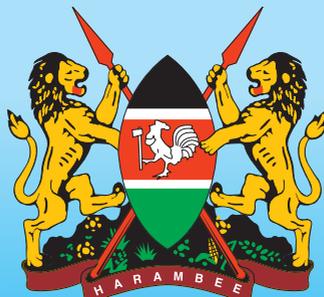


REPUBLIC OF KENYA



**THE PRESIDENCY**

**MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT**

**PUBLIC SERVICE SUBSTANCE  
ABUSE WORKPLACE POLICY**

2017



**MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT**

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ABUSE WORKPLACE POLICY**

2017



# TABLE OF CONTENTS

DEFINITION OF TERMS .....	v
ABBREVIATIONS AND ACRONYMS.....	ix
FOREWORD .....	x
ACKNOWLEDGEMENT .....	xi
CHAPTER ONE: INTRODUCTION .....	1
1.0 Background .....	1
1.1 Rationale .....	2
1.2 Policy Statement .....	2
1.3 Objectives.....	3
1.3 Scope .....	3
CHAPTER TWO: LEGAL AND REGULATORY FRAME WORK ...	4
2.0 Overview .....	4
2.1 Ratification of International Conventions.....	4
2.2 The Kenyan Statutes .....	4
CHAPTER THREE: GUIDING PRINCIPLES.....	7
3.0 Overview .....	7
3.1 Recognition of Substance Addiction as a Disease .....	7
3.2 Non-Discrimination .....	7
3.3 Gender Equality and Responsiveness .....	7
3.4 Safe and Healthy Work Environment.....	7
3.5 Social Dialogue.....	8
3.6 Confidentiality.....	8
3.7 Continuation of Employment Relationship .....	8
3.8 Employee Assistance Programs.....	8
3.9 Shared Responsibility .....	9
CHAPTER FOUR: INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK .....	11
4.0 Overview .....	11
4.1 Cabinet Secretary, Ministry of Interior and Coordination of National Government.....	11

4.2	Cabinet Secretary, Ministry of Public Service, Youth and Gender Affairs.....	12
4.3	Authorized/Accounting Officers.....	12
4.4	Governors.....	13
4.5	Substance Use Prevention Committee .....	14
4.6	Line Managers and Supervisors.....	14
4.7	Human Resource Management and Development .....	
	Officer.....	15
4.8	Addiction Counsellors.....	15
4.9	Public Servants .....	16
4.9	Monitoring, Evaluation and Reporting.....	16
4.10	Research and Development.....	16
4.11	Policy Review .....	16
APPENDIX I:	GENERAL EFFECTS OF VARIOUS TYPES OF SUBSTANCES.....	17
APPENDIX II:	NACADAA GUIDELINES SUBSTANCE ABUSE AT THE WORKPLACE.....	19
APPENDIX III:	RETURN-TO-WORK AGREEMENT .....	20
APPENDIX IV:	CLIENT REFERRAL FORM .....	22
APPENDIX V:	CLIENT INTAKE FORM .....	23
APPENDIX VI:	THERAPY CONSENT FORM.....	25
APPENDIX VII:	CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION.....	26

## **DEFINITION OF TERMS**

### **Addiction**

A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because substances change the brain, its structure and how it works.

### **Addiction Counsellor**

A mental health professional who works with patients who have substances and gambling cravings as well as eating disorders.

### **Client**

A public servant in need of substance abuse related counselling services.

### **Confidentiality**

Assurance that information shared during counselling will not be revealed without the written consent of the client as per the counselling professional ethics.

### **Counselling**

A helping relationship in which a counsellor assists client(s) to resolve their issues and/or cope with situations.

### **Counselling Professional Ethics**

Principles, standards and guidelines that regulate the counselling practice

### **Counsellor**

A professional practitioner who assists client(s) to resolve their issues and/or cope with situations.

### **Dependency**

A state where substance(s) must be used for physical or psychological functioning of the person.

### **Drug**

A drug is any substance which when introduced into the body will alter the normal functioning of the body and eventually destroy the productive life of the user (social, physical, mental, economical and spiritual).

### **Tolerance**

A need for markedly increased amounts of substance to achieve intoxication or desired effects.

### **Employee Assistance Programs**

Employees benefit programmes offered by employers to assist employees to deal with personal problems that might adversely impact on their work.

### **Guidance**

A preventative approach that entails provision of information, advice and psycho-education.

### **Harm Reduction**

A program directed towards minimizing or containing the adverse health, social and economic consequences of substance use without necessarily requiring a reduction in consumption or abstinence from substance use.

### **Patient**

A chemically dependent public servant in need of substance rehabilitation services.

**Physical Dependence**

A state where an individual suffers painful bodily symptoms of withdrawal, for instance, body tremors, when deprived the substance of choice..

**Psychological Dependence**

A severe mental craving for a substance once the user has reduced the amount of its intake.

**Referral**

Recommendations of a client or patient to another practitioner or agency for appropriate care and services.

**Relapse**

Act of slipping back to the former behaviour of substance use after a period of improvement in the recovery process.

**Substance**

Alcohol, drugs or any chemical used for intoxication purposes.

**Substance Abuse**

Occurs when a person uses any chemicals despite negative consequences in their lives.

**Substance Use**

Consumption of any chemicals that deviates from the approved medical or social patterns within a given culture, without medical supervision and often reducing the productive life of the person.

**Substance Use Disorders**

A condition in which the use of one or more substances leads to clinically and functionally significant impairment or

distress such as health problems, disability, and failure to meet major responsibilities at work or home.

**Withdrawal Syndrome**

Severe side effects that result from reduced amount of substances in the body that compels the user to maintain the intake to mitigate the effects

**Workplace**

Occupational settings, stations and places where public servants are engaged in service provision.

## **ABBREVIATIONS AND ACRONYMS**

ADA	Alcohol and Drug Abuse
CPE	Counselling Professional Ethics
CPM	Counselling Procedure Manual
DPSM	Directorate of Public Service Management
DSM V	Diagnostic Statistical Manual, V
EAP	Employee Assistance Programs
EFAP	Employee Family Assistance Programs
ESAAP	Employee Substance Abuse Assistance Programs
IEC	Information Education Communication
IMDCC	Inter-Ministerial Drug Coordination Committee
KSAG	Kenya Substance Abuse Guidelines
MICNG	Ministry of Interior and Coordination of National Government
MPSYGA	Ministry of Public Service, Youth and Gender Affairs
MTEF	Medium Term Economic Framework
NACADA	National Agency for the Campaign against Drug Abuse
NACADAA	National Campaign against Drug Abuse Authority
PC	Performance Contract
PPB	Pharmacy and Poisons Board
PSGCP	Public Service Guidance and Counselling Policy
PSSAS	Public Service Substance Abuse Secretariat
PSSAWP	Public Service Substance Abuse Workplace Policy
SA	Substance Abuse
SAPC	Substance Abuse Prevention Committee
UNODC	United Nations Organisation Drugs Control

## **FOREWORD**

A survey conducted by National Campaign against Alcohol and Drug Abuse Authority (2012) indicates the lifetime usage of alcohol in the Public Sector is at 57.9%, which is markedly higher than the National average at 39.2%. This is likely to hamper quality service delivery and realization of Vision 2030.

Workplace substance abuse has the potential to negatively affect the health, safety and productivity of employees. The Government is therefore, concerned and committed to ensure that the wellbeing and productivity of its employees is maintained.

The Ministry, in consultation with the stakeholders, has developed the Public Service Substance Abuse Workplace Policy, which is aligned with the National Campaign against Alcohol and Drug Abuse Authority guidelines, to address the concerns. The Policy will provide guidelines and standards for managing public servants with substance abuse challenges, by putting in place relevant substance abuse interventions. It will also provide a tool for strategic leadership and guidance to human resource management and development, in the prevention, treatment and management of public servants with challenges of workplace substance abuse.

The implementation of the Policy by all Public Service Agencies, namely; Ministries, County Governments, Departments, Independent Offices, Commissions and State Corporations, will go a long way in curbing the workplace substance abuse menace. When the Policy is fully implemented, it will ensure that Public Service has a healthy workplace for effective quality service delivery.

All agencies are therefore, advised to implement this Policy and align it to their specific mandates and needs.



**Sicily K. Kariuki (Mrs), EGH,  
CABINET SECRETARY,  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS**

## **ACKNOWLEDGEMENT**

The successful development and completion of the Public Service Substance Abuse Workplace Policy, which is the first in Public Service, would not have been achieved without the concerted efforts and consultation with all stakeholders.

The formulation of this policy, which forms the basis for standardized management of public servants with challenges in workplace substance abuse, was ably guided by the Cabinet Secretary for Public Service, Youth and Gender Affairs. She provided the requisite leadership for the development and successful completion of this Policy.

The Principal Secretaries, Chief Executive Officers of State Agencies and the National Campaign against Drug Abuse Authority ensured that this policy was not only developed, but comprehensively covered all the relevant issues by sending their able representatives and the Ministry appreciates the support and does not take it for granted. Further, the Ministry is grateful to the representatives from Counties whose contributions enriched the document by bringing a fore the issues of substance abuse as they affect the diverse Counties' employees.

Last but not the least, I wish to acknowledge the contribution of the officers in the Directorate of Public Service Management and in particular the staff of Counseling Unit for providing technical assistance, effective coordination in drafting, editing and ensuring the successful completion of this Policy.

This Policy when fully implemented, will enhance the realization of economic and social rights which will play a critical role especially in the attainment of highest standards of health. As a Ministry, we owe the development of this Policy to the contribution of all those mentioned above, to these we are deeply indebted and grateful.



**Lillian Mbogo-Omollo, CBS**  
**PRINCIPAL SECRETARY,**  
**STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH,**  
**MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS**



# **CHAPTER ONE: INTRODUCTION**

## **1.0 Background**

Substance Abuse (SA), which escalates to substance use disorders (SUD), is a major global problem that impacts negatively on social-economic development. The United Nations Office of Drug and Crime (UNODC) estimates that between 155 and 250 million people (3.5-5.7% of the population aged 14-64 years) use illicit substances. This has seriously undermined economic development, threatened security, destabilized families, communities, societies and affected work productivity. This requires urgent global interventions.

To address this problem, the National Agency for Campaign against Drug Abuse (NACADA) was formed by the government in 2001. In 2007 it was transformed to National Campaign against Drug Abuse Authority (NACADAA). The mandate of the Authority is to coordinate a multi-sectoral approach on substance abuse prevention, control and mitigation in the entire Nation. Its stakeholders are drawn from both levels of Government, private institutions and other agencies.

Recent surveys in Kenya (NACADAA, 2012) indicate that the problem of SA is escalating. The workplace has not been spared the consequences of SA. To some extent, this has affected service delivery adversely.

There is unprecedented use of both licit and illicit substances in the Country. The order of prevalence of substances of abuse in Kenya is as follows: alcohol, tobacco, miraa (khat), bhang, glue, prescription medicine, heroin and cocaine.

It is in this regard the Ministry in charge of Public Service, Youth and Gender Affairs through the Directorate of Public Service Management (DPSM), has developed this policy to provide guidelines on how to manage public servants that may have challenges with SA.

## **1.1 Rationale**

Substance Abuse is a critical problem which cannot be isolated from the workplace. It has serious physical, emotional and social implications to the well-being of the workforce of any organization. Its effects are manifested in the declining employees' and organizations' productivity and performance. Therefore, workplace is a potentially significant channel for dealing with SA.

Based on the NACADAA guidelines, various Ministries/ Departments have come up with policies to address the SA menace. There is, however, lack of uniformity in approaches employed in addressing this workplace challenge.

Research work has also helped to identify, not just the sectors in which the workforce is at particular risk of SA, but also the reasons why such problems are likely to occur in particular industries and occupations.

In contrast, the level of awareness at the workplace, along with the development of an attitude of prevention and greater responsibility among the workforce, can be a very important factor in reducing the use of substances by individuals both at work and in the community.

This policy is meant to create a point of reference when mainstreaming SA prevention, mitigation and management in the Public Service.

## **1.2 Policy Statement**

The Ministry through the Directorate of Public Service Management is committed to providing standard guidelines in managing SA in the Public Service. This policy shall guide the prevention, treatment and management of public servants who abuse or are chemically dependent to substances at both levels of Government.

### **1.3 Objectives**

The objectives of this policy are to:

1. Provide guidelines and standards for managing public servants with substance abuse challenge in the Public Service;
2. Set standards for mainstreaming substance abuse programs in the Public Service; and
3. Establish substance abuse institutional and implementation framework in the Public Service.

### **1.3 Scope**

This policy applies to National and County Governments, Ministries/State Departments, Commissions, Disciplined Services, institutions of Higher Learning, State Corporations and other Stakeholders.

## **CHAPTER TWO: LEGAL AND REGULATORY FRAME WORK**

### **2.0 Overview**

This policy is informed by the Constitution of Kenya and International Conventions which advocate for the well being of the employees and the need to observe work ethics.

### **2.1 Ratification of International Conventions**

The Kenya Government has ratified major United Nations Conventions on Narcotic Drugs and Psychotropic substances, namely:

- 1) Single Convention on Narcotic Drugs of 1961, as amended by the 1972 protocol; prohibits production of narcotic drugs except under medical treatment and research;
- 2) Convention on Psychotropic Substances of 1971;
- 3) Convention against illicit trafficking of Narcotic Drugs and Psychotropic Substances of 1988 which provides comprehensive measures against drug trafficking including provisions against money laundering and the diversions of precursor chemicals; and
- 4) United Nations Framework Convention on Tobacco Control, 2005 which provides for a smoke free environment.

In view of the above, the Director of Medical Services liaises with the International Narcotics Control Board on matters concerning fulfilment of the goals of these treaties. The Registrar of the Pharmacy and Poisons Board (PPB) handles technical aspects of the administration of controlled drugs.

### **2.2 The Kenyan Statutes**

In 1994, Kenya enacted the Narcotic and Psychotropic Substances (control) Act to curb drug trafficking and abuse. This was

followed by the setting up of Inter-Ministerial Drug Coordination Committee (IMDCC) in 1995 by the Government to coordinate, monitor and evaluate drug control measures at National levels.

In 2001, the National Agency for the Campaign against Drug Abuse (NACADA) was formed to enhance advocacy against drug abuse in the country. In 2007, Parliament ratified the formation of the National Campaign against Drugs Abuse Authority (NACADAA) to replace NACADA with an expanded mandate to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of substance use within Kenyan society. NACADAA accordingly formulated Alcohol and Drug Abuse (ADA) guidelines at workplace (Appendix II).

### **2.2.1 The Kenya Constitution, 2010**

Article 43 on economic and social rights states that every person has the right to the highest attainable standard of health, which includes the right to health care services. The purpose of recognising and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realisation of the potential of all human beings. Further, every person has inherent right to have that dignity respected and protected which this policy is cognizant to.

### **2.2.2 Counselors and Psychologists Act, 2014**

This Act outlines the qualification of a professional counsellor, and regulates the counselling practice in line with set standards and code of ethics. Under this provision, counsellors providing counselling to substance use/disorders clients must meet the set standard.

### **2.2.3 Pharmacy and Poisons (Amendment) Bill, 2014**

This Act tasks employers and employees dealing with prescription drugs to enforce and observe the standards of quality, safety,

and efficacy of all medicinal substances manufactured, imported into or exported out of the country. The policy shall enforce the adherence to the provisions of this Act.

### **2.2.4 Alcoholic Drinks Control Act, 2010**

This Act provides for awareness creation on harmful effects of alcohol abuse, need for research and provision of treatment and rehabilitation of the affected employees at both levels of Government.

### **2.2.5 Tobacco Control Act, 2007**

This Act stipulates the risk of tobacco use and exposure to both users and non users, proposes remedial measures by advocating smoke free environment, rehabilitation and cessation programs for the users. The employer, employee and the stakeholders shall adhere to the provisions of this Act.

### **2.2.6 Public Officers Ethics Act, 2003**

All public servants shall uphold the integrity of the office they hold and impartiality when discharging their duties. Public servants shall not engage in activities that undermine the office they hold by trafficking drugs at the workplace.

### **2.2.7 Occupational Safety and Health Act, 2007**

The Act makes specific reference on safety, health and welfare of workers and all persons lawfully present at workplaces. It prohibits exposure to hazard and prescribe ways to prevent or minimise exposure to hazard. This policy intends to discourage public servants from discharging their duties under the influence of substances.

### **2.2.8 Disability Act, 2003**

This policy shall endeavour to be sensitive to the needs of persons living with disabilities.

## **CHAPTER THREE: GUIDING PRINCIPLES**

### **3.0 Overview**

This policy will provide a standardized approach to address substance abuse issues at the workplace at both levels of Government. Subsequent implementation of this policy at the work places will promote health, wellbeing and safety of public servants, families and surrounding communities. It also contains provisions for Employee Assistance Programs (EAP) in addressing substance abuse at workplaces.

The Public Service Substance Abuse Policy (PSSAP) shall be guided by the following guiding principles:

### **3.1 Recognition of Substance Addiction as a Disease**

Public servants with substance addiction are entitled to treatment and the employer has a responsibility to facilitate them according to statutory and occupational schemes or prevailing human resource provisions.

### **3.2 Non-Discrimination**

A public servant seeking Substance Use Disorders interventions shall be treated with fairness and impartiality.

### **3.3 Gender Equality and Responsiveness**

The policy shall apply equally to both male and female officers; however, it shall take cognizance of gender differences.

### **3.4 Safe and Healthy Work Environment**

The policy shall promote a safe and healthy work environment as stipulated in the Occupational Safety and Health Act 2007.

### **3.5 Social Dialogue**

The successful implementation of substance abuse policy requires co-operation, willingness and trust among employers, employees, clients, stakeholders and Government agencies in line with public participation and inclusivity as per the Constitution.

### **3.6 Confidentiality**

Information shared by a public servant seeking SA or SUD support shall be treated with confidence in line with the ethical and legal conditions governing counselling and other relevant professions.

### **3.7 Continuation of Employment Relationship**

A public servant recovering from SUD related illnesses will be allowed to work for as long as they are physically and mentally fit and are able to observe the Code of Regulations. However, the public servant shall sign and abide by the terms set in the return to work agreement (see Appendix III).

### **3.8 Employee Assistance Programs**

These programs are aimed at SA prevention, treatment and management and they include:

#### **(i) Education and Information**

The Employer shall from time to time organize SA education programmes, develop and disseminate Information, Education and Communication (IEC) materials.

#### **(ii) Guidance and Counselling Services**

The employer shall provide access to free guidance and counselling services to public servants with SA issues. The services shall be guided by:

- a) Counselling Professional Ethics (CPE);
- b) Public Service Guidance and Counselling Policy (PSGCP);  
and
- c) Counselling Procedure Manual (CPM).

### **(iii) Rehabilitation Services**

For effective SA management, counsellors shall use relevant screening tools to identify public servants in need of rehabilitation services. Counsellors in consultation with family and relevant service providers shall work together to provide professional help. The client can be managed as an in or outpatient in an accredited rehabilitation facility.

### **(iv) After-Care Services**

Public servants with SUD related issues shall be facilitated to access after-care services. They will also benefit from all other statutory and employment schemes.

### **(v) Harm Reduction**

The employer shall provide a safe environment and enforce work ethics that promote safer practices or patterns of SA.

### **(vi) Substance Testing**

Where it is deemed necessary for a public servant to undergo a substance test, it will be conducted, according to Kenyan Substance Abuse Guidelines (KSAG).

## **3.9 Shared Responsibility**

Both management and employees have a duty to promote SU prevention at workplace.

### **3.2.1 Partnerships**

Public private partnership and networking with relevant stakeholders shall be encouraged in SA prevention, mitigation and management.

### **3.1.2 Fair Labour Practices**

Every public servant has a right to fair labour practices in terms of appointment and continued enjoyment of promotion, training and other benefits.

### **3.1.3 Workplace Ethics**

The SA policy shall enhance zero tolerance to substance trafficking, manufacturing and use at the workplace in line with existing legal framework. Employers shall bring to the awareness of the staff the content of this policy, update them on emerging SA related issues and ensure continuous capacity building for implementers of SA programs.

## **CHAPTER FOUR: INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK**

### **4.0 Overview**

Implementation of this policy shall adopt a multi-sectoral approach in line with devolved structure of Government. The key players in the implementation include: Cabinet Secretary, Interior and Coordination of National Government, through the Chief Executive Officer, NACADAA, Cabinet Secretary, Ministry of Public Service, Youth and Gender through Public Service Substance Use Secretariat in DPSM, the Council of Governors, Accounting Officers, Substance Use Prevention Committees, Human Resource Management and Development Officers, the Counsellors and individual public servants.

### **4.1 Cabinet Secretary, Ministry of Interior and Coordination of National Government.**

The Cabinet Secretary shall through NACADAA undertake to:

- 1) Coordinate a multi sector effort aimed at preventing, mitigating and managing the menace of SA;
- 2) Formulate guidelines to Ministries, Governors and other CEOs to develop policies and plan of actions to address SA.
- 3) Facilitate, conduct, promote, coordinate research and disseminate findings on SA;
- 4) Provide a data bank of research findings on SA; and
- 5) Provide oversight and facilitate the development of operational standards of substance addiction rehabilitation facilities and programs.

## **4.2 Cabinet Secretary, Ministry of Public Service, Youth and Gender Affairs**

The Cabinet Secretary shall, through DPSM, undertake to:

- 1) Constitute a Public Service Substance Abuse Secretariat (PSSAS);
- 2) Provide policy guidelines for the implementation of SA programs in the Public Service;
- 3) Provide the necessary human resource to implement SA programs in the Public Service;
- 4) Monitor and evaluate the implementation of SA policy in the Public Service; and
- 5) Promote and conduct research on SA in the Public Service.

## **4.3 Authorized/Accounting Officers**

They shall undertake to:

- 1) Establish Substance Abuse committee in their respective MCDAs to implement this policy;
- 2) Provide a budget line and facilitate the implementation of SA programs;
- 3) Include SA targets in the annual Performance Contracts;
- 4) Promote partnerships with other SA service providers;
- 5) Promote Employee Substance Abuse Assistance Programs (ESAAP);
- 6) Facilitate research in SA and implementation of the recommendations;
- 7) Establish and operationalize counselling services;
- 8) Ensure professional development of counsellors and SA committees;

- 9) Submit quarterly and annual reports on SA to PSSAS and NACADAA;
- 10) Ensure a healthy and safe environment free of hazardous effects of substances; and
- 11) Monitor and evaluate implementation of the SA policy in their respective workplaces.

#### **4.4 Governors**

The Constitution provides for two levels of Government, the National and the County Governments. It also provides for devolution of some services to the County level while others remain at the National level. As such, Governors have a unique role in the implementation of SA policy since they manage public servants from both National and County Governments. Therefore, Governors shall:

- 1) Establish SA committee in his/her respective County to implement this policy;
- 2) Provide a budget line and facilitate the implementation of SA programs;
- 3) Include SA targets in the annual Performance Contract;
- 4) Promote partnerships with SA service providers;
- 5) Promote ESAAP;
- 6) Facilitate research in SA and implementation of the recommendations;
- 7) Establish and operationalize counselling services;
- 8) Establish and operationalize rehabilitation centres;
- 9) Ensure professional development of counsellors and SA committee members;
- 10) Ensure a healthy and safe environment free of hazardous effects of substances; and

- 11) Monitor and evaluate implementation of SA policy in the respective County.

#### **4.5 Substance Use Prevention Committee**

All MCDAs shall establish Substance Abuse Prevention Committee. This Committee is responsible for the co-ordination of the policy implementation in consultation with all relevant administrators, line managers, supervisors and stake-holders. The committee shall:

- 1) Develop and revise the domesticated SA policy;
- 2) Coordinate SA prevention activities;
- 3) Create linkages, partnerships and networks for SA programs;
- 4) Plan and budget for SA programs for consideration in MTEF;
- 5) Undertake research on SA to inform policies and programs;
- 6) Develop and disseminate IEC materials on SA;
- 7) Ensure mainstreaming of SA prevention at all levels;
- 8) Submit SA annual work plan and quarterly reports to PSSAS and NACADAA;
- 9) Establish and operationalize ESAAP for public servants;
- 10) Monitor and evaluate implementation of SA programs;
- 11) Organize capacity building for line managers/ supervisors/ peer substance use educators in identifying and managing SA clients;
- 12) Organize sensitization on SA prevention, mitigation and management for all public servants.

#### **4.6 Line Managers and Supervisors**

Line managers and supervisors shall play a key role in the implementation of SA policies customised from this policy. They

shall:

- 1) Identify public servants with emerging or SA challenges and initiate ESAAPs;
- 2) Create awareness on the content of SA policy to the public servants in their jurisdiction; and
- 3) Investigate reported cases of dangerous practices emanating from SA.

#### **4.7 Human Resource Management and Development Officer**

He/she shall:

- 1) Facilitate capacity building and sensitization of SA programs;
- 2) Mainstream SA targets in training programs;
- 3) Identify and refer public servants in need of SA support to the counsellor;
- 4) Facilitating referral of public servants in need of rehabilitation services and ensure effective reintegration to the work place;
- 5) Decentralize SA programs at all management levels; and
- 6) Facilitate Employee Family Assistance Programmes (EFAP).

#### **4.8 Addiction Counsellors**

They shall:

- 1) Conduct initial assessment in SUD by undertaking drug screening and substance testing for proper management of the client/patient;
- 2) Provide psycho-education and counselling to SA clients;
- 3) Recommend referral (if necessary) to other professionals (e.g. psychiatrists and doctors) and institutions (e.g. rehabilitation centres); and

- 4) Link the recovering clients to substance support groups or any other relevant after-care services.

#### **4.9 Public Servants**

The public servants shall:

- 1) Participate in the implementation of PSSAWP;
- 2) Report SA malpractices at workplace;
- 3) Take appropriate action to protect self and others, minimise risk and seek professional help to manage SA challenges in line with the policy;
- 4) Observe rules and regulations governing SA at work place; and
- 5) Comply with professionals' treatment plan in substance addiction recovery.

#### **4.9 Monitoring, Evaluation and Reporting**

There will be continuous monitoring on implementation of the policy. Evaluation of expected outcomes will be undertaken annually. This will inform continuous review and update of SA policy to ensure effective and efficient service delivery. Reporting progress on implementation will be in line with organizational guidelines and statutory requirements.

#### **4.10 Research and Development**

The PSSAS shall undertake periodic surveys on matters of substance use to establish prevalence and impact on the delivery of quality services. The findings shall be used to inform SA programs and activities.

#### **4.11 Policy Review**

The SA policy shall be reviewed from time to time to address the emerging SA trends in the Public Service.

## APPENDIX I

### GENERAL EFFECTS OF VARIOUS TYPES OF SUBSTANCES

Category	Examples	General Effects
Alcohol	Beer, wine, spirits	Impaired judgement, slowed reflexes, impaired motor function, sleepiness or drowsiness, coma, overdose may be fatal
Cannabis	Marijuana, hashish	Distorted sense of time, impaired memory, impaired coordination
Depressants	Sleeping medicines, sedatives, some tranquilizers	Inattention, slowed reflexes, depression, impaired balance, drowsiness, coma, overdose may be fatal
Hallucinogens	LSD (lysergic acid diethylamide), PCP (phencyclidine), mescaline	Inattention, sensory illusions, hallucinations, disorientation, psychosis
Inhalants	Hydrocarbons, solvents, gasoline	Intoxication similar to alcohol, dizziness, headache
Nicotine	Cigarettes, chewing tobacco, snuff	Initial stimulant, later depressant effects
Opiates	Morphine, heroin, codeine, some prescription pain medications	Loss of interest, "nodding", overdose may be fatal. If used by injection, the sharing of needles may spread Hepatitis B, or C and HIV and AIDS.

Stimulants	Cocaine, amphetamines	Elevated mood, over activity, tension/anxiety, rapid heartbeat, constriction of blood vessels
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(Source: Blume, S.B., "Alcohol and Drug Abuse" in the *Encyclopedia of Occupational Health and Safety* 4th edition, International Labour Office, 1999)

## **APPENDIX II**

### **NACADAA GUIDELINES SUBSTANCE ABUSE AT THE WORKPLACE**

1. Employers should ensure the environment does not enhance Alcohol and Drug (ADA).
2. Employers should discourage development of a culture that facilitates ADA at the work place.
3. The employer should provide guidelines on identification of employees with ADA problem.
4. The employer should provide medical cover for treatment and rehabilitation of the affected employee.
5. To assist rehabilitated workers, employees should avoid exposing them to working conditions that would enhance relapse.
6. The employer should ensure ADA are not sold or advertised at the workplace.
7. The employer is prohibited from paying any wages in form of ADA and should avoid giving rewards that may trigger use or abuse of ADA.
8. The employer should provide information on ADA to all employees.
9. Employers should not victimise rehabilitated workers or discriminate against them in terms of promotion or enjoyment of other benefits.
10. The employer should provide guidelines on violation of ADA workplace policy.

## **APPENDIX III**

**REPUBLIC OF KENYA**



**THE PRESIDENCY  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT**

## **RETURN-TO-WORK AGREEMENT**

This return-to-Work Agreement is necessitated due to the fact that:

1. The public servant has violated a work rule that could result in termination;
2. The employer has given the public servant another chance to work free of substances;
3. The public servant agrees to comply with all aspects of the treatment professionals' recommendations;
4. The public servant agrees that the employer will monitor compliance by receiving updates from treatment professionals regarding compliance with the continuing care recommendation. The employer will maintain documentation of attendance;
5. The public servant agrees to abstain from the use of

substances except when prescribed by a physician who has been informed of the officer's difficulty with SA;

6. If absence from work is required as part of rehabilitation, it will be regarded as medical leave, sick leave, vacation, personal leave or some combination thereof, depending upon accrued leave;
7. The public servant agrees to comply with all employment policies and procedures and understands that nothing in this agreement prohibits the employer from applying discipline for other violations; and
8. The public servant understands this is his/her last chance to successfully address his/her problem with substances. The public servant must satisfactorily meet employer's expectations and standards. The public servant understands that failure to comply fully with this agreement may result in IMMEDIATE termination.

**Signature of the Public Servant:** \_\_\_\_\_

**Signature of Supervisor/HRMDO:** \_\_\_\_\_

## APPENDIX IV

REPUBLIC OF KENYA



THE PRESIDENCY

MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT

### CLIENT REFERRAL FORM

#### A) Personal Data

Name: \_\_\_\_\_ P/No: \_\_\_\_\_

Designation: \_\_\_\_\_

Reasons for Referral (Tick the appropriate)

- i) Substance Abuse
- ii) Work-related
- iii) Family-related
- iv) Identity-related
- v) Any other (specify) \_\_\_\_\_

**Line Manager/Supervisor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## APPENDIX V

REPUBLIC OF KENYA



THE PRESIDENCY

MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT

### CLIENT INTAKE FORM

#### Personal Details

Name: \_\_\_\_\_ P/No: \_\_\_\_\_

Designation: \_\_\_\_\_

Ministry/County/Department/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Religion: \_\_\_\_\_

Level of Education: \_\_\_\_\_ Preferred language: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Family address (if different): \_\_\_\_\_

**Person to Contact**

Relationship: \_\_\_\_\_

Previous counselling experience (a) No { } (b)Yes { }

**History of Substance Use**

Substance used: \_\_\_\_\_

Client's opinion about services attended:

Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Bad \_\_\_\_\_ Very bad \_\_\_\_\_

Client's personal triggers which provoked previous relapses includes: \_\_\_\_\_

Treatment and rehabilitation services or programs attended (if any): \_\_\_\_\_

**Work History**

How does the client feel about his/her job?

Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Bad \_\_\_\_\_ Very bad \_\_\_\_\_

**(b) For official use**

**Administration Information**

No. of sessions contracted: \_\_\_\_\_

Mode (tick where appropriate) Weekly { } Fortnightly { } Monthly { }

Others: \_\_\_\_\_

Date of first session: \_\_\_\_\_

Date of proposed termination: \_\_\_\_\_

Name of Counsellor: \_\_\_\_\_

Client's Code: \_\_\_\_\_

## APPENDIX VI

REPUBLIC OF KENYA



THE PRESIDENCY  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT

### THERAPY CONSENT FORM

During the counselling process, we.....

and..... shall be bound by the following terms:

1. Confidentiality and its boundaries;
2. Adherence to referral procedure; and
3. Active participation during counselling session(s).

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counsellor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## APPENDIX VII

REPUBLIC OF KENYA



THE PRESIDENCY  
MINISTRY OF PUBLIC SERVICE, YOUTH AND GENDER AFFAIRS  
STATE DEPARTMENT OF PUBLIC SERVICE AND YOUTH  
DIRECTORATE OF PUBLIC SERVICE MANAGEMENT

### CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize

(Name of client)

\_\_\_\_\_  
(Name of counsellor)

To disclose to \_\_\_\_\_

(Name of person/organization to which disclosure is to be made)

the following information:

\_\_\_\_\_  
(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to:

\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the appropriate Kenyan Laws and relevant standards, and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

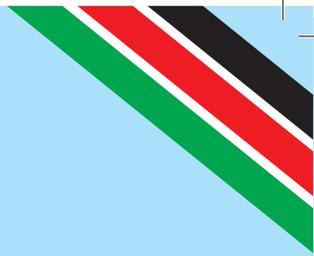
(Specification of the date/event/condition upon which this consent expires)

Dated: \_\_\_\_\_

(Signature of Client)







Tel: 020 222 7411  
Website: [www.mpsya.go.ke](http://www.mpsya.go.ke)