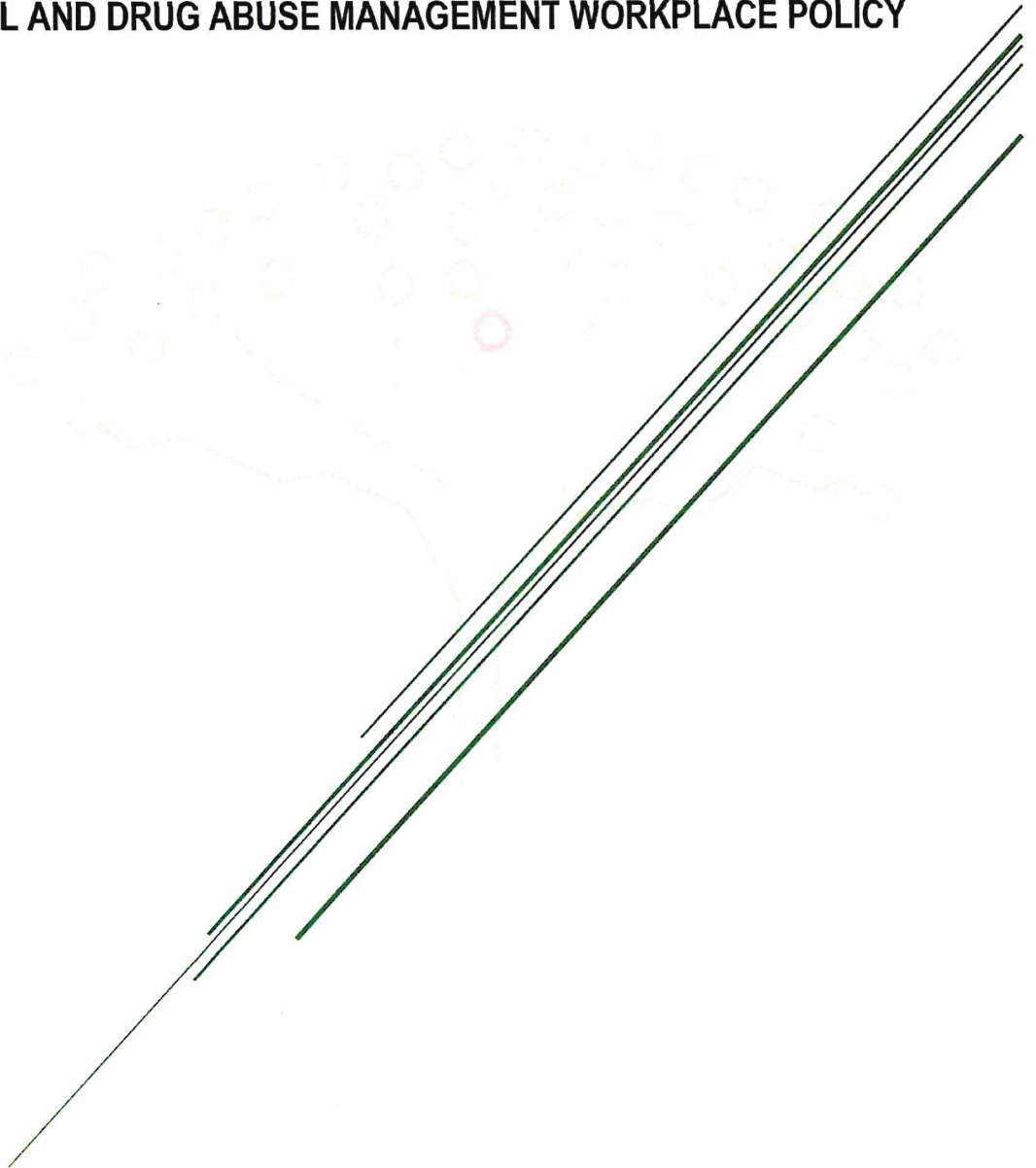


ALCOHOL AND DRUG ABUSE MANAGEMENT WORKPLACE POLICY



JANUARY 2021

AMMENDMENT SHEET

Issue/Revision No	Subject of Amendment	Reviewed By	Authorized By	Date

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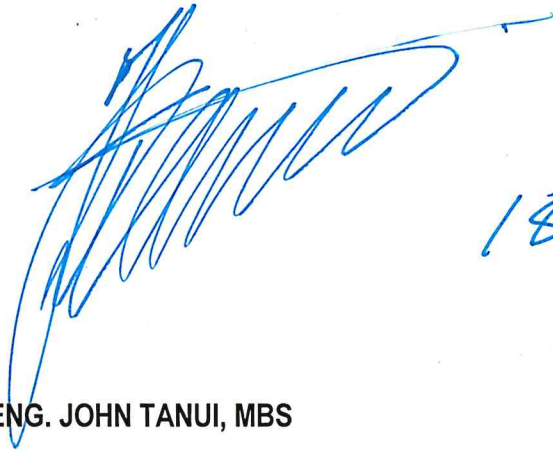


FOREWORD

KOTDA is a State Corporation established on 28th March 2012, under Legal Notice No.23 under State Corporations Act (Cap. 446). The Authority has developed a number of workplace policies to guide implementation of its mandate and operations. These policies are aligned to the Constitution of Kenya 2010, the Vision 2030, government regulations and guidelines provided by the Performance Contracting Management Unit, KOTDA's Strategic Plan and the country's international commitments among others

The purpose of this Alcohol and Drug Abuse Workplace Policy is therefore to serve as a point of reference in mainstreaming standard workplace principles and values to ensure fair, equitable and consistent decision-making process in the operations of KOTDA.

KOTDA strives to provide a conducive working environment in which both the employee and stakeholder's interests are served.



18/06/2021

ENG. JOHN TANUI, MBS

CHIEF EXECUTIVE OFFICER



ACKNOWLEDGEMENT

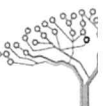
We wish to express our gratitude and sincere thanks to the CEO, Eng. John Tanui and the Board of Directors for providing the necessary resources to facilitate the development of this Alcohol and Drug Abuse Workplace Policy.

We also acknowledge the contribution of the Chairs of various Committees and their members for their invaluable guidance and all the KOTDA staff who made the development of this Alcohol and Drug Abuse Workplace Policy a success.

Your efforts and commitments are sincerely appreciated.

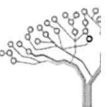
Chief Manager, Corporate Services

KOTDA



ACRONYMS AND ABBREVIATIONS

ADA	Alcohol and Drug Abuse
CEO	Chief Executive Officer
EAP	Employee Assistance Programme
HR	Human Resources
KOTDA	Konza Technopolis Development Authority
PC	Performance Contract
SUDs	Substance Use Disorders
UPC	Universal Prevention Curriculum



1.0 INTRODUCTION

1.1 Policy Statement

It is the desire of the Authority to give direction on mainstreaming of ADA into the Authority's operations to reduce the incidences and impact of ADA among its employees and also to provide a framework for programs on prevention, early detection and management.

1.2 Background

KOTDA recognizes the use of alcohol and drugs as a serious workplace issue. Not only can the use lead to significant health problems but can be a hazard to the other employees. It is not only illegal drugs that cause problems at work but legal ones, including prescription drugs and alcohol, can be misused. In addition, some drugs, even when prescribed by a doctor, can affect someone's ability to work, especially if the job requires a high level of concentration or alertness. On the other hand, many people have conditions that require drugs to help them live a normal life and cannot work without them. The use of alcohol and drugs socially may have no direct effect on the person's work, but if a person comes to work under the influence of either of these it will impair their performance and can put others at risk.

The Authority's Alcohol and Drug Abuse Workplace Policy therefore addresses key issues of preventive education, referral for treatment and rehabilitation, psycho-social support, acquisition and dissemination of behaviour change information, minimisation of denial and stigma associated with alcohol and drug dependence, and customisation of targets for prevention and control of alcohol and drug abuse to the Authority's operations.

The Policy presents the framework for a holistic response to dealing with the challenges of alcohol and drug problems in KOTDA as agreed upon at all levels.

1.3 Guiding Principles

In implementing the policy, the Authority will be guided by the following principles: -

Confidentiality: Staff will be accorded privacy during counselling on ADA. The counsellor will communicate clearly the extent of confidentiality offered to the client. All the issues presented in the counselling session will be treated with confidentiality unless they pose a life threat to the client(s)/other person(s) or if a staff commits any action that contravenes the law. The employee's ADA records will be maintained in a confidential manner; and access to these records shall be bound by the rules of confidentiality.

Autonomy: Counselling on Alcohol and Drug Abuse will empower the employee to make appropriate decisions, choose their own direction, and take necessary actions in a therapeutic relationship. Thus, programmes on Alcohol and Drug Abuse will endeavour to enable the employee (s) to resolve their issues and cope with their situation.



Beneficence: Alcohol and Drug Abuse programmes will respect the dignity and promote the welfare of employees and will be geared entirely for their well being

Non-Maleficance: Alcohol and Drug Abuse counselling programmes will refrain from harming the employee either physically or emotionally.

Justice: The principle of justice assumes impartiality and equality in the treatment of all staff in relation to access to ADA services in the workplace.

In addition, the following key principles shall apply:

Bill of rights and National Values as contained in the Constitution of Kenya: These includes patriotism, national unity, sharing and devolution of power, the rule of law, democracy and participation of the people; human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalised; good governance, integrity, transparency and accountability; and sustainable development.

Gender equity: is the process of allocating resources, programs, and decision making fairly to both males and females without any discrimination on the basis of sex and addressing any imbalances in the benefits available to males and females.

Healthy and safe work environment: provision of a safe work environment where risks to employee's health and safety are properly controlled.

Harm reduction: Policies, programmes and practices that aim at reducing harm associated with the use of psychoactive drugs in people unable or unwilling to stop. It focuses on the prevention of harm, rather than the prevention of drug use itself, and more on people who continue to use drugs.

Peer intervention: interventions used to modify or transform behaviour among equals.

Organizational/personal responsibility: the responsibility an organization owes to its staff, groups and individuals and the personal responsibility an individual owes to the organization, themselves, fellow employees and the organizations stakeholders.

Education/awareness: drug-free workplaces require drug awareness and education programs. Education/awareness helps protect both the organization and the employees. Employees who are well informed about the impacts of alcohol and other drug use at the workplace are more aware of the risks and are better able to help maintain effective health and safety practices.

Care and support: A caring workplace is one where leaders genuinely care about employees and managers/supervisors care about workers Genuine care and support results in positive attitudes and behaviours, and employees have a greater desire to give back to the organization.

Retention in employment: ADA shall not be a cause for termination of employment. As with many other conditions, persons with substance use disorders should be encouraged to work for as long as they are medically and able to work. Reasonable accommodation to help workers continue in employment can include special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.



Changing attitudes: Changing employees' attitudes is beneficial when it translates to improved performance at work, perceptions about their work and their social life as well.

Referral for treatment and support: The Management recognizes that an employee with substance use disorders has a basic right to referral for treatment and support.

Recognition of Substance Use Disorders (SUDs) as a disease and workplace issue: The Management recognizes SUDS as a disease and that SUDS becomes a disease when an individual persists in the use of alcohol or other drugs despite knowledge of the problems related to use of the substance.

Management responsibility: Management will take responsibility for creating and maintaining a drug free environment in the workplace.

Social dialogue: Consultation brings about concurrence and is critical for successful implementation of workplace ADA programmes. Implementation of ADA programmes requires the building of trust, co-operation, willingness and a common purpose between the management and employees. This is cultivated through communication, open discussions and dialogue. Efforts shall be made to promote dialogue, consultations and negotiations on wellness and ADA related matters.

1.4 Rationale and Objectives

1.4.1 Rationale

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

This policy is meant to create a point of reference when mainstreaming substance abuse prevention, mitigations and management in KOTDA.

1.4.2 Goal

The goal of this Policy is to establish an alcohol and drug-free work environment.

1.4.3 Objectives

Its specific objectives are:

- a. Provide guidelines and standards for managing authority staff with substance abuse challenge.
 - b. Set standards for mainstreaming substance abuse programs in the Authority
 - c. Establish substance abuse institutional and implementation framework in the Authority.
-



- d. To establish a corporate culture that discourages alcohol and drug abuse.

1.5 Legal Framework

This policy is informed by the Constitution of Kenya and International Convention which advocates for the well-being of the employee and the need to observe work ethics.

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

- a. The Constitution of Kenya, 2010
- b. The Alcoholic Drinks Control Act, 2010
- c. Occupational Health and Safety Act, 2007
- d. The Pharmacy and Poisons Act (Cap. 244)
- e. The Food Drugs and Chemical Substances Act (Cap.254)
- f. The Public Health Act (Cap.242)
- g. The Labour Relations Act, 2007
- h. Tobacco Control Act,2007
- i. The Use of Poisonous Substances Act (Cap 245)
- j. Criminal Law (Amendment) Act, 2003
- k. Narcotic Drugs and Psychotropic Substances Act, 1994
- l. Sub-sector workplace policy on HIV and AIDS, 2006
- m. Sexual Offences Act, 2007
- n. KOTDA's Human Resource Manual, 2018
- o. KOTDA's Strategic Plan 2015-2020

2 RESTRICTIONS OF LEGAL, ILLEGAL AND EMERGING DRUGS

2.1 Policy Statement

KOTDA will prohibit access and availability of alcohol and drugs through possession, consumption and sale at the workplace. As part of corporate culture and practice, the Authority will not allow alcohol and drugs as an item for expense account reimbursement.



2.2 Prohibitions in the Workplace

2.2.1 Prohibitions on Licit Drugs

The Authority prohibits distribution, access and availability of alcohol and drugs through possession, consumption and sale at the Authority's premises. Licit drugs include, but are not limited to alcohol, tobacco and miraa and muguka.

2.2.2 Prohibition of Illicit Drugs and Substances

Illicit drugs include marijuana, heroin, cocaine, mandrax, and synthetic drugs as well as any other drugs that are classified as illicit by Kenyan laws. The Authority prohibits handling and/or use of illegal drugs and substances by employees at any time. Any employee who uses, produces or sell such drugs commits an offence and shall be subjected to the procedures outlined in this Policy on handling employees with a drug problem.

Employees should also bear in mind the criminal nature of handling, trading in, or using such drugs in Kenya and the attendant consequences.

2.2.3 Payment in Kind

The Policy prohibits the Authority from paying any wages in the form of alcohol or drugs. In addition, the Authority prohibits 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. The Policy expressly prohibits use of alcohol or drugs as a form of recognition among its employees.

2.2.4 Prohibition of Advertisement of Alcohol and Drugs at the Workplace

All employees will be required to declare their personal interests in businesses, companies or partnerships that may conflict with the interest of the Authority. The Authority prohibits direct and indirect advertisement of alcohol and drugs in its premises.

2.2.5 Prevention through Information, Education and Training Programmes

The Authority, through its ADA Unit/ committee will develop appropriate ADA Information, Education and Communication (IEC) materials inscribed with alcohol and drug abuse messages for use during campaign programs and activities carried out for the Board, Management and staff. These materials will include fliers, posters, stickers, brochures, T-shirts, caps etc. The Authority will also print these messages on its stationary, payslips, calendars, pens, diaries and any other materials proposed by the ADA Unit in consultation with the peer educators and staff.

The areas of focus of the prevention programmes shall include:

- a. Information on work environment in relation to alcohol and drug abuse; measures to prevent development of substance use disorders and available services to assist the employees who may be abusing alcohol and drugs;



- b. Training for supervisors and managers to facilitate identification of individuals with alcohol and drug problems. The training shall include, but not be limited to the following topics:
 - i. Universal Prevention Curriculum (UPC);
 - ii. What constitutes harmful alcohol use;
 - iii. Dealing with the long-term user and those intoxicated in one-off situations;
 - iv. The effects of alcohol on health, economic, safety and work performance;
 - v. General statistics on workplace alcohol use and related accidents;
 - vi. The consequences for employees who fail to comply with the Authority's alcohol guidelines;
 - vii. Workplace and personal lifestyle stressors that can contribute to alcohol use; and
 - viii. Personal stress reduction methods
- c. Modalities of establishing and managing an Employee Assistance Programme (EAP)
- d. Assessment of working environment and identifying working methods or conditions which would need to be changed or improved to prevent, reduce or otherwise better manage alcohol and drug abuse related problems.

Further, the Authority encourages recreation and/or atmosphere allowing work life balance.

Evidence based research/interventions include incorporation within health education e.g. sensitization on cardiovascular diseases, stress management etc. Health talks may also be added as an item of employee education.

2.3 Identification and Management of SUDs

2.3.1 Identification

These shall include but not be limited to:

- a. Self-assessment by the employee, facilitated by information, education and training programmes
- b. Informal identification by colleagues, friends or family members.

2.3.2 Referral System

The Authority, through the ADA Committee shall identify and partner with relevant institutions for purposes of establishing an appropriate referral system.



These partners will include:

- a. NACADA accredited rehabilitation centres, support groups and hospitals, among others
- b. Professionals e.g. psychiatrists, medical doctors, clinical psychologists, counselling psychologists, social workers, peer educators etc.

2.3.3 Steps in the Management of the Problem

Handling of employees with SUDS shall follow the procedures presented below:

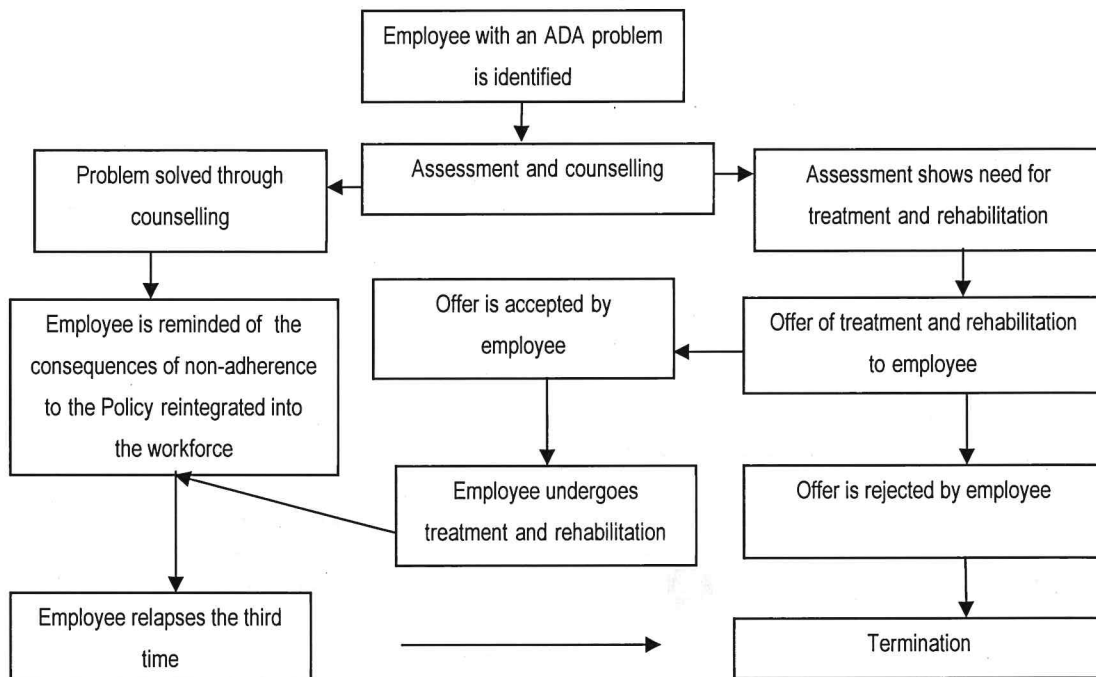
- a. The employee is identified through the various identification mechanisms as discussed above.
- b. Counselling is carried out by the Lead Counsellor or other identified counsellors.
- c. If the problem is severe (i.e. not solved through counselling), involve family members/next of kin and refer the employee to the treatment and rehabilitation service provider.
- d. Employee undergoes treatment and rehabilitation. The Authority will fully cater for the cost of rehabilitation twice during the duration of employment in the Authority. In the event of third relapse, the Authority shall institute disciplinary measures within the provisions of the HR Policy
- e. Employee consents to treatment and rehabilitation and endeavours to lead a life towards recovery.
- f. Employee is reintegrated into the workplace. He/she will be allocated duties according to his/her capability in the course of recovery.

It should be noted that disciplinary procedures for employees with ADA problems will be treated as persons suffering from a normal health problem. Therefore, in such circumstances, the Authority will offer counselling, treatment and rehabilitation alternatives before resorting to disciplinary measures. However, this Policy will observe the Authority's HR Policy and Procedures Manual specifying the circumstances which would lead to disciplinary measures, including dismissal, as a result of alcohol and drug abuse related problems.



2.3.4 Diagrammatic presentation of steps

The steps in ADA intervention are presented diagrammatically below:



3 MANAGEMENT OF TREATMENT AND REHABILITATION

3.1 Stipulations for Management of Substance Use Disorders

All employees with SUDs shall receive similar benefits such as paid sick leave, paid annual leave, leave without pay and healthcare insurance coverage, in accordance with Kenyan laws and practice. Rehabilitated employees shall be reintegrated into the normal working system and helped to adapt to the prevailing working conditions.

However, during the duration the employee is undergoing treatment and rehabilitation, the modalities of remuneration during sick leave as presented in the Authority's HR Policy and Procedures Manual shall apply.

3.2 Job Security and Promotion

Employees who seek treatment and rehabilitation for substance use related disorders shall not be discriminated against and shall enjoy normal job security and opportunity for career development and advancement.

The Authority reserves the right to record, collect, store records, information or forms in respect to alcohol and drug tests or related medical assessment of a member of staff but handling and management of such information in accordance to best practices in confidentiality in alcohol and



drug abuse management and the laws of Kenya.

3.3 Confidentiality

Access to any medical information is limited to only officers who are expressly authorised by the Chief Executive Officer and is maintained under strict confidentiality by all involved in accordance with principles of medical ethics.

3.4 Assistance to Employees

3.4.1 Infrastructure for Assistance

The Authority shall establish an Employee Assistance Programme (EAP) which will be guided by the principle of confidentiality (in information sharing and records) as well as integration of family, the Authority, colleagues, and friends support. The EAP will design strategies for dissemination of information for prevention as well as oversee counselling, treatment and rehabilitation programmes which are adapted to the individual needs of the person concerned.

3.4.2 The Structure of EAP

3.4.2.1 Alcohol and Drug Abuse Control Committee

The ADA Committee shall manage the EAP. The EAP officer will be assisted by an external consultant selected from a list of prequalified consultants, who will either be a psychiatrist or a clinical psychologist. The EAP program will be structured in such a way to reach the employees holistically (i.e. provision of services that address the employees needs in a holistic manner)

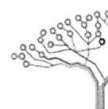
3.4.2.2 Peer Educators

These are employees appointed by the Authority from every cadre and trained on peer-to-peer education and support. Their roles and responsibilities shall include:

- a. Identifying fellow employees of their cadre who need counselling
- b. Offering basic peer education and support to all employees such as disseminating of information relating to alcohol and drug abuse
- c. Reporting to the Alcohol and Drug Abuse Control Committee
- d. Offering aftercare for employees in post-recovery period guided by protocols developed by the Authority.

3.4.2.3 Reporting Mechanism for EAP

The Alcohol and Drug Abuse Control Committee shall provide a report on the status of the



programme to the CEO and NACADA on a quarterly basis.

3.4.3 Remedial Measures

3.4.3.1 Detection of SUDs Work Environment Related Risks

Job situations may contribute to SUDs. The Authority in collaboration with the employees shall identify and take appropriate preventive or remedial measures. Such situations include but are not limited to:

- a. Frequent travels away from duty station;
- b. Huge workload and subsequent burnouts;
- c. Remuneration and compensation modalities;
- d. Long hours of work at the workplace
- e. Conflicts at the workplace

3.4.3.2 Job Placement for Rehabilitated Employees

When an employee voluntarily discloses a previous history of substance use disorders to the Authority, the Authority shall, where reasonably practicable, avoid exposing the rehabilitated individual to a working situation similar to that which, in the past, may have led to such problems.

The rehabilitated employee's duties shall be reviewed taking into consideration their health condition as part of their reintegration process upon return to work. For effective reintegration into the workplace, the rehabilitated employee shall be placed under a supervisor who shall be appointed by the CEO in consultation with the Head of the Human Resource function and the Chair of ADA Committee. The supervisor shall give a written report of the employee's progress including job performance on a quarterly basis.

3.4.3.3 Medical Insurance

The Authority shall ensure that its Medical Insurance Cover caters for treatment and rehabilitation of the employees who suffer from SUDs.

4 INSTITUTIONAL FRAMEWORK FOR THE ADA WORKPLACE PROGRAMME

4.1 The ADA Committee

The Authority shall establish ADA Control Committee which shall take the overall responsibility for coordinating all matters relating to prevention and management of alcohol and drug abuse in the Authority.



It shall:

- a. Ensure continuous sensitization of the Policy to the employees;
- b. Ensure confidentiality of the affected employees;
- c. Coordinate the implementation of prevention, early detection and support activities;
- d. Sensitize and create awareness on ADA among all employees and their families;
- e. Coordinate the designing and production of information, education and communication materials on ADA
- f. Coordinate collection of baseline data and assessment of the magnitude and impact of SUDS on the Authority's operations and general performance
- g. Advise management on effective approaches in dealing with ADA concerns in the workplace.
- h. Draw action plans and budgets for ADA Workplace program
- i. Monitor, evaluate and report the progress to management.
- j. Coordinate periodic review of the ADA Workplace Policy to accommodate best practices.

4.2 The Employee Assistance Programme (EAP)

KOTDA's biggest asset is its employees. The Authority is therefore committed to ensuring the wellbeing of its staff and investing time and resources towards building the right kind of environment for her employees. A healthy workforce is a happy, productive and motivated workforce and is also likely to result in increased loyalty to the Authority. The Employee Assistance Programme shall operate as per the provisions of this Policy.

The Authority shall facilitate the establishment of an Employee Assistance Programme (EAP) with a senior officer in charge whose responsibility shall include:

- a. Establishment and coordination of the Employee Assistance Programme
- b. Counselling employees who need such counselling services
- c. Screening of employees for referral and advising the CEO on the same
- d. Compilation of quarterly report to be presented to ADA Control Committee
- e. Organizing trainings on health and nutrition, conflict management and resolution, stress, anger and change management, bereavement therapy, team building etc.
- f. Any other responsibilities allocated by the CEO



5 REVIEW DATE

The policy document shall be subject to review every three years in order to keep in pace with the changing trends in the organization's environment and any other changes required as directed by the government. However, it can also be reviewed as need may arise or at such intervals as the Board and Management may determine.

6 EFFECTIVE DATE

This policy comes into effect from January 2021.

