



UNIVERSITY OF NAIROBI

THE PREVENTION OF ALCOHOL AND DRUG ABUSE POLICY

(REVISED JUNE 2022)

ACKNOWLEDGEMENTS

University Management appreciates the concerted efforts that culminated to the launch of this important policy document. To this end, the participation and contribution of the Committee that included Prof. John Mande as Chairman, and membership of Prof. Francis Mulaa, Prof. Ephraim Wahome, Dr. Lucy Muhia-Ndahi, Ms. Jane Gatune, Ms. Damaris Kavoi, Mr. Collins Omondi, Dr. Anthony Gitari, Dr. Fredrick Kinama, Ms. Roselyn Kimirri, Ms. Josephine Wangutusi and Mr. Peter Gathuka that were tasked with the assignment is applauded. The Director, University Health Services, whose office provided secretariat services deserves special thanks. Special gratitude is extended to the various key informants and stakeholders who graciously agreed to share their input towards the timely completion of this policy document.

Among them persons were:

- Senate Representatives
- Deans Committee Representatives
- Central Administration Representatives

The University Management appreciates the editorial effort that went into the proofreading and compilation the policy document.

DEDICATION

To all members of the University Community, who have been affected or afflicted by alcohol and drugs in any way.

FOREWORD

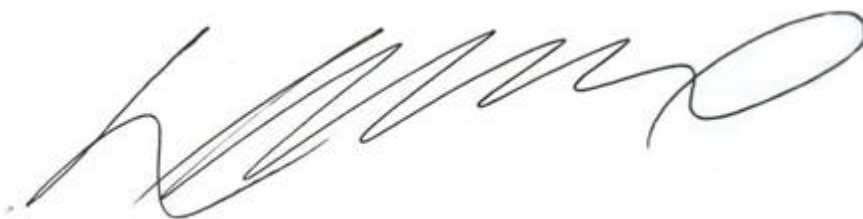
Alcohol and drug abuse (ADA) is a major barrier in achieving set goals and objectives within organizations. The University of Nairobi (UON) plays a leadership role in development of knowledge through quality and relevant teaching, research, consultancy and community service. The University is committed to creating an ADA free environment to achieve its corporate objectives. In this regard, the UON Management recognizes the importance of satisfying the stakeholders by providing quality holistic services with an aim of improving corporate performance. This includes management of corporate risks and costs associated with the management of ADA and related diseases.

As a world-class University committed to scholarly excellence, we must undertake critical actions to end the adverse effects associated with ADA within our community, nationally and beyond. Alcohol and drug abuse mainly affects the economically productive segment of the population and, therefore, urgent steps should be taken to ensure that all future public and/or private operations which require highly educated and skilled personnel, will not be severely compromised.

The UON Alcohol and drug Policy provisions apply to all students, staff and their dependants. To this effect, the University of Nairobi has adopted a multidisciplinary approach to curb the menace. The preventive intervention strategies include; behaviour change interventions, social/structural programs, psycho-social support groups and comprehensive clinical management. This policy document is the foundation on which the UON ADA activities will be based on. The University is fully aware of the dynamic nature of the ADA within the society and its adverse implications. Therefore, it is flexible and amenable to appropriate reviews and modifications as and when necessary to mitigate against emerging challenges in the management ADA.

It is my sincere hope that this policy will be supported by the entire University Community and implemented accordingly for the posterity of University community and the nation at large.

Let us keep focused on a future generation that is free of Alcohol and drug abuse.

A handwritten signature in black ink, appearing to read 'S.G. Kiama', is written in a cursive style across the page.

PROF. S.G. KIAMA PhD.
VICE CHANCELLOR

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ACRONYMS AND ABBREVIATIONS

1. A.A. Alcoholic anonymous
2. A.T.S. Amphetamines Type Stimulants
3. E.A.P./S.A.P. Employer Assistance Program/Student Assistance Program
4. I.C.E.C. Integrated Counselling and Education Centre
5. I.E.C. Information, Education and Communication.
6. NACADA: The National Agency for the Campaign Against Drug Abuse Authority
7. SUDs Substance Use disorders
8. SW: Student Welfare
9. UADP: University Alcohol and Drug Policy
10. UHS: University Health Services
11. UNODC: United Nations Office on Drug and Crime
12. UON: University of Nairobi
13. WDR: World Drug Report
14. WHO: World Health Organization.

DEFINITIONS

1. **Alcohol:** This means intoxicating agent in beverage alcohol, ethyl alcohol, or any other low molecular weight alcohols. This could also include abuse of medications containing alcohol.
2. **Alcohol and Drug Abuse:** Recurrent and maladaptive pattern of use of Alcohol and Drug that causes adverse social psychological occupational or physiological consequences.
3. **Client:** Is a student or an employee or a dependant who accepts the assistance of the EAP/SAP and has experienced a critical incident as defined below.
4. **Controlled Substances:** These are substances (drug), which include opiates, amphetamines, Khat, nicotine, alcohol, and any other substance enlisted in the Narcotics and Psychotropic Substances (Ccontrols Act, 1994)
5. **Critical Incident:** This refers to a traumatic event that produces a strong emotional reaction that could affect one's ability to cope.
6. **Dependant:** For the purposes of the policy, is defined as a spouse and/or child of an employee of the University of Nairobi.
7. **Dependence (Addiction):** In 1964 the WHO substituted the term addiction with drug dependence which is a state arising from repeated administration of a drug on periodic or continuous basis resulting in either psychological or physical dependence.
8. **Drug** - A drug is any chemical substance that produces physical, mental, emotional or behavioural change in the user. (The term "drug" will be synonymous with "substance" in this policy document).
9. **Drug Paraphernalia:** Refers to equipment, a product or material that is used or intended for use in concealing an illegal drug. It is also a product intended for use in injecting, ingesting, inhaling, or otherwise, which introduces an illegal drug or a controlled substance into the human body.
10. **Employee:** An employee is defined, for this policy only, as anyone who works or renders services to the University of Nairobi on full-time or part-time, regular or temporary/contract basis and who performs duties, responsibilities and functions as may always be assigned by the University.
11. **Employee Assistance Program (EAP) and Student Assistance Program (SAP).** EAP/SAP means a confidential counselling program that offers assessment, short-term counselling, and referral services to employee/student for a wide range of drug, alcohol, and mental health problems, and monitors the progress of employees while in treatment.
12. **EAP/SAP Practitioner:** Is an individual who is qualified by training or certification in the techniques of assessment of problems, particularly in respect of alcohol and/or drug or substance abuse and of intervention. This includes (but not limited to) social workers, occupational health nurses, physicians, and volunteer peer referral agents who are trained in EAP/SAP.
13. **Fitness for Duty:** This is a state of being suitable for the job or tasks. To determine "fitness" for duty, a medical evaluation may take the form of drug and/or alcohol testing.
14. **Illegal Drug** - An illegal drug is any substance/drug or derivative thereof, the use, possession, sale, transfer, attempted sale or transfer, manufacture, or storage of which is regulated or not sanctioned by any law. It also refers to any other drug, including (but not limited to) a prescription drug, used for any reason other than a legitimate medical reason and inhalants prohibited by law, like marijuana or cannabis in all its forms.
15. **Premises:** This refers to grounds (that is, land and/or buildings), which are owned, rented and/or leased by the University of Nairobi.
16. **Prohibited Substances:** (see controlled substances).

17. **Property:** All items or belongings owned or leased and used by the University in her overall functions; they include vehicles, equipment, machines, buildings, lockers, desks, or closets.
18. **Reasonable Cause/Reasonable Suspicion:** A cause or suspicion, which is supported by evidence, that is strong enough to establish that a policy violation has occurred.
19. **Referral:** This refers to an oral or written recommendation to an employee/student by a manager, a supervisor, a student welfare officer to use EAP/SAP services or any other comparable services to assist in resolving personal or work-related problems that may affect the performance of an employee or a student of the University of Nairobi.
20. **Short-term counselling:** These are discussions leading to identification of the client's problems and referral to appropriate resources, normally up to three sessions that are conducted by the EAP/SAP.
21. **Student:** This refers to a person or persons as so described in the University calendar who is/are learning and/or conducting research at the University of Nairobi.
22. **Under the influence:** A state of having a blood alcohol concentration of 0.10 or more or the state of not having the normal use of mental or physical faculties resulting from the voluntary introduction of an alcoholic beverage and/or drug into the human body.
23. **Rehabilitation:** Refers to the process of medical and or psychotherapeutic treatment of alcohol and drug abuse and the general intent is to enable the patient to cease abuse in order to avoid the related complications.

EXECUTIVE SUMMARY

The Abuse of Alcohol and Drugs (ADA) is a serious problem that often affects employees and students' Safety and Security in the overall operations of the University of Nairobi, herein referred to as "The University". The University makes no moral judgment about employee lifestyle choices, but undertakes activities for initiating preventive measures towards enhancing well-being of the individual, thus healthy minds in healthy bodies and hence, a vibrant University Community. This policy document seeks represent Management advice on the use of alcohol and controlled substances (drugs) in the institution. The implementation of the guidelines contained herein shall be implemented in a non-discriminatory manner, albeit with the firmness that will be required.

To implement this Policy, the University will recommend testing where alcohol and drug abuse is suspected. This will be done while observing approved procedures and guidelines outlined in the relevant rules, laws, statutes and regulations and the Constitution of the Republic of Kenya and other governing International Bodies and Agencies. The University will demonstrate fairness and diligence while conducting testing for drugs. The referral and testing for drugs programs is designed to utilise approved health and rehabilitation centres and professionals. The University will at all times maintain confidentiality. All tested employees will be granted access to their test records and to any records pertaining to their treatments.

Employees or students found to be affected or who test positive for illegal drugs will be considered medically unfit for duty/classes until they have submitted and gone through the recommended drug treatment program. The costs of such a program will be borne by the University as will be in tandem with the employee's Terms of Service and the rules governing the student's medical cover. The Policy stresses the urgency of engaging in an accelerated and concentrated effort in the prevention and treatment of related disorders. However, not every employee or student who tests positive for alcohol and drug abuse has an automatic right to be offered an opportunity for rehabilitation. The University has developed an Employee Assistance Program (EAP) as well as a Student Assistance Program (SAP). The programs provide opportunities for referral services, carrying out prevention of alcohol and drug abuse, as well as education and training for all employees and students. University Management, supervisory staff, Union Officials, Student Leaders, the Welfare Officials and Employee Assistance Program/Student Assistance Program (EAP/SAP) coordinators shall be accorded the necessary training regime to assist in realizing the objects of the policy.

The desired outcomes would attract cost and budgetary allocation is required to facilitate implementation of attendant level of care and support mechanisms. University Management will institute necessary changes to accommodate the guidelines and recommendations that pertain to the emerging challenges of alcohol and drug dependence. As the University engages in this important exercise of preventing alcohol and drug abuse in our esteemed institution, the University anticipates full cooperation of all employees and students towards attainment of a drug-free Community.

1. BACKGROUND

1.1 Introduction

The University of Nairobi is committed to promoting equitable education and provides resources for success of learners hence improving the quality of lives for all Kenyans. Education and training are essential for Kenya's attainment of middle-income status and the improvement of the quality of life for its people as per vision 2030. Drug and Alcohol abuse is identified as one of the challenges that hinder achievement of Globally Competitive Quality Education, Training and Research for Sustainable Development. Sustainable Development Goal (SDG) Agenda 4 on inclusive quality education and training for all reiterates that no one is left behind. In addition, SDG agenda 3 seeks to ensure healthy lives and promote well-being for all at all ages. Target 3.5 seeks to strengthen the prevention and treatment of people with substance use disorders, including narcotic drug abuse and harmful use of alcohol. It is against this background that the University Management mandated a Committee to formulate the Prevention of Alcohol and Drug Abuse Policy.

A trend in the increased consumption and abuse of alcohol and drugs has been reported especially use of the cannabis herb, amphetamines type stimulants, cocaine and opiates (heroin). In addition, the potency of cannabis potency has increased by as much as four (4) times in some parts of the world, while the percentage of adolescent who perceive it as harmful declined by up to 40%. This lower perception of risk leads to increased use has been reported to have adverse effects on the health of persons who abuse these substances. Mitigation measures are therefore required to educate the youth and promote public health (UNODC, 2005).

In Africa, it tends to be caused by a growing breakdown of traditional values and conduct control systems, poverty, idleness and unemployment. Majority of those who are affected by ADA related problems are young people in their prime and productive age and who are mainly going through career education and training. Indeed, this abuse of drugs has been associated with devastating and threatening consequences on the health, safety, security, economy and culture of human beings, social institutions and across the globe.

1.2 The Evolution of Alcohol and Drug Abuse Policy

The University of Nairobi initiated Drafting of the ADA Policy in 2009 through a stakeholder consultative process that included the National Agency for Campaigns against Drug Abuse Authority (NACADA). In 2015, University Management revised the Draft ADA Policy by incorporating emerging challenges and mitigations in the management of ADA. To secure its successful implementation, a multi-disciplinary approach was adopted that included valuable input from employees, students, management, government and non-governmental agencies with each assigned specific roles and responsibilities. The process, however, was not completed as the document was not subjected to the wider stakeholder engagement by the university community, management and approval by the University Executive Board and Council.

In 2021, the VC, appointed the Committee on Review of the University of Nairobi Prevention of Alcohol and Drug Abuse Policy, in line with the need for periodic review and the Terms of Reference. The rationale was informed by the prohibitive cost of managing staff and students afflicted by ADA related complications, and the consequent negative impact on productivity of work and poor academic performance of learners.

The revised policy provides a framework for designing and implementing cost-effective and evidence based ADA preventive strategies that will help to reduce the incidence and negative impacts of ADA dependence among members of the University Community, including staff and students. The policy

emphasizes the synergistic benefits of the different preventive strategies and occupational health and safety that guarantees the creation of drug-free work and learning environments in the University of Nairobi.

Implementation of the policy is expected to enhance productivity in the workplace and excellence in academic pursuits among staff and students. Importantly, the content of this policy shall not be used to the disadvantage of job applicants or student admissions/placement in the various programmes of the University.

1.3 Vision:

A world-class university committed to scholarly excellence

1.4 Mission:

To provide quality university education and training and to embody the aspirations of the Kenyan people and the global community through creation, preservation, integration, transmission and utilization of knowledge

1.5 Core Values:

This policy shall be translated and implemented in the context of the core values of the University of Nairobi which include: Freedom of thought and expression, Innovation

- Commitment
- Trust
- Care
- Teamwork

2.0 THE SITUATIONAL ANALYSIS

2.1 The Global Situation

The use of drugs has increased in all parts of the world, leading to deaths, loss of productivity and neuropsychiatric conditions, severe drug dependence. This has been exacerbated by increased cultivation of opium and other coca in some parts of the world and a notable rise in drug use in developing countries (WHO, 2018).

2.2 The Situation and Government Response to ADA in Kenya

Alcohol and drug abuse is a major concern in learning institutions and the society in Kenya, affecting the youth aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC, 2004, NACADA, 2017). The most commonly abused drugs are alcohol, tobacco, marijuana (bhang), glue, Miraa (Khat) and psychotropic drugs (NACADA, 2004). Abuse of all types of alcohol is also on the increase with 39% of rural youth against 40% of the urban engaging in it. Nairobi and Coast provinces are most affected by heroin consumption with an estimated 10,000 users in Nairobi and 8,000 in Mombasa (NACADA, 2007). The ADA related effects include an increased incidence of crime, such as domestic violence, risky sexual behaviour, inability for self-care by affected individuals and loss of productivity in the workplace.

The establishment of the Office of the National Agency for the Campaign against Drug Abuse in Kenya (NACADAA) in 2001 provided a framework for a structured response to the emerging challenges on ADA

related issues in Kenya. The Agency's main role was to campaign against drug abuse and to create awareness on the dangers of drug abuse, to coordinate all other government agencies and/or departments concerned with the suppression of drug supply and demand. ADA was identified as one of the major problems alongside poverty, corruption and HIV/AIDS. However, whereas the HIV/AIDS prevalence was reducing, drugs and substance abuse was on the increase; this alarming increase was compounded by a growing breakdown of traditional values.

2.3 The Situation in the University of Nairobi

A cross-sectional survey was conducted to determine and document the prevalence and factors influencing alcohol and drug abuse among a sample of University of Nairobi employees from Kisumu and Mombasa Campuses. There was a statistically significant relationship between gender and awareness of workmates/colleagues with ADA problems at workplace. Gender was significantly associated with a history of alcohol use and females were significantly less likely to be alcoholics compared to male. Being male was significantly associated with the likelihood of having ever used any alcoholic drinks or smoked any tobacco products (cigarettes/pipe/snuff/kuber) (**Source: findings of Alcohol and Drug and Abuse among staff survey 2021**). A

A study conducted in 2016/2017 to determine the factors that influence ADA among undergraduate students in the University of Nairobi revealed a high prevalence among both male and female students. In addition, the problem was more prevalence among Module I (government sponsored) than Module II or Module III (Holiday based self-sponsored) students. Although the participants were aware of the University Draft ADA Policy and program activities, the issue continues to be of major concern among both staff and students.

3.0 POLICY STATEMENT

The detrimental effects of alcohol and drug abuse result in poor health, performance, productivity and destruction of property. The University of Nairobi prohibits the illegal use and/or selling of illicit drugs in its premises and reserves the right to control of the sale and consumption of alcohol in its premises. No alcoholic beverages may be sold and/or consumed within University premises without approval by management. In implementing the policy, the University shall adhere to rules and regulations as provided for in the various University, National, Regional and International regulations/ conventions, treaties and policies. The University undertakes to abide by all guidelines related to alcohol and drug testing procedures and treatments. The University will observe the rules and regulations governing the conduct of employees and students.

4.0 THE RATIONALE OF THE ALCOHOL AND DRUG ABUSE POLICY

To provide a framework for planning, coordinating, managing, monitoring and evaluating the mainstreaming of preventive programs for care and support for alcohol and drug abuse among staff and students in the University of Nairobi.

4.1 Justification for an Alcohol and Drug Abuse Policy

The use and abuse of banned substances (e.g. marijuana, heroin, cocaine, amphetamines), alcohol and or some prescription medication, has serious and negative effect on the performance of affected University staff and students. The use of some prescription or 'over the counter' medication has similar outcomes. Failure to incorporate policy, education and monitoring for substance abuse in the University risk management program may negatively affect its operations and declining productivity due to problems related to alcohol and drug abuse. Uncontrolled consumption of alcohol and prohibited drugs is showing

a rising trend, which may be associated with increased criminal behaviour, indiscipline cases among employees and students, and possibly, increasing absence from work or lectures.

The Prevention of ADA Policy will provide direction on effective management of ADA related cases while adhering to the rules, laws and regulations governing employee and student code of conduct. The policy informs established the structures, programmes, activities and mechanisms for monitoring, evaluation and learning during implementation of preventive strategies for staff and students affected by ADA related complications.

The policy provides strategies, structures and programs designed to mitigate the negative effects of alcohol and drug abuse on the productivity and academic performance of staff and students affected with alcohol and drug abuse

4.2 Justification for a Prevention Programme

Alcohol and Drug Abuse (ADA) is a public health challenge and a major global burden that compromises work productivity, academic performance and deterioration of quality of life among affected staff and students. The common workplace ADA preventive strategies include employee peer education, sensitization/awareness campaigns, drug testing and Employee Assistance Programs. Peer-based prevention programs have also shown positive behaviour changes when the workplace has non-punitive reactions to those with substance use problems. Similarly, team awareness and healthy workplace programs have been associated with decrease alcohol use and improved function. Prevention activities are cost-effective and helpful for the overall workforce. The policy will result in an effective and measurable prevention programme for managing staff and students afflicted by alcohol and drug abuse.

5.0 LEGAL AND POLICY FRAMEWORK FOR CONTROL OF ALCOHOL AND DRUG ABUSE

The policy will abide by the applicable legal instruments and institutional policies for alcohol and drug abuse, as outlined below.

5.1 Laws that govern the University on matters of an alcohol and drug abuse

- a) The Constitution 2010
- b) The Universities Act 2012 and
- c) The University of Nairobi Charter 2022

5.2 The UN Drug Conventions on alcohol and drug abuse are mainly the

- a) Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol,
- b) Convention on Psychotropic Substances of 1971
- c) United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988
- d) Sustainable Development Goals (SDGs): in particular Goal 3. Target 3.5 on Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol and on ensuring healthy lives and promotion of well-being for all at all ages
- e) WHO Framework Convention on Tobacco Control (WHO FCTC), 2007
- f) Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem 2009
- g) Addis Ababa Declaration on Scaling up Balanced and Integrated Responses Towards Drug Control in Africa 2014.

5.3 Primary Legislations that address different aspects of the control of drugs

- a) Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 of 1994

- b) Pharmacy and Poisons Act, Chapter 244
- c) East African Community Customs Management Act, 2004
- d) Standards Act, Chapter 496
- e) Tobacco Control Act 2007
- f) Counsellors and Psychologists Act 2014
- g) HIV and Aids Prevention and Control Act 2006
- h) Mental Health Act Cap 248
- i) Anti-Counterfeit Act No. 13 2008
- j) Proceeds of Crime and Anti-Money Laundering Act of 2009
- k) Alcoholic Drinks Control Act, 2010
- l) Mutual Legal Assistance Act No.26 of 2011
- m) Extradition (Contiguous and Foreign Countries) Act, Cap 76
- n) Public Health Act, Cap 242
- o) Food, Drugs and Chemical Substances Act Cap 254
- p) The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) Act, 2012
- q) Kenya Citizenship and Immigration Act, 2015
- r) Employment Act, 2007, Chapter 226;
- s) Standards ADA Policy Development Guidelines 2021-2022 Act (Cap 496);

6.0 The Purpose of the Policy

To support the framework for designing and implementing preventive strategies and activities against the abuse of alcohol, prohibited drugs and misuse of prescription medicines among staff and students.

6.1 The Goal of the Policy

To provide resources and tools for implementing prevention and treatment of ADA related issues among staff and students in order to ensure a safe learning and working environment in the university.

6.2 Objectives of the policy

The main objectives of this policy include;

- a. To create enabling environment, that encourages voluntary health seeking behaviour through sensitization and health education
- b. To provide procedures for dealing with alcohol and/or drug abuse related problems, testing and referral.
- c. To promote a safe and healthy working environment for all employees and students
- d. To reduce alcohol and drug abuse related risks to the University community and to other individuals
- e. To provide information on the adverse effects of inappropriate use of alcohol and drugs
- f. To provide for appropriate management action where an employee and/or a student is suspected of having alcohol and/or drug abuse problem
- g. To provide care and support for members of the University Community affected by alcohol and/or drug abuse

7.0 Scope and Applicability of the Policy

The policy applies to members of the University Community and recognised stakeholders.

8.0 Rules and Regulations on Alcohol and Drugs

Guided by the provisions enshrined in the Students Code of Conduct (2021) and the Terms and Conditions of Service for employees and students, respectively, the following recommendations constitute behaviour that the ADA policy shall consider as prohibited:

- i. That subject to non-violation of the University of Nairobi core mandate, there shall be no growing, manufacture, trafficking, sale, possession, and use of prohibited drugs and substances in the University precincts and premises. University employees, their dependants and students are strictly prohibited from engaging in unlawful manufacture, distribution, possession, or use of prohibited substances on all University of Nairobi grounds and locations.
- ii. Employees and students who violate the provisions of the policy will be guided in accordance with the provisions of the rules, laws and safety regulations governing the conduct of employees and students in the University. Law enforcement agencies will be notified, as appropriate, when criminal activity occurs or is suspected.
- iii. Employees and/or students have the responsibility to report any incident of alcohol and drug abuse occurring in their workplace/class to their supervisor, head of department, a Student Affairs Officer, the Security Officer or any other University Official immediately.
- iv. The use of marijuana, cocaine, opiates, amphetamines, solvents and phencyclidine or similar substances by any employee and/or a student shall be considered prohibited at all times.
- v. Drunkenness and disorderliness while performing duties or in learning environment is prohibited.
- vi. Any employee or student using prescribed medication that causes drowsiness or loss of self-control shall be required to report this fact to the supervisor/faculty representative/course leader.
- vii. No employee and/or student shall not be allowed to perform any activities or functions following an accident suspected of or under the influence of alcohol and/or drugs until he/she undergoes a post-accident alcohol and/or drug test.
- viii. Any employee and/or student who refuses to submit to required alcohol or any prohibited or controlled drug test shall not be allowed to perform any duty /attend class or function of the University until a medical report by a medical practitioner appointed by the University is received.
- ix. An employee and/or student who has undergone successful intervention shall be allowed to return to duty/classes.

9.0 MEASURES TO PROHIBIT OR RESTRICT AVAILABILITY OF ALCOHOL AND DRUGS

The following constitute measures to prohibit and restrict availability of alcohol and drugs in the workplace and learning facilities at the University of Nairobi.

9.1 Staff and Student Conduct:

All staff and students shall conduct themselves with responsibility and maturity while on University premises or elsewhere and in particular shall strictly observe the following: -

- a. Refrain from acts of hooliganism, unruly and/or rowdy behaviour (including fighting, rioting), emission of unreasonable or excessive noise, or conduct likely to cause annoyance or disturbance to others, within or outside University precincts
- b. Desist from misuse or wilful damage to or destruction of University property, in default of which such a student or group of students shall bear full responsibility thereof

- c. Avoid such drunkenness or drunken behaviour as would constitute a disturbance to other students and staff of the University, and
- d. Desist from abuse of drugs and totally refrain from the use of drugs-the possession of which are prohibited by law.

9.2 Restriction of access to alcohol/drug

- a. All employees are expected to report to the workstations at the institution while free from the influence of alcohol and drugs
- b. Distribution and uncontrolled supply of alcoholic beverages will be limited to approved /designated licensed areas including; canteens, cafeteria, dining and recreational areas
- c. Measures will be taken to ensure that non-alcoholic beverages including water are made available in appropriate and convenient locations
- d. Employees /Student on prescription medications that may affect their work /learning will be required to disclose this information to their immediate supervisor, faculty representative or university official before beginning scheduled work/classes.

9.3 Prohibition of illegal drugs and substances

- a. The policy shall prohibit use, possession and handling of any drugs and substances and their paraphernalia that are classified as illegal by law
- b. It shall provide for the right to conduct searches at the workplace and halls of residence for purposes of determining whether this section of the policy has been violated
- c. If a student or an employee violates this section of the policy, he or she may be subject to disciplinary action, including prosecution and termination
- d. The management shall commit to create awareness to the students and employees on the criminal nature of handling, trading in, or using such drugs and the consequences.

9.4 Payment in kind

- a. The policy prohibits payment of any wages in the form of alcohol or drugs
- b. The policy prohibits giving alcohol or drugs as a form of reward/gifts to employees or students or alcohol on credit

9.5 Advertisement on alcohol and drug abuse at the University of Nairobi

- a. The policy prohibits advertisement of alcohol and drugs at University of Nairobi
- b. The policy 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 University of Nairobi premises.

9.6 Consequences of Violations of the Policy

The following three categories of possible consequences of violation of the ADA Policy include:

9.6.1 Administrative Action

Staff and students who violate the provisions of this policy or who participate in any of the prohibited conduct related to ADA shall be subject to any of the following consequences:

- a. Referral to the EAP/SAP Coordinator for appropriate intervention commensurate with respective benefits of the University Medical Scheme
- b. Disciplinary action that may include immediate placement on unpaid suspension shall be imposed following referral by EAP/SAP Coordinator, and subsequent recommendation by a Medical Review Committee/Panel appointed by the Vice Chancellor.
- c. Obligation to adhere to the Terms and Conditions of Service or the Students Code of Conduct (2021) and ensure that they do not neglect their duties and responsibilities arising from Alcohol and Drug Abuse Complications.

9.6.2 Professional Management

Provision of comprehensive medical care and management that may include rehabilitation, subject to the limit permissible by respective Terms of Service and the medical scheme.

9.6.3 Legal Action

As per prevailing constitutional and legal provisions cited herein.

10.0 ESTABLISHMENT OF STRUCTURES TO COORDINATE MATTERS RELATING TO PREVENTION AND MANAGEMENT OF ALCOHOL AND DRUG ABUSE

The policy provides a structured framework and mechanism for the efficient and effective operationalization of the ADA Prevention Committees at the Corporate, Faculty and Departmental Levels of the University, and inclusive of staff and students.

10.1 CORPORATE COMMITTEE ON PREVENTION OF ALCOHOL AND DRUG ABUSE

The Corporate Committee on Prevention of Alcohol and Drug Abuse shall be constituted with at least six members and include the following;

- a. Chairperson who shall be a Senior Officer appointed by University Management
- b. Director, Human Resource
- c. Director, University Health Services
- d. Dean of Students
- e. Registrar, Administration
- f. Director, Safety & Security
- g. Faculty Representatives
- h. Representative of the University of Nairobi Students Association
- i. University Health Service Hospital Administrator/Secretary

The members should serve a term of at least three years.

10.2 The Role of Corporate Committee on Prevention and Management of Alcohol and Drug Abuse

The role of the Committee shall be coordination of the prevention and management programme including:

- a. To develop of annual work plan and budget
- b. To implement the ADA prevention and management programmes
- c. To plan for the sensitization and training on matters pertaining ADA in the University in and in partnership with NACADA
- d. To identify prevention priorities, interests and needs of the University Community
- e. To disseminate relevant Information, Education and Communication (IEC) materials
- f. To advise University Management on effective approaches of addressing ADA concerns or challenges
- g. To promote a safe and healthy working environment to facilitate early identification, referral for treatment, support and re-integration of members with Substance Use Disorders (SUDs)
- h. To undertake periodic review of the University ADA policy
- i. To undertake monitoring & evaluation and prepare quarterly, bi-annual, and annual reports to University Management, NACADA and other relevant stakeholders
- j. To undertake mainstreaming of ADAP activities among staff, students and stakeholders in the University of Nairobi
- k. To conduct ADA surveys/research
- l. To develop mechanisms for confidential self-reporting by staff and students affected by Alcohol and Drug Abuse for purposes of facilitating access to preventive mitigation measures and peer-counselling support. Such mechanisms might include a direct-line to the VC or Director of University Health Services.
- m. Address any matter that advances the implementation of the policy for Prevention of ADA among staff and students.

10.3 FACULTY ALCOHOL AND DRUG PREVENTION COMMITTEES

The Faculty Academic Committee shall nominate for appointment the following members of the Faculty Alcohol and Drug Abuse Prevention Committee

- a. Chairperson nominated from among Senior Academic Staff and who will be a member to the Central Committee
- b. Departmental Representatives
- c. Faculty Assistant Dean of Students
- d. Faculty University of Nairobi Students Association (UNSA) Representative
- e. Campus Representative - University Health Services
- f. Faculty Registrar – Secretary

The role of the Faculty Committees will cascade their mandate from that of the Central Committee as outlined above.

11.0 Prevention of ADA Related Challenges in the UON

The Management commits to train Committee members and create awareness through sensitization and health education sessions. This will include but not limited to:

- a. Development and distribution of Information, Education and Communication (I.E.C.) materials to suit the needs of the institution
- b. Training for supervisors and managers to facilitate identification of student and staff with SUDs
- c. Training of staff in charge of student welfare to facilitate identification of students with SUDs
- d. Training for all employees on workplace prevention
- e. Sensitization on situation of ADA in the University; stress management; reduction of workplace stressors; addiction and mental health; negative effects of alcohol and drug abuse; employee assistance program; student assistance program.
- f. Programs for ADA prevention shall include, but not limited to the following:
- g. Provision of factual information, combat stigma, maintain confidentiality, support treatment and recovery, which shall be integrated in NCD & CD health prevention programs
- h. Selective prevention that will focus on screening for early identification and direct the employee or student to appropriate intervention, counselling, detox and rehabilitation and group therapy
- i. Prevention management will be conducted through the SAP /EAP and health professionals.
- j. Any staff, student, Chairman of Department or Supervisor who participates in covering up on reported cases of ADA related cases shall be considered to have violated the Terms and Conditions of Service or Students Code of Conduct, and thus liable for appropriate disciplinary process.

12.0 EARLY IDENTIFICATION AND REFERRAL FOR TREATMENT FOR PERSONS WITH ADA RELATED PROBLEMS

University Management will develop appropriate mechanisms for early identification and encourage employees to undergo assessment/screening if they have ADA related problems. The criteria for identification of ADA problems is outlined in details in the Standard Operating Procedure of the University Health Service as approved by the University Executive Board. Briefly this 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.

12.1 TYPES OF TESTING FOR ALCOHOL AND DRUG ABUSE

12.1.1 Exclusion criteria

Testing shall not be indicated in the following situations:

- i. Job applicants shall NOT be required to undergo pre-employment alcohol and drug testing.
- ii. Students shall NOT be required to take pre-enrolment alcohol and drug testing

12.1.2 Indications for Testing

Testing for ADA shall be undertaken in the following situations:

12.1.3 Reasonable Suspicion for Testing

In the event that University Management and/or UHS form reasonable suspicion that an employee, their dependant and/or student has violated policy regulations in relation to ADA, they may require the member to consent for testing; under the following circumstances:

- i. When a trained supervisor determines that reasonable suspicion exists based on specific, contemporaneous, articulate observations concerning appearance, behaviour, speech, or body odours of the covered employee or student
- ii. When a trained supervisor has reasonable suspicion that the member has used a prohibited drug, or misused alcohol
- iii. When physical observation of drug and/or alcohol abuse behaviour by a member and/or occurs or is detected.

NB: Tests for alcohol abuse should be administered within two to five hours following the reasonable suspicion and before the effects of alcohol/drug wear off or dissipate.

12.2 TYPES OF TESTING

12.2.1 Random Testing

Under certain circumstances and with the written approval of the Vice Chancellor, University of Nairobi authorised personnel may request for random testing under the following criteria (upon consent):

- i. Sampling through a computerized random number generator programme matched with member identifying numbers
- ii. Selected member shall be notified of the random selection and be requested to proceed for random testing.

12.2.2 Post-Accident Testing

Post-accident testing is subject to the following criteria:

- a. Alcohol and/or drug test shall be administered immediately following the accident. If the test is not administered within 24 hours, then the University Management shall stop efforts to administer the test
- b. EAP/SAP Co-ordinator shall then file and maintain a report stating the reasons why the test was not administered promptly
- c. A member of the University who is subjected to post-accident testing shall be required to remain readily available for further evaluation, including re-testing
- d. Failure to comply would be considered by the University as refusal to submit to testing and this observation shall be noted in the respective staff and student record for future reference purposes.

12.2.3 Return to Duty or Learning Testing

If an employee/student has violated the University ADA policy, then the University shall have the sole discretion on whether or not to accept the employee/student resumes duty or learning.

However, if the University Management determines that the employee/student has successfully completed the prescribed EAP/SAP and/or treatment, including rehabilitation program and may decide to accept the member back for active duty/learning, in which case the member shall be requested to undergo an exit ADA test.

12.2.4 Follow-up Testing

If the University accepts the return of a member to duty or learning, then the member shall be subjected to follow-up care and management, including further testing. Such testing shall comply with the plan established by the EAP/SAP.

12.3 What constitutes a decline to be tested?

The following circumstances shall be deemed to constitute decline of testing by the employee and/or student:

- i. Failure to consent for ADA testing (appendix D)
- ii. Failure to report to the testing centre for ADA testing within a reasonable time.

- iii. Failure to provide urine and/or blood specimen for testing
- iv. Obstructing the officers overseeing the collection of the specimen from monitoring the process.
- v. Attempting to or altering the specimen with intent to affect the test results (e.g. switching, adulterating).

NB: Any member declining to undergo an ADA testing shall be referred for assistance from EAP/SAP Co-ordinator.

12.4 ADA TESTING PROCEDURES

The Director of University Health Services will periodically develop Standard Operating procedures for the conduct of various laboratory and professional activities related to prevention of ADA related complications among staff and students.

12.4.1 Alcohol Test Specification

The test shall be performed as described in the Standard Operating Procedure of the University Health Service, approved by the University Executive Board.

12.4.2 Drug test

The drugs that shall be tested include Marijuana, cocaine, opiates, amphetamines, and others enlisted elsewhere in this policy as prohibited. The test shall be performed using the recommended samples, instruments, technology and methodology described in detail in the Standard Operating Procedure developed by the Director of University Health Services and approved by University Executive Board.

13.0 MANAGEMENT OF ADA AND OTHER RELATED HEALTH ISSUES

University Management shall commit itself to operationalize a Student Assistance Program (SAP) and an Employee Assistance Program (EAP) and/ or Employee Wellness Program (EWP) for management of Substance Use Disorders (SUD) and other related issues. The program should be inclusive and must ensure access to comprehensive healthcare, including referral for treatment and rehabilitation. **NB:** Management of SUDs, shall be dealt with in accordance to respective of Employee Terms of Service or Student Code of Conduct.

13.1 Re-Integration, Aftercare and Relapse Management

The policy provides modalities for re-integrating employees/students who have completed treatment.

13.2 Re-integration and aftercare, job security and promotion

The affected staff or student will be placed under a supervisor with training on the management ADA, using multi-disciplinary approaches that ensure effective and holistic integration. The University will provide linkages to aftercare programs, which may include identifying specialised professionals in psychosocial support, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA). The University will develop a Peer Support Program comprising members trained on peer-to-peer education to support colleagues in recovery from ADA-related problems. The aftercare may entail suitable deployment, and where reasonably practicable, avoid exposing the member in recovery to a working situation similar to that which, in the past, may have led to such problems. Members recovering from SUDs will not be discriminated against and will enjoy career growth and learning opportunities.

14.0 POLICY IMPLEMENTATION

14.1 Employee/Student Assistance Programs (EAP/SAP)

University of Nairobi will avail to staff and students a confidential and voluntary Employee/Student Assistance Program (EAP/SAP) without prejudice to job security or career/learning progression. The programs will be established to identify and support staff and students with SUDs. The University shall appoint an EAP/SAP Coordinator within the Office of the Director, University Health Services, whose responsibilities shall include;

- a. To manage and coordinate the EAP/SAP programs.
- b. To ensure that referral include an oral or written recommendation to use EAP/SAP services or other comparable services to assist in resolving personal or work/learning-related problems that may affect performance
- c. To provide counselling that will include discussions leading to identification of clients' problems and referral to other professionals.
- d. To ensure that the confidentiality and privacy of EAP/SAP information is maintained.

15.0 MONITORING AND EVALUATION

The University shall be responsible for coordination of monitoring and evaluation of the ADA Policy performance indicators. Periodic surveys will be carried out to provide evidence based information to inform management decisions on ADA preventive interventions. Applied research shall be designed in collaboration with stakeholders on diverse aspects of ADA. Such aspects shall include, amongst others; epidemiological surveys, neuro-scientific studies, research on management of ADA emphasising on preventive treatment and rehabilitative aspects.

16.0 BUDGET ALLOCATION

University shall allocate adequate a budget to support the implementation of the ADA Policy.

17.0 Human Resource

The University shall plan for adequate deployment of qualified personnel who possess requisite expertise to manage the Assistance Programs.

18.0 Review of the Policy

The University of Nairobi Policy on Prevention of Alcohol and Drug Abuse shall be reviewed after every five years and through a stakeholder's consultative process.