suggesting that there are 8.0 million (range: 7.2 - 8.8 million) injecting drug users worldwide who are also infected with HIV. Deaths related to or associated with the use of illicit drugs are estimated between 104,000 and 263,000 deaths each year, equivalent to a range of 23.1 to 58.7 deaths per one million inhabitants aged 15-64. Over half of the deaths are estimated to be fatal overdose cases.

In view of the foregoing and given the worsening situation in Kenya, it is important that the government, organizations and communities pay urgent attention to ADSA.

1.3 Situation in Kenya

Alcohol and Drug Abuse is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of drug abusers in Kenya are aged between 10- 19 years with over 60% residing in urban areas and 21% in rural areas (UNODC, 2004). The median age of first use of *chang'aa* and cigarettes is 9 years and by age ten, half of these children have tried chewing/sniffing tobacco, traditional liquor and *miraa*. The median age of use of packaged alcohol is 11 years while that of *bhanga* is 14 years (NACADA, 2007).

In Kenya, the majority hold positive attitudes towards consumption of illicit drugs such as cigarettes (73%), packaged liquor (72%), traditional brew (69%), other tobacco products (68%) and *miraa* (54%). Clearly, there is a widespread attitude that if a drug is legal, it is alright to use. In contrast, illicit drugs have particularly low acceptability ratings. At least 13 percent of people from all provinces in Kenya except North Eastern Province are consumers of alcohol. Overwhelming majority of tobacco smokers smoke every day (90%), while slightly over 70 percent of *miraa* users and people who sniff or chew tobacco products use the substances daily.

Analysis suggest that friends (peers), availability of drugs within the school environment (including the surrounding community), and presence of a drug user in the home are closely associated with the likelihood of having ever consumed alcohol among children aged between 10 - 14 years (NACADA, 2007). Alcohol and Drug Abuse in Kenya varies among its provinces. NACADA (2011) research findings indicate twenty-five percent (25%) of the male and 2.8% of the female population use tobacco products. Central province has the highest rate of tobacco products usage at 35.9% among males followed by Coast province (33.6%), North Eastern (33.3%) and Nairobi (28.6%). Coast province has the highest rate of use of tobacco products at 8.3% among the female population followed by Nairobi province (4.5%), Eastern province (3.9%) and Rift Valley province (2.6%).

1.4 Situation in KMTC

A baseline survey conducted in June 2010 revealed that students and staff consume alcohol, smoke cigarettes, abuse cannabis while others chew *khat* (*miraa*), and puff *Shisha*. There is a significantly higher level of abuse among males in all the categories of drugs. In comparison, staff members take alcohol, smoke cigarettes and chew *miraa*.

1.5 Government Response

NACADA was formed under the premise that alcohol, drug and substance abuse constitutes a global problem on which countries spent a large percentage of their revenue to address. In Kenya it was one of the major problems alongside poverty, corruption and HIV&AIDS. Whereas the HIV prevalence was declining, alcohol, drug and substance abuse was on the increase. This alarming increase has been compounded by a growing breakdown of traditional values, educational values and falling apart of social control systems (Adopted from NACADA).

In order to monitor ADSA in tertiary institutions the government has made it mandatory to submit quarterly reports. Recently, the Government promulgated laws restricting times and places of alcohol consumption, as well as designating smoking and drug free areas.

Recently in the year 2018 the East African countries included Shisha in the list of banned drugs and prohibited its importation, production, dealing in or use within their territories; Rwanda, Uganda and Kenya are the pioneer countries in EAC to ban the use of the above substance.

1.6 Rationale

KMTC is committed to promoting the well-being of its community by creating a safe and healthy environment. Additionally, the College recognizes the negative impact that Alcohol, Drug and Substance Abuse may have upon an individual's ability to work or study. This negative impact affects the health and well-being of individual members of staff and students resulting in higher levels of absenteeism. This affects staff and students performance in terms of attendance, efficiency and productivity.

This Policy is therefore expected to address existing problems related to workplace Alcohol, Drug and Substance abuse at KMTC while at the same time operationalizing the preventive measures or programs to such abuses.

1.7 Policy Statement

KMTC is committed to a drug free environment and this Policy presents an operational framework and guidance for holistic response to ADSA challenges in the College and constituent College Campuses.

1.8 Guiding Principles

This Policy is guided by the following principles:

- i. Equity in the prevention, treatment and rehabilitation of staff and students.
- ii. Recognition of the fact that drug and substance abuse are treatable problems.
- iii. Right to consent in which the affected staff and students are informed about the programs of ADSA and make informed decision.
- iv. Respect to the right of confidentiality.
- v. Endeavouring to make the College a drug free environment.

1.9 Guiding Values

- i. Confidentiality
- ii. Respect
- iii. Honesty/Transparency
- iv. Empathy
- v. Promptness

1.10 Strategic Objectives

- i. To sustain quality in training and learning
- ii. To expand training opportunities
- iii. To enhance institutional research capacity
- iv. To institutionalize consultancy services

- v. To attract, develop and retain qualified staff
- vi. To strengthen internal processes
- vii. To integrate ICT in management of College operations
- viii. To improve KMTC corporate image
- ix. To establish appropriate resource mobilization mechanisms
- x. To strengthen financial and resource management system

1.11 Scope and Application of the Policy

This Policy applies to:

- a. All members of staff;
- b. All students; and
- c. Those providing services within the College and the constituent campuses.

2.0 POLICY OBJECTIVES

This Policy seeks to mitigate the negative effects of alcohol drug and substance abuse, as well as putting in place strategies for addressing the factors that could predispose the College staff to ADSA.

The goal of this Policy is to establish an alcohol and drug-free work environment. Its specific objectives are:

- i. To safeguard the health, welfare and safety of the Board, members of staff, students, visitors and any other persons doing business in the College temporarily or extended period through programs that promote a healthy lifestyles and a safe work environment.
- ii. To establish a corporate culture that discourages alcohol and drug abuse.
- iii. To empower the employee with relevant knowledge and information on alcohol and drug abuse.
- iv. To identify workplace conditions which expose employees to the risk of developing substance use disorders;
- v. To guide the processes of early detection and intervention in alcohol and drug abuse including modalities of instituting treatment and rehabilitation.
- vi. To recommend clear rules on expected conduct and consequences in relation to alcohol and drug abuse.
- vii. To come up with specific programs and interventions targeting universal, selected and indicated persons.
- viii. To provide support systems that mitigate against alcohol and drug abuse in order to improve productivity and efficiency of employees in the workplace. Enable the College to create awareness on the harmful effects of alcohol drug and substance abuse at the workplace.
- ix. Instil knowledge and understanding of rules related to alcohol, drug and substance abuse as well as structures and procedures for dealing with alcohol and drug abuse cases.
- x. Enable the College establish a corporate culture and practices that prevent and pre-empt alcohol and drug abuse at the workplace.
- xi. Enable the College maintain an alcohol and drug-free, healthy and productive workforce secure from workplace injuries related to abuse of alcohol and/or drugs.
- xii. Give employees and management a clear understanding of how the College deals with substance use in the workplace.

- xiii. Guide managers and fellow employees on how to deal with an individual with substance use disorder.
- xiv. Increase staff confidence and morale, reduce absenteeism, increase productivity and competitiveness, and reduce medical burden on the workforce.
- xv. Assist and support employees and their families with substance abuse disorder.
- xvi. The Policy will enable the College develop prevention strategies for universal, selected and indicated community members.

3.0 ROLES AND RESPONSIBILITIES

3.1 Board of Directors

The Board shall oversight and mobilizes resources for the implementation of the Policy. The Human Resource Committee of the Board shall receive quarterly reports and make recommendations to the Board of Directors.

3.2 Chief Executive Officer

The KMTC CEO shall:

- i. Constitute Alcohol, Drug and Substance Abuse (ADSA) committee at the headquarters and sub-committees at all campuses for effective service delivery.
- ii. Develop and provide student-led prevention programs through COSASA to promote healthy and responsible behaviour.
- iii. Integrate and mainstream issues relating to ADSA in all its operations.
- iv. Encourage, support and facilitate regular forums among and between stakeholders of the KMTC community for the purpose of prevention and management of alcohol, drug and substance abuse.
- v. Facilitate staff and student participation not only through COSASA but also in national and international forums on alcohol, drug and substance abuse.
- vi. Be committed to providing a safe and healthy learning and working environment to the College community, while ensuring the right to access holistic and affordable care and support.
- vii. Be responsible and accountable for implementation of this Policy by developing effective partnership and collaboration with the KMTC community, government, local, regional and international organizations and other stakeholders, to enhance the success of this Policy implementation.
- viii. Utilize the College's establishments in maintaining effective communication channels for all its stakeholders to raise concerns and grievances in regard to alcohol, drug and substance abuse related issues.
- ix. Uphold the right to universal fair labour practices of every affected staff or student.
- x. Shall approve development, implementation and review the Alcohol Drugs and Substance Abuse Policy.
- xi. Ensure allocation of resource and evidence based budgeting.
- xii. Strengthen commitment at all levels of Management.
- xiii. Approve employees for treatment and rehabilitation services.
- xiv. Ensure the setting up of ADSA unit.
- xv. Provide support to the ADSA Unit.

- xvi. Create partnerships with and across Ministries, Counties, Departments and Agencies (MCDAs); development partners e.g. UNODC, Colombo Plan, CADKA and other stakeholders.

3.3 Principals

- i. Provide and advocate for Alcohol, Drug and substance Abuse services to College staff and students in their campuses.
- ii. Monitor and evaluate the impact of the ADSA workplace Policy
- iii. Ensure continuous enforcement of the Policy.
- iv. Sensitize all newly employed staff during the induction process.
- v. Sensitize all staff and students about ADSA issues.
- vi. Identify and recommend assistance for the indicated and selected persons
- vii. Identify training needs and facilitate capacity building for employees at the College workplaces in liaison with other organizations.
- viii. Ensure ADSA unit is fully functioning within the campuses.

3.4 Human Resource/Registrar student Affairs

The Human Resource Manager will be in charge of staff and Registrar Student Affairs will be in charge of the students with the following functions:

- i. Co-ordinate the implementation of the Alcohol Drug and Substance Abuse Workplace Policy in all the College Campuses.
- ii. Ensure dissemination and awareness of the Policy.
- iii. Ensure provision of quality alcohol drug and substance abuse services to the staff and student.
- iv. Sensitize all staff and students about ADSA issues.
- v. Ensure continuous enforcement of the Policy.
- vi. Identify training needs and facilitate capacity building for employees in the Authority workplaces in liaison with other organizations.
- vii. Refer any employee to the Employee Assistance Programme for assessment and assistance.
- viii. Encourage employees to seek assistance through the Employee Assistance Program.
- ix. Develop mechanisms for monitoring and evaluation of alcohol and drug abuse services.

3.5 Heads of Departments

Head of Departments/Sections would be expected to:

- i. Communicate and implement the drug abuse plan.
- ii. Identify staff and students who abuse alcohol, drugs and substances and take appropriate action.
- iii. Suggest appropriate referral for staffs with alcohol, drug and substance abuse problems.
- iv. Provide psychosocial support to staff struggling with drug and substance abuse.
- v. Encourage members of the department to participate in seminars and workshops organized by the College on drug and substance related issues.

- vi. Ensure continuous enforcement of the Policy
- vii. Continuously create awareness on ADSA to staff and students under their jurisdiction.
- viii. Monitoring and evaluation of ADSA programs within their Departments.

3.6 Faculty/Staff

The faculty/staff would be expected to:

- i. Read, understand and adhere to the Policy document.
- ii. Embrace corporate culture that discourages ADSA.
- iii. Assist in identification those at risk and the affected staff and students.
- iv. Provide peer to peer support.
- v. Ensure they are not under influence of alcohol, drug and other substance of abuse while on duty.
- vi. Take appropriate action to help a colleague who may be abusing alcohol drug and substance.
- vii. Understand that problems related to drug and psycho abuse substance are no excuse for poor or unsafe action.
- viii. Identify and reporting pre-disposing environmental factors.
- ix. Seek appropriate help in time when they have a drug problem.
- x. Follow the treatment and aftercare programs as recommended by professionals.
- xi. Provide evidence upon completion of the treatment.

3.7 Public

Members of the public are expected to adhere to the laid down rules and legislations.

3.8 Students

Students are expected to:

- i. Familiarize themselves with the risk associated to alcohol, drug and substance abuse.
- ii. Ensure students are not under influence of alcohol and other substances of abuse while on duty.
- iii. Assist the College in creating drug-free environment by not engaging in drug and substance abuse activities.
- iv. Voluntarily seek appropriate help for their drug and substance abuse problems.
- v. Assist fellow students who may be struggling with drug and substance abuse by referring them to appropriate sources of help.
- vi. Attend and participate in drug and substance abuse related seminars and workshops organized by the College.
- vii. Actively participate in drug and substance abuse campaigns within and outside the College
- viii. Notify the wardens, janitors/security or hostel department concerning any alcohol and drug violations.

3.9 The ADSA Committee

- Ensure continuous sensitization of the Policy to the employees.
- Coordinate the implementation of prevention, early detection and support activities.
- Mobilise resources for the ADSA workplace programme.
- Sensitize and create awareness on ADSA among all employees and their families.
- Coordinate the designing and production of information, education and communication materials on ADSA.
- Coordinate collection of baseline data and assessment of the magnitude and impact of SUDS on the Authority's operations and general performance.
- Advise management on effective approaches in dealing with ADSA concerns in the workplace.
- Draw action plans, monitor, evaluate and report the progress to management.
- Coordinate and oversee the activities of the Authority's ADSA Committee.
- Coordinate periodic review of the ADSA Workplace Policy to accommodate best practices.
- Coordinate ADSA inputs into the Annual Performance Contract Guidelines.

4.0 LEGAL AND REGULATORY FRAMEWORK

This Policy is guided by the following policy and legal instruments:

- i. The Constitution of Kenya, 2010
- ii. NACADA Act, 2012
- iii. The Alcoholic Drinks Control Act, 2010
- iv. Occupational Health and Safety Act, 2007
- v. The Pharmacy and Poisons Act (Cap. 244)
- vi. The Food Drugs and Chemical Substances Act (Cap.254)
- vii. The Public Health Act (Cap.242)
- viii. The Labour Relations Act, 2007
- ix. Tobacco Control Act,2007
- x. The Use of Poisonous Substances Act (Cap 245)
- xi. Narcotic Drugs and Psychotropic Substances Act, 1994
- xii. KMTC Human Resource policies and procedure Manual.
- xiii. KMTC Act, Cap 261, 1990 (as amended)
- xiv. KMTC Strategic Plan 2018-2023

5.0 RESTRICTIONS OF LEGAL, ILLEGAL AND EMERGING DRUGS

5.1. Alcohol Use at KMTC Events

The College reserves the rights to deny or limit the consumption of alcoholic beverages on the campus. No alcoholic beverages shall be consumed on College property without the latter's prior written approval. Drunkenness is not allowed in authorized College Functions.

The event organizers have the following responsibilities:

- i. Obtain appropriate permission from the relevant authority.
- ii. Ensure that alcohol is not served to minors.
- iii. Ensure that normalcy is maintained by preventing abusive and unsafe behavior.
- iv. Ensure there is adequate security.
- v. Identify and minimize alcohol related cases.
- vi. Keep the event within the stipulated time
- vii. Evaluate an event where problems occurred so as to avoid repetition of similar situations in future.

5.2 Prohibitions on Illicit Drugs

KMTC prohibits access and distribution of alcohol, drugs and substances through possession, consumption and sale at its premises. Illicit drugs include, but are not limited to alcohol tobacco, prescription drugs and miraa.

5.3 Prohibition of Drugs and other Substances of abuse

Prohibited drugs include marijuana, heroin, cocaine, mandrax, shisha and synthetic drugs as well as any other drugs that are classified as illicit by Kenyan laws. KMTC prohibits handling and/or use of illegal drugs and substances by employees at any time. Any employee who uses such drugs commits an offence and shall be subjected to the laid down procedures.

Employees should also bear in mind the criminal nature of handling, trading in, or using such drugs in Kenya and the attendant consequences. In the event that an employee is arrested for handling illicit drugs, the College shall cooperate with the criminal justice system and will advise on the treatment and rehabilitation of the employee over and above the outcomes of the legal process.

5.4. Payment in Kind

The Policy expressly prohibits use of alcohol or drugs as a form of recognition among its employees.

5.5. Prohibition of Advertisement of Alcohol and Drugs at the Workplace

The College prohibits direct and indirect advertisement of alcohol and drugs in its premises. Indirect advertisement of alcohol and drugs through sponsorship of College's activities such as sports are also expressly prohibited.

Employees too are prohibited from advertising alcohol and drugs in any way whether in the College premises. In this respect, employees are prohibited from participating in such advertisement in the print or electronic media, or through the internet, or through wearing of clothes that have messages that may be considered to be promoting use of alcohol or any other drugs of abuse.

6.0 ALCOHOL, DRUGS AND SUBSTANCE USE PREVENTION PROGRAMS

- i. Baseline survey.
- ii. Creation of awareness.
- iii. Training and capacity building – peer educators, interventionist.
- iv. Implementation of employee assistance program.

- v. Strengthening social support through clubs, welfare and associations.
- vi. Identification of behaviour and mental health problems affecting the workers.
- vii. Screening and assessment.
- viii. The College shall partner with institutions willing to fight drugs and other substance of abuse.
- ix. Provide brief counselling and referral to longer term treatment.
- x. Referral.

7.0 MANAGEMENT OF ALCOHOL AND DRUG SUBSTANCE ABUSE

7.1 Identification

These shall include but not be limited to:

- a. Self-assessment by the employee, facilitated by information, education and training programmes.
- b. Informal identification by colleagues, friends or family members.
- c. Formal identification by structured screening tools.
- d. Comprehensive assessment by substance abuse and addiction professionals.

7.2 Intervention

Intervention is a key element to maintaining a safe and healthy work place/intervention of higher learning free from drug and substance abuse. Intervention can either be voluntary or mandatory. Voluntary intervention is willingness by the affected individual to seek appropriate help or enter a rehabilitation programme for drug and substance abuse treatment. Mandatory intervention occurs when there is a reasonable evidence to indicate that a person is abusing drugs or is not functioning effectively.

The goal of ADSA counselling services is to help client struggling with drug and substance abuse lead a drug free life and become productive members of society. This will be done through intensive counselling and case management by personnel that are specialized in the Alcohol Drug and Substance Abuse.

The specific interventions include:

- i. Staff and students who suffer from ADSA shall seek professional advice from the College counsellors, peer educators and hospital personnel.
- ii. The serious or extreme cases shall be referred to recommended rehabilitation centres.
- iii. Form AA groups for support of recovering Alcohol and Drug Abuse persons.
- iv. Develop SSAP to support persons with ADSA in the recovery process.
- v. Family Education Class shall be constituted to educate the family members of the recovering addicts about the disease of addiction but with the client's consent.
- vi. Motivational interviewing
- vii. Brief counselling
- viii. Psycho education

7.3 Referral

KMTC through the ADSA Units shall identify and partner with relevant institutions for purposes of establishing an appropriate referral system.

These partners shall include:

- i. NACADA accredited rehabilitation Centre's, support groups and hospitals, among others
- ii. Professionals e.g. psychiatrists, medical doctors, clinical psychologists, counselling psychologists, social workers, peer educators etc.

7.4 Treatment

Employees and students who have problems with Alcohol, Drugs and Substance Abuse (ADSA) will be treated as persons suffering from a health problem. Therefore, in such circumstances the KMTC, through having authority to discipline, will offer counselling, treatment, rehabilitation alternatives before consideration is given to the imposition of disciplinary sanctions.

However, should the employee fail to change, consideration will be made to either refer the matter to the Board of Directors or apply the appropriate disciplinary measures as the case may be.

Students who have problems with Alcohol, Drugs and Substance Abuse (ADSA) will be treated as persons suffering from a health problem. Therefore, in such circumstances the KMTC, through having authority to discipline, will offer counselling, treatment, rehabilitation alternatives before consideration is given to the imposition of disciplinary sanctions.

However, should the students fail to change; they shall be subjected to the College disciplinary process.

7.5 Maintenance

After rehabilitation, an employee shall be reintegrated to the work place and allocated duties according to his or her capability. The employee shall not be placed in a situation similar to that which may have predisposed him or her to ADSA. Such employees shall be encouraged to join support groups for after care.

7.6 Confidentiality

KMTC shall aim to ensure that the confidentiality of all employees experiencing alcohol or drug problems is maintained at all times. Information regarding individual cases shall not be shared unless consent has been provided by the individuals or as indicated in ethical or legal statutory provisions.

7.7 Prevention

The College commits to offer supportive services to people who are addicted to alcohol and drug abuse in the following ways: -

- i. Where an employee or student is addicted to the use of alcohol and drug substance, the matter will be referred to the College counselors to attend to the person.
- ii. Where the College Counsellor is unable to handle the issue based on the gravity, the staff or student shall be referred to a mandatory rehabilitation programme at their own expense or as determined by the College. Upon completion of the programme, the staff or student shall be required to submit a report to the CEO.
- iii. Where an employee or student voluntarily seeks for help based on alcohol and drug abuse addiction, the College shall assist such a person appropriately.

8.0 STANDARDS OF BEHAVIOUR

If a member of staff fails to adhere to the employee standards of behaviour, the disciplinary procedure will be used. If a member of staff admits to an alcohol or drugs problems then disciplinary proceedings will be held in abeyance, provided the employee agrees to and follows a relevant course of treatment and rehabilitation in association with relevant internal and external support mechanisms. An employee who fails to complete any such programme to a satisfactory standard or fails to adhere to it will have the disciplinary process reinstated.

Individuals considered incapable of performing duties safely or competently due to consumption of alcohol or drugs will immediately be removed from duty.

9.0 MANAGEMENT OF HUMAN RESOURCE

9.1 Non Discrimination

The employees with ADSA related problems will not be discriminated against and will access health care services similar to employees with other health problems. In addition, they will receive similar benefits like paid sick leave, paid annual leave, leave without pay in accordance with KMTC regulations and practice. Rehabilitated employees will be re-integrated into the normal working system and accorded necessary support in their areas of work.

9.2 Job Security and Promotion

Employees who seek treatment and rehabilitation for alcohol, drug and substance abuse related problems shall not be discriminated against and will enjoy normal job security and opportunity for career development.

9.3 Support Programme for Employees

KMTC shall co-ordinate support programs for employees with ADSA problems. This will be done through the implementation of employee assistant programs (EAPs) in cooperation with other relevant service providers.

9.4 Intervention and Disciplinary Procedures

Employees, who have the problem of ADSA, will be treated as persons suffering from a health problem. In such circumstances, The College though having the authority to initiate discipline will offer counselling, treatment and rehabilitation alternatives before consideration is given to impose disciplinary sanctions. However, should the employee fail to change, the applicable disciplinary measures shall be applied.

10.0 MONITORING AND EVALUATION

The Management shall integrate strategies and mechanisms for monitoring and evaluating the quality of workplace programs. This shall include responses to interventions and efficiency of resource utilization in the College to inform future planning and management.

The ADSA Committee shall carry out research periodically to determine the status of alcohol and drug abuse indicators among the staff and students. Monitoring and evaluation shall focus on the following indicators among others that the College may consider useful for the ADSA programme:

- i. Number of staff and students using alcohol and different types of drugs
- ii. Type of problems manifested
- iii. Percentage of staff and students using alcohol and other substances
- iv. Percentage of staff and students abusing alcohol and other substances

- v. Percentage of staff and students sensitized on ADSA
- vi. Percentage reached by IEC materials and awareness creation activities such as sensitizations
- vii. Percentage of staff and students who have quit alcohol and drug use
- viii. Proportion of staff and students in need of treatment and rehabilitation
- ix. Proportion who have actually been taken for treatment and rehabilitation
- x. Number of staff and students who have used the support systems initiated
- xi. Number of staff and students who are aware of the conduct and consequences of ADSA
- xii. Number of counsellors and peer educators trained in Universal Prevention Curriculum (UPC)
- xiii. Number of support systems initiated

11.0 POLICY REVIEW

Whereas the College shall support this Policy, periodic reports shall be made using findings from ongoing research on Alcohol, Drug and Substance Abuse. These findings shall be utilized to make relevant adjustments to the Policy progressively.

A base line survey shall be conducted yearly for first year students and then a post-review survey shall be conducted before the students graduate.

The Policy shall then be reviewed after every three (3) years.

APPROVAL

Title : Alcohol, Drug & Substance Abuse Policy

Contact : Deputy Director Finance and Administration

Approval Authority : The Board of Directors

Commencement Date : May 2019

SIGNED



**Prof. Philip Kaloki, MBS,
Chairperson, KMTC Board of Directors.**

15th May 2019
Date



KMTC is ISO 9001:2015 Certified.

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