



**COUNTY
GOVERNMENT OF
BUNGOMA**

COUNTY ASSEMBLY OF BUNGOMA

ALCOHOL, DRUG AND SUBSTANCE ABUSE POLICY

December, 2023

COUNTY ASSEMBLY SERVICE BOARD

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ABBREVIATIONS AND ACRONYMS

ADA	Alcohol and Drug Abuse
CPE	Counseling Professional Ethics
CPM	Counseling Procedure Manual
DSM	Diagnostic Statistical Manual
EAP	Employee Assistance Programs
EFAP	Employee Family Assistance Programs
ESAAP	Employee Substance abuse Assistance Programs
IEC	Information Education Communication
KSAG	Kenya Substance abuse Guidelines
NACADA	National Agency for the Campaign against Drug Abuse
NACADAA	National Campaign against Drug Abuse Authority
PC	Performance Contract
PPB	Pharmacy and Poisons Board
SA	Substance abuse
SAPC	Substance abuse Prevention Committee
UNODC	United Nations Organisation Drugs Control

FOREWORD



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

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

The County Assembly of Bungoma Service Board has developed the this Alcohol, Drug and Substance Abuse Policy which is aligned with the National Campaign against Alcohol and Drug Abuse Authority guidelines, to address the concerns. The Policy will provide guidelines and standards for managing employees with substance abuse challenges, by putting in place relevant interventions. It will also provide a tool for strategic leadership and guidance to the Human Resource Management and Development, in the prevention, treatment and management of employees with challenges of workplace substance abuse. The implementation of the Policy by the County Assembly Leadership will go a long way in curbing the workplace substance abuse menace. When the Policy is fully implemented, it will ensure that Public Service has a healthy workplace for effective quality service delivery. All departments are therefore, advised to implement this Policy and align it to their specific mandates and needs.

Hon. Emmanuel M. Situma
Chairperson, County Assembly Service Board

PREFACE



Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance abuse is a critical problem which cannot be isolated from the workplace.

It has serious physical, emotional and social implications to the well-being of the workforce of any organization. Its effects are manifested in the declining employees' and organizations' productivity and performance. Therefore, workplace is a potentially significant channel for dealing with alcohol drug and substance abuse.

To enable successful realization of performance management at the County Assembly of Bungoma, it is prudent to have a sober workforce that will deliver and fulfill implementation of its strategic plan.

This Policy will provide guidelines and standards for managing employees with substance abuse challenges, by putting in place relevant substance abuse interventions. It will also provide a tool for strategic leadership and guidance to human resource management and development, in the prevention, treatment and management of employees with challenges of workplace substance abuse.

The policy applies to all members of staff of the County Assembly and must be complied with at all times.

A handwritten signature in blue ink, appearing to read 'Charles W. Wafula', written in a cursive style.

Charles W. Wafula
Secretary, County Assembly Service Board

DEFINITION OF TERMS

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

Addiction Counselor: A mental health professional who works with patients who have alcohol, drug and substance abuse.

Client: An individual in need of substance abuse related counseling services.

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

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

Counseling Professional Ethics: Principles, standards and guidelines that regulate the counseling practice

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

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

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

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

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

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

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

Patient: An individual in need of substance rehabilitation services.

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

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

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

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

Substance: Alcohol, drugs or any chemical used for intoxication purposes.

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

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

Substance Use Disorders: A condition in which the use of one or more substances leads to clinically and functionally significant impairment or distress such as health problems, disability, and failure to meet major responsibilities at work or home.

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

Workplace: Occupational settings, stations and places where employees are engaged in service provision.

CHAPTER ONE

INTRODUCTION

1.0 Background

Substance abuse (SA), which escalates to substance use disorders (SUD), is a major global problem that impacts negatively on social-economic development. The United Nations Office of Drug and Crime (UNODC) estimates that between 155 and 250 million people (3.5-5.7% of the population aged 14-64 years) use illicit substances.

The effects of alcohol, drug and substance abuse in society are numerous; they have undermined economic development, threatened security, destabilized families, communities, societies and affected work productivity. This requires urgent global interventions.

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

There is unprecedented use of both licit and illicit substances in the Country. Recent surveys in Kenya (NACADAA, 2012) indicate that the problem of SA is escalating. The workplace has not been spared the consequences of SA. To some extent, this has affected service delivery adversely.

The County Assembly is cognizant of the fact that alcohol, drugs and substance abuse impacts negatively to performance at the workplace. It is in this regard that the CAB developing this policy to provide guidelines on how to manage officers that may have challenges with substance abuse.

Through this policy the CAB aims at providing guidelines and standards for managing employees with substance abuse challenge in the County Assembly and setting standards for mainstreaming substance abuse programs in the County Assembly.

1.1 Rationale

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

This policy is meant to create a reference point when mainstreaming substance abuse prevention, mitigation and management in the Assembly Service.

1.2 Policy Statement

The County Assembly of Bungoma is committed to providing standard guidelines in managing Alcohol, Drug and Substance Abuse in the Service. This policy shall guide the prevention, treatment and management of employees who abuse or are chemically dependent to substances at both levels of Government.

1.3 Objectives

The objectives of this policy are to:

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

1.3 Scope

This policy applies to Members of staff, County Assembly members and other Stakeholders.

CHAPTER TWO: LEGAL AND REGULATORY FRAME WORK

2.0 Overview

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

2.1 Ratification of International Conventions

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

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

2.2 The Kenyan Statutes

2.2.1 The Kenya Constitution, 2010

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

2.2.2 Counselors and Psychologists Act, 2014

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

2.2.3 Pharmacy and Poisons (Amendment) Bill, 2014

This Act tasks employers and employees dealing with prescription drugs to enforce and observe the standards of quality, substance abuse, and efficacy of all medicinal substances manufactured, imported into or exported out of the country. The policy shall enforce the adherence to the provisions of this Act.

2.2.4 Alcoholic Drinks Control Act, 2010

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

2.2.5 Tobacco Control Act, 2007

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

2.2.6 Public Officers Ethics Act, 2003

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

2.2.7 Occupational Substance abuse and Health Act, 2007

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

2.2.8 Substance abuse Act, 2003

This policy shall endeavor to be sensitive to the needs of persons living with substance abuse.

CHAPTER THREE: GUIDING PRINCIPLES

3.0 Overview

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

The County Assembly Service Substance abuse Policy shall be guided by the following guiding principles:

3.1 Recognition of Substance Addiction as a Disease

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

3.2 Non-Discrimination

An employee seeking Substance Use Disorders interventions shall be treated with fairness and impartiality.

3.3 Gender Equality and Responsiveness

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

3.4 Substance abuse and Healthy Work Environment

The policy shall promote a substance abuse and healthy work environment as stipulated in the Occupational Substance abuse and Health Act 2007.

3.5 Social Dialogue

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

3.6 Confidentiality

Information shared by an employee seeking SUBSTANCE ABUSE or SUD support shall be treated with confidence in line with the ethical and legal conditions governing counseling and other relevant professions.

3.7 Continuation of Employment Relationship

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

3.8 Employee Assistance Programs

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

(i) Education and Information

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

(ii) Guidance and Counseling Services

The employer shall provide access to free guidance and counseling services to employees with Substance Abuse issues. The services shall be guided by:

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

(iii) Rehabilitation Services

For effective substance abuse management, counselors shall use relevant screening tools to identify employees in need of rehabilitation services. Counselors in consultation with family and relevant service providers shall work together to provide professional help. The client can be managed as an in or outpatient in an accredited rehabilitation facility.

(iv) After-Care Services

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

(v) Harm Reduction

The employer shall provide a substance abuse environment and enforce work ethics that promote substance abuse practices or patterns of substance abuse.

(vi) Substance Testing

Where it is deemed necessary for an employee to undergo a substance test, it will be conducted, according to Kenyan Substance abuse Guidelines.

3.9 Shared Responsibility

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

3.2.1 Partnerships

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

3.1.2 Fair Labour Practices

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

3.1.3 Workplace Ethics

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

CHAPTER FOUR:

INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

4.0 Overview

Implementation of this policy shall adopt a multi- sectoral approach. The key players in the implementation include: County Assembly Service Board (CASB), Clerk of the County Assembly, NACADA, Substance Use Prevention Committee, Human Resource Management and Administration Officers, the Counselors and individual employees.

4.1 County Assembly Service Board (CASB)

The CASB shall undertake to:

- 1) Provide policy guidelines for the implementation of substance abuse programs in the Assembly Service;
- 2) Provide the human resource to implement substance abuse programs in the Assembly Service;
- 3) Monitor and evaluate the implementation of Substance Abuse policy in the Assembly Service; and
- 4) Promote research on Substance Abuse in the Assembly Service.

4.2 Authorized/Accounting Officer

He /she shall undertake to:

- 1) Establish Substance abuse committee in the County Assembly to implement this policy;
- 2) Provide a budget line and facilitate the implementation of substance abuse programs;
- 3) Include substance abuse targets in the annual Performance Contracts;
- 4) Promote partnerships with other substance abuse service providers;
- 5) Promote Employee Substance abuse Assistance Programs ;
- 6) Facilitate research in substance abuse and implementation of the recommendations;
- 7) Establish and operationalize counseling services;
- 8) Ensure professional development of counselors and substance abuse committees;
- 9) Submit quarterly and annual reports on substance abuse to NACADAA;

- 10) Ensure a healthy and substance abuse environment free of hazardous effects of substances; and
- 11) Monitor and evaluate implementation of the substance abuse policy in the respective workplace.

4.3 Substance Use Prevention Committee

The County Assembly of Bungoma shall establish Substance abuse Prevention Committee. This Committee is responsible for the co-ordination of the policy implementation in consultation with all relevant administrators, line managers, supervisors and stake-holders.

The committee shall:

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

4.4 Line Managers and Supervisors

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

They shall:

- i. Identify employees with emerging or Substance Abuse challenges and initiate substance abuse

- ii. Create awareness on the content of Substance Abuse policy to the employees in their jurisdiction; and
- iii. Investigate reported cases of dangerous practices emanating from Substance Abuse.

4.5. Human Resource Management and Administrative Officer

He/she shall:

- i. Facilitate capacity building and sensitization of substance abuse programs;
- ii. Mainstream substance abuse targets in training programs;
- iii. Identify and refer employees in need of substance abuse support to the counselor;
- iv. Facilitating referral of employees in need of rehabilitation services and ensure effective reintegration to the work place;
- v. Decentralize substance abuse programs at all management levels; and
- vi. Facilitate Employee Family Assistance Programmes (EFAP).

4.6. Addiction Counselors

They shall:

- i. Conduct initial assessment in SUD by undertaking drug screening and substance testing for proper management of the client/patient;
- ii. Provide psycho-education and counseling to substance abuse clients;
- iii. Recommend referral (if necessary) to other professionals (e.g. psychiatrists and doctors) and institutions (e.g. rehabilitation centres); and
- iv. Link the recovering clients to substance support groups or any other relevant after-care services.

4.7. Employees

The employees shall:

- i. Participate in the implementation of substance abuse;

- ii. Report substance abuse malpractices at workplace;
- iii. Take appropriate action to protect self and others, minimise risk and seek professional help to manage substance abuse challenges in line with the policy;
- iv. Observe rules and regulations governing substance abuse at work place; and
- v. Comply with professionals' treatment plan in substance addiction recovery.

4.8. Monitoring, Evaluation and Reporting

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

4.9. Research and Development

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

4.10. Policy Review

The Substance Abuse policy shall be reviewed from time to time to address the emerging Substance Abuse trends.

APPENDIX I**GENERAL EFFECTS OF VARIOUS TYPES OF SUBSTANCES**

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

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(Source: Blume, S.B., "Alcohol and Drug Abuse" in the Encyclopedia of Occupational Health and Substance abusefety 4th edition, International Labour Office, 1999)

APPENDIX II

NACADAA GUIDELINES SUBSTANCE ABUSE AT THE WORKPLACE

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

APPENDIX III

COUNTY GOVERNMENT OF BUNGOMA



COUNTY ASSEMBLY OF BUNGOMA

RETURN-TO-WORK AGREEMENT

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

1. The employee has violated a work rule that could result in termination;
2. The employer has given the employee another chance to work free of substances;
3. The employee agrees to comply with all aspects of the treatment professionals' recommendations;
4. The employee agrees that the employer will monitor compliance by receiving updates from treatment professionals regarding compliance with the continuing care recommendation. The employer will maintain documentation of attendance;
5. The employee agrees to abstain from the use of substances except when prescribed by a physician who has been informed of the officer's difficulty with SUBSTANCE ABUSE;
6. If absence from work is required as part of rehabilitation, it will be regarded as medical leave, sick leave, vacation, personal leave or some combination thereof, depending upon accrued leave;
7. The employee agrees to comply with all employment policies and procedures and understands that nothing in this agreement prohibits the employer from applying discipline for other violations; and
8. The employee understands this is his/her last chance to successfully address his/her problem with substances. The employee must substance abuse satisfactorily meet employer's expectations and standards. The employee understands that failure to comply fully with this agreement may result in IMMEDIATE termination.

Signature of the Employee: _____

Signature of Supervisor/HRMDO: _____

APPENDIX IV

COUNTY GOVERNMENT OF BUNGOMA



COUNTY ASSEMBLY OF BUNGOMA

CLIENT REFERRAL FORM

A) Personal Data

Name: _____ P/No: _____

Designation: _____

Reasons for Referral (Tick the appropriate)

i) Substance abuse

ii) Work-related

iii) Family-related

iv) Identity-related

v) Any other (specify) _____

Line Manager/Supervisor's Name: _____

Signature: _____

APPENDIX V

COUNTY GOVERNMENT OF BUNGOMA



COUNTY ASSEMBLY OF BUNGOMA

CLIENT INTAKE FORM

Personal Details

Name: _____ P/No: _____

Designation: _____

Ministry/County/Department/Agency: _____

Address: _____ Telephone: _____

Age: _____ Religion: _____

Level of Education: _____ Preferred language: _____

Marital Status: _____

Family address (if different): _____

Person to Contact

Relationship: _____

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

History of Substance Use

Substance used: _____

Client's opinion about services attended:

Good _____ Substance abuse satisfactory _____ Bad _____ Very bad

Client's personal triggers which provoked previous relapses
includes: _____

Treatment and rehabilitation services or programs attended (if

any): _____

Work History

How does the client feel about his/her job?

Good_____ Substance abuse satisfactory _____ Bad _____ Very bad _____

(b) For official use

Administration Information

No. of sessions contracted: _____

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

Others:_____

Date of first session: _____

Date of proposed termination: _____

Name of Counselor: _____

Client's Code: _____

APPENDIX VI

COUNTY GOVERNMENT OF BUNGOMA



COUNTY ASSEMBLY OF BUNGOMA

THERAPY CONSENT FORM

During the counseling process, we.....
and..... shall be bound by the following
terms:

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

Client's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Designation: _____

Signature: _____

APPENDIX VII

COUNTY GOVERNMENT OF BUNGOMA



COUNTY ASSEMBLY OF BUNGOMA

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize

(Name of client)

(Name of Counselor)

To disclose to

—

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

the following information:

(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to:

(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the appropriate Kenyan Laws and relevant standards, and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand

that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

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

Dated: _____

(Signature of Client)



**COUNTY
GOVERNMENT OF
BUNGOMA**

CONTACTS

P.O. BOX 1886 – 50200 Bungoma



info@bungomaassembly.go.ke



0208000663/0202651905



www.bungomaassembly.go.ke



Bungoma County Assembly



@AssemblyBungoma