DRAFT POLICY

ON

ALCOHOL AND DRUG ABUSE

FOR

KENYA NATIONAL BUREAU OF STATISTICS
EMPLOYEES
It has been realized that many Kenyans are taken captives by Alcohol and Drug Abuse (ADA) and that it is no longer only a teenage problem. Research has now shown that, the prevalence of alcohol and drug abuse among adults in Kenya is expanding rapidly to the destruction of the society. Kenyans cannot afford to ignore or be quiet about it and least of all the Kenya National Bureau of Statistics whose employees are not spared.

KNBS is charged with the responsibility of managing a substantial number of human resource, hence the obligation of ensuring that the potentials of it staff are optimally utilized and professionalism sustained in order to achieve both its mission and vision. It will be difficult to accomplish this if we allow alcohol and drug abuse to continue eating into our workforce.

In the light of the above, the Bureau found it necessary to put in place a policy that will guide its employees on ADA issues and will address the psychosocial challenges that affect them, which in turn impact negatively on service delivery. This is in line with the ongoing reform initiatives.

The policy has taken cognizance of the key ADA issues that may affect employees and hamper service delivery. It provides a framework for the implementation structures and programmes that will form a road map in providing ADA services to all the Bureau’s employees.

This policy document is the result of team work from officers of the DSA committee

--------------------------------------------------

CHAIRMAN / KNBS BOARD OF DIRECTORS
KENYA NATIONAL BUREAU OF STATISTICS
FOREWORD

Alcohol and drug abuse (ADA) causes crime, violence and corruption and drains human, financial and other resources that might otherwise be used for social and economic development leading to the destruction of individuals, families and entire communities and undermines national economies.

ADA in the workplace has the potential to negatively affect the health, safety, productivity and performance of employees which results in organizations’ inabilities to achieve their goals.

It is therefore clear that ADA affects service delivery hence it is imperative that KNBS employees’ are protected against it if high teaching standards and other KNBS mandates are to be realized and maintained. The Bureau wishes to do this by putting in place a policy document that provides guidance to its employees. The implementation of this policy and mainstreaming of ADA issues in the Bureau’s strategic plans ensures that the employees needs’ concerning ADA is taken care of.

The development of this policy is aimed at catering for the needs of KNBS employees concerning ADA and, empowering and improving employees’ ability to handle all issues that may lead to ADA positively for increased productivity and enhanced service delivery.

I wish to thank the ..........................................................
TABLE OF CONTENT

PREFACE

FOREWORD

GROSSARY OF TERMS AND CONCEEEEPTS

ACRONYMS AND ABBREVIATIONS

1.0 INTRODUCTION
   1.1 Introduction
   1.2 Background
   1.3 Rationale

2.0 POLICY STATEMENT

3.0 AUTHORITY

4.0 OBJECTIVES

5.0 SCOPE

6.0 GUIDING PRINCILES IN COUNSELLING

7.0 ROLES AND RESPONSIBILITIES

8.0 POLICY GUIDELINES

9.0 IMPLEMENTATION

10.0 MONITORING, EVALUATION & RESEARCH

11.0 REVIEW POLICY

LIST OF ANNEXES

I. Institutional Frame work

II. Counselling Minimum Internal Requirements

III. Client Intake Form (A)

IV. Referral Form (B)

V. Referral Form (C)
<table>
<thead>
<tr>
<th>Glossary of Terms and Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advocacy</strong></td>
</tr>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td><strong>Clinical Psychologist</strong></td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
</tr>
<tr>
<td><strong>Therapist</strong></td>
</tr>
<tr>
<td><strong>Therapy</strong></td>
</tr>
<tr>
<td><strong>Professional Ethics</strong></td>
</tr>
<tr>
<td><strong>Therapeutic Session</strong></td>
</tr>
<tr>
<td><strong>Counsellor supervisor</strong></td>
</tr>
<tr>
<td><strong>Crisis</strong></td>
</tr>
<tr>
<td><strong>Disaster</strong></td>
</tr>
<tr>
<td><strong>Guidance</strong></td>
</tr>
<tr>
<td><strong>Psychology</strong></td>
</tr>
<tr>
<td><strong>Psychologist</strong></td>
</tr>
<tr>
<td><strong>Psychotherapy</strong></td>
</tr>
<tr>
<td><strong>Psychiatrist</strong></td>
</tr>
<tr>
<td><strong>Psychiatry</strong></td>
</tr>
<tr>
<td><strong>Psychosocial support Group</strong></td>
</tr>
<tr>
<td><strong>Referral</strong></td>
</tr>
<tr>
<td><strong>Social worker</strong></td>
</tr>
<tr>
<td><strong>Termination</strong></td>
</tr>
<tr>
<td><strong>Workplace</strong></td>
</tr>
</tbody>
</table>
ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACU</td>
<td>AIDS Control Unit</td>
</tr>
<tr>
<td>DG</td>
<td>Director General</td>
</tr>
<tr>
<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>MIR</td>
<td>Minimum Internal Requirements</td>
</tr>
<tr>
<td>CMIR</td>
<td>Counseling Minimum Internal Requirements</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
</tr>
<tr>
<td>ADA</td>
<td>Alcohol and Substance Abuse</td>
</tr>
<tr>
<td>AUDIT</td>
<td>Alcohol Use Disorders Identification Test</td>
</tr>
<tr>
<td>DSA</td>
<td>Drug and Substance Abuse</td>
</tr>
<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
</tr>
<tr>
<td>G &amp; C</td>
<td>Guidance and Counseling</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug Users</td>
</tr>
<tr>
<td>KNH</td>
<td>Kenyatta National Hospital</td>
</tr>
<tr>
<td>NACADAA</td>
<td>National Agency for the Campaign against drug Abuse Authority</td>
</tr>
<tr>
<td>NACADA</td>
<td>National Agency for Campaign Against Drug Abuse</td>
</tr>
<tr>
<td>OTC's</td>
<td>Over the Counter Drugs</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

Alcohol and drug abuse is a phenomenon that is as old as mankind. Over the past two decades the use of illegal drugs and misuse of therapeutic drugs has spread at an unprecedented rate and affects every part of the globe. No nation has been spared the devastating problem caused by alcohol and drug abuse. At the same time a broad spectrum of the world community has demonstrated intense concern over the problem.

Surveys on alcohol and drug abuse did not provoke much concern in Kenya until the early 1990s. This may have been as a result of the perception that it was not a major problem among Kenyan populace. Consequently, discussions on alcohol and drug abuse have tended to be shrouded with rumors and ambiguity.

A study by National Agency for the Campaign Against Drug Abuse Authority (NACADAA) observed that the use of alcohol, bhang and miraa has indigenous roots and that the three substances have been widely used in the indigenous society. However the exists no evidence that substance abuse has been part of indigenous heritage; indeed the indigenous society for most part regarded drunkenness as a disgrace. The study attributes rapid spread of substance abuse to the breakdown of the indigenous culture and introduction of foreign influences that have made a variety of substances available on a large scale.

It has been realized that many Kenyans are taken captive by alcohol and drug abuse. Recent research has shown that the prevalence in Kenya is expanding rapidly to the destruction of society. Kenyans cannot afford to be complacent about it and least of all the Kenya National Bureau of Statistics whose employees are not spared.

The Bureaus’ employees have been faced with many challenges including family issues which spill into the work place, work related separation of families and couples inter personal conflicts, HIV and AIDS, increased stress and burnout, poor morale, poor financial and time management among others. This has led to alcohol and drug abuse which is used as coping mechanism.

Alcohol and Drug Abuse (ADA) in the workplace has potential to negatively affect the health, productivity and performance of employees which result in low input. Therefore the well being of the employees is important. Although alcohol and drug abuse happens in the context of family and the wider society, the workplace offers a chance for early detection, intervention and psycho-social support for employees. Consequently, this benefits the employer, the family and the community at large. This
Policy will address issues of preventive education, referral for treatment and rehabilitation, psychosocial support acquisition and dissemination of behavior change materials. Minimization of denial and stigma associated with alcohol and drug dependence and customizing targets for prevention and control of alcohol and drug abuse to specific areas of the Bureau’s operations and risk levels.

1.2 BACKGROUND

The negative impact of Alcohol and Drug abuse cannot be underscored. The fight against the menace is a clear priority as it not only impacts on quality service delivery but also undermines public confidence in the Public Servants. Drug abuse is the use of illicit drugs or the abuse of prescription or over–the–counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed. Alcohol is one of the most abused substances and the most common especially in Kenya.

Countries the world over are becoming more and more interested in containing the investment in the staff particularly in optimizing the utilization of workforce available. Efforts to optimize the utilization of the staff are frequently hampered by alcohol and drug abuse hence threatening the quality of service.

The abuse of alcohol and drugs by employees who are living with HIV is also negating the efforts the Bureau has made in the management of HIV and AIDS. The fight against Drug Abuse and the AIDS epidemic are two fields of activity which overlap and tend to merge. It is common knowledge that alcohol and drug abuse and HIV infection are closely interconnected. People who take drugs can suffer from psychological disturbances such as changes of mood, difficulty in concentrating, anxiety which affect their behavior. Some alcohol consumers become generally rather negligent which increases the risk of transmission of sexually transmissible diseases including AIDS. The Bureau cannot therefore afford to turn a blind eye to the issue.

The public sector workplace policy on HIV and AIDS (2005) recommended the provision of counseling services at the workplace for all government ministries and public institutions. Subsequently, the Bureau developed the KNBS subsector policy on HIV and AIDS (draft) KNBS employees. However, these measures have not adequately addressed the issues of alcohol and drug abuse among KNBS employees due to lack of a structured operational framework. A possible solution to this problem and its respective implication need a relevant policy response.

1.3 Rationale
Employees of the Kenya National Bureau of Statistics like other Kenyan workforce are faced with physical, emotional and spiritual issues which impact negatively on their performance. This is compounded by several challenges, some of which include HIV and AIDS, groups’ dynamics among others. The denial of the reality of the above issues often leads to indiscipline, loss of employment and alcohol and drug abuse.

In recognition of alcohol and drug abuse as a challenge, this policy is expected to give direction on its mainstreaming to reduce the impact among the Bureau employees. Drug and Substance Abuse is a disease which can be prevented, therefore the policy will provide a framework for programs on prevention, early detection and management.

2.0 POLICY STATEMENT

The Bureau shall endeavor to co-ordinate the prevention, early detection and management of drug abuse through Education, Advocacy empowerment and enforcement liaison for a productive workplace.

3.0 AUTHORITY

The policy derives its authority from

- Narcotic Drugs and Psychotropic Substances (Control) Act, 1994
- Tobacco Control Act, 2007
- The Compounding of Potable Spirits Act (Cap 123)
- The Chang’aa Prohibition Act (Cap 70)
- The Industrial Alcohol (Possession) Act (Cap 119)
- Methylated Spirits Act (Cap 129)
- Liquor Licensing Act (Cap 121)
- The Use of Poisonous Substances Act (Cap 245)
- Customs & Excise Tax Act
- The Pharmacy and Poisons Act (Cap 244)
- The Food Drugs and Chemical Substances Act (Cap 254)
- The Standards Act (Cap 496)
- The Chief’s Act (Cap 128)
- The Public Health Act (Cap 242)
- The Trade Descriptions Act (Cap 505)
- Weights and Measures Act (Cap 513)
- Kenya Gazette Notice 3749, 13th May, 2006
- Sub-sector workplace policy on HIV and AIDS, 2006
- Foods, Drugs and Chemical Substances Act Cap 254
- Environmental Management & Coordination Act, 1999 (S78)
• Workplace Counseling Policy 2008
• The Service Commissions Act Cap 185
• The Sexual Offences Act 3 of 2006
• The HIV and AIDS Prevention and Control Act 14 of 2006
• Gender Policy in Education, 2007
• The Mental Health Act Cap 248
• ILO Convention - Vocational
• Public Officers Ethics Act
• Vocational, rehabilitation and employment (disabled persons
• Vision 2030 (social pillar)
• KNBS Human Resource Manual

4.0 OBJECTIVES

The broad objective of this Policy is to provide a framework on prevention, reduction, early detection and management of alcohol and drug abuse among KNBS employees in the workplace.

The specific objectives are to:-

• Help increase worker confidence and morale, reduce absenteeism and high turnover, increase productivity and profits, increase competitiveness and reduce medical burden on the workforce.
• Enable the Bureau to create awareness on the harmful effects of alcohol and drug abuse at the workplace.
• Assist the Bureau in managing cases arising from alcohol and drug abuse through early detection and intervention.
• Ensure knowledge and understanding of rules related to alcohol and drug abuse as well as structures and procedures of dealing with alcohol and drug abuse cases.
• Enable the Bureau to establish corporate culture and practices that prevent and pre-empt alcohol and drug abuse at the workplace.
• Enable the Bureau to maintain a drug free, healthy and productive workforce.
• Set Minimum Internal Requirements (MIR) for managing alcohol and drug abuse at the workplace.
• Establish structures and promote programmes to ensure non-discrimination and non-stigmatization of the affected.
• Establish Monitoring and Evaluation of Alcohol and Drug Abuse programmes and activities at the workplaces.
• Ensure and mobilize adequate allocation of resources to Alcohol and Drug Abuse interventions.
• Guide managers and employees on their rights and obligations regarding Alcohol and Drug Abuse.
• Enhance research, policy, and development capacity.
• Provide a framework for allocation of adequate human and material resources for effective provision of Drug and Substance Abuse counseling services in the Bureau workplace;
• Establish institutional and operational structures for implementation of the Drug and Substance Abuse policy;
• Establish Monitoring and Evaluation of Drug and Substance Abuse prevention programmes;

5.0 SCOPE

This policy sets standards for mainstreaming Alcohol and Drug Abuse programmes in the Bureau workplaces. It applies to all KNBS employees who include Policy Makers, secretariats staff and all teachers.

6.0 GUIDING PRINCIPLES

The policy shall be guided by the principles and core elements that regulate the Drug and Substance Abuse practice.

6.1 GUIDING PRINCIPLES IN DRUG AND SUBSTANCE ABUSE

6.1.1 Confidentiality

• Clients will be accorded privacy during counseling on Drug and Substance Abuse;
• The counsellor will communicate clearly the extent of confidentiality offered to the client.
• The issues presented in the counseling session will be treated with confidentiality unless they pose a life threat to the client(s)/other person(s) or if a client commits any action that contravenes the law;
• Drug and Substance Abuse records will be maintained in a confidential manner; and
• Access to Drug and Substance Abuse records shall be bound by the rules of confidentiality.

6.1.2 Autonomy

Counseling on Alcohol and Drug Abuse will empower the client to make appropriate decisions, choose their own direction, and take necessary actions in a therapeutic relationship. Thus, programmes on Alcohol and Drug Abuse will endeavor to enable the client(s) to resolve their issues and cope with their situation.
6.1.3 Beneficence

Alcohol and Drug Abuse programmes will respect the dignity and promote the welfare of clients and will be geared entirely for the client’s well being.

6.1.4 Non- Malfeasance

Alcohol and Drug Abuse counselling programmes will refrain from harming the client either physically or emotionally.

6.1.5 Justice

Alcohol and Drug Abuse programmes will be fair and impartial to all clients in the provision of services.

6.1.6 Informed Consent

The client has a right to be informed about programmes on Alcohol and Drug Abuse, procedure, goals and benefits so as to make an informed decision on whether or not to participate.

6.1.7 Evaluation, assessment and interpretation of clients’ results

Personnel in the Alcohol and Drug Abuse programmes will use assessment instruments as one component of the Drug and Substance Abuse process, taking into account the clients’ personal and socio-cultural context.

They will only utilize those testing and assessment services for which they are competent and take reasonable measures to ensure their proper use.

6.2 THE CORE ELEMENTS

6.2.1 Alcohol and Drug Abuse programmes

The programmes will include but not limited to:

- Psycho-social Support;
- Advocacy;
- Employment separation (Retirement, redundancy, transfers, demotions, promotions etc);
- Loss, grief and bereavement;
- Stress Management;
- HIV and AIDS Prevention and Management;
- Trauma counselling;
- Disaster Response and Management;
- Peer Education and counseling;
- Conflict Management;
- Career and Vocational Guidance;
- Substance dependence and addiction;
- Group dynamics,
- Gender Based Violence (GBV),
- Sexual harassment; and
- Sensitization of employees.

6.2.2 Counsellor Competence

Alcohol and Drug Abuse programmes will be conducted by:-

Professionals who are holders of a Bachelors Degree in Psychology Guidance and counseling or counseling Psychology, or Post Graduate Diploma in counseling Substance Abuse, Masters Degree in either psychology, Guidance and counseling, clinical psychology or the equivalent from a recognized institution and be members of professional bodies that monitor and facilitate their personal and professional development.

6.2.3 Gender Responsiveness Alcohol and Drug Abuse services will be responsive to the unique needs of both males and females due to their biological, socio-cultural and economic differences.

6.2.4 Multiculturalism Drug and Substance Abuse services will be responsive to the cultural diversities of their clients.

6.2.5 Disclosure Disciplinary action consistent with the existing legislation/regulations will be taken against any personnel for unauthorised disclosure of clients’ information. However, if any information is to be disclosed to the employer or any other party it must be in consultation with the client(s).

6.2.6 Alcohol and Drug Abuse Committee

For effective service delivery, Alcohol and Drug Abuse (ADA) committees will be constituted at the regional levels.

7.0 REMEDIAL MEASURES

The following are some remedial measures to mitigate alcohol and drug abuse related negative effects through good employment practices.

7.1 Detection of working environment-related risks in relation to alcohol and drug abuse
For example in certain circumstances, some job situations may contribute to alcohol and drug related problems. In this connection, the employer/managers in collaboration with the workers will identify and take appropriate or remedial measures.

7.2 **Restrictions on alcohol and Drug Abuse in the Workplace**

**Restrictions on alcohol**

The employer in consultation with the workers will consider restricting or prohibiting access and availability of alcohol through possession, consumption and sale of alcohol at the workplace, including the canteen, cafeteria, dining and recreation areas at the workplace.

As part of corporate culture and practice, the employer, after consultation with the workers will consider withdrawing alcohol as an item for expense account reimbursement.

7.3 **Availability of non-alcoholic beverages**

In place of alcoholic beverages, the employer will ensure that non-alcoholic beverages, including water are made available in appropriate and convenient locations.

7.4 **Payment in Kind**

The Policy will prohibit the employer from paying any wages in the form of alcohol or drugs. In addition, the employer will be prohibited from paying any wages or rewards by giving objects or material that in any way may trigger alcohol and drug cravings in persons in recovery.

8.0 **RESTRICTIONS ON ILLEGAL DRUGS AND SUBSTANCES**

The employer will ensure that illegal drugs and substances are not accessed or used by employees at the workplace.

9.0 **PREVENTION THROUGH INFORMATION, EDUCATION AND TRAINING PROGRAMMES**

The Policy will focus on prevention aspects of alcohol and drug abuse. The Policy will deal with information, education and training programmes covering the following areas;

1) Information on effects of alcohol and drug abuse;
2) Information about the work environment in relation to alcohol and drug abuse from occurring and available services to assist the employees who may be abusing alcohol and drugs;

3) Training for supervisors and managers on identification of individuals with alcohol and drug related problems, establishment of Employee Assistance Programmes (EAPs), assessment of working environment and identifying working methods or conditions which could need to be changed or improved to prevent, reduce or otherwise better manage alcohol and drug abuse related problems.

9.1 Identification of Alcohol and Drug Abuse Problems

The Policy on Alcohol and Drug Abuse will provide the manner in which alcohol and drug related problems will be identified among the employees.

These will include but not limited to;

i. Self-assessment by the employee, facilitated by information, education and training programmes;

ii. Informal identification by colleagues, friends or family members;

iii. Formal identification by the employer, which may involve testing. However testing of bodily samples for alcohol and drugs in the context of employment involves moral, ethical and legal issues of fundamental importance, requiring a determination of when it is fair and appropriate to conduct such testing. Therefore, testing should be undertaken in accordance with the Kenyan Law and Practice.

10.0 HUMAN RESOURCE MANAGEMENT ISSUES – ASSISTANCE, TREATMENT AND REHABILITATION PROGRAMMES

10.1 Dealing with employees who have an alcohol and drug abuse problem

Employees with alcohol or drug abuse 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 and medical coverage, in accordance with Kenyan Law and Practice. Rehabilitated employees will be reintegrated in the normal working system and helped to adapt to the prevailing working conditions.

10.2 Job Security and promotion

Employees who seek treatment and rehabilitation for alcohol or drug abuse related problems will not be discriminated against by the employer and will enjoy normal job security and opportunity for career development and advancement.
10.3 **Assistance to Employees**

The employer should co-ordinate the assistance programmes for employees with alcohol and drug abuse related problems. This will be done through the establishment of Employee assistance Programmes (EAPs) by the employers in cooperation with the employees. The EAPs will be guided by the principle of confidentiality (in information sharing and record) as well as integration of family, employer, colleagues and friend support. In addition, the EAPs will include counseling, treatment and rehabilitation programmes which are adapted to the individual needs of the person concerned.

10.4 **Intervention and disciplinary procedures**

Employees who have problems with alcohol and drug abuse will be treated as persons suffering from normal health problem. Therefore in such circumstances, the employer though having the authority to discipline will offer counseling, treatment and rehabilitation alternatives before consideration is given to imposition of disciplinary measures. However the Policy will have rules specifying the circumstances which would lead to disciplinary measures, including dismissal, as a result of alcohol and drug abuse related problems.

11.0 **ROLES AND RESPONSIBILITIES**

This policy shall be implemented by Director General, Director, Finance and Administration in collaboration the Alcohol and Drug Abuse committee.

11.1 **Director General**

- Develop, implement and review the Alcohol and Drug Abuse Policy;
- Advocate for Alcohol and Drug Abuse issues in decision making at all levels;
- Ensure allocation of resource and evidence based budgeting;
- Monitor and evaluate the Alcohol and Drug Abuse Policy;
- Strengthen commitment at all levels of management;
- Create partnerships with and across Ministries, development partners and stakeholders;
- Provide support to the Alcohol and Drug Abuse Section and the TSC Units;
- Link Alcohol and Drug Abuse to the MTEF budgeting process;
- Mobilize resources.
11.2 Director, Finance and Administration

- Provide and ensure quality Alcohol and Drug Abuse services to the Bureau employees
- Ensure that Alcohol and Drug Abuse programmes are mainstreamed in the core functions of the Bureau’s strategic plan.
- Provide and advocate for Alcohol and Drug Abuse services to Bureau employees at all levels.
- Co-ordinate the implementation of the workplace Alcohol and Drug Abuse Policy in the Bureau workplaces.
- Review Policy, strategy and guidelines on Alcohol and Drug Abuse services.
- Provide information necessary for planning and budgeting for Alcohol and Drug Abuse programmes.
- Co-ordinate the development of Alcohol and Drug Abuse Information, Education and Communication (IEC) materials.
- Identify Alcohol and Drug Abuse needs and develop appropriate intervention programmes for commission employees.
- Identify training needs and facilitate capacity building for employees in the commission workplaces in liaison with other organizations.
- Network with relevant organizations and individuals to enhance Alcohol and Drug Abuse services.
- Develop mechanisms for monitoring and evaluation of Alcohol and Drug Abuse services.
- Create awareness among the Bureau employees on Alcohol and Drug Abuse.
- Promote partnership with Alcohol and Drug Abuse Service providers across Ministries, development partners and stakeholders.

11.3 Alcohol and Drug Abuse Committee members

- Identify needs and provide necessary information for planning and budgeting for Alcohol and Drug Abuse programmes;
- Provide Alcohol and Drug Abuse services to commission employees;
- Respond to disasters and crisis through psycho-social interventions;
- Prepare confidential reports as deemed necessary for informed decision-making;
- Create awareness among the Bureau employees on Alcohol and Drug Abuse;
- Make referrals of clients when necessary;
- Conduct monitoring and evaluation of the implementation of Alcohol and Drug Abuse services; and
- Network with professional bodies and organizations to enhance provision of Alcohol and Drug Abuse services.
12.0 POLICY GUIDELINES

The Policy guidelines shall apply to the workplace Alcohol and Drug Abuse Policy for Bureau employees.

12.1 Client Obligations

The responsibility of the client(s) will be to:

- Take appropriate action on being informed about Alcohol and Drug Abuse to protect himself/herself and the family and seek guidance and counseling;
- Take proactive measures in seeking treatment and rehabilitation services;
- Comply with Alcohol and Drug Abuse Policy;
- Attend, lend support to and participate in all activities aimed at combating Alcohol and Drug Abuse.
- Take care of them and avoid situations that may lead to relapse.

12.2 Alcohol and Drug Abuse

For effective service there shall be a room provided that is private, comfortable and located in a quiet place.

12.3 Therapy Session

For effective therapy a client shall attend at least six (6) sessions and each session shall run from forty five (45) minutes to one (1) hour.

12.4 Client Record

Due to the confidential nature and ethical obligations of Alcohol and Drug Abuse services, appropriate client records shall be developed, maintained, stored and utilized in a manner that ensures the clients’ privacy and safety.

12.5 Referral System

The Alcohol and Drug Abuse Section shall identify relevant partners for purposes of establishing an appropriate referral system.

These partners will include:

- Institutions Rehabilitation Centres, support groups and hospital among others;
- Other professional like Psychiatrists, Medical Doctors, Clinical Psychologists, Counselling Psychologists, social Workers and Peers.

12.6 Conditions for Referral

Referral shall be made when:

- The issue is beyond the therapist competence;
- The Client requests for referral;
12.7 Termination of therapy

Both the client and therapist have an obligation to proceed with therapeutic process until termination phase when mutually agreed upon goals are achieved.

However, there are other instances when termination may be necessary. This includes when:

- A client ceases to benefit from counseling sessions;
- Instances of conflict of interest arise during the therapeutic process;
- The case requires referral to another practitioner;
- Either the client or counsellor relocates.

13.0 IMPLEMENTATION FRAMEWORK

A successful Alcohol and Drug Abuse Policy will require co-operation, willingness and trust amongst the employer and employees. The Bureau will use the existing administrative structures to implement this Policy. The overall implementation will be the responsibility of the Director General in liaison with the Finance and Administration in collaboration the Alcohol and Drug Abuse committee.

14.0 RESEARCH, MONITORING AND EVALUATION

This Policy provides for continuous research, monitoring and evaluation for effective and efficient service delivery. This shall generate information necessary for assessing the impact the impact of Alcohol and Drug Abuse services among the Bureau employees working in harmony with existing structures. This will be used to formulate intervention programmes that will address appropriate Alcohol and Drug Abuse needs for employees.

15.0 REVIEW OF POLICY

This Policy will be reviewed from time to time to ensure that it remains relevant to the Drug and Substance Abuse needs of the Bureau employees.
ANNEX II

DRUG AND SUBSTANCE ABUSE MINIMUM INTERNAL REQUIREMENTS

The Bureau will be required to meet the following Drug and Substance Abuse Minimum Internal Requirements (MIR) for effective implementation of this policy. It will:

- Introduce and intensify appropriate education and awareness on Alcohol and Drug Abuse programmes and services in the workplace;
- Integrate Alcohol and Drug Abuse programmes with those that promote the health and well being of employees;
- Create an enabling environment that will encourage employees to seek Alcohol and Drug Abuse services;
- Designate an officer(s) with adequate skills, seniority and support to implement provisions of this policy and ensure that the officer(s) so designated is/are held accountable by means of performance indicators in the implementation of the policy;
- Liaise with other departments, organizations and individuals and other service providers to enhance counseling services;
- Mainstream counseling into the Bureau overall strategic plan and performance targets;
- Allocate adequate human and financial resources to implement the policy and establish a sector budget line for Alcohol and Drug Abuse programmes and activities; and
- Establish mechanisms to monitor and evaluate the effectiveness of workplace Alcohol and Drug Abuse intervention programmes.
ANNEX 111

CLIENT INTAKE FORM

CLIENT NO-----------------------------------------------------------
DATE OF THERAPY-----------------------------------------------------
THERAPIST: ---------------------------------------------------------

NAME OF CLIENT-------------------------------------------------------------
P.O BOX: ---------------------------------------------------------------
PHONE: ---------------------------------------------------------------
(PHONE): ---------------------------------------------------------------OFFICE: 
ANY OTHER MEANS OF CONTACT. E-MAIL: ----------------------------- FAX: ---------------
AGE----------------------------NATIONALITY----------------------RELIGION---------------------
STATUS: ( ) SINGLE ( ) MARRIED ( ) SEPARATED ( ) DIVORCED ( ) ETC
NO. OF CHILDREN: ----------------------------------------------- AGES ---------------------
SEX: --------------------------------------- OCCUPATION: ---------------------------
I/ISSUE: -----------------------------------------------------------------
REFERRAL SOURCE: -------------------------------------------------------------
HAS CLIENT HAD ANY OTHER THERAPY EXPERIENCE: ( ) YES ( ) NO
IF SO BY WHOM? ---------------------------------------------------------------
HAVE YOU SEEN A DOCTOR OVER LAST 12 MONTHS: ---------------------------------
CURRENTLY ON MEDICATION: -----------------------------------------------------
TIME CLIENT IS AVAILABLE: -------------------------------------------------------
ADDITIONAL THERAPIST’S COMMENTS: -------------------------------------------------
-----------------------------------------------------------------------------
THERAPY BEGINS: --------------------------------------------------------------
NAME OF THERAPIST: -------------------------------------------------------------
THERAPIST CONFIRMATION: ---------------------------------------------------------
CLIENT CONFIRMATION: -----------------------------------------------------------
ANNEX IV
REFERRAL FORM (A)
Name: ..............................................................................................

Client Code Number............................................................................
Tick against reason(s) for referral:

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Absenteeism</td>
<td></td>
</tr>
<tr>
<td>Suicidal tendencies</td>
<td></td>
</tr>
<tr>
<td>Family issues</td>
<td></td>
</tr>
<tr>
<td>Poor performance</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td>Poor interpersonal relationships</td>
<td></td>
</tr>
<tr>
<td>Drug abuse/Dependency</td>
<td></td>
</tr>
<tr>
<td>Alcoholism</td>
<td></td>
</tr>
<tr>
<td>Loss, grief and bereavement</td>
<td></td>
</tr>
<tr>
<td>Physical health issues</td>
<td></td>
</tr>
<tr>
<td>Relocation</td>
<td></td>
</tr>
<tr>
<td>Any other issues (specify)</td>
<td></td>
</tr>
</tbody>
</table>

ANNEX V
REFERRAL FORM (B)
Name: ..............................................................................................

Client Code Number: ............................................................................
Reason(s) for referral:

Counselor’s Name ..................................................................................

Designation ............................................................................................

Name ......................................................................................................

Designation ............................................................................................

First Draft Alcohol and Drug Abuse Policy