



JOMO KENYATTA UNIVERSITY OF AGRICULTURE
AND
TECHNOLOGY

ALCOHOL, DRUG AND SUBSTANCE ABUSE POLICY

2011

VISION

A University of Global Excellence in Training, Research and Innovation for Development

MISSION

To offer accessible quality training, research and innovation in order to produce leaders in the fields of Agriculture, Engineering, Technology, Enterprise Development, Built Environment, Health Sciences and other Applied Sciences to suit the needs of a dynamic world

CORE VALUES

Quality

Team work

Professionalism

Innovation

Accountability

Integrity

Transparency



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PREAMBLE

The world is experiencing an unprecedented prevalence of Alcohol, Drug and Substance Abuse (ADSA) impacting negatively on society. Kenya not being an exception has been affected by this world trend. This has necessitated the Government to form an authority (NACADAA) to address the ADSA challenge. In view of this rise, the Government requires that institutions in Kenya formulate policy to address this challenge. The University's strategic plan identifies ADSA as a serious threat that may prevent the University from fulfilling its vision and mission. In response to this threat posed by ADSA, JKUAT in 2010 set out to develop an alcohol, drug and substance abuse policy.

This policy provides a clear documented guide regarding the University's stance on issues of ADSA and defines the role of different players in the institution. It ensures that the University is a safe learning and working environment. The University community includes students, staff members, their families, the adjacent community and persons that interact with the institution.

JKUAT has taken a leading role in raising consciousness on the dangers of alcohol, drug and substance abuse. The University shall establish an education and training program targeting all members of staff and students for both preventive and corrective measures.

I am glad that the University has formulated this policy. Its operationalisation will be of great benefit to us all.

PROF. MABEL IMBUGA, PHD. EBS

VICE CHANCELLOR, JKUAT

ACKNOWLEDGEMENTS

The development of the Alcohol, Drug and Substance Abuse (ADSA) policy has benefitted immensely from inputs of various offices and persons of Jomo Kenyatta University of Agriculture and Technology (JKUAT) community. We wish to acknowledge the unfailing support of the University led by the Vice Chancellor Prof. Mabel Imbuga for appointment, encouragement and provision of moral and material resources to the committee.

One of the principal pillars underlying the policy is the baseline survey conducted in Juja campus on 1st and 2nd June 2010. The student community led by Jomo Kenyatta University Student Organization (JKUSO) played a pivotal role in carrying out the survey. The results of the baseline survey have been confirmed by a recent study conducted in the Juja Campus by the National Agency for the Campaign against Drug Abuse Authority (NACADAA). The committee against alcohol, drug and substance abuse in JKUAT owes a debt of gratitude to NACADAA.

It is not possible to acknowledge individual members of staff and students who devoted their time and energy to the development of this policy. But this committee wishes to acknowledge the JKUAT hospital, Security, Students Welfare, and the Directorate of Performance Contracting and Appraisal (DIPCA) for their invaluable support in formulating this policy.

As this committee was developing the document, it was in dialogue with peer institutions engaged in formulating similar policies for their Universities. We wish to thank the office(s) of Dean of Students at Kenyatta University, Maseno University and University of Nairobi for sharing information on the process of survey and production

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of policy on alcohol, drug and substance abuse. Without a doubt, knowledge and experience gained and shared from all these inputs have enriched the quality of the resultant policy documents, including our own.

For this we are truly grateful.

PROF. (FR.) LAWRENCE M. NJORGE
CHAIR, ALCOHOL, DRUG AND SUBSTANCE ABUSE COMMITTEE



ABBREVIATIONS AND ACRONYMS

AA -Alcoholics Anonymous

ADSA -Alcohol Drug and Substance Abuse

AIDS-Acquired Immune Deficiency Syndrome

ATS-Amphetamine Type Stimulants

DIPCA-Directorate of Performance Contracting and Appraisal

HIV-Human Immuno-deficiency Virus

JKUAT- Jomo Kenyatta University of Agriculture and Technology

JKUSO - Jomo Kenyatta University Student Organization

NA - Narcotics Anonymous

NACADA -The National Agency for the Campaign Against Drug Abuse

NACADAA -The National Agency for the Campaign Against Drug Abuse Authority

TOR - Terms Of Reference

UNDOC - United Nations Office on Drugs and Crime

USASA - University Students Against Substance Abuse

WDR - World Drug Report



DEFINITION OF TERMS AS USED IN THE POLICY

Addiction: a state of physiological and/or psychological dependence on a substance, especially an illegal drug or one liable to have damaging effect.

Alcohol: A beverage that when consumed, changes the way one behaves, speaks and reasons because of its intoxicating effects. The amount taken may determine the effect; a small amount acts as a stimulant, an increased amount acts as a sedative and a larger amount poisons and can kill.

Client: a student or a member of staff or a dependant who accepts the assistance of a therapist or a counsellor.

Controlled substances: substances (drug), which include opiates, amphetamines, khat, nicotine, alcohol, and any other substance enlisted in the Narcotic Drugs and Psychotropic Substances (Control) Act No. 4 of 1994.

Dependant: for the purpose of the policy, is defined as a spouse or child of a member of staff of JKUAT.

Drugs: substances that are not food or nutrition, that when put into the body, change the way the body works or the way the person thinks.

Drug use: the act of taking drugs.

Drug abuse: this is the non-medical use of drugs (alcohol, cigarettes and other chemical substances) that destroys health and productive life of an individual. It is the intentional use of psychoactive substances for the purposes of altering ones psychological state without medical supervision. Drug abuse will often lead to pathological drug dependence, a condition which the “abuser” is no longer able to control even when the habit is causing serious damage to them or to others.

Drug paraphernalia: refers to equipment, product material that is used or intended for use in concealing an illegal drug. It is also an object intended for use in injecting, ingesting, inhaling, or otherwise, which introduces an illegal drug or controlled substance into the human body.

Illegal drug: a drug that is not allowed by law because of its dangerous effects.

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Licit drug: A drug that is legally available with or without prescription, for example, over the counter drugs.

Illicit drug: A drug that is illegal.

Intoxication: Upsetting the normal mental or physical faculties of the body resulting from the introduction of alcoholic beverages and/or drugs into the human body.

Member of staff: Anyone who works or renders services to the JKUAT on full-time or part-time, regular or temporary/contract basis and who performs duties, responsibilities and functions as may be assigned by the University.

Narcotic: A drug affecting the central nervous system (the brain and the spinal cord) in a way that can produce dizziness, euphoria, loss of memory, lack of coordination and unconsciousness. Many narcotics are derived from the opium poppy.

Premises: Refers to grounds (land or buildings) which are owned or rented by JKUAT.

Reasonable suspicion: Suspicion which is supported by evidence that is strong enough to establish that a policy breach has occurred.

Referral: An oral or written recommendation to a member of staff/student by a manager, supervisor, and student welfare officials to seek assistance for alcohol, drug and substance abuse.

Rehabilitation: Refers to residential or non-residential process of medical or psychotherapeutic treatment of alcohol and drug abuse and the general intent is to enable the patient to cease abuse in order to avoid related complications.

Student(s): A person or persons as so defined in the University statute who is/are learning or doing research at JKUAT.

The University: Jomo Kenyatta University of Agriculture and Technology (JKUAT).

1. BACKGROUND TO THE POLICY

Alcohol, drug and substance abuse is a phenomenon as old as humankind. Over the past two decades the use of illegal drugs and misuse of therapeutic drugs has spread at an unprecedented rate affecting every part of the globe. A broad spectrum of the world community has demonstrated intense concern over the ADSA problem.

1.1 GLOBAL DEVELOPMENTS IN ILLICIT DRUG CONSUMPTION (WORLD DRUG REPORT 2011)

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

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

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the use of synthetic and prescription drugs. Non-medical use of prescription drugs is reportedly a growing health problem in a number of developed and developing countries.

Moreover, in recent years, several new synthetic compounds have emerged in established illicit drug markets. Many of these substances are marketed as 'legal highs' and substitutes for illicit stimulant drugs such as cocaine or 'ecstasy.' Two examples are piperazines and mephedrone, which are not under international control.

A similar development has been observed with regard to cannabis, where demand for synthetic cannabinoids ('spice') has increased in some countries. Sold on the internet and in specialized shops, synthetic cannabinoids have been referred to as 'legal alternatives' to cannabis, as they are not under international control. The control status of these compounds differs significantly from country to country.

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

In terms of the health consequences of drug use, the global average prevalence of HIV among injecting drug users is estimated at 17.9%, or equivalently, 2.8 million people who inject drugs are HIV positive. This means that nearly one in five injecting drug users is living with HIV. The prevalence of Hepatitis C among injecting drug users at the global level is estimated at 50% (range: 45.2%-55.3%), suggesting that there are 8.0 million (range: 7.2 – 8.8 million) injecting drug users worldwide who are also infected with HIV. Deaths related to or associated with the



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use of illicit drugs are estimated between 104,000 and 263,000 deaths each year, equivalent to a range of 23.1 to 58.7 deaths per one million inhabitants aged 15-64. Over half of the deaths are estimated to be fatal overdose cases.

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

1.2 GOVERNMENT RESPONSE

In March 2001, the National Agency for the Campaign Against Drugs (NACADA) was established by legal notice no. 140 to enhance advocacy against drug abuse in Kenya. In 2007, Parliament ratified the formation of the National Campaign Against Drug Abuse Authority (NACADA AUTHORITY) to replace NACADA with a reinforced mandate and empowered it to coordinate a multi-sectoral effort aimed at preventing, controlling and mitigating the menace of drugs and substance abuse within the Kenyan society (NACADA).

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

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

2. RATIONALE OF ALCOHOL, DRUG AND SUBSTANCE ABUSE POLICY

JKUAT is committed to promoting the well-being of its community by creating a safe and healthy environment. Additionally, the University recognizes the negative impact that alcohol, drug and substance abuse may have upon an individual's ability to work or study. This negative impact affects the health and wellbeing of individual members of staff and students resulting in higher levels of absenteeism. This affects work/student performance in terms of efficiency, productivity and attendance.

A policy on alcohol, drug and substance abuse therefore, is necessary for the following reasons:

- i. It enables the University to create awareness on the harmful effects of alcohol, drug and substance abuse.
- ii. It increases confidence and morale resulting in improved productivity, profits and competitiveness.
- iii. It reduces absenteeism and high turnover and ultimately reduces medical burden on the University.
- iv. It helps those affected by alcohol, drug and substance abuse related problems by providing clear structures and procedure as well as encouraging treatment.
- v. A written policy assists the University in outlining the rules and managing cases arising from ADSA through early detection and intervention.
- vi. To promote a culture that discourages alcohol drug and abuse use in the University.

3. GUIDING PRINCIPLES AND VALUES

3.1 RECOGNITION OF ALCOHOL, DRUG AND SUBSTANCE ABUSE AS AN INSTITUTIONAL CONCERN

The University recognizes alcohol, drug and substance abuse as a major challenge to the development of its human capital and the effect it has on its core business of providing quality education. Consequently, the University shall seek to operationalize all measures to control and manage alcohol, drug and substance abuse. JKUAT shall also establish a student-led initiative called USASA to act as a key response.

3.2 COMMITMENT AND RESPONSIBILITY OF THE MANAGEMENT TO ADDRESSING ALCOHOL DRUG AND SUBSTANCE ABUSE

The University Management shall commit itself to establish, avail and sustain support structures that address ADSA while maintaining confidentiality. There shall be no stigmatization, discrimination or exclusion against any individual, their partner, family members and friends, on the basis of real or perceived alcohol, drug and substance abuse.

3.3 ALCOHOL, DRUG AND SUBSTANCE ABUSE IS PREVENTABLE

The University shall develop and provide student-led prevention programs through USASA to promote healthy and responsible behaviour. The JKUAT shall integrate and mainstream issues relating to ADSA in all its operations. The University shall encourage, support and facilitate regular forums among and between stakeholders of the JKUAT community for the purpose of prevention and management of alcohol, drug and substance abuse. The University shall also facilitate staff and student participation not only through USASA but also in national and international forums on alcohol, drug and substance abuse.

3.4 SAFE AND HEALTHY LEARNING, WORKING AND LIVING ENVIRONMENT, ACCESS TO CARE, TREATMENT AND SUPPORT

The University shall be committed to providing a safe and healthy learning and working environment to the University community, while ensuring the right to access holistic and affordable care and support.

3.5 PARTNERSHIPS AND COLLABORATION

The University shall be responsible and accountable for implementation of this policy. In this process, the University will develop effective partnership and collaboration with the JKUAT community, government, local, regional and international organizations and other stakeholders, to enhance the success of this policy implementation.

3.6 GRIEVANCES AND CONCERNS

The University shall utilize its own establishments in maintaining effective communication channels for all its stakeholders to raise concerns and grievances in regard to alcohol, drug and substance abuse related issues.

3.7 LABOUR PRACTICES

The University shall uphold the right to universal fair labour practices of every person. Each member of the University community shall have an individual responsibility to protect themselves against engaging in alcohol, drug and substance abuse. Those who engage in drug and substance use, have an added obligation to ensure that their behaviour does not pose a threat to others.

4. SCOPE AND APPLICATION OF THE POLICY

This policy and procedure applies to:

- i. All members of staff
- ii. All students
- iii. All those providing services within the University

This policy is not intended to discriminate at any level or intrude upon the privacy of individuals where their condition does not affect their conduct or performance.

5. SITUATIONAL ANALYSIS

5.1 SITUATION IN KENYA

Alcohol and Drug Abuse is one of the major social problems in Kenya with common and easily identifiable manifestations in public health. Half of drug abusers in Kenya are aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC, 2004). The median age of first use of chang'aa and cigarettes is 9 years and by age ten, half of these children have tried chewing/sniffing tobacco, traditional liquor and miraa. The median age of use of packaged alcohol is 11 years while that of bhang is 14 years (NACADA, 2007). In Kenya, the majority hold positive attitudes towards consumption of licit drugs such as cigarettes (73%), packaged liquor (72%), traditional brew (69%), other tobacco products (68%) and miraa (54%).

Clearly, there is a widespread attitude that if a drug is legal, it is alright to use. In contrast, illicit drugs have particularly low acceptability ratings. At least 13 percent of people from all provinces in Kenya except North Eastern Province are consumers of alcohol. Overwhelming majority of tobacco smokers smoke every day (90%), while slightly over 70 percent of miraa users and people who sniff or chew tobacco products use the substances daily. Analysis suggest that friends (peers), availability of drugs within the school environment (including the surrounding community), and presence of a drug user in the home are closely associated with the likelihood of having ever consumed alcohol among children aged between 10-14 years (NACADA, 2007).

Alcohol and Drug Abuse in Kenya varies among its provinces. NACADA (2011) research findings indicate twenty five percent (25%) of the male and 2.8% of the female population use tobacco products. Central province has the highest rate of tobacco products usage at 35.9% among males followed by Coast province (33.6%), North Eastern (33.3%) and Nairobi (28.6%). Coast

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province has the highest rate of use of tobacco products at 8.3% among the female population followed by Nairobi province (4.5%), Eastern province (3.9%) and Rift Valley province (2.6%).

5.2 SITUATION IN JKUAT

In JKUAT alcohol is readily available and accessible as evidenced by the number of alcohol selling points in the community and presence of alcohol during staff and student functions. A baseline survey conducted in June 2010 revealed that 33% of the students consume alcohol, 12% smoke cigarettes, 10% abuse cannabis while 4% chew khat (miraa). There is a significantly higher level of abuse among males in all the categories of drugs. In comparison, 36% of staff members take alcohol, 18% smoke cigarettes and 12% chew miraa.



6. RECOGNIZING SUBSTANCE ABUSE

While the presence of any of the following traits may appear insignificant, the appearance of several characteristics in combinations can be a strong indicator of a substance abuse related problem (Leeds and Robert Gordon University). These include but are not limited to:

6.1 ABSENTEEISM

- Multiple unauthorized leave.
- Excessive sick leave.
- Shortened working day.
- Frequent occurrences of certain illnesses e.g. Diarrhoea, colds, flu, gastritis.
- Frequent Friday and/or Monday absences.
- Strange and increasingly suspicious reasons for absence.

6.2 HIGH ACCIDENT RATE

- Frequent accidents both in and out of work.

6.3 DIFFICULTY IN CONCENTRATION

- Work, including teaching and learning, requires greater effort.
- Tasks take more time.
- Increasing difficulty in handling complex assignments.

6.4 IRREGULAR WORK PATTERNS

- Alternate periods of high and low productivity.
- Increasing unreliability and unpredictability.

6.5 DETERIORATING JOB EFFICIENCY

- Missed deadlines.
- Mistakes due to inattention or poor judgment.
- Questionable excuses for poor work performance.

6.6 POOR STAFF RELATIONS AT WORK

- Over-reaction to real or imagined criticism.
- Unreasonable resentments.
- Complaints from co-workers.
- Avoidance of supervisor or colleagues.

6.7 MOOD SWINGS:

- General confusion.
- Depression.
- Irritability.
- Over excitement.

7. POLICY GUIDELINES

The University is aware that there is alcohol and drug abuse among members of its community. Cases are identified by various arms of the University and are attended to at the hospital and Student Welfare department.

7.1 RAISING AWARENESS

JKUAT shall be committed to;

- i. Raising the level of awareness through appropriate forums: publicity campaigns, sports events, retreats, workshops and other training sessions.
- ii. Developing information and educational communication on alcohol, drug and substance abuse: fliers, posters, booklets and related materials.
- iii. Initiating a student-led initiative called USASA which will play a vital role in prevention and management of ADSA. Additionally, the use of peers and rehabilitated persons will go a long way in helping JKUAT achieve its objectives.

7.2 TRAINING AND DEVELOPMENT

This policy recognizes that education and training is an important and effective instrument for the prevention of alcohol, drug and substance abuse. The University is committed to provide training to help with the management of ADSA problems and ultimately mainstream it in the University curriculum. Awareness and education will be available to all members of staff and students in order to develop "early recognition" techniques for identifying any members of staff or students abusing alcohol or drugs. Additional training will be given by the University counsellors, peer educators and relevant hospital personnel.

The University shall also establish education and training forums for all members of staff and students. The forums target general education components, sensitization of members of staff,

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supervisors, and heads of departments and/or other officers authorized by JKUAT to make reasonable suspicion determinations.

The University will engage in research, production and dissemination of knowledge related to alcohol, drugs and substance abuse.

7.3 INTERVENTION

The University will offer support to persons who suspect or recognise they have an alcohol or substance abuse problem. It will also encourage action by colleagues and students who wish to help those individuals. Staff and student performance may be adversely affected if they have a close friend or relative who has an alcohol, drug and substance abuse problem. If this is the case, the affected individual may seek professional advice from the University counsellors.

7.4 REHABILITATION

The University recognizes substance addiction as a problem which can be treated. In the first place affected members of staff and students will require the services of the University counsellors. This will allow the provision of the necessary support for the members of staff or student based on the counsellors report and recommendation. The University will ensure that any request for advice or treatment will remain confidential within legal bounds.

Members of staff and students who need help may be referred to the University's preferred health provider for assessment and treatment subject to prevailing University policy. They may be allowed reasonable time off from work or studies to undergo treatment where needed.

Upon completion of rehabilitation the client should be issued with a letter from the University Chief Medical Officer confirming capability of resumption of work or studies. In addition an aftercare plan in consultation with the University counsellors will be drawn to help the client maintain sobriety.

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On return to work or studies every effort will be made to ensure reinstatement to their previous role. If the member of staff has been deemed unsuitable or unfit to continue with this role, suitable alternative roles will be considered where reasonably possible. If the student has been deemed unsuitable or unfit to continue with their studies, the guardians will be engaged to pursue alternative remedies.

The University recognizes that relapses may occur in the early stages of recovery and reasonable support will be given to the member of staff or student during their return to work or study.

If, however, the severity or frequency of the member of staff or student's relapse reaches a level unacceptable to the University, available alternative action may be taken which could lead to the member of staff or student suspension or dismissal.

The entire process will include: problem identification, action by Human Resources Manager or Registrar (Academic), referral to University health provider for analysis (assessment), counselling and follow-up to avoid relapse.

7.5 MISCONDUCT

No member of staff or student shall use alcohol and drug abuse as a reason for failing to perform duty, complete assignments, attend lectures, undertake field trips or write examinations.

If a member of staff or student is known to be or strongly suspected of being intoxicated during working/class hours, the relevant authorities should be alerted. Arrangements will be made for the member of staff or student to be escorted immediately to the security department. Disciplinary action will be considered when the person has had time to sober up. The policy and procedures distinguish between:

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- i. Overindulgence which results in socially unacceptable or even dangerous behaviour but which is not related to a physical or psychological dependence.
- ii. Where a person's dependency continually or repeatedly interferes with their work.

The former type of behaviour will be treated as a conduct problem, which may merit disciplinary action, while the latter will initially be seen as an ill-health issue and treated as such. The nature and appropriateness of disciplinary action will depend on such considerations as:

- i. The seriousness of the misconduct.
- ii. Clear rules warning members of staff what will happen if an offence is committed
- iii. Consistency in applying rules.
- iv. Type of work/course done by the member of staff or student, for example, the safety risks of a member of staff being under the influence of alcohol will be considered.

The University will consider each case individually and endeavour to act reasonably. Off-duty drink or drug misuse may lead to disciplinary procedures if they affect job performance.



7.6 ALCOHOL OR SUBSTANCE DEPENDENCY

As well as obtaining medical advice, the University will normally discuss the matter with the member of staff or student before deciding whether rehabilitation is feasible. All practicable steps will be taken to establish the true position regarding alcohol, drug or substance abuse. The length of time which is acceptable before taking action will vary. The University shall ensure that the timescale allowed is reasonable. Relevant considerations will include but are not limited to:

- i. The member of staff or student's willingness and commitment to obtaining treatment.
- ii. The estimated duration of any absence during treatment.
- iii. The urgency to have the staff work done.
- iv. The ease of providing cover or reassigning duties for members of staff.
- v. The availability of support agencies.
- vi. The detail of the treatment plan.

8. RESPONSIBILITIES

8.1 ACTION BY THE INDIVIDUAL

The members of staff and students are expected to:-

- i. Read and understand this policy.
- ii. Familiarize themselves with the risks associated with the use and abuse of drugs.
- iii. Attend and participate in the alcohol, drug and substance abuse related seminars, campaigns and workshops organized within and outside the University.
- iv. Assist the University in creating a drug-free environment by not engaging in alcohol, drug and substance abuse activities.
- v. Cooperate with any random drug search/testing.
- vi. Understand that being under the influence of alcohol and other drugs in no way lessens their accountability for their actions.
- vii. Report the use of prescribed medication that causes loss of self control or drowsiness to the supervisor.

In addition, members of staff or students who know or suspect that they have an alcohol or substance problem are encouraged to seek help voluntarily. The first contact may be the University counsellors, heads of department, sections or the University hospital.

8.2 ACTION BY COLLEAGUES

It is likely that a member of staff or student with an alcohol, drug or substance abuse problem will come to the notice of a departmental or section through the observation of colleagues or through inadequate or deteriorating work/course performance. Members of staff and students are encouraged to address the issue directly, and not to cover up for colleagues with alcohol,

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drug and substance problem. Collusion represents a false sense of loyalty and may, in the long term, impact negatively on other members of staff or students.

8.3 ACTION BY THE HEAD OF DEPARTMENT/SECTION

A head of department/section, who suspects that a staff member or student's unsatisfactory performance may be as a result of ADSA, should keep accurate confidential records of performance and initially counsel the person on a confidential basis.

At the meeting the member of staff should have their unsatisfactory performance/conduct and behaviour, which is believed to be related to substance/alcohol misuse, discussed. The required work/course performance standards should be made clear, making sure the member of staff or student understands what is expected of them. The head of department/section should try to establish the cause of the problem (although it must be pointed out that individuals with a substance or alcohol problem will often go to great lengths to conceal the situation).

The member of staff or student should be informed that the University requires their performance to be improved to an acceptable standard and that failure to achieve this will result in the activation of the disciplinary procedures. The head of department/section should agree with the member of staff or student what follow-up action is to be taken, including recourse to treatment for their problem, and set regular meetings with the University counsellor to monitor progress.



8.4 RESPONSIBILITY OF THE UNIVERSITY

JKUAT does not tolerate alcohol, drug and substance abuse or possession of narcotics within her premises. Any member of staff or student known or suspected to possess, abuse, produce or distribute drugs or any controlled substance is subject to disciplinary action. Those actions may include a student’s removal from accommodation, suspension or expulsion from the University. Members of staff who violate this policy may face action in accordance with University statutes.

However, JKUAT encourages all individuals to seek help voluntarily and favours the earliest possible intervention. The University respects the right to confidentiality of recovering individuals and will assist them to continue with their education and employment. While favouring a treatment program that is separate from the disciplinary process, the University will refer the affected person for counseling, treatment and rehabilitation services at the Universities preferred service provider as per the University policy.

The overall implementation of the policy lies with the JKUAT University management. The University will establish an appropriate budget for the implementation of the policy. The DVC (APD), Registrar (APD), Human Resource Manager will ensure that the policy is available to all the current and new members of staff. The DVC (AA), Registrar (AA) and the Dean of student will ensure that the policy is available to all the continuing and new students.

8.5 SERVICE PROVIDERS

While providing services to Jomo Kenyatta University of Agriculture and Technology, the service providers, their members of staff and agents have a responsibility to ensure that they abide by this policy. They also have a responsibility to ensure that their members of staff do not engage in alcohol, drug and substance abuse while on duty at the University.



9. BREACH OF POLICY

A breach of policy will include but not be limited to growing, manufacture, trafficking, sale, possession, and use of prohibited drugs, drug paraphernalia and substances in the University premises. The use of Marijuana, Cocaine, Opiates, Amphetamines, Solvents and Phencyclidine amongst others by any member of staff or student shall also be considered prohibited at all times. Members of staff and students who violate these provisions of the policy will be disciplined according to the provision of the rules, laws and safety regulations governing members of staff and students conduct in the University. Law enforcement agencies will be notified, as appropriate, when criminal activity occurs or is suspected.

This policy operates under the principle of second chance that encourages the rehabilitation and reintegration of members of staff and students who have been affected by alcohol, drug and substance abuse.

10. POLICY REVIEW

Whereas the University will support this policy, periodic reports will be made using findings from ongoing research on alcohol, drug and substance abuse. These findings will be utilized to make relevant adjustments to the policy after every four years. A base line survey will be conducted yearly for first year students and then a post-review survey will be conducted before the students graduate. The policy shall then be reviewed after every 5 years.