

**EFFECTS OF DRUG AND SUBSTANCE ABUSE ON  
EMPLOYEES' PERFORMANCE IN ELDORET  
MUNICIPAL COUNCIL, KENYA**

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**A THESIS SUBMITTED TO THE SCHOOL OF HUMAN RESOURCE  
DEVELOPMENT IN PARTIAL FULFILMENT FOR THE AWARD  
OF MASTER OF SCIENCE DEGREE IN HUMAN  
RESOURCE DEVELOPMENT**

**MOI UNIVERSITY**

**NOVEMBER 2014**

## DECLARATION

### Declaration by the candidate

I hereby declare that this thesis is my original work and has not been presented for a Degree in this or any other University. No part of this work should be reproduced in any other form without prior permission of the author or Moi University.

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**DEDICATION**

In loving memory of my wife, Rose Bineah, who left us just too soon, and her inspiration guided me during the tenure of the study.

## **ACKNOWLEDGEMENT**

I would like to express my gratitude to all the people who helped me make this work possible. First and foremost I would like to thank Moi University for allowing me to join the Msc. programme.

My special thanks go to my supervisors Prof. J. Kwonyike and Mrs. P. Mining for their excellent guidance and support throughout the project and for their valuable ideas and suggestions during the thesis development. Indeed without them this work would not have been possible.

I would like to express my appreciation to the Eldoret Municipal Council for the permission to carry out the study and Municipal Public Health Office and their staff for providing the necessary information and documents I needed.

I would like to thank my classmates for the moral support and willingness to read and critique my work, their comments helped in refining this thesis.

Above all special thanks to our Almighty Father for He has made all this happen.

## ABSTRACT

Drugs and substance abuse pose a huge challenge in businesses and organisations that if not checked could impact negatively on employee performance. The study investigated the effect drugs and substance abuse by employees on their performance and productivity levels. The specific objectives of the study were: to find out types of drugs and substances abused by employees; to determine the causes of drugs and substance abuse among employees; to assess the effect of drugs and substance abuse by employees on performance and to establish measures aimed at addressing drugs and substance abuse by employees in the organisation. The study was based on genetic theory propagated by Shuckit (1980) which states that genetic makeup of individuals predisposes them towards drugs abuse and alcoholism. The study was conducted in Eldoret Municipal Council [EMC] offices. The target population comprised all employees working in the former EMC 7 departments and municipal public health officer. The sample size for the study 159 employees and 1 public health officer. The respondents were selected through stratified random sampling and purposive sampling techniques. The research instruments were structured questionnaire, interview schedule and document checklist. The instruments were checked for validity and reliability through content validation and a pilot study. Data collected was analysed quantitatively and qualitatively. Descriptive statistics was used to analyse quantitative data with the help of Statistical Package for Social Sciences (SPSS Version 18). Qualitative data was analysed using thematic analysis. The study found out that drugs and substance abuse is a problem experienced by employees in the organisation. Documentary evidence showed that cases of drugs and substance abuse by employees at the workplace had been reported. Alcohol and cigarettes were the most common drugs and substance abused by employees. The causes of drug abuse were related to social peer pressure, job cadre and family issues. There was negative effect of drugs and substance abuse on employee performance at Eldoret Municipal Council. The study recommends that counselling programmes should be introduced, sensitisation programmes, training programmes and rehabilitation programmes of drugs addicts.

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**LIST OF ABBREVIATIONS AND ACRONYMS**

<b>AA</b>	Alcoholic Anonymous
<b>ADA</b>	Alcohol and Drug Abuse
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BACs</b>	Blood Alcohol Concentrations
<b>DALY</b>	Disability-Adjusted Life Years
<b>DSA</b>	Drug and Substance Abuse
<b>EAP</b>	Employee Assistance Programmes
<b>ILO</b>	International Labour Organization
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>M</b>	Means
<b>NACADA</b>	National Authority for Campaign Against Alcohol and Drug Abuse
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>SD</b>	Standard Deviation
<b>SPSS</b>	Statistical Package for Social Sciences
<b>TB</b>	Tuberculosis
<b>WHO</b>	World Health Organization

## OPERATIONAL DEFINITION OF TERMS

- Abuse:** Refers to persistent or sporadic excessive drug use by employees in organization inconsistent with or unrelated to acceptable medical practice.
- Addiction:** A chronic disorder which has genetic, psychosocial, and environmental dimensions and is characterized by the continued use of a substance by employees despite its detrimental effects, impaired control over the use of a drug, and preoccupation with a drug's use for non-therapeutic purposes.
- Alcohol:** They are a large group of organic compounds derived from hydrocarbons and containing one or more hydroxyl (-OH) groups.
- Alcoholism:** Refers to a disease known as 'Alcohol Dependence Syndrome'.
- Drug Abuse:** Refers to consumption of illegal drugs or unhealthy use of legal ones by employees
- Drug:** A term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare.
- Impairment:** Any loss or abnormality of a psychological, physiological or physical function by employees
- Workplace:** Occupational settings, stations and places where workers are engaged for gainful employment.
- Substance:** refers to materials (s) that may be wrongly utilised that may have social and interpersonal consequences for the person using them. For instance, alcohol.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Overview**

Drug and alcohol abuse in the workplace represents a great risk to employee's health and safety (International Labour Organisation [ILO], 2010). More than 50% of the employees worldwide are related to easily accessible drug abuse, while 70% of the employees are related to alcohol abuse in the workplace. This chapter seeks to look at how the drugs and substance abuse has been addressed by different researchers across the globe. The chapter also presents the statement of the problem, objectives of the study, research questions, justification and significance of the study, scope, limitations, assumptions, theoretical and conceptual framework and operational definition of key terms.

#### **1.1 Background to Study**

The World Health Organization (WHO) reports that there are about 2 billion (33%) people globally who abuse drugs and 76.3 million with diagnosable alcohol use disorders (WHO, 2004; WHO, 2011) creating alcohol the most used and abused drug worldwide (Zumpano, 2009). Substance abuse in Kenya has accelerated to unprecedented levels in the recent past. Every part of the country is affected. About 37% of the population between the ages of 15-65 take alcohol or at least one drug. And over 50 people died due to adulterated drinks in 2011 (National Campaign against Drug Abuse [NACADA], 2012). Studies have shown that on average, 10% to 12% of the workforce in any given organization abuse drugs.

Alcohol and drug abuse is associated with increasing low productivity at the workplace, HIV/AIDS prevalence, family dysfunction, school unrests and crime rate. According to WHO (2004), alcohol causes 1.8 million deaths (3.2% of total) one third (600,000) of which result from unintentional injuries. Moreover it causes a loss of 58.3 million of Disability-Adjusted Life Years (DALY) of which 40% are due to neuro-psychiatric conditions (WHO, 2011).

Alcohol contributes to ramifications at the workplace such as loss of workplace productivity through absenteeism, feeling sick at work, lateness or leaving early, accidents, having problems with job tasks, and damage to co-worker and customer relations (Pidd, 2004; Merrick, 2007). These lead to organizational constraints like high staff turnover and subsequent recruitment, consumption of health benefits in case of illness or accidents that would result in compensation (Mitchell, Driscoll and Healey, 2004).

Substance abuse has been related to negative occurrences in the workplace such as stress, monotonous work, shift work, work requiring relocation and the frequent changes in co-workers and supervisors (ILO, 2010). Studies indicate that substance abusers are two to four times as likely to have an accident as people who do not use drugs and alcohol, and abuse can be linked to approximately 40 percent of industrial fatalities (Zumpano, 2009).

In the United States, drugs and substance abuse by employees is estimated to cost company \$100 billion annually (Hernandez, 2009). Additionally, alcohol abuse among employees can threaten public safety with inattention to critical duties such as

security and medical care, or acts of aggression among employees or with clients (Lokesh, 2002). Furthermore, substance abuse causes gigantic psychosocial fatalities in terms of pain and suffering experienced by the users and their significant others including employer (Kazan, 2006).

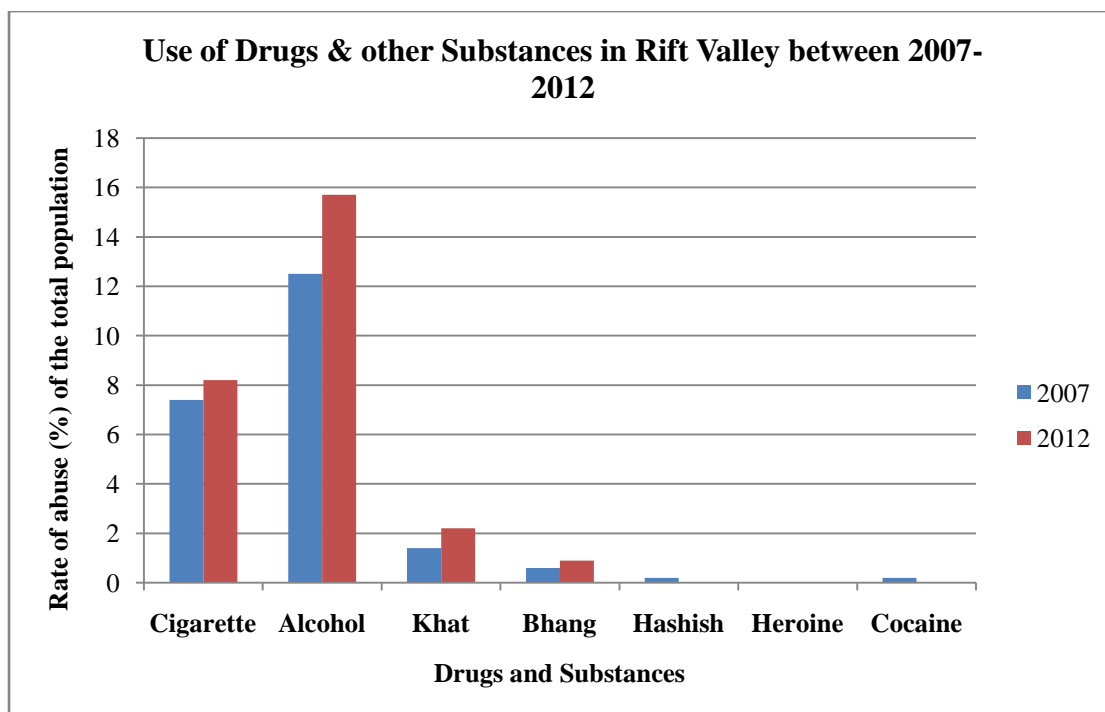
Alcohol and other drug related harm in workplaces can manifest in terms of physical harms (like, fatalities and injuries) and productivity related harms (poor performance, workforce reduction) (WHO, 2011). In terms of physical harms, alcohol has been found to be a contributing factor in an estimated 4% of work-related fatalities (National Occupational Health & Safety Commission 1998) and between 3-11% of workplace injuries (Kazan, 2006). Other drugs are estimated to contribute to 2% of work-related fatalities [no reliable data exists examining the relationship between other drugs and workplace injuries]. In total, it is estimated that alcohol and other drugs are contributing factors in at least 5% of work-related fatalities (National Occupational Health and Safety Commission, 1998).

In 1998-99 alcohol and other drug use resulted in productivity related costs exceeding \$2.9 billion in Australia (Collins & Lapsley, 2002). These costs were borne through a reduction in the available workforce (due to illness or premature death) and absenteeism. In addition to these costs, in 1992-93 it was found that drug-related workplace accidents resulted in costs of over \$1.5 billion, of which the cost to employers was estimated to be 650 million dollars (Phillips, 2001). Alcohol and other drugs can affect workplace productivity in a number of ways including; increased absenteeism, lateness, staff turnover, accidents, increased workers compensation premiums and reduced performance (Phillips, 2001). One of the most important

factors to explore when examining the issue of alcohol and other drug related harm in workplaces is the relationship between consumption and impairment. It does not necessarily follow that a person is impaired simply because they have consumed alcohol or other drugs. A range of factors must be taken into consideration, including patterns of consumption and the relative effects of consumption on the workplace.

When the issue of workplace substance abuse is addressed by establishing comprehensive programs, it is a “win-win” situation for both employers and employees (Mao, 2007). A study of the economic impact of substance abuse treatment in USA found significant improvements in job-related performance: a 91% decrease in absenteeism, 88% decrease in problems with supervisors, 93% decrease in mistakes in work and 97% decrease in on-the-job injuries (Hernandez, 2009). Many aspects of the workplace today require alertness, and accurate and quick reflexes (Kazan, 2006; Corry, 2001). Impairment to these qualities can cause serious accidents, and interfere with the accuracy and efficiency of work. This study came in the backdrop of organization and government concern over increasing substance abuse at Kenyan workplaces. And too came in the background of a previous study (NACADA, 2012) that confirmed the existence of an acute abuse problem in the Rift Valley (Figure 1.1.)





**Figure 1.1 Use of Drugs and other Substances in Rift Valley between 2007-2012**

**Source:** NACADA (2012)

The purpose of this research was to investigate principally through quantitative and qualitative means the magnitude of substance abuse and the underlying causative factors and effects. The ultimate goal was to gather data and information that would assist in formulation and implementation of effective prevention and control policies and other interventions.

## **1.2 Statement of the Problem**

Drugs and substance abuse is a major problem for employers everywhere. While most employers do not tolerate drinking or substance abuse on the job, many are less aware of workplace problems resulting from problem drinking and substance abuse off the job. The issue of alcohol and substance abuse at the workplace has traditionally been met by a dismissive attitude and the reflex of trying to sweep the problem under the carpet, based more on moral precepts than a concern for the health issues involved.

Yet, drug and alcohol abuse is not a problem which can be isolated from the workplace. Quite the contrary, it is now much more widely although not by any means universally understood that substance abuse is harmful to both enterprises and workers, and is therefore prejudicial to national and international competitiveness (ILO, 2010). ILO notes that it may take longer than one day to recover from heavy binge. Furthermore, the loss of staff and costs of recruitment escalate when employers used to replace experienced and trained staff. It is usually more effective to retain existing staff, if possible, by supporting them in dealing with their problems that can incur the cost of recruiting and training new staff. Accidents with alcohol as a contributory factor are estimated to compose 20-25% of all workplace accidents (ILO, 2010).

It has been realized that many Kenyans are taken captive by Alcohol and Drug Abuse (ADA) and that it is no longer only a teenage problem. Research has now shown that, the prevalence of alcohol and drug abuse among adults in Kenya is expanding rapidly to the destruction of the society at 16% (NACADA, 2012). The study is informed with the fact that inadequate studies have been conducted to determine how drugs and substance abuse influence the performance employees in their workplaces.

It is worth noting that most studies have been conducted outside the country thereby restricting their applicability to the geographical environment in which they were conducted from. As the country aims to achieve vision 2030, human resource management and development is key since to achieve the vision and therefore the health and wellbeing of employees at workplaces is important. Quarterly NACADA results have shown that drugs and substance abuse in North Rift Region (2012) has

been on the increase and the employees working in Eldoret Municipal Council reside within the area and therefore it is not yet known the level or extent to which they abuse these drugs and their impact on performance. It is against this backdrop that the study investigated the effect of drugs and substance abuse on performance of employees at Eldoret Municipal Council.

### **1.3 Research Objectives**

The main objective of the study was to assess the effects of drug and substance abuse on performance of employees. The specific objectives of the study were to:

- i) To find out the type of drugs and substances mostly abused by employees at Eldoret Municipal Council
- ii) To determine the causes of drugs and substance abuse among employees at Eldoret Municipal Council
- iii) To establish the effects of drugs and substance abuse on employee performance at Eldoret Municipal Council
- iv) To establish measures of addressing drugs and substance abuse related problems on employee performance at Eldoret Municipal Council

### **1.4 Justification of the Study**

Alcohol and other drug-related harm in the workplace are costly both in economic and human terms. Therefore, it makes good sense for employers and employees to address this issue. While some workplaces have developed responses to alcohol and other drug-related harm in the workplace, the majority of workplaces do not have formal policies or constructive responses. One of the reasons for this is that there has been little quality information available that may provide practical assistance to ensure

workplaces are drugs free. Also by conducting this research, awareness and training will be provided which would later lead to reduction in cost of health services. Also addressing the effect of drugs and substances abuse in organisation would address the high crime and corruption rate associated with drug and substance addicts and members of the workforce would be productive hence enabling the organisation to provide better quality services to its citizens.

### **1.6 Significance of the Study**

The study findings may assist companies in handling one of the most difficult personnel issues for managers. Too often alcohol and substance abuse problems are problems that are ignored until a crisis comes up. The study is designed to foster a better awareness to human resources managers on the issues surrounding drugs and substance abuse and its influence on production level by employees in organisation.

The study findings provide employers and employees with useful information that can inform and guide the development and implementation of an effective response to alcohol and other drug-related harm in the workplace. The information contained in this study will encourage a 'whole of workplace' health and safety approach that includes the prevention and treatment of alcohol and other alcohol-related harm in the workplace.

This study is of great significance to county government management as it provides some insights on the shortcomings of the substance abuse workplace systems for improvement.

The study findings will help in addressing drugs and substance abuse in the society by ensuring that productive members of the society fulfil their potential in ensuring

social economic development of their areas. Lastly, the results of the study will be of significance to future researchers in the field of human resource development.

### **1.7 Scope of the Study**

The study sought to investigate effects of drugs and substance abuse on performance of employees in organization. The unit of analysis of the study was employees of Eldoret Municipality, which is located at the Great North Rift Region, Kenya. The study took place for a period of four weeks. The data collected was both in qualitative and quantitative form.

### **1.8 Limitations of the Study**

Because of confidentiality and the potentiality of self-incrimination, the study found it difficult to gather information from drugs and substances abusing employees. Employees did not report their own consumption patterns accurately. Despite this, however, self reports (assurance) were made as confidential as possible and the anonymity of responses such that participation did not result in adverse personal consequences (and a method of conducting the survey that reinforces this), enhancing memory recall by focusing questions on recent events, clarifying definitions and using complex questions carefully, and using knowledgeable, sensitive and capable interview method.

Even though these precautions were taken, employees did not respond honestly and they consciously underreported their behaviour that describes their drinking and substance abuse habits. Underreporting was indeed a factor in all of the studies reviewed in this research. However, the researcher assured them that the study is

purely for academic purposes and their confidentiality was well guarded. Also the researcher adopted principal of data triangulation where the researcher used; questionnaires, interviews and document analysis and thus the above limitations were overcome.

### **1.9 Assumptions of Study**

The study was based on assumptions that; respondents cooperated during the study; the respondents were sober during the study and the respondents provided accurate data information.

### **1.10 Theoretical Framework**

The study was guided by genetic theory propounded by Schuckit (1980). According to Genetic Theory, the genetic makeup of individuals predisposes them toward drug abuse and alcoholism. A gene or combination of genes influences the specific biological mechanisms relevant to substance abuse like becoming ill at low doses as opposed to much higher doses, having the capacity to metabolize chemical substances in the body, being able to achieve a certain level of intoxication when using drugs and lowering or not lowering anxiety levels when under the influence.

Yet, factors could vary from one person to another or from one racial or national group to another, and could influence continued use. This genetic loading, in combination with environmental and personality factors, could make for a significantly higher level of drug abuse or alcoholism in certain individuals or groups in the population (Schuckit, 1980). Indeed, the tendency to prefer alcohol to other beverages can be bred in animals, suggesting the relevance and strength of the genetic

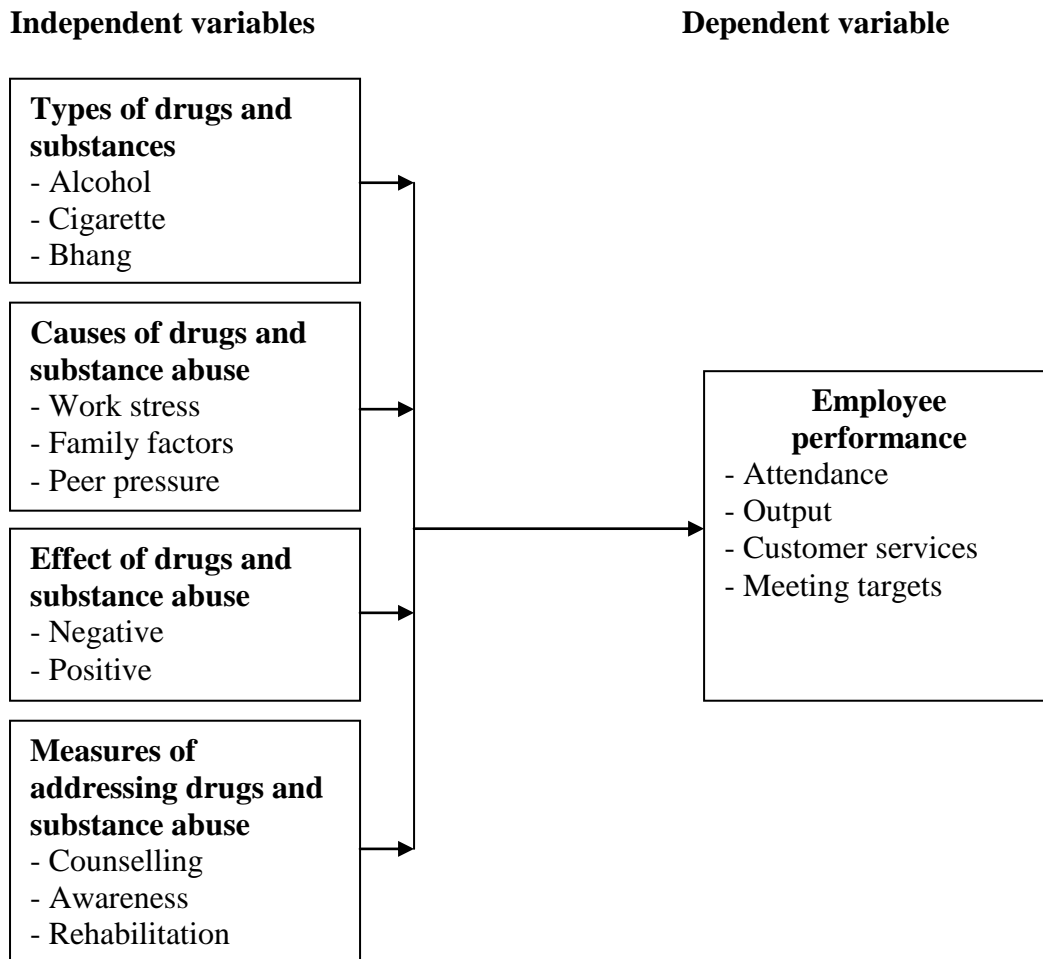
factor in drug use and abuse. Most of the studies attempting to demonstrate a genetic factor in drug abuse have focused on alcoholism. Studies indicate that adopted children have rates of alcoholism closer to those of their natural parents than to those of their adoptive parents (Schuckit, 1984). Drugs and substance abusers runs in families. One study found that 30–40% of natural children of drugs addicts become addicts themselves, as opposed to a rate of 10% for the general population (Madden *et al.*, 2000).

According to experts Madden *et al.*, (2000), 40% of the children of alcoholics exhibit a significantly lower sensitivity to alcohol. Additionally, researcher boys who do not drink but whose fathers are alcoholics have brain waves significantly different from boys who are sons of non-alcoholic. Although some experts doubt that such biological or physical differences produce practical differences in drinking patterns, others point out that inherited mechanisms, in combination with other factors, could lead to an increased likelihood of addiction.

In relation to this study, it is not clear what causes employees to abuse drugs and other substances at their workplace and that's the reason why the study underpins itself in the genetic theory. The theory argues that drugs and substance abuse could be as a result of genetic history or other characteristics associated with the family that can make a person to abuse drugs and other substances. Therefore, the study seeks to know the probable causes influencing the abuse of drugs and other substances at workplaces and if they are really connected with the genetic characteristics of individuals.

### 1.11 Conceptual Framework

The model below shows the relationship between the independent variable on dependent variable.



**Figure 1.2 Conceptual framework**

The independent variables for the study are types of drugs and substances abused by employees, causes of drugs and substance abuse, effects of drugs and measures to address drugs and substance in the workplace. The dependent variables are employee perception on their job performance related to their attendance of duties, outcome, level of customer services and ability to meet targets.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter contains literature written by other authors related to the research topic. Information in this chapter is arranged in accordance with the study objectives. Literature was generated from books, journals, magazines, and internet including drug abuse experts in Kenya. The review of literature follows the research objectives and summary is presented at the end of the chapter.

#### **2.1 Concept of Drug and Substance Abuse**

Substance abuse can be defined as the use of drugs or alcohol in a way that has social and interpersonal consequences for the person using them (Hulse, White and Cape, 2002). No drug leads to immediate dependence; however frequent use can. Dependent drug use is evident when a person has little or no control over their drug use. This dependency can be physical, psychological or both. There are other types of drug use: experimental (a 'once-off' use or use for a short period of time), recreational (a deliberate decision is made to use a drug in order to enhance particular leisure activities) and regular (a decision is made to use the drug as an escape, to help cope with other situations in life) (Winchester, Kelly & Sander, 2004).

Any use of alcohol or drugs threatens physical or mental health, inhibits responsible personal relationships, or diminishes the ability to meet family, social or vocational obligations (Cilente, 2009). Experimental or recreational use has immediate consequences in the workplace, which may not be initially considered e.g. inability to

concentrate due to the “hangover” chemicals still present in the body and sleep deprivation (Allsop & Pidd, 2001).

Drug abuse is the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed (Frone, 2003). Alcohol and drug abuse is a phenomenon that is as old as mankind. Over the past two decades the use of illegal drugs and misuse of therapeutic drugs has spread at an unprecedented rate and affects every part of the globe (WHO, 2004). No nation has been spared the devastating problem caused by alcohol and drug abuse (ILO, 2010). At the same time a broad spectrum of the world community has demonstrated intense concern over the problem (Kenya National Bureau of Statistics–KNBS, 2011).

Surveys on alcohol and drug abuse did not provoke much concern in Kenya until the early 1990s. This may have been as a result of the perception that it was not a major problem among Kenyan populace. Consequently, discussions on alcohol and drug abuse have tended to be shrouded with rumours and ambiguity. A study by National Agency for the Campaign Against Drug Abuse Authority [NACADAA] (2011) observed that the use of alcohol, bhang and miraa has indigenous roots and that the three substances have been widely used in the indigenous society. However, there exists no evidence that substance abuse has been part of indigenous heritage; indeed the indigenous society for most part regarded drunkenness as a disgrace. The study attributes rapid spread of substance abuse to the breakdown of the indigenous culture and introduction of foreign influences that have made a variety of substances available on a large scale. It has been realized that many Kenyans are taken captive by

alcohol and drug abuse. Recent research has shown that the prevalence in Kenya is expanding rapidly to the destruction of society although this has not confirmed in Eldoret Municipal Council involving its employees, a focus of this research.

## **2.2 The Causes of Substance Abuse among Employees**

Drinking rates vary among occupations, but alcohol-related problems are not characteristic of any social segment, industry, or occupation (Pidd, 2004). Drinking is associated with the workplace culture and acceptance of drinking, workplace alienation, the availability of alcohol, and the existence and enforcement of workplace alcohol policies (ILO, 2010). The ILO (2010) has linked substance abuse to negative occurrences in the workplace monotony, stress, shift work, work requiring relocation and the frequent changes in co-workers and supervisors. In Kenya, according to NACADA (2011), employee drinking has been related to low work autonomy, lack of job complexity, lack of control over work conditions and products, boredom, sexual harassment, verbal and physical aggression including disrespectful behaviour.

A variety of substances are used in order to reduce stress. ‘Happy Hour’ at the local bar is clear testimony to this phenomenon (Philips, 2001). Following a hard day’s work, many people have developed the habit of stopping by the bar for a drink to relax before going home. Studies indicate that people consume alcohol for what are perceived as benefits to quality of life such as relaxation, sociability, stress reduction, and greater sense of psychological well being (Mao, 2007; Merrick, 2007; Lokesh, 2002).

The availability and accessibility of substances may influence employee usage. More than two-thirds of the 984 workers surveyed at a large manufacturing plant said it was “easy” or “very easy” to bring alcohol into the workplace, to drink at work stations, and to drink during breaks. Twenty-four percent reported any drinking at work at least once during the year before the survey (Allsop & Pidd, 2001).

In a survey of 6,540 employees at 16 worksites representing a range of industries, 23 percent of upper-level managers reported any drinking during working hours in the previous month (Horgan, Skwara & Strickler, 2005). The culture of the workplace may either accept and encourage drinking or discourage and inhibit drinking. Alcohol usage has been specifically related to sociability in a variety of cultures. Associated with social settings, the use of chemical substances can lower inhibitions and result in what is perceived as closer contact with others (Gfroerer, 2007). Unfortunately, this is part of the reasons why some infectious diseases have spread dramatically and why the individual can develop the attitude that he/she is incapable of functioning socially without this chemical support.

A workplace’s tolerance of drinking is partly influenced by the gender mix of its workers (Doweiko, 2006). Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group (Davey, Obst & Sheehan, 2000). Some male-dominated occupations therefore tend to have high rates of heavy drinking and alcohol-related problems. In predominantly female occupations both male and female employees are less likely to drink and to have alcohol-related problems than employees of both sexes in male-dominated occupations (Doweik, 2006).

Furthermore, meaningful rituals have been replaced with ‘meaningless’ habits or a means of avoiding feelings of discomfort (Tumwine, 2008). Examples are funeral and circumcision ceremonies that have been turned into drinking sprees by communities in the Rift Valley (NACADA, 2010). Once meaning has been lost, so, too, does the individual’s perceived sense of control over the chemical of choice. Abuse can also occur when the individual perceives a need to escape family problems and finds that the numbing effect of chemicals provides this avenue (Ray, Mertens and Weisner, 2009). Thus, substances that serve to lessen either physical or emotional pain can rapidly become part of daily routine leading to substance abuse including dependency. The need to remove feelings of loneliness, anxiety, or depression can cause one to seek a substance answer to the question that is often easier than working on the real issues involved (Pernanen, 1991).

Limited work supervision, often a problem on evening shifts, has been associated with employee alcohol problems (Arthur, 2012). In one study of 832 workers at a large manufacturing plant, workers on evening shifts, during which supervision was reduced, were more likely than those on other shifts to report drinking at work (Collins and Lapsley, 2002). There is wide variation in the existence of alcohol policies, in employees’ awareness of them, and in their enforcement in workplaces across the country. Researchers found that most managers and supervisors in one large manufacturing plant had little knowledge of the organization’s alcohol policy (Caudill & Marlat, 1975; Corry, 2001; Hernandez, 2009). In addition, supervisors were under constant pressure to keep production moving and were motivated to discipline employees for drinking only if the drinking was compromising production or jeopardizing safety. Workers’ knowledge that policies were rarely enforced seemed

to encourage drinking (Pernanen, 1991). Therefore, it is not yet clear whether the policies exist at Eldoret Municipal Council.

Peer and social pressures are particularly problematic for the young employee and the “upwardly mobile”. Young employees try drugs to fit in or be accepted by peers, relief loneliness and deal with lack of self-confidence. This however can spiral downward as addiction sinks its claws. While Caudill and Marlatt (1975) point out that social drinking can function as a means of regulating alcohol consumption, (Pernanen, 1991) indicates that social drinking can also be related to higher levels of intoxication. These pressures can result in patterns of substance usage that define where, when, and how much of the chemical is used (Doweiko, 2006). Although this study will not look at chemical components of drugs and substances abused by employees.

According to Lowe (1994), “third party economics” holds a special challenge to the understanding of substance abuse. Used with legal drugs, such as alcohol and tobacco, individuals are bombarded with advertising campaigns indicating that people who are young, attractive, healthy, wealthy, and successful use these types of legal drugs. The adverts that are used may indicate that these individuals are happy and have many friends. Or, that the inclusion of the substance can lead one to finding the perfect mate or escape to the ‘Islands’ far from the stressful daily world in which most of us exist. This highly seductive approach can lead the individual to develop expectations that are not based on reality. The individual’s sense of self-worth, self-esteem, social status, values, and beliefs concerning the use of these substances is the result of

advertising designed to encourage consumer spending rather than consumer well being (Lillibridge, Cox & Cross, 2002).

Some of the issues specific to alcohol abuse deal with the social-learning concepts which manifest, such as the degree to which the drinker believes him/her self capable of controlling his/her drinking, and the belief that alcohol is an effective means of modifying moods (Phillips, 2001). The fact that age, socioeconomic status, and minority status are considered predictors of problem drinking; it challenges the disease model concept of alcoholism and calls attention to the cognitive aspects of the process (Zumpano, 2009). However, this should not be considered to negate the disease model but rather exemplify the need for holistic interventions that are inclusive of values and beliefs along with biological variables. Even where there is a known genetic basis for alcoholism, there are significant variations in the rates of alcoholism which could be attributed to social regulation (WHO, 2004; WHO, 2011; ILO, 2010).

### **2.3 Types and trends of substances commonly abused in Kenya**

According to NACADA (2010), the commonly abused substances in Kenya include alcohol, tobacco, bhang, miraa, heroin and cocaine. Some substances are stimulants, while others are depressants. Below are most commonly abused types of substance in Kenya:

**Alcohol:** Because access to alcoholic beverages is convenient, alcohol abuse affects a large population among them employees (WHO, 2004). Licit and illicit alcohol is readily available in every region of Kenya thanks to social acceptability, lack of awareness and weak law enforcement including availability of raw materials.

According to NACADA (2010), current use of alcohol is defined as those reporting use of alcohol in the last one month. About 16.6% of urban dwellers are current users of various types of alcohol compared to 11.4% of rural dwellers. This represents a marginal decline from the estimates of the 2007 Rapid Assessment Survey. Besides North Eastern and Central regions (provinces) where current usage of alcoholic drinks is less than 10%, in all other provinces at least 10% of the residents are current alcohol consumers (NACADA, 2012).

Considering individual alcoholic beverages, Nairobi has the highest current usage of packaged/legal alcohol (15.7%) followed by Central (9.2%). For chang'aa, Nairobi has the highest current usage (7.2%) followed closely by Western (7.1%). Rift Valley has the highest current usage of traditional liquor (6.0%) followed by Nyanza (5.1%). For current usage of second generation alcohol, it is highest in Rift Valley (2.0%) followed by Nairobi (1.3%), (NACADA, 2012).

**Tobacco:** Effects include respiratory problems such as increased coughing, phlegm, wheezing, chest colds and shortness of breath (WHO, 2004; Williams *et al.*, 2004). Serious ailments such as bronchitis, pneumonia, emphysema, strokes, heart attacks, ulcers, ear infections, osteoporosis and impotence and dental problems are associated with tobacco. On average, smokers lose 15 years of life. Tobacco kills 1,200 people a day (WHO, 2011). Researchers estimate that 50% of smokers who began smoking when they were young will die of a smoking related illness (Lowe, 1994; Kazan, 2006; Johnston, 2007). Smokers have more colds than non-smokers because their bodies are not as efficient at clearing out germs. Four out of five lung cancers are caused by smoking and nine out of 10 people who get lung cancer die from the



disease, usually within two years of diagnosis (WHO, 2011). More people die from smoking than from AIDS, car accidents, suicide, murder, fires and other drugs combined (ILO, 2010).

In Kenya, the current usage of tobacco products is 8.6% (KNBS, 2011). Data indicate that 16.8% of the males are current users of tobacco products (NACADA, 2010). This contrasts sharply with 2.1% of the females. Across regions, data is overwhelming in pointing at men as the critical users of tobacco products. Central region leads with 22.6% of the males interviewed reporting that they use tobacco products. This is closely followed by Nairobi at 22.5%. For females, Eastern region leads with 5.7% of the females interviewed reporting that they use tobacco products (NACADA, 2012).

**Khat/Miraa:** Long-term use can precipitate the following effects: Negative impact on liver function, permanent tooth darkening (of a greenish tinge), susceptibility to ulcers, and diminished sex drive. Those who abuse the drug generally cannot stay without it for more than 4–5 days, feeling tired and having difficulty concentrating. Occasionally a psychosis can result, resembling a hypomanic state in presentation (NACADA, 2011). Current use of miraa in Kenya is 3.9%; it also varies by region of residence and gender. Like tobacco products, use of miraa is largely a male dominated affair. In North Eastern region, 35.8% of the male respondents reported using miraa. This was closely followed by Coast at 12.8%. Miraa usage is marginal in Nyanza and Western Kenya. In Eastern region where the bulk of the miraa comes from, only 9.4% reported being current users of the drug. It is also interesting to note that North Eastern region (7.6%) has the highest proportion of female users of miraa (NACADA, 2012).

**Bhang/Marijuana:** Bhang affects the perception of time, distance, and speed. It upsets coordination, causing unsteady hands, a change in gait, uncontrolled laughter, and a lag between thought and facial expressions (Larson *et al.*, 2007; Merrick, 2007). Sexual functions are disturbed. Heavy use over a long period of time cause permanent changes in the brain (Davey, *et al.*, 2000). It has been found, for instance, that the brains of young heavy users of cannabis reduce in size. The loss in brain substance is comparable to that normally found in people seventy to ninety years old. Progressive brain damage may explain the psychic changes that occur after heavy long-term use.

Studies have shown that testosterone, the most potent of the male sex hormones, is depressed in the blood of Bhang users, and reproductive function is inhibited (Gfroerer, 2007; Clayton & Scott, 2006). Sperm counts are lower and there is a decrease in sperm motility and an increase in number of abnormal sperm. Bhang is anti-androgenic and the effects may translate into decreased libido and impaired fertility (WHO, 2004). In females, bhang causes hormonal disruption of the female reproductive cycle, a suppression of ovarian function and disorders of menstruation (WHO, 2011).

The recent work with perhaps the broadest implication is that which shows the effect of cannabis on chromosomes that carry the hereditary information for each cell (WHO, 2011; NACADA, 2012). Normal human cells except the reproductive cells contain 46 chromosomes in 23 pairs. Long-term users of psychotropic substances have a higher number of broken chromosomes hence leading to birth of malformed offspring (NIAAA, 2009). Cannabis remains the most widely used illicit substance globally, with an estimated annual prevalence in 2010 of 2.6-5.0% of the adult

population (between 119 million and 224 million users aged 15-64 years). Overall, annual prevalence of cannabis use remained stable in 2010 (2.8-4.5% of the adult population in 2009), the highest prevalence of cannabis use being reported in Oceania (essentially Australia and New Zealand) at 9.1-14.6%, followed by North America (10.8%), Western and Central Europe (7.0 per cent) and West and Central Africa (5.2-13.5%), (UNODC, 2010). While the prevalence of cannabis use in Asia (1.0-3.4%) remains lower than the global average, due to Asia's large population the absolute number of users in Asia, estimated between 26 million and 92 million, remains the highest worldwide. The current use of marijuana (bhang) in Kenya is (1.2%), (NACADA 2010).

**Heroin:** Heroin is a powder obtained from the dried milk of the opium poppy plant (WHO, 2004). Pure heroin is white, but with impurities, it is brown powder commonly known as brown sugar. In Kenyan streets heroin is known by names like *Kiketi, Skag, junk, unga, mzigo, stuff, boy* among others. As with other opioids, heroin is used as both a pain-killer and a recreational drug and has high potential for abuse. Regular administration is linked to tolerance, moderate physical dependence, and severe psychological dependence which extend into addiction (NACADA, 2010). The demand for the drug is high at the Kenyan coast and urban centres and it is believed employees use it since they can afford its prohibitive cost. The most common mode of administration of illicit heroin use is via intravenous injection (colloquially termed "shooting up"). Recreational users may also administer the drug through means of snorting, or smoking by inhaling its vapours when heated; either with tobacco in a rolled cigarette or by heating the drug on aluminium foil from underneath.

**Cocaine:** According to NACADA (2010), cocaine is a strong central nervous system stimulant that increases levels of dopamine, a brain chemical (or neurotransmitter) associated with pleasure and movement, in the brain's reward circuit. Certain brain cells, or neurons, use dopamine to communicate. Normally, dopamine is released by a neuron in response to a pleasurable signal (the smell of good food), and then recycled back into the cell that released it, thus shutting off the signal between neurons (Arthur, 2012). Cocaine acts by preventing the dopamine from being recycled, causing excessive amounts of the neurotransmitter to build up, amplifying the message to and response of the receiving neuron, and ultimately disrupting normal communication (Cilente, 2009). It is this excess of dopamine that is responsible for cocaine's euphoric effects. With repeated use, cocaine can cause long-term changes in the brain's reward system and in other brain systems as well, which may eventually lead to addiction. With repeated use, tolerance to the cocaine high also often develops.

Added Danger: Cocaethylene - when cocaine and alcohol are consumed together, the body forms a unique cocaine metabolite named cocaethylene. It is unique because it is formed only during the combined ingestion of cocaine and alcohol. (The name "cocaethylene" is derived from the words "cocaine" and "ethyl alcohol.") It is unique also because it is the first known example of the body forming a third drug following ingestion of two other drugs. It is not a natural alkaloid of the coca leaf, and is not found in street cocaine (WHO, 2004).

Polydrug use-use of more than one drug-is common among substance abusers. When people consume two or more psychoactive drugs together, such as cocaine and alcohol, they compound the danger each drug poses and unknowingly perform a

complex chemical experiment within their bodies. Researchers have found that the human liver combines cocaine and alcohol to produce a third substance, cocaethylene that intensifies cocaine's euphoric effects (Butler, 2009; WHO, 2011; NACADA, 2012). Coca ethylene is associated with a greater risk of sudden death than cocaine alone.

Universal cocaine use has remained stable at 0.3-0.4% of the population aged 15-64 (between 13.2 million and 19.5 million users) but there have also been some shifts in its use, with a substantial decrease in the prevalence of cocaine use in North America and in some countries in South America and indications of increases in Oceania, Asia, Africa and some countries in South America (NIDA, 1999; Pidd, 2004; WHO, 2011).

In 2010, the regions with a high prevalence of cocaine use remained North America (1.6 per cent), Western and Central Europe (1.3%) and Oceania (1.5-1.9%) the latter effectively reflecting its use in Australia and New Zealand (Ray, Mertens & Weisner, 2009). While global estimates of cocaine use have remained stable at 0.3-0.4% of the population aged 15-64 (between 13 million and 19.5 million users), a substantial decrease was reported in North America and some countries in South America, with the annual prevalence of cocaine use in North America decreasing from 1.9% in 2009 to 1.6% in 2010 in Kenya, the current prevalence rate of cocaine is 0.1% (NACADA, 2012). It is not clear whether employees of Eldoret are addicted to cocaine, a focus of this study.

**Prescription Drugs:** Prescription drug abuse is when someone takes a medication that was prescribed for someone else or takes their own prescription in a manner or

dosage other than what was prescribed (Doweiko, 2006). Opioids (such as the pain relievers OxyContin and Vicodin), central nervous system depressants (Xanax, Valium), and stimulants (Concerta, Adderall) are the most commonly abused prescription drugs (WHO, 2004a). Drugs available without a prescription-also known as over-the-counter drugs-can also be abused. DXM (dextromethorphan), the active cough suppressant found in many over-the-counter cough and cold medications, is one example. It is sometimes abused to get high, which requires large doses (more than what is on the package instructions) that can be dangerous. Some people take other people's drugs for their intended purposes (to relieve pain, to stay awake, or to fall asleep). Others take them to get high, often at larger doses than prescribed, or by a different route of administration. Most prescription drugs come in pill or capsule form (NACADA, 2010).

#### **2.4 Effect of Drugs and Substance Abuse on Employee Performance**

Effects or costs of drug and substance abuse may be defined as the monetary expenditures caused as the result of consequences of alcohol and other drug use (Frone, 2003). Financial costs include decreases in potential gains; for instance, substance abuse impedes productivity of workers and can result in high rates of absenteeism, drug-related illnesses and injuries, increased health care expenditures, low employee morale, theft, and premature death (Hernandez, 2009). Costs of drug abuse are also associated with lost production due to drug-related crime careers, incarceration, and correctional services (Horgan *et al.*, 2005). Furthermore, often the pursuit of obtaining or purchasing drugs, as well as the time spent using drugs, causes financial problems (Hall, 1996). Oddly, in making drugs harder to obtain or use, it is likely that costs (financial, time, or addiction) of drug abuse increase, giving drug

users reasons to engage in income-generating crimes as a means of supporting drug habits (Hulse *et al.*, 2002).

Consequently, drug abuse also results in costs incurred on the mental and physical health of significant others and co-workers who share the burden of coping with or accommodating the consequences incurred by drug abuse (Frone, 2003). Costs of alcohol and other drug abuse are embedded in socio-environmental contexts. Case in point, loss of productivity or increases in the cost of medical care may have relatively little meaning in societies in which many individuals do not work, work in areas where drug use is likely to have relatively little impact at least for awhile (picking tea versus driving a car), or have little access or availability of quality health care (Parks & Marlatt, 1999). Globally, though, drug abuse is considered a problem when an individual's role (as co-worker, spouse and parent) is not fulfilled (ILO, 2010).

In a small sample of alcoholics, it was found that within 10 years of treatment, approximately 10% of alcoholics were dead prior to 60 years of age (WHO, 2011). Thus, some drugs of abuse lead to notable mortality-related cost (productive years lost as employee or parent). Various costs of alcohol and other drug abuse are difficult to explain in financial terms (NACADA, 2010). Evidently, in conjunction with financial costs, there are the emotional costs of alcohol and other drug abuse to family members, significant others, and the users themselves, and the enduring burden of these costs is difficult to assess (NIAAA, 2009).

Substance abuse impairs the brain's proper functioning (Normand, Lempert and O'Brien, 1994). It reduces the ability to make sound judgments and decisions, and

increases the likelihood of mistakes through the loss of spatial awareness and control of the body (National Occupational Health and Safety Commission, 1998). As heavy drinkers or drug users become more unreliable, their absenteeism increases while their productivity diminishes. While these issues will have a negative impact on any workplace over time, they are particularly damaging in industries where employees' physical safety may be at risk from others, such as in construction or distribution industries. The study looks at whether employees normal brain functioning is affecting his/her performance at Eldoret Municipal Council.

According to NACADA (2010), substance abuse also contributes to defective quality of products, unexpected resignations and premature retirements, loss of individual skill, knowledge and experience and missed appointments including escalating theft in the organization. For co-workers ADA causes destruction of team spirit/ non-conducive working environment, extra work for colleagues including bad working relationships and grievances. Unions experience mounting difficulties in trying to ensure health, safety, and welfare as well as job security of the member thereby straining union's efforts. Nationally ADA advances poor human resource, strikes in workplaces, increased disease burden (HIV/AIDS, TB, pneumonia), also adds to national poverty due to poor productivity and wasted man hours along with low life expectancy (Intergenerational gaps). Diversion of essential resources to address ADA, overcrowding (Rural-urban migration), degradation of land, fall in agricultural production plus decreased birth rates (as in Central Kenya) and high levels of illiteracy (drop outs) including low Gross National Product and per capita income too are negatively affected.



As a consequence, negative economic growth, rise in bribery, corruption and money laundering with breakdown of law and order (organised crime, vigilante groups) including political unrest and alienation of Kenya as a “Pariah state” (KNBS, 2011). And a study by ILO (2010) on the abuse of alcohol and drugs in the workplace, found that absenteeism of employees with alcohol and drug problems was three times higher than for other employees; employees with chemical dependence problems claimed sick benefits three times more than other employees and also made compensation claims five times more than other employees. The study also found that 20% to 25% of injuries in the workplace involved employees under the influence of alcohol, and drugs and alcohol supplied at work amounts to 15% to 30% of all accidents at work (ILO, 2010).

Alcohol-related job performance problems are caused not only by on-the-job drinking but also by heavy drinking outside of work (WHO, 2004). Holcom and colleagues (1993) found a positive relationship between the frequency of being “hangover” at work and the frequency of feeling sick at work, sleeping on the job, and having problems with job tasks or co-workers. The hangover effect was demonstrated among pilots whose performance was tested in flight simulators (Holcom *et al.*, 1993).

Zumpano (2009) found evidence of impairment 14 hours after pilots reached blood alcohol concentrations (BACs) of between 0.10% and 0.12%. Morrow and colleagues found that pilots were still significantly impaired 8 hours after reaching a BAC of 0.10%. Drinking at work, problem drinking, and frequency of getting “drunk” in the past 30 days were positively associated with frequency of absenteeism, arriving late to work or leaving early, doing poor work, doing less work, and arguing with co-

workers. Suicide is a leading cause of death in people below 30 years, an energetic age strata of society. Alcohol is a factor in more than 60% of all suicide attempts. Many cases of suicide and homicide are a common in Kenya in recent times thanks to ADA.

Drug abuse in the workplace costs American Businesses nearly \$100 billion a year in lost productivity, high absenteeism and turnover rates, on and off-the-job accidents, excessive use of medical benefits, theft and property damage, according to the National Clearinghouse for Alcohol and Drug Information. They also lose \$37 billion due to premature death and \$44 billion due to illness. Alcoholism is estimated to cause 500 million lost workdays annually, while in Canada the Alberta Alcohol and Drug Abuse Commission has estimated the annual cost of workers absent or tardy due to substance abuse to be approximately \$400 million just in Alberta alone (Taylor, Kemeny, Bower, Gruenewald & Reed, 2000).

Experts say that 10% to 15% of all employees are dependent on drugs and or alcohol (Frone, 2003). Substance abuse could also have negative impact on families, delay in decision-making, imbalances in resource distribution and distortion of family routine (Johnstone, 2007). Remarkably, it is not only heavy drinking that might result in incidents at work, but even low quantities of alcohol consumption have resulted in incidents. A new research shows it is the social drinkers not the hard-core alcoholics who are responsible for most of lost productivity, according to a Christian Science Monitor article, specifically tying the hangover issue to production in the workplace.

Another study also found that it was managers, not hourly employees, who were most often drinking during the workday, 23% of upper managers and 11% of first-line supervisors reported having a drink during the workday, compared with only 8% of hourly employees. It found that 21% of employees said their own productivity had been affected because of a co-worker's drinking (Winchester *et al.*, 2004).

Evidence relating injuries at work to alcohol consumption is mixed but there is proof that certain work accidents have been related to the consumption of alcohol (Williams *et al.*, 2004; Ray, Mertens & Weisner, 2009). Especially for those who work in transportation related fields or a field in which the worker must drive from point to point to provide a service work related injuries as a result of alcohol consumption are high. Additionally, such injuries also result in increased insurance costs to the employer and additional loss of productivity (Shuttleworth, 2008).

Almost half of all fatal occupational injuries are transportation incidents, and the remainders are generally grouped into being struck by an object, falling to a lower level, or being the victim of a homicide (WHO, 2011). In many of these instances, findings from experimental studies on the impact of substance use, particularly alcohol and sedative use, on impairments in reaction time, reasoning, coordination, care, and judgment may explain why even minimal amounts of substance use while working may increase a worker's risk of being injured on the job (Normand *et al.*). On the other hand, laboratory studies have indicated that moderate levels of drug use may not affect a worker's ability to perform certain work-related tasks, particularly those that are simple and repetitive (Holcom, Lehman & Simpson, 1993).

Studies have also consistently shown that homicide victims often have high levels of alcohol in their bodies, which may be attributed to the alcohol and other drugs' suppression of the central nervous system, which could lead to an increase in provocative behaviour. Alternatively, people who are intoxicated may be more likely to be targeted for other crimes (robbery) that result in homicide (Goodman *et al.*, 1986).

Employees with alcohol-related problems have health care costs that are double when compared to those of their peers. In fact, individuals who abuse alcohol use four times as many hospital days as non-drinkers. Furthermore, almost half of all emergency room visits for trauma and/or injury are alcohol-related (Frone, 2003). Excessive use of alcohol and other substances is connected to untreated depression or other mental illnesses. High expenditures for physical health care often mask substance abuse. Excessive consumption of alcohol puts employees at risk for developing a range of costly physical health problems, such as liver disease, heart disease, cancer, pancreatitis, breast cancer, and fetal alcohol syndrome (Ballantyne & Mao, 2004).

An estimated \$21 billion was spent in the United States in 2003 for treatment of substance-related disorders (Mao, 2007). Private insurance payments on substance abuse claims grew at an average rate of only 0.1% annually between 1993 and 2003, while the private payment annual growth rate for all health care increased by 7.3%. The minimal increase in insurance payments for substance abuse treatment can possibly be attributed to the implementation of managed care, less generous coverage and more tightly controlled use of substance abuse services. Alcohol and drug abuse not only bring higher costs for the substance abuser, but also for dependents.

Studies indicate that family members of alcohol and drug abusers also incur more health care costs and have more health issues. A 2007 study showed that after adjusting for demographic differences, the family members of individuals with alcohol and/or drug problems cost an average of \$433-490 more per year than their peers (Ray *et al.*, 2007). These family members are also more likely to be diagnosed with substance use disorders, depression, and trauma even when compared to family members of persons with other chronic diseases, such as asthma and diabetes (Ray *et al.*, 2009).

A large number of drug addicts are employed today and they are more vulnerable to accidents at the workplace (Hernandez, 2009). According to Texas Business Today (2006), nearly 64% of all accidents were directly or indirectly related to drug abuse at workplace. Drug abuse at workplace is a serious issue. It impairs an employee's judgment and coordination, which leads to increased risk of accidents, and reduced productivity (Hernandez, 2009).

Alcohol and drug abuse not only affects the individual concerned, but also endangers the circle of people surrounding the abuser, and has the potential to destroy the person's career and relationships. Clearly this reveals that substance abuse should not be seen as only affecting heavy users as incidents can result from the consumption of low quantities of alcohol as well. Thus, it becomes important for employers to implement preventative measures and management programmes rather than just concentrating on the identification and rehabilitation of heavy users.

## **2.5 Measures to Address Drugs and Substance Abuse in Workplaces**

The workplace can play an important role in preventing and providing remedies for substance abusers. ILO and the Government of Kenya have codes/rules of conduct on the management of alcohol and drug related issues in the workplace. Workplace substance abuse prevention is designed to assist workplaces effectively deal with ADA as a matter of health, safety, and performance. These rules can serve as guidelines for employers wishing to implement appropriate measures to prevent, reduce and control alcohol and drug related problems in the workplace (ILO, 2010).

Restricting workers' access to alcohol may reduce their drinking. The cultural prohibition against alcohol in the Middle East, making alcohol less available, may explain the reduction in drinking among U.S. military personnel serving in Operations Desert Shield and Desert Storm (WHO, 2011). An estimated 80 percent of the military personnel surveyed reported decreased drinking while serving in those operations (National Institute on Alcohol Abuse and Alcoholism, 1999).

Health promotion programs offered in the workplace can reduce employees' alcohol-related problems (Taylor *et al.*, 2000). An employee health promotion program delivered in three 2-hour sessions at one manufacturing plant was designed to increase participants' awareness of the health risks related to stress and drinking. More than one-half of the 294 workers attended the sessions. Researchers based their results on data from 120 employees who completed pre-study and post-study evaluations. After 6 months, 76% of the heaviest drinkers reportedly reduced their alcohol consumption (Ballantyne & Mao, 2004; Allsop & Philips, 1997). Moderate drinkers also reduced their consumption, and participants reported changes in their attitudes toward drinking

and drinking and driving, knowledge about problem drinking, and recognition of signs of a drinking problem (NIAAA, 1999).

And a 15-session worksite coping-skills intervention designed to reduce work- and family-related risk, to enhance protective factors, and to reduce negative health outcomes was conducted among 136 female secretaries. Six months later, participants reported less work-related stress, higher social support, and less alcohol use compared with a control group. Twenty-two months later, participants reported greater use of coping strategies and less drinking (Horgan *et al.*, 2001).

According to NACADA, employers, together with employee representatives, should develop, in writing, a policy on alcohol and drug abuse. If possible, the policy should be formulated with the help of medical personnel and other experts who have specialized knowledge regarding alcohol and drug related problems. The employer together with consulting parties should consider restricting or prohibiting the possession, or consumption and the selling of alcohol in the workplace. The employer should, after consultation with employee representatives, consider withdrawing alcohol as an item for expense account reimbursement or restrict it to specific situations. Employers should also be prevented from paying any wages in the form of alcohol or drugs. The above should apply to both management and workers. In those instances where medication might result in significant impairment, the employee should consult a health professional and inform his/her superior in accordance to normal procedures for absence for health reasons.

Employers should promote safety and health in the workplace through information, education and training programmes on the physical and psychological effects of alcohol and drug use (ILO, 2010). These programmes should be directed at all employees. The information, education and training programmes should also include the following information: firstly, the general and specific to the workplace laws and regulations on alcohol and drugs, secondly, suggested steps to prevent such problems from occurring, and thirdly, services available to assist the employees both within and outside the workplace (ILO, 2010).

These will include information on assessment and referral services, counselling, treatment and rehabilitation. It is recommended that managerial staff should be provided with additional training in order to assist them in identifying changes in the individual's performance and behaviour. The training will also equip managers with the necessary skills to respond to questions regarding the organization policy on alcohol and drugs. After the training, they will be able to support a recovering worker's needs and monitor that individual's performance when he/she returns to work (ILO, 2010).

A baseline survey is essential to shed light on each of the following three components: a)Prevention; who is affected, who is not, numbers in need of IEC, what they know, what they do not know, what they do etc; b)Early detection; proportion that may be at risk of addiction/substance abuse disorder and c)Support; who needs referral. One can track changes over time to get to know how you are progressing (Calogero, Midford & Towers, 2001). This is a performance contract (PC) obligation for organizations in Kenya although it is not known whether it exists at Uasin Gishu.



Training should also be provided to employee representatives (Arthur, 2012). In order to enable them to assist employees who require help and to identify working methods or conditions that need to be changed or improved to prevent, reduce or better the management of alcohol and drug related problems (Butler, 2009). Training would further assist them in explaining and responding to questions related to company policies regarding alcohol and drugs (ILO, 2010). Identification of employees with substance use disorder could be conducted at different levels, including, self-assessment, and informal identification through a friend, family member or fellow employee and formal identification (KNBS, 2011). Formal identification may include testing and should be done in accordance to the applicable laws and practices.

Reintegration involves working closely with the family of the drug victim to ensure that the victim resumes normal life and relapse is prevented (Clayton & Scott, 2006). Family members need to understand that addiction is a disease in order have the right attitude towards addressing the problem and willingly and empathetically support the victim. Employees with alcohol or drug related problems should be treated in the same manner as workers with other health chronic ailments such as TB or cancer (Collins & Lapsley, 2002).

Therefore, addicted workers who seek rehabilitation should not be discriminated against and should enjoy the normal benefits that are offered by an employer including the opportunity for transfer and promotion. The exceptions are in those cases where it has been identified that the employee is no longer fit to do their work (WHO, 2004). In such situations, the employer should assist the employee to obtain

access to counselling, treatment and rehabilitation although this could not be the case of Eldoret Municipal Council.

Assistance to employees with issues could vary according to the size of the organization (ILO, 2010). Small organization could assist by providing employees with the names of identified professionals and services that specialise in counselling, treatment and the rehabilitation of employees, for example, self help groups such as Alcoholic Anonymous (AA). Large organizations, might consider the establishment of an Employee Assistance Programmes (EAP). In other instances, employees might consider establishing their own programme (Heath, 1995; Horgan *et al.*, 2001).

Additionally employers should be aware that an employee who suffers from SUD might also be suffering from a health problem and should consider offering counselling, treatment or rehabilitation as an alternative before deciding to discipline the employee (WHO, 2011). Disciplinary rules regarding substance abuse should be communicated to employees so that they are clear in terms of what is prohibited and the type of sanctions for the violation of such rules (Larson *et al.*, 2007).

It is essential that employers understand addiction, the prevalence of substance abuse among working adults, and the costs related to substance abuse (ILO, 2010). Substance abuse is treatable, particularly when it is addressed as a chronic disease (NACADA, 2012). Reducing employee substance abuse can help employers improve productivity, reduce workplace injuries, and decrease health care costs (Doweiko, 2006). Chronic and relapsing condition of drug and alcohol abuse presents significant

challenges for intervention. Abstinence and relapse prevention are dependent upon the client's ability and willingness to change attitudes, behaviours, and values.

Patients must be able to develop the skills necessary to be aware of what has led to the use of a substance and to identify the warning signs heralding a potential relapse (Mitchell, Driscoll & Healey, 2004). Once aware, the patient must then learn new, more effective ways of coping which allow a choice not to use the substance. Cognitive behavioural therapy is directed at identifying and modifying maladaptive beliefs that cause discomfort and dysfunctional behaviours. The purpose when dealing with addictive behaviours is to help the client identify and avoid stimuli which promotes the use of the substance, find the means to cope with those stimuli when they cannot be avoided, and to recognize the difference between those situations where coping skills are effective and where avoiding the situation is necessary (Mao, 2007).

The significance of cognitive process in dependence is well documented. In dealing with the topics of craving and relapse, cognitive distortions contribute greatly to obtaining and maintaining abstinence (Leigh & Stacy, 1994). Treatment can be directed at assisting the patient in learning how to predict the occurrence of and resist the craving for alcohol. When these methods are put into practice, the alcoholic is able to correct thinking patterns and to remain abstinent although it is not clearly evident in research in Eldoret.

Addiction psychologists promote such cognitive manipulations as substitution, distraction, thought-ignoring, or thought-stopping as cognitive-behavioural methods

which serve the recovering alcoholic well (Ludwig, 1989). The implications for applying cognitive therapies in the treatment of substance abuse are clearly indicated by health research (Taylor *et al.*, 2000). Cognitively based concepts such as self-worth, optimism, personal control, meaning in life, and others have been found to contribute positively when an individual is faced with addiction. But, a distortion of these concepts, such as would be found when prospects are not based on reality, does not impact the health of the individual.

In terms of the positive outcomes attributed to positive beliefs, it is held that positive beliefs may affect emotional states and physiological functioning (Tumwine, 2008). Positive beliefs contributing to enhanced sense of self-worth, level of control, and optimism, can encourage the individual to participate in health-promoting activities. Additionally, the positive emotional states may well contribute to enhanced social interactions and therefore affect support systems. All of these serve to provide the individual with greater resources for responding to stress (Zumpano, 2009).

Relapse Prevention Therapy (RPT) is a cognitive-behavioural therapy that has been used in treatment of alcohol and cocaine abuse with positive results. Based upon the premise that maladaptive behavioural patterns are a function of the learning processes, relapse prevention uses several cognitive-behavioural techniques to obtain abstinence and for intervention with relapse. These methods are used to enhance the individual's level of awareness of the costs of addictive behaviours. Furthermore, the individual's self-control is increased by preparing the person to deal with potential problems before they become real problems (Hernandez, 2009).

Cognitive therapy is an effective intervention for drug addiction treatment. Cognitive therapy is versatile enough to be applicable in long-term or short-term residential settings as well as non-residential treatment programs. This is particularly important within the current social mandates to minimize the cost of intervention without reducing the quality of care. Moreover, when in both residential settings and in non-residential programs, there can be a continuity of therapy type that provides a more comfortable transition for the client (Shuttleworth, 2008).

Cognitive based therapies can provide a variety of techniques that the patient can use to either minimize the temptation to use a substance or to choose not to use the substance. The cognitive skills needed to deal with social pressures, interpersonal conflict, and negative emotions can be developed and patients can learn to identify 'high-risk situations' and avoid them. Such include avoiding places (parties), people (using friends) and things that can trigger cravings. This leads to the patient developing a greater sense of control and empowerment, which serve to enhance self-esteem, and well being. The evidence certainly exists to indicate cognitive therapies are effective in dealing with addictive behaviours (Taylor *et al.*, 2000).

Prevention, drug testing and treatment programs help in avoiding drug abuse at the workplace. Increased ADA education is essential to drug free environment, which makes employees understand the magnitude of destruction caused due to substance abuse at the workplace. Periodic drug abuse testing increases awareness levels. Drug tests detect the drug abusers and filter them from other employees. They also discourage and deter employees from drug abuse (Hernandez, 2009). Based on the foregoing discourse, it is meaningful to formulate these hypotheses: Employees who

abuse substances are less likely to perform effectively than non- substance users in organizations. Substance abusers in organizations are more likely to report sick than non-substance users.

## **2.6 Chapter Summary and Research Gap**

The literature reviewed has shown that drugs organization/employers suffer a lot of losses through absenteeism, medical bills and un-productivity (Taylor et al., 2000; Mao, 2007; Ray et al., 2009; Hernandez, 2009). Studies reviewed have shown that drugs and substance abuse in the workplaces influences employee performance. For instance, NACADA (2012) report show that there has been an increase in drugs and substance abuse in the workplace, however the result does not present the actual situation on the situation of Eldoret Municipal Council. The studies consulted do not reflect the actual situation on what is happening at Eldoret Municipal Council. This formed the research gap for the study. The next chapter presents the research design and methodological procedures followed.

## CHAPTER THREE

### RESEARCH DESIGN AND METHODOLOGY

#### 3.0 Introduction

This chapter provides the research design and methodologies chosen. It explains how the researcher went about i.e. what was done and how it was done. The chapter is divided into subsections, which are presented under research design, target population, sample size, sampling techniques, data collection instruments, data collection procedure, validity and reliability of research instruments and data analysis subheadings.

#### 3.1 Research Design

Saunders *et al.*, (2009) stated that appropriate research design has to be selected based on research questions and objectives, the extent of existing knowledge on the subject area to be researched, the amount of time and resources available including the philosophical underpinnings of the researcher. Adapting a quite different approach, Creswell (2009) recommended that a particular research design has to be selected based on three (3) conditions; the type of research question, the extent of control an investigator has over actual behavioural events, and the degree of focus on contemporary or historical events. In this study, a survey approach was used because the researcher wanted to have easy access to information and also to minimize cost.

#### 3.2 Target Population of the Study

The population for this study were 272 staff of Eldoret Municipal Council that were on permanent positions and inherited from the former local government ministry and excluded casual employees and those who were on contract. Population, sometimes

referred to as the universe, is the grand total of what is being measured for instance people, organizations, industries, firms, departments and sections (Proctor, 2003). Population in research could also be referred to all members of the target of the study as defined by the objectives of the study (Nwana, 2008). Data was collected from employees and top level management. The study population comprised of 272 employees in Eldoret Municipal Council inherited from the previous local government. The study was conducted between December 2012 to March 2013.

### 3.3 Sample size and Sampling Techniques

Kothari, (2004) defined a sample design as a definite plan for obtaining a sample from the sampling frame. It refers to the technique or the procedure the researcher would adopt in selecting some sampling unit from which inferences about the population is drawn. Sampling design is determined before any data are collected. According to Nassiuma (2000) the sample size is determined by;

$$S = \frac{N(CV^2)}{CV^2 + (N-1)e^2}$$

Where

S=Sample size

N=Population

CV=Coefficient of valuation (take 0.5)

e=Tolerance at desired level

This is a unit population of 272, the sample size is

$$S = \frac{272(0.5)^2}{(0.5)^2 + (272-1)(0.05)^2}$$

$$S=159$$



A sample size of 159 represented a proportion of 58.9%. From target population of 272 respondents, according to the formula, 159 respondents formed the sample size for the study.

### 3.3.1 Sampling Techniques

According to Oso and Onen (2005), in applying purposive sampling the researcher decides who should be included in the sample, it is used to collect focused information, typical and useful cases are selected. The seven departments were; Town clerk, Treasurer, Engineering, Education, Environment, Public Health and Social Housing and Housing. The researcher used stratified random sampling technique to select employees from various departments that were included in the sample. Stratified random sampling technique is a technique that identifies subgroups in the population and their proportions and select from each subgroup to form a sample (Oso & Onen, 2005). It groups a population into separate homogenous subsets that share similar characteristics so as to ensure equitable representation of the population in the sample. The differences in this case are the departments. The study applied purposive sampling in obtaining the response from the public health officer since he/she had information on the extent to which drugs and substance abuse was common in the organisation.

**Table 3.1: Sample size**

<b>Department</b>	<b>Target population employees</b>	<b>Sample size Employees 18%</b>
Town Clerk	56	33
Treasurer	32	19
Engineer	45	26
Education	58	34
Environment	32	19
Public Health	35	20
Social Services	14	8
<b>Total</b>	<b>272</b>	<b>159</b>

The researcher used stratified sampling technique to select heads and employees from the various departments. Stratified sampling techniques identify subgroups in the population and their proportions and selects from each subgroup to form a sample (Oso & Onen, 2005). It groups a population into separate homogeneous subjects that share similar characteristics so as to ensure equitable representation of the population in the sample.

### **3.4 Data and Data Collection Instruments**

The study was based on primary data collected from the field using questionnaire for employees, interview schedule for public health officer and document checklist.

#### **3.4.1 Questionnaire**

The main data collection instrument was questionnaire to the sampled respondents. According to Kothari, (2004) questionnaires are; firstly, cheap to administer since they does not require a trained researcher to distribute and collect the questionnaire. Moreover, the person filling the questionnaire is anonymous and therefore may be willing to give information especially over sensitive issues. It is a useful method, particularly when the questions are straightforward enough to be comprehended without verbal explanation. According to Creswell (2009), questionnaire is an efficient research tool because the researcher is likely to obtain personal ideas from the respondent. The questionnaire consisted of both open-ended and structured questions.

#### **3.4.2 Interviews**

Interviews were conducted on the top level management and health official in the council. Data was collected in February, 2013 (Appendix II). Creswell (2009)

observes that interviews are used to collect in-depth information. The municipal public health officer was interviewed. The method was beneficial to the study because it had personal encounter with respondents, which helped in understanding the experience of target group within the study area. In addition, Interviews were conducted to gather important information that might be seen by the interviewees as sensitive to be written in the questionnaire.

### **3.4.3 Document Checklist**

The document checklists was used in this study to gather information on the extent to which cases of drugs and substances abuse among employees have been recorded from the public health office, disciplinary actions taken and how many employees have been laid off as a result.

### **3.5 Validity of Research Instruments**

According to Paton (2002), validity is quality attributed to proposition or measures to the degree to which they conform to establish knowledge or truth. An attitude scale is considered valid, for example, to the degree to which its results conform to other measures of possession of the attitude. Validity therefore refers to the extent to which an instrument can measure what it ought to measure. It therefore refers to the extent to which an instrument asks the right questions in terms of accuracy.

According to Oso and Onen (2005), validity is the success of the scale in measuring what it sets out to measure so that the differences in individual scores can be taken as representing true differences in the characteristic under study. To check on the validity of research instrument, supervisors and an expert in drugs and substance

abuse were consulted. This was done through content validation measure which involved discussing items in the research instruments with the supervisors and expert. The suggestions for changes were incorporated in the final instrument used in the study.

### **3.7 Reliability of Research Instruments**

According to Ng'ang'a, Kosgei and Wangare (2009), an instrument is considered reliable when it is able to elicit the same responses each time it is administered. Reliability is concerned with precision and accuracy. For research to be reliable it must show that if carried out on a similar group of respondents in a similar context, then similar results would be found. Poor reliability degrades precision of a single measurement and reduces ability to track (Mislevy, 2004). A pilot study was conducted in few departments on 10 respondents after which after two weeks the same instruments was administered to same respondents in Town Council of Eldama Ravine. The two results were subjected to correlation test using Cronbach Alpha.

#### **Pilot study test results**

##### **First pilot study**

Grand Mean	3.7714
Reliability Coefficients	10 items
Alpha = .8220	Standardized item alpha = .9385
N of Cases =	60.0

##### **Second pilot study**

Grand Mean	3.2222
Reliability Coefficients	10 items
Alpha = .8033	Standardized item alpha = .8819

N of Cases = 60.0+

From the test results above both findings were above 0.7, Ng'ang'a *et al.*, (2009) supports that correlation of 0.7 is acceptable threshold, and thus the questionnaire was considered to be reliable.

### **3.8 Methods of Data Analysis**

Data collected from the field was analysed using qualitative and quantitative methodologies. For quantitative data, the data was arranged in an organised manner, then coding followed together with data entry with the assistance of coded Statistical Package for Social Sciences [SPSS] (Version 18.0). Thereafter, data was analyzed and interpreted by using both quantitative analysis techniques. According to Yin (1994), the ultimate goal of analyzing data is to treat the evidence fairly, to produce compelling analytical conclusions and to rule out alternative interpretations. In another sense data analysis is seen to consist of three concurrent flows of activities (Miles & Huberman, 1994). These three are data reduction, data display, and conclusion drawing and verification.

Trochim (2005) also suggests three ways for drawing conclusions in qualitative data analysis is through inductive, deductive, and adductive approaches. The deductive method of analysis is used in this study since theories and literature that have been established already are used as a foundation for the new research and the valid conclusions drawn are perceived to be logically connected. The qualitative data was analysed using content analysis method by arranging various responses from the interviews according to the various themes of the study and presenting them in narrative forms.

### **3.9 Ethical Considerations**

Research ethics refers to the appropriateness of researcher's behaviour in relation to the rights of those who become the subjects of the research work, or are affected by it Ng'ang'a *et al.*, (2009). The appropriateness and acceptability of behaviour as researchers affects broader social norms of behaviour. Permission to carry out the study was sought from the School of Human Resource Development, Moi University. Thereafter, research permit was sought from National Commission for Science, Technology and Innovation (NACOSTI) and approval from the Eldoret Municipal Council to facilitate data collection. After granting of permission to conduct research, the researcher consent was sought to participate in the study. They were asked to participate voluntarily. The researcher respected the individual's rights and also safeguarded their personal integrity.

In the course of the study, the respondents were assured of anonymity and confidentiality. While collecting the data, most of the respondents were not willing to provide information because it touched their employment and behaviour but after assuring them that the study was purely for academic purposes and their confidentiality will be maintained, they provided information freely. Also, the respondents were assured of their ability to withdraw from the study at any time if they wished to do so. There were no names or person identification numbers to be reflected on the questionnaires except the numbering and identification of data during data editing.

### **3.10 Chapter Summary**

This chapter has tackled the research design and methodology procedures. The respondents for the study had been identified together with the instrument used to gather data to enable analysis and production of research results. The next chapter presents the results of the data analysis together with discussion of the research findings.

## **CHAPTER FOUR**

### **DATA PRESENTATION, INTERPRETATION AND DISCUSSION**

#### **4.0 Introduction**

The main focus of this chapter is the presentation, analysis and interpretation of the results of the research. Data obtained was analyzed descriptively to investigate the effects of alcohol and substance abuse on employee performance in Eldoret Municipal Council. The response rate from employees was 116 out of 159 signifying 72.95%. The respondents were from the different departments, positions and both gender. Descriptive statistics such as frequencies (F), percentages (%), means (M) and standard deviations (SD) were used to analyze responses to various items in the questionnaire. The qualitative information derived from interview with public health officer is discussed and presented according to various themes of the study. The presentation of the findings of the study flow according to the research objectives which were to find out type of drugs and substances mostly abused by employees, causes of drugs and substance abuse, effects of substance abuse on employee performance and respondents suggestions on measures aimed at addressing drugs and substance abuse related problems on employee performance at Eldoret Municipal Council.

#### **4.1 Demographic Data of Respondents**

The study set to look at different demographic characteristics of respondents who participated in the study based on their gender, age category, work experience and level of education. At first, the respondents were asked to indicate their gender category and results are given in Table 4.1.



**Table 4.1 Gender of workers**

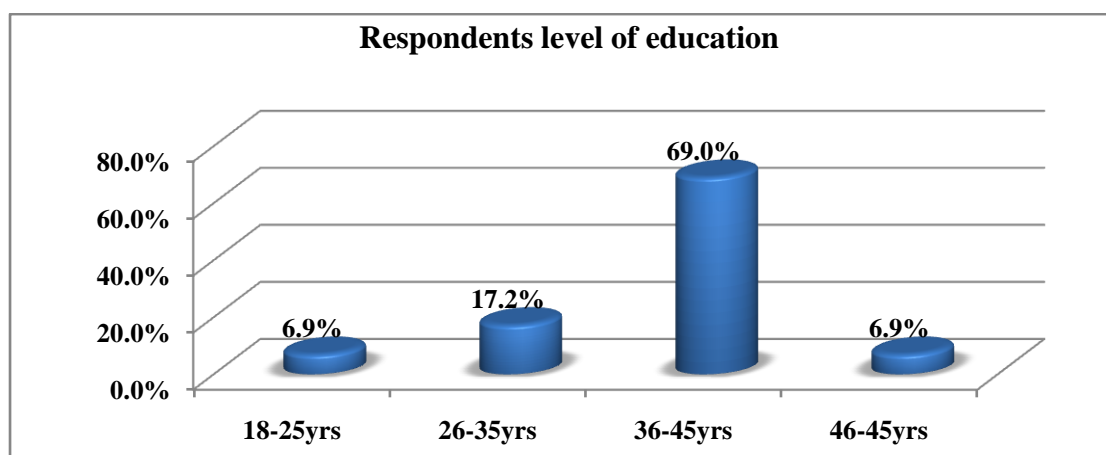
Type	Frequency	Percent
Male	76	65.5
Female	40	34.5
<b>Total</b>	<b>116</b>	<b>100.0</b>

**Source:** Field data (2013)

The findings of the study show that 76 (65.5%) of respondents who participated in the research were male employees at Eldoret Municipal Council head quarters while 40 (34.5%) were female.

#### 4.1.1 Age Category of Respondents

The respondents were also requested to indicate their age category. The results of the study are presented in Figure 4.1.



**Source:** Field data (2013)

**Figure 4.1 Level of education**

It is evident that 69% of employees were aged between 36–45 years, 17.2% were found to be aged 26–35 years, 6.9% were between 18–25 years and 6.9% were aged between 46–45 years. This implies that majority of employees are aged more than 26 years of age.

**Table 4.2 Academic qualifications of respondents**

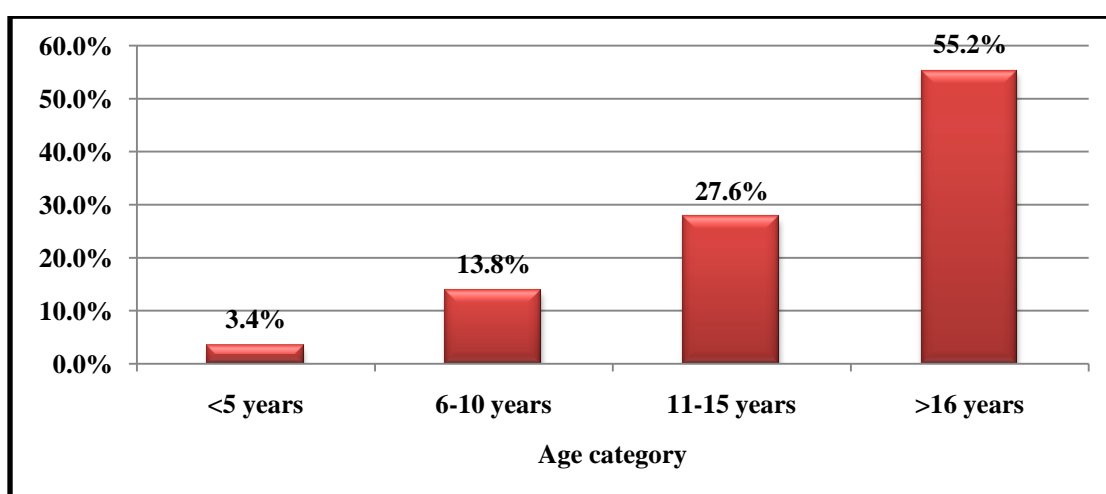
<b>Level</b>	<b>Frequency</b>	<b>Percent</b>
Technical certificate	20	17.2
Diploma	72	62.1
Degree	24	20.7
<b>Total</b>	<b>116</b>	<b>100.0</b>

**Source:** Field data (2013)

In terms of their level of education, most 72 (62.1%) were diploma holders, 24 (20.7%) had degree level of education while 20 (17.2%) indicated to have technical certificate. The result indicates that majority of employees have the requisite qualification and thereby are well fitted to perform their duties in the devolved government structure.

#### 4.1.2 Working experience

Determination of respondents working experience as it was important in getting the knowledge at which they have seen cases of drugs and substance abuse occurring in their institution. The findings are presented in Figure 4.2.



**Source:** Field data (2013)

**Figure 4.2 Working experience**

Results of the study shows that 55.2% were found to have worked for more than 16 years, 27.6% had worked in the organisation between 11–15 years, 13.8% were found to have worked for a period of 6–10 years and 3.4% were found to have worked less than 5 years. The result of the study shows that respondents have worked for a longer period of time. The terms of employment for employees who participated in the study were full time employees absorbed by the Eldoret Municipal Council from the previous local government.

#### **4.2 Type of Drugs and Substances Abused by Employees at Eldoret Municipal Council**

The first objective of the study was to investigate the type of drugs and substances being abused by employees at Eldoret Municipal Council. With respect to this, the questionnaire item no 7 sought respondents opinion on the kind of drugs and other substances commonly abused by employees in their organisations. The results are summarised in Table 4.3.

**Table 4.3 Drugs and Substances Abused by Employees**

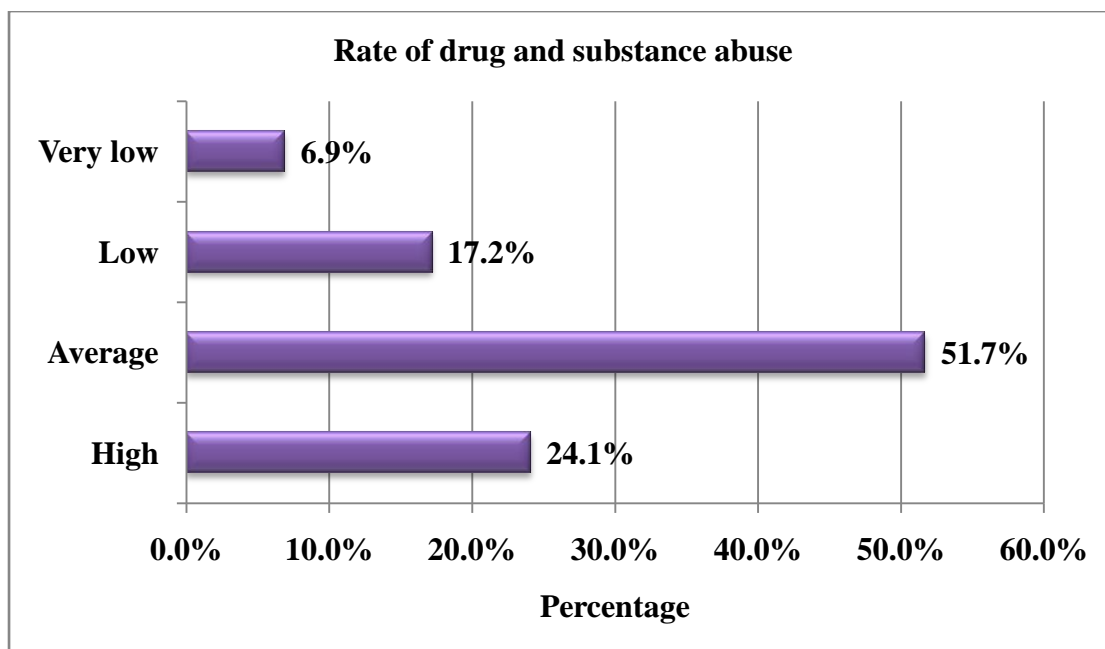
<b>Drugs and substances</b>	<b>Frequency</b>	<b>Percentage</b>
Alcohol	108	93.1
Cigarette	84	72.4
<i>Chang'aa</i>	40	34.5
Chewed tobacco	24	20.7
Bhang	24	20.7
Piped tobacco	16	13.8
Traditional liquor alcohol	16	13.8
Khat (miraa)	16	13.8

**Source:** Field data (2013)

The result of the study reveals that the commonly abused drug and substance at Eldoret Municipal Council is alcohol (93.1%) followed by cigarette (72.4%), chang'aa (34.5%), chewed tobacco (20.7%), bhang (20.7%), piped tobacco (13.8%), traditional liquor alcohol (13.8%) and miraa/Khat (13.8%). Interview from municipal health officer showed that the issues of drugs and substance abuse are isolated and mainly involve alcohol. This shows that alcohol abuse is a common problem at Eldoret Municipal Council. The current finding on the type of substances mostly abused by employees at workplaces is alcohol. This is in line with the previous findings of NACADA (2012) which indicates prevalence in Rift Valley are: Pre-packaged/ Legal Alcohol 15.9%, Traditional Liquor 18%, Changaa 13.8%; Cigarette 13.4%, Snuffed, Chewed, Piped Tobacco 3.5%; and Khat-Miraa 1.3%. Others Khat-Muguka 5.0%, Bhang 4.6%, Cocaine 0.9%, Heroin 0.5% Inhalants 0.8%, Hashish 0.3%, and Prescription Drugs 0.9%.

#### **4.2.1 Rate of Drug and Substance Abuse at Eldoret Municipal Council**

The study was also interested in determining the rate at which drugs and substances were being abused by employees at Eldoret Municipal Council. To achieve this, the respondents were requested to rate their responses as; very high, high, average, low and very low. The summary of findings is illustrated in Figure 4.3.



Source: Field data (2013)

#### Figure 4.3 Rate of drug and substance abuse at Eldoret Municipal Council

According to responses from employees, at least 51.7% said that drugs and substance abuse level in their organisation was on average, 24.1% termed it as high, 17.2% indicated that the abuse was low while 6.9% said that it was very low. In contrast, interview response from public health officer said that the problem of drugs and substance abuse has substantially reduced for a couple of years. The office said that:

*“I can attest that cases of drugs and substance abuse are common among some employees at the council although the statistics have declined over the past years after the introduction of performance contracts.”*

But the result implies that drugs and substance abuse is still a problem that is experienced by Eldoret Municipal Council. The current findings supports the findings of Merrick (2007) which stated that an average of 10% to 12% of the workforce in any given company abuse drugs. It is also evident in history that humans have used drugs of one sort or another for thousands of years according to Butler (2009). Again, the current finding is in line with the findings of Doweiko (2006) which revealed that

1 out of 6 workers have a drug problem. The findings of Frone (2003) also noted that 10% to 15% of all employees are dependent on drugs and /or alcohol.

#### 4.2.2 Categories of Employees likely to Abuse Drugs

In order to understand and have a clear picture of the at most-at-risk group of employees to drugs and substance abuse, the study sought to check whether gender, age category or marital status is related to drugs and substance abuse (Question item 9). In this case, the respondents were asked to indicate which category of employees was likely to abuse drugs and other substances at their workplaces. The findings of the analysis are categorised below.

**Table 4.4 Categories of employees likely to abuse drugs**

<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Gender</b>		
Male	104	89.7
All	8	6.9
Female	4	3.4
<b>Total</b>	<b>116</b>	<b>100.0</b>
<b>Age category</b>		
Young and middle aged	40	34.5
Young	32	27.6
Middle aged	32	27.6
Old employees	12	10.3
<b>Total</b>	<b>116</b>	<b>100.0</b>
<b>Marital status</b>		
Single	52	44.8
Married	24	20.7
Divorced	24	20.7
All	16	13.8
<b>Total</b>	<b>116</b>	<b>100.0</b>

**Source:** Field data (2013)

The result of the study (Table 4.4) shows that in classification to gender, male employees are more likely (89.7%) to abuse drugs and other substances as opposed to female employees (3.4%). This shows that the male employees commonly abuse drugs and other substances in the workplace as compared to their female colleagues. Responses on the age category reveals that the young and middle aged employees were more likely to abuse drugs (55.2%) as compared to old aged employees (10.3%). This shows that cases of drugs and substances abuse are more prevalent to young and middle aged employees as opposed to old employees. On the classification based on marital status, employees who are single were likely to abuse drugs and other substances (44.8%) as opposed to married (20.7%) and divorcees (20.7%).

The result implies that single men and women abuse drugs and other substances because they do not have family responsibilities to take care of as opposed to married or divorced people whose level of alcohol and drugs abuse is low. Furthermore, excerpts from interview session with municipal public health officer revealed that employees in the lower cadre abused drugs and substances more as compared to those in the higher job cadres. In conclusion to this objective, it has been observed that drugs and other substances abuse is a problem that is experienced at Eldoret Municipal Council.

#### **4.2.3 Documentary Evidence on Drugs and Substance Abuse at Eldoret Municipal Council**

To triangulate the information provided by employees and public health official regarding the extent to drugs and substance abuse at Eldoret Municipal Council. Documentary evidence and sources were analysed and are presented in Table 4.5.

**Table 4.5 Documentary evidence on drugs and substance abuse at Eldoret Municipal Council**

<b>Issue</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Employees reported to have abused drugs and other substances at work place (January-March 2012)	45	8	<b>53</b>
Number of employees who faced disciplinary committee on drugs and substance abuse	23	2	<b>25</b>
Number of employees suspended for drugs and substance abuse (less than 1 month)	9	1	<b>10</b>
Number of employees dismissed due to drugs and substance abuse	4	0	<b>4</b>
Accidents reported as a result of drugs and substance abuse	78	21	<b>99</b>
Employees referred to guidance and counseling	13	2	<b>15</b>

**Source:** documentary data from public health office (February, 2013)

The statistics show that 99 accidents reported as a result of drugs and substance abused between January and December 2012 (These included employees who were on pensionable terms, contract and casual). Of these, 78 were caused by male employees while only 21 were caused by female employees. Further discussion with municipal public health officer revealed that the most accidents are reported amongst employees in town clerk, environment and treasurer departments. Furthermore, results show that 53 cases had been filed for employees who were found to abuse drugs at their work stations, of these 8 were for female employees while majority (45) came from male employees. The officer indicated that 25 cases of employees were referred to municipal disciplinary committee after which warning were issued to some of them while 10 were suspended for a period of one month after failing to correct their behaviours. The public health officer also indicated that 15 employees were referred



to rehabilitation centre for a period of three months to help them in drugs and substance addiction while four of them who did not change even after being granted suspension, were laid off in the year 2012. The results show that cases of drugs and substance abuse at Eldoret Municipal Council are prevalent among its employees.

### 4.3 Causes of Drugs and Substance Abuse among Employees

The second objective of the study was to determine the reasons as to why employees in Eldoret Municipal Council abused drugs and other substances. Through Likert scale questions: 1–1.4 Strongly Disagree, 1.5–2.4 Disagree, 2.5–3.4 Undecided, 3.5–4.4 Agree and 4.5–5.0 Strongly Agree, the respondents were asked to give their opinion on seven questions. To analyse the findings, means and standard deviations statistics were used and presented in Table 4.6.

**Table 4.6 Causes of Drugs and Substance Abuse among Employees**

Cause	N	Min	Max	Mean	Std. Deviation
Social and peer pressures	116	1.00	5.00	3.7931	1.03434
For socialisation and fun	116	1.00	5.00	3.1034	1.35377
Substances are used in order to reduce stress	116	1.00	5.00	2.3793	1.35554
Believe that alcohol is an effective means of modifying moods	116	1.00	4.00	2.2069	1.03434
Cover-up by other employees	116	1.00	4.00	1.6897	.91759
To enhance performance	116	1.00	4.00	1.4828	.81809
Workplace culture	116	1.00	2.00	1.2759	.44889
<b>Valid N (Listwise)</b>	<b>116</b>				

**Source:** Field data (2013)

The responses in Table 4.6 shows that majority of employees agreed that the main reason their colleagues abuse drugs and other substances is due to social and peer pressures (M=3.79 and SD=1.03). The results of the study further show that the

respondents were showed divided opinion ( $M=3.1$  and  $SD=1.36$ ) that drugs and alcohol abuse among them is as a result of socialisation and fun. However, the respondents disagreed that alcohol and drugs abuse by other employees in their organisation is as a result of stress ( $M=2.3$  and  $SD=2.8$ ), to modify moods ( $M=2.2$  and  $SD=1.03$ ) and cover up by other employees ( $M=1.69$  and  $SD=0.91$ ).

Moreover, they strongly disagreed that employees abused drugs to enhance performance ( $M=1.48$  and  $SD=0.81$ ) or workplace culture ( $M=1.28$  and  $SD=0.45$ ). The result of the study implies that the major cause of drugs and substance abuse at Eldoret Municipal Council head quarters is due to social and peer pressure. The result is similar to Caudill and Marlatt (1975) who emphasized that social and peer pressures can result in patterns of substance usage that define where, when, and how much of the chemical is used. This is not different from the present finding, which indicates that substances are abused because of social and peer pressures. On his part the municipal health director reported that the main cause for employees abusing drugs at the workplace was due to employees' job dissatisfaction which is caused by transfers to other departments and family issues. He observed that:

*“Majority of employees who abuse drugs and other substances do it because of marital problems being experienced by them. Some have even threatened to commit suicide due to pressure from their families while others are usually dissatisfied with the amount of salaries and wages they receive from the council. This makes them to indulge in alcohol and other substances.”*

This shows that family pressure and marital problems contributes to employees abusing drugs and other substances in their workplaces. However, the results of the

study do not coincide with previous studies done in other countries that showed that stress is a great contributor to drugs and substance abuse in the workplaces (Hall, 1996).

Moreover, the working environment is not a contributor to workplace drugs and substance abuse but friendship and peer pressure seems to be significant reason for the increased level of abuse at the workplace and this could be due to centralisation nature of the local and Eldoret Municipal Council. Employees do not exist in isolation – the structural, physical and psychosocial aspects of the environment within which they exist affect them. Workplace culture can influence the acceptability of alcohol and other drug use. In the police force, for example, it is suggested that a culture of drinking within the force, and availability of alcohol, impact on police officers drinking patterns (Davey, *et al.* 2000).

#### **4.4 Effects of drugs and Substance Abuse on Employee Performance at Eldoret Municipal Council**

The third objective of the study was to investigate the probable (positive/negative) effect that sought to find out the effect of drugs and substance abuse on performance of employees at Eldoret Municipal Council. The employees were asked to give their responses on a Likert scale of 5 which was classified further into three 1–2.4 Disagree, 2.5–3.4 Undecided and 3.5–5.0 Agree and frequency distribution results are given in Table 4.7.

**Table 4.7 Effects of drugs and substance abuse on employee performance at Eldoret Municipal Council**

Effect (statement)	Agree	Undecided	Disagree	Total
High absenteeism and turnover rates	112(96.6%)	0(0%)	4(3.4%)	116(100%)
Fatal occupational injuries	92(79.3%)	0(0%)	24(20.7%)	116(100%)
Excessive use of medical benefits	60(51.7%)	20(17.2%)	36(31.0%)	116(100%)
Substance disorders, depression and trauma	104(89.7%)	8(6.9%)	4(3.4%)	116(100%)
Lower job productivity and performance	112(96.6%)	0(0%)	4(3.4%)	116(100%)
Impairs an employee's judgment and decisions	104(89.7%)	4(3.4%)	8(6.9%)	116(100%)
Poor work quantity	104(89.7%)	8(6.9%)	4(3.4%)	116(100%)
Poor work quality	92(79.3%)	20(17.2%)	4(3.4%)	116(100%)
Poor interactions with customers	96(82.8%)	8(6.9%)	12(10.3%)	116(100%)

**Source:** Field data (2013)

Findings show that majority 112 (96.6%) of respondents agreed that drugs and substance abuse by employees result to high absenteeism and high turnover rates while 4 (3.4%) disagreed with the statement. The municipal public health officer reiterated that absenteeism is a common occurrence for employees who abuse drugs and other substances as explained below:

*“Some employees who abuse drugs end up absenting themselves two or three times a week while others usually report to work late because of the influence of alcohol. We’ve also noted that majority of those who abuse drugs and alcohol tend to perform poorly in their duties as opposed to those who do not*

*abuse them. These affect service delivery standards as Wananchi keep complaining of poor services being rendered to them.”*

This shows that employees who abuse drugs are unable to report to their workstations and thereby fail to turn up for work which not only affects their individual performance but also the achievement of organisational targets. Another line manager interviewed from the inspection department remarked that:

*“I’ve handled several cases whereby fighting has occurred between employees under my department with Wananchi after disagreeing on petty issues. This has forced us to foot medical costs for both the employees and the clients injured. Other scenarios occur whereby an employee makes a poor judgement decision that denies the council a lot of revenue.”*

The comments made by the key informants suggest that alcohol and drugs abuse has negative effect on employee productivity at work place in Eldoret Municipal Council. The result is consistent with Frone (2003) survey in United States of America that showed that drug abuse in the workplace costs American businesses nearly \$100 billion a year in lost productivity, high absenteeism and turnover rates, on and off-the-job accidents, excessive use of medical benefits, theft and property damage.

Moreover, 92 (79.3%) of respondents agreed that drugs and substance abuse lead to fatal occupational injuries while 24 (20.7%) disagreed with the assertion. The fatal accidents encountered while employees are on duty and off-duty could lead to their incapacitation and failure to work daily or a longer period of time while others could be made redundant or forced to go for early retirement. The results concurs with Larson *et al.*, (2007) empirical results that indicated that injury is one of the many

adverse consequences of substance use and misuse, and substance use and misuse are therefore often suspected to contribute to occupational injuries. On injuries, Phillips (2001) outlines the role of alcohol and other drugs in workplace fatalities and concludes that data from the National Occupational Health and Safety Commission's [NOHSC] second Work-Related Traumatic Fatalities Study provide a reasonable estimate of AOD involvement in work-related fatalities that is congruent with international data. NOHSCs report estimates that alcohol and other drugs combined contribute to at least 5% of work-related fatalities (National Occupational Health and Safety Commission 1998).

The estimates for South Australia were higher with alcohol a contributing factor in at least 6.4% of work-related fatalities, whilst other drugs were associated with 3.2% of work-related fatalities in the period 1989-1992 (National Occupational Health and Safety Commission 1999). Work-related fatalities may occur in locations external to the workplace and thus have the potential for further impact. For example, alcohol and other drugs have been shown to contribute to work-related road fatalities for both the working person and bystanders (Mitchell, Driscoll *et al.*, 2004). These results indicate that the scope of harm attributable to work-related alcohol and other drug use spreads beyond the immediate working environment.

On whether employees abuse of alcohol result to excessive use of medical benefits, at least 60 (51.7%) of respondents agreed, 20 (17.2%) were undecided and 36 (31.0%) disagreed with the statement. The result implies that medical benefits like insurance cover that employees enjoy is usually inappropriately used because of employee conduct of abusing drugs and other substances which not only drains his/her finances

but organisation cover for employees. This finding concurs with Mao (2007) who reported that an estimated \$21 billion was spent in the United States for treatment of substance-related disorders in 2003.

The results further showed that most 104 (89.7%) of respondents were in agreement that excessive abuse of drugs and other substances resulted to disorders like depression and trauma, 8 (6.9%) remained neutral while 4 (3.4%) disagreed with the assertion. The depression and trauma effects could affect employee ability to reason, work and execute his/her duties as required. This could have far reaching effects on his career.

As to whether employee productivity and performance was negatively affected by drugs and substance abuse, an overwhelming 112 (96.6%) agreed with only 4 (3.4%) disagreeing with the statement. The findings concurs with result obtained from interview session with the public health officer who noted that abuse of alcohol and other substance resulted to low employee productivity, poor performance, lead to missed deadlines and employees took longer times to accomplish their assignments. These findings made correspond to Doweiko (2006) which revealed that drug abusers on average cost an employer \$7,000–\$10,000 per employee annually and these employees are absent up to 16 times more often and are 1/3 less productive. Similarly, Arthur (2009) reported that as heavy drinkers or drug users become more unreliable, their absenteeism increases while their productivity diminishes. The findings made shows that there is a negative effect of employee abusing drugs and other substance to productivity and performance in the workplace.

Elsewhere, on whether drugs and substance abuse by employees impaired their judgment and decision, majority 104 (89.8%) agreed, 8 (6.9%) disagreed while 4 (3.4%) remained detached. This shows that employees thinking is affected as a result off drugs abuse and is further reinforced by Curry and Theodorou (2002) who observed that there were particular concerns relating to the concurrent use of certain substances. For example, when cannabis (bhang) and alcohol are combined, the interactive effects result in increased intoxication and impairment.

On whether abuse of drugs and other substance resulted to employees poor work quantity, substantial 104 (89.7%) supported the statement, 8 (6.9%) were undecided and 4 (3.4%) disagreed with the statement. Result from interviewed with count public health officer demonstrated that employees daily output is affected nearly by half as a result of them coming to work while intoxicated. This implies that employee production is negatively affected by misuse of drugs. Besides, a significant 92 (79.3%) of respondents also agreed that work quality is usually affected by abuse of drugs and other substances in the workplaces, 20 (17.2%) remained neutral while 4 (3.4%) disagreed with the statement. The results are in harmony with Phillips (2001) assessment of the impact of alcoholism in United States industry that revealed that drug use may affect workplace productivity through reduced work rate and poor quality of work because of inebriation or hangovers.

Lastly, most 96 (82.8%) of respondents strongly agreed that drugs and substance abuse lead to employee poor interactions with customers, 12 (10.3%) disagreed with the assertion while 8 (6.9%) were undecided. This shows that customer loyalty and satisfaction is usually negatively affected by employees abuse of drugs and other substances in the workplace as cases of confrontations, slander, insults and abuse are common experiences with persons in such conditions.



#### 4.5 Measures to Address Drugs and Substance Abuse at Eldoret Municipal Council

This is the last and fourth objective of this study which sought to identify possible solutions to drugs and substance abuse at Eldoret Municipal Council. So far the public health officer reported that the main challenge that they face as organisation was denial by employees, therefore finding appropriate solutions that have been recommended and suggested by all parties could help manage this problem in their organisation. At first, the employees were asked to indicate the importance of possible measures through which drugs and substance abuse could be managed on a Likert scale of five: 1–Very important, 2–Important, 3–Moderately important, 4–Less important and 5–Not important. Summary of results is given in Table 4.8.

**Table 4.8 Measures to Address Drugs and Substance Abuse at Eldoret Municipal Council**

Measure	N	Mean	Std. Deviation	Category
Counselling for people at risk	116	1.3448	.54539	<b>Very important</b>
Introduction of job performance standard	116	1.5172	.56696	<b>Important</b>
Developing workplace drugs and alcohol policy	116	1.5172	.77440	
Support system-counselling for first offence, follow up	116	1.6552	.54539	
Commitment from senior management	116	1.7241	.78670	
Employer to treat each case on its merits, equity between how positive alcohol and drugs tests are treated	116	1.7586	.68042	<b>Moderately important</b>
Zero tolerance	116	2.0690	1.14758	
Stable employment/job security	116	2.1034	1.32782	
Anonymity in accessing information	116	2.3103	.91759	
Random testing	116	2.4138	1.10390	
Less stressful working conditions	116	2.5862	1.19469	
<b>Valid N (Listwise)</b>	<b>116</b>	<b>1.9091</b>	<b>0.8719</b>	

**Source:** Field data (2013)

The result of the study reveals that most of the respondents indicated that counselling for people at risk was the most important (M=1.35 and SD=0.54) strategy that the municipal government need to undertake to address drugs and substance abuse in the workplace. Furthermore, majority of them classified the following interventions as important (mean of between 1.5-2.4) in addressing drugs and substance abuse in the workplace; introduction of job performance standard (M=1.51 and SD=0.56), developing workplace drugs and alcohol policy (M=1.52 and SD=0.77), introduction of support systems for drugs and other substances addicts (M=1.65 and SD=0.54), commitment from senior management (M=1.72 and SD=0.78), employer to treat all drugs and substances abuse cases on merit (M=1.75 and SD=0.68), zero tolerance to drugs and other substances (M=2.06 and SD=1.14), workers to be provided with stable employed coupled with job security (M=2.1 and SD=-1.32), anonymity in accessing information (M=2.31 and SD=0.91) and random testing (M=2.41 and SD=1.10). However statistics showed that respondents indicated that less stressful working condition was moderately important (M=2.58 and SD=1.19).

In average, the employees consider that the above interventions as important (M=1.90 and SD=0.87) in addressing workplace problems resulting from drugs and substance abuse. The municipal public health officer also reported that there is need for introduction of counselling and awareness sessions for all employees in the municipal council on the dangers of alcohol and drugs abuse. He further said that stakeholder's role would be to involve the municipal council when they organize workshops so that members of staff could attend to benefit from search training and workshops. Lastly, the officer suggested that there is need for the municipal council to introduce health

promotion programmes which would provide assistance to employees when they are in need.

The suggestions and interventions coincide with research conducted elsewhere. For example Gfroerer (2007) suggest that employers can address substance use and abuse in their employee population by implementing drug-free workplace and other written substance abuse policies. Tumwine (2008) on the other hand stated that clinicians in Africa and developing countries must build a database on smoking; alcohol and substance abuse through research to enable them inform and advise policy makers on the appropriate strategy required to curb the menace. Hernandez (2009) also revealed that awareness programmes and drug testing help in avoiding drug abuse at the workplace. Increased awareness is answer to drug free environment, which makes employees understand the magnitude of destruction caused due to drug abuse at workplace. Periodic drug abuse testing increases awareness levels. In conclusion, Parks and Marlatt (1999) established that cognitive-based therapies can provide a variety of techniques that the patient can use to either minimize the temptation to use a substance or to choose not to use the substance.

## **4.6 Discussion of Findings**

### **4.6.1 Types of Drugs and Substance Abuse and its Effect on Employee Performance**

As the first objective of the study, the study found out that the commonly abused drugs and substances by employees at Eldoret Municipal Council were alcohol and cigarette. Other drugs like bhang, chang'aa and miraa were found to be less abused by employees in the study area. These results coincide with KNBS (2011) survey that

found out that alcohol was the most abused drugs in Kenya. Also, NACADA (2012) study found out that cigarettes and alcohol were abused by majority of residents in North Rift region. The public health officer interviewed reiterated that drugs and substance abuse was a common problem bedevilling workers at their organisation. The officer reported that their office report at least five cases every week of employees drugs and substance abuse. The problem has also been acknowledged by ILO (2010) statistics that reflected that drugs and substance abuse has been rising in many organisations across the world for the past 20 years. Research conducted in other countries around the world reveal that drugs and substance abuse is a common problem (Merrick, 2007; Butler, 2009; Frone, 2003). Cross gender tabulations from respondents revealed that almost 89.7% of the reported drugs and substance abuse cases were related to male employees as opposed to females who accounted for only 6.9%. The result implies that drugs and substance abuse is a common problem although statistics from respondents showed that it is on average at Eldoret Municipal Council.

The results contradicts WHO (2011) survey that found out that the world's highest alcohol consumption levels were found in the developed world, including western and eastern Europe. High-income countries generally had the highest alcohol consumption. Although the report cautioned that the rate at which binge drinking or heavy taking of alcohol statistics is increasing in developing countries calls for early strategy on how to curb the behaviour. However, the response made by the health officer and documentary records showed that the cases of drugs and substance abuse have been increasing significantly in the last five years.

#### **4.6.2 Causes of drugs and substance abuse by employees and its effect on performance**

As the second objective of the study, the research was interested in determining the causes of drugs and substance abuse by employees at Eldoret Municipal Council. The study has so far identified that drugs and substance abuse are prevalent at Eldoret Municipal Council. To better understand the reasons behind employee abusive drinking and smoking of cigarettes, opinion from employees themselves and public health officer was sought. Results showed that the main reason for employees' engagement in drugs and substance abuse was due to social and peer pressures from within the organization and outside. The findings concur with Winchester, Kelly and Sander (2004) research in Australia that found out that social and peer pressure among young people contributed to drugs and substance abuse. However, KNBS (2011) found out that drugs and substance abuse among employees at their organization was caused by work stresses considering that their job was demanding and intensive due to calculations and application of complex methods of data analysis. In this study, work stress was not a predictor ( $M=2.37$  and  $SD=1.35$ ) of drugs and substance abuse at Eldoret Municipal Council. Another factor that the study found to cause drugs and substance abuse although on average scale was socialization and fun ( $M=3.01$  and  $SD=1.35$ ).

The findings are different from WHO (2011) results showed that in developing countries; employees abused drugs and other substances for fun and after attaining certain achievements and milestones in their jobs. This is also supported by (Mitchel, Driscoll & Healey, 2004; Mao, 2007; Tumwine, 2008) empirical results that showed that majority of employees abuse drugs and other substances due for socialization,

alcohol availability, marital problems, prevailing work culture and financial problems. However, both employees and public health officer in the study did not cite that financial problems were the reason for employees to abuse drugs and other substances in their organizations. The theoretical framework for the study was disapproved since none of the respondents (employees and public health officer) indicated that employees abused drugs due to their genetic or family lineage.

#### **4.6.3 Effects of Drugs and Substance Abuse and its Effect on Performance of Employees at Eldoret Municipal Council**

As the third objective of this study, results of the study showed that that the respondents mentioned that high absenteeism and turnover rates was common for employees who abused drugs and other substances at Eldoret Municipal Council (96.6%). Statistics from public health officer showed that employees who regularly abused drugs were likely to miss work on several days in a month. The findings are supported by Frone (2003) analysis that found out that American companies were making losses as a result of high absenteeism rate related to alcohol abuse. Even Hulse, White and Cape (2002) found out that close to 55% of employees who abused drugs in Australian companies missed at least 3 working days in a month. The situation has been supported by research conducted by NACADA (2012) in Kenya that revealed that the prevalence of employees absconding duties due to heavy drinking of alcohol was on the rise in North Rift region of Kenya.

In relating the effect of on the productivity of employees at workplaces, 96.6% of employees agreed that drugs and substance abuse by employees reduced productivity to a great extent. This was exemplified by the public health officer who narrated that

almost 30% of employees who abuse drugs at workplace do not complete their duties on time or even some of them take extra days to finish assignments designed to be completed within a single day. This was evidenced by ILO (2010) research findings that showed that employees who abused drugs work rate performance reduced by 50% thereby affecting organization productivity.

Moreover, it was found out that employees who abused drugs and other substances were likely to suffer health problems and prone to accidents. This is corroborated with research conducted within the country and outside (NACADA, 2012; WHO, 2011; NIAAA, 2009; Winchester et al., 2004; Curry and Theodorou, 2002; Holcom, Lehman and Simpson, 1993) that show that any use of alcohol or drugs threatens physical or mental health, inhibits responsible personal relationships, or diminishes the ability to meet family, social or vocational obligations.

On the medical point of view, Mao (2007) explains that experimental or recreational use of drugs and other substances has immediate consequences in the workplace, which may not be initially considered inability to concentrate due to the “hangover” chemicals still present in the body and sleep deprivation. In addition, Arthur (2012) posits that employees’ drugs had significant effect on performance, concentration, or alertness in UK companies. In general observations to the results of the study, it is clear that employee well being, health, productivity, performance and mental performance is negatively affected by continuous abuse of drugs and other substances in the workplace.

#### **4.6.4 Measures aimed at addressing drugs and substance abuse to improve performance of employees**

The respondents who participated in the study were given chance to give the measures that they seemed could be adopted by the Eldoret Municipal Council to address the increased cases of drugs and substance abuse at their organisation. Information from employees showed that most of them preferred ( $M=1.34$  and  $SD=0.54$ ) guidance and counselling for people at risk of drugs and substance abuse as the main solution to address this menace. The comments made by them were supported by heads of 7 departments at the Eldoret Municipal Council office together with municipal health officer. NACADA (2012) supports this view that guidance and counselling sessions needs to be introduced in organisation to rehabilitate and counsel persons with substance use disorders.



## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents the summary, conclusions and recommendations of the study on the effect of drugs and substance abuse on employee's performance at Eldoret Municipal Council in Eldoret, Kenya.

#### **5.1 Summary of Findings**

The study set to investigate the effects of drugs and substance abuse on performance of employees at Eldoret Municipal Council. The study involved participation of employees from town clerk, treasurer, engineer's, education, environment, public health and social housing departments in Eldoret municipal council together with municipal public health officer/director. The instruments used to collect information for the study were questionnaires and interview schedules.

##### **5.1.1 Type of Drugs and Substance Abuse by Employees at Eldoret Municipal Council**

As the first objective of the study, all (100%) of employees respondents and public health officer admitted that drugs and other substances are commonly abused by employees at Eldoret Municipal Council. The common abused drugs were alcohol (93.1%) and cigarettes (72.4%). According to statistics, the rate of employees abusing drugs in the organisation was on average (51.7%). Cross examination among the gender, age groups and marital status revealed that male employees abused drugs as compared to females. Comparisons against age category showed that young and middle aged employees abused drugs much more as compared to their older

counterparts. Moreover, employees who were not married (single) were found to abuse drugs more than those who were married or divorced and the public health officer interviewed also noted that it was common for employees who belonged to low cadre (low job profile) to abuse drugs more often in the workplace as compared to those who belonged to high cadre. Furthermore, some respondents disclosed that a particular number of their colleagues came to work while intoxicated while others smoked regularly while at work. This led to general observation that drugs and substance abuse is a problem being experienced at Eldoret Municipal Council.

### **5.1.2 Causes of Drugs and Substance Abuse among Employees**

Results have shown that drugs and substance abuse as a common phenomena occurring at Eldoret Municipal Council, it was important that its root causes be investigated. Results of the study revealed that workplace environment and home based factors influenced drugs and substance abuse among employees at Eldoret Municipal Council. Specifically it was found out that social and peer pressure contributed to this problem ( $M=3.7$  and  $SD=1.03$ ), Job dissatisfaction, frequent transfers and family issues as some of the major factors leading to alcohol problems whereas other drug abuse problems had minimal contributions to employees drugs and substance abuse.

### **5.1.3 Effects of drugs and substance abuse on employee performance at Eldoret Municipal Council**

The third objective of the research was to identify the consequences of drugs and substance abuse at Eldoret Municipal Council. Information from public health officer showed that this resulted to employee low productivity; absenteeism, reduced

performance, missed deadlines and employees took long time to accomplish specific assignments. Further results from employees showed that drugs and other substances resulted to high absenteeism and high labour turnover rates (96.6%), lower productivity (96.6%), poor judgement (89.7%), poor work quality and quantity, increased medical costs, injuries, depressions, trauma and poor relations with customers. In general terms, it is clear that drugs and substance abuse in the workplace have significant negative consequences not only to employee wellbeing and welfare but also significant monetary costs to the organisation.

#### **5.1.4 Measures to address drugs and substance abuse issues at Eldoret Municipal Council**

This is the last objective of the study which sought to identify possible solutions through which drugs and substance misuse could be addressed at the organisation. Both employees and public health officer recommended guidance and counselling programmes to be introduced in the organisation. Others respondents indicated that the workplace drugs and substance health policy should be developed to act as a guideline for management of drugs and substance abuse in the workplace.

#### **5.1.5 Contributions of the Study**

The implication of this finding to the body of knowledge is that drugs and substance abuse is a critical problem affecting employees working at Eldoret Municipal Council. The study has identified that lack of alcohol and other drugs policy thereby limiting the organisation with procedures to which they are supposed to address specific problems regarding drugs and substance abuse. The study suggests that there is need for the developing of a written policy and supporting procedures which would provide

a range of management strategies that will deal with issues that could arise. The study has found out that suspension and termination of employment are the strategies currently use although they may not be effective to some extent. Provision of information, education and training to all people at workplace on the effects of alcohol and other drugs and their risk to safety and health is important. The provision of this information about alcohol and other drugs will contribute to the development of a workplace culture where workers will be aware of the potential risks to safety and health and they will be prepared to encourage each other to work safely.

## **5.2 Conclusion**

The study findings have so far revealed that drugs and substance abuse is prevalent at Eldoret Municipal Council, Kenya although employees and public health officer responses showed that the problem was not high as envisaged. From the study findings, it was evident that male, young employees, single and low cadre of employees abused drugs and other substances in the workplace. Alcohol and cigarettes were the most commonly abused drugs at Eldoret Municipal Council. Abuse of hard drugs; cocaine, inhalants, heroine, hashish was not evident from both the employees and public health official responses.

The main cause of drug abuse was related to social and peer pressure. In addition, work-family conflict and self denial by employees were also significant factors influencing continuous abuse of drugs and substances at workplace although it was found to be a moderate cause. This led to rejection of the genetic theory propounded by Schuckit that showed that genetic make-up of individuals predisposed them to drug abuse since social and peer pressure were found to be factors influencing drugs and

substance abuse at Eldoret Municipal Council. The study results showed that effect of drugs and substance abuse in the workplace resulted in high absenteeism, poor work quality and quantity, decreased employee productivity, increased medical costs, trauma, depression and fatal occupational injuries by employees. All these effects resulted to low productivity of employees thereby affecting the achievement of organisational goals and targets.

### **5.3 Recommendations**

The findings of the study and conclusions of the study have shown that drugs abuse especially alcohol and cigarette smoking remains a problem at Eldoret Municipal Council. To address the problem the following recommendations are made:

- i) There is need for introduction of rehabilitation and counselling programmes that will ensure that employees at risk of abusing drugs are rehabilitated to ensure their transformation to positive lifestyle.
- ii) The organisation to provide stable employment and security conditions to its low cadre employees so as to improve their motivation, loyalty and commitment in serving the organisation.
- iii) It is crucial to introduce drugs and substance policy through which employees and management should conform to.
- iv) Drugs and substance abuse awareness should be increased, amplify knowledge of drug abuse problems and effective interventions.
- v) There is a need for the organisations to institute alcohol and drug testing as part of the organization's recruitment and selection policies. This will aid to minimize the problems of low productivity, high absenteeism and turnover

rates, on-and off-the-job accidents, excessive use of medical benefits, theft and property damage.

#### **5.4 Suggestions for Further Research**

The study recommends further research to be conducted on:

- i) The impact of guidance and counselling programmes towards addressing drugs and substance abuse in the workplace
- ii) The effect of drugs and substance abuse on organisation performance by using advanced quantitative methodologies

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**APPENDICES****APPENDIX 1: INTRODUCTORY LETTER****ARMSTRONG RONO****P.O BOX 3900****ELDORET**

Dear respondent,

I am a Post Graduate student from Moi University pursuing Masters of Science Degree in Human Resource Development. I am carrying out a research on

**Effects of drugs and substance abuse on employee performance at Eldoret Municipality.**

Please assist me by filling in the questionnaire provided. The questionnaires are meant to help in fulfilling the research objectives. The researcher assures you confidentially in the information given.

**Respondent Approval to participate in the study**

I have agreed to participate in this study (Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

Yours faithfully,

Armstrong Rono

Student

Moi University

## APPENDIX II: QUESTIONNAIRE FOR EMPLOYEES

This questionnaire has been designed to solicit information purely for academic purposes. This is to enable the researcher complete his research on the topic; **Effects of Drug Abuse on Employees' Performance of Eldoret Municipal Council**. NB. All information given would be treated with utmost confidentiality. Thank you

### Section A: Basic Demographic Data

1. Your gender;

Male  Female

2. How old are you? (Years)

18 – 25  26 – 35  36 – 45   
46 – 55  56 – 59

3. What is your academic/professional qualification?

Technical certificate  Diploma

Degree  Masters Degree

Others (Specify).....

4. Terms of Employment

Casual employees  Part-Time employees

Full Time employees  Labour Hire

5. Work experience (inclusive of previous local government structure)

Less than 5 years  6 – 10 years  11 – 15 years

16 years and above

6. Department that you work in at Eldoret Municipal Council

Town clerk  Treasurer  Engineers  Education

Environment  Public Health  Social Housing and Housing

Any other (Specify) \_\_\_\_\_

### Section B: Type of Substances mostly abused by Employees

7. On the following list, please tick the kind of drugs and other substances that employees in your organisation abuse. You can tick more than once.

Alcohol  Traditional Liquor Alcohol

*Changaa*  Cigarette

Prescription Drugs  Chewed tobacco

Piped Tobacco  Khat-Miraa

- Khat-Muguka [ ]                      Bhang [ ]
- Cocaine [ ]                              Heroine [ ]
- Inhalants [ ]                            Hashish [ ]

Any other, Specify.....

8. Please rate the extent to which drugs and other substances are abused by employees in your organisation (department/section).

- Very high [ ]                      High [ ]                      Average [ ]                      Low [ ]
- Very low [ ]

9. Among different categories of people, who do you think abuse drugs and other substances at workplaces most?

- Gender**            Male [ ]            Female            all [ ]            None/Not applicable [ ]
- Age**                    Young [ ]            Middle Aged [ ]            Old employees [ ]
- Marital status** Single [ ]            Married [ ]            Divorced [ ]            None/Not applicable [ ]
- Any other \_\_\_\_\_

**Section C: Causes of Drugs and Substance Abuse among Employees**

10. The following statement seeks your opinion on the causes of drugs and substance abuse by employees in the workplace. Rate your opinion on the following scale: SD– Strongly Disagree, D–Disagree, U–Undecided, A–Agree and SA–Strongly Agree.

<b>Causes</b>	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
a. To enhance performance					
b. For socialization and fun					
c. Social and peer pressures					
d. Substances are used in order to reduce stress					
e. Believe that alcohol is an effective means of modifying moods.					
f. Workplace culture					
g. Cover – up by other employees					

Any other, Specify.....

**Section D: Effects of substance abuse on employee performance**

11. The following statements seek your opinion and stand on the contribution of drugs and substance abuse on employee performance in the workplace. Rate your opinion on the following scale: SD–Strongly Disagree, D–Disagree, U–Undecided, A–Agree and SA–Strongly Agree.

<b>Causes</b>	<b>SD</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
a. High absenteeism and turnover rates					
b. Fatal occupational injuries					
c. Excessive use of medical benefits					
d. Substance use disorders, depression and trauma					
e. Lower job productivity and performance					
f. Impairs an employee’s judgment and decisions					
g. Poor work quantity					
h. Poor work quality					
i. Poor interactions with customers					

Any other, Specify.....



**Section E: Measures to address drugs and substance abuse related problems in workplaces**

12. On the following statements, indicate whether you agree or disagree with strategies aimed at addressing drugs and substance abuse in your organisation.

<b>Strategies</b>	<b>Very important</b>	<b>Important</b>	<b>Moderately important</b>	<b>Less important</b>	<b>Not important</b>
Counselling for people at risk					
Random testing					
Zero tolerance					
Employer to treat each case on its merits, equity between how positive alcohol and drug tests are treated					
Support system – counselling for first offence, follow up					
Less stressful working conditions					
Stable employment/ job security					
Anonymity in accessing information					
Commitment from senior management					
Developing workplace drugs and alcohol policy					
Introduction of job performance standard					

Any other (Specify) \_\_\_\_\_

**Thank you  
God Bless You**

**APPENDIX II: INTERVIEW SCHEDULE FOR MUNICIPAL HEALTH  
OFFICER**

This interview document has been designed to solicit information purely for academic purposes. This is to enable the researcher complete his research on the topic; **Effects of Alcohol and Drug Abuse on Employees' Performance of Eldoret Municipal Council**. NB. All information given would be treated with utmost confidentiality.

Thank you.

1. Do you experience issues arising from drugs and substance abuse amongst employees in your organisation? (Describe by indicating the common drugs and substance abused by employees)

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(b) How can you describe the extent to which drugs and other substances are being abused by employees at Eldoret Municipal Council?

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2. What are the major causes that make employees in your organisation abuse drugs and other substances?

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---

3. Among categories of employees, who are most likely to abuse drugs and other substances?

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---

---

4. What are the effects of drugs and other substances abuse by employees in your organisation? (To bring the organisation and employee impact)

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5. What are the challenges that you face in addressing drugs and substance abuse in your workplace?

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6. What are the interventions needed to address drugs and substance abuse in your organisation? (Identify the stakeholders role in addressing the problem)

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7. Any other comments

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**The end**

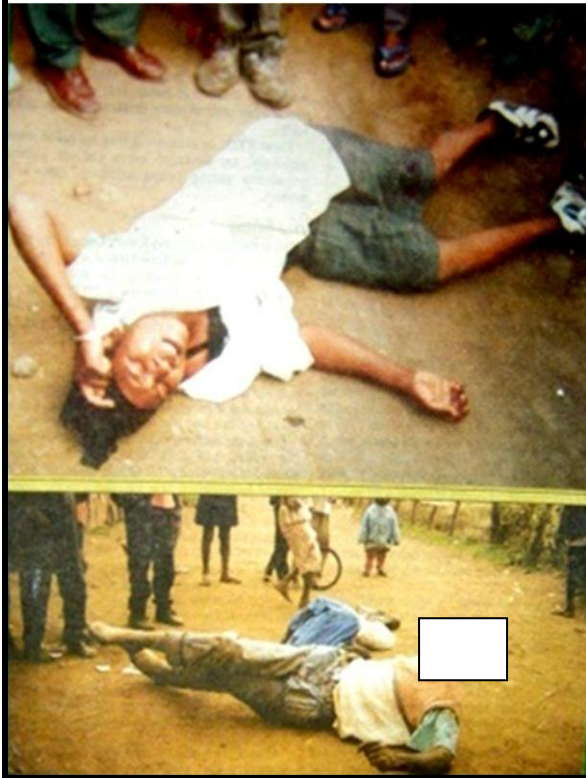
**Thanks a lot and God Bless You**

**APPENDIX III: DOCUMENT ANALYSIS CHECKLIST**

<b>Issue</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Employees reported to have abused drugs and other substances at work place (January-March 2012)			
Number of employees who faced disciplinary committee on drugs and substance abuse			
Number of employees suspended for drugs and substance abuse (less than 1 month)			
Number of employees dismissed due to drugs and substance abuse			
Accidents reported as a result of drugs and substance abuse			
Number of employees reoffered to rehabilitation centres			

**APPENDIX IV: EFFECTS OF DRUGS AND SUBSTANCE ABUSE**

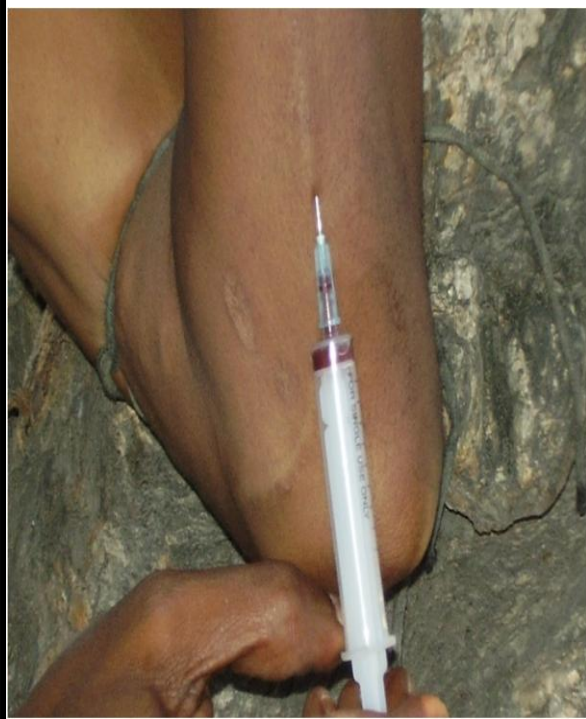
**An alcoholic in Uasin Gishu County**



**A khat addict in Eldoret Street**



**Employee injecting drugs**



**A tobacco addict who lost limbs (researcher in the background)**



**APPENDIX V: INTERVENTIONS TO DRUGS AND SUBSTANCE ABUSE**



**Slide 1 Forum on Alcohol and Drug Abuse at an Eldoret Hotel**



**Slide 2 Interview with an alcohol addict in a rehab facility in Eldoret**





**Slide 3 Intervention of drugs and substance abuse addicts in a rehab in Eldoret**



**Slide 4 Stakeholders in Drugs and Substance Abuse at a workshop in Eldoret Hotel**

**APPENDIX V: RESEARCH PERMITS****ELDORET MUNICIPAL COUNCIL**

Town Hall, Uganda Rd, Eldoret

P.O Box 40, ELDORET 30100  
Tel: 020 532032603Email: info@eldoretmunicipal.com  
website: www.eldoretmunicipal.com**OFFICE OF THE TOWN CLERK**Date: 5<sup>th</sup> January 2013

Our Ref: EMC/5/4/22

RE: PERMISSION TO CONDUCT SURVEY ON ALCOHOL AND DRUG ABUSE  
PREVALENCE-ARMSTRONG RONO - SHRD/PGH/053/08

Your request to undertake research on Council employees as part of your Msc in HRD (Thesis) is hereby granted. Please liaise with the Public Health Officer for direction and assistance. During your research you are required to observe strict confidentiality and stick within the confines of your academic duty.

It is our hope that you will share the research findings with us for better management of our Human Resource.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ondimu', is written over a horizontal line.


**S. Ondimu**  
**Town Clerk**

CC. Public Health Officer, EMC



**THIS IS TO CERTIFY THAT:**  
**MR. ARMSTRONG KIBET RONO**  
**of MOI UNIVERSITY 3900-30100**  
**ELDORET, has been permitted to**  
**conduct research in Uasin Gishu District**  
**on the topic: 'EFFECTS OF DRUG AND**  
**SUBSTANCE ABUSE ON EMPLOYEES'**  
**PERFORMANCE IN ELDORET MUNICIPAL COUNCIL**  
**for the period ending:**  
**29th March, 2013**

**Permit No : NACOSTI/P/13/3340/2210**  
**Date Of Issue :10th January,2013**  
**Fee Received :Ksh 1,000**



**Applicant's Signature**

**Secretary**  
**National Commission for Science, Technology and Innovation**

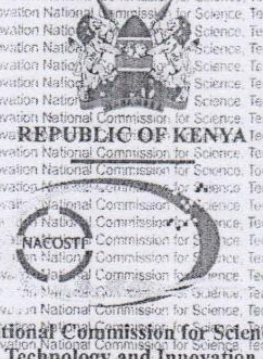
**CONDITIONS**

- 1. You must report to the District Commissioner, and the District Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.**
- 2. Government Officers will not be interviewed without prior appointment.**
- 3. No questionnaire will be used unless it has been approved.**
- 4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- 5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.**
- 6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.**

**RESEARCH CLEARANCE PERMIT**

**Serial No. A 2422**

**CONDITIONS: see back page**



**NACOSTI**  
**National Commission for Science, Technology and Innovation**



**NATIONAL COMMISSION FOR SCIENCE,  
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471  
2241349, 310571, 2219420  
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When replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O Box 30623-00100  
NAIROBI-KENYA

Ref: No.

Date:

**10<sup>th</sup> January, 2013**

**NACOSTI/P/13/3340/2210**

Armstrong Kibet Rono  
Moi University  
P.O Box 3900-30100

**ELDORET**

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on *“Effects of Drug and Substance Abuse on Employees’ Performance in Eldoret Municipal Council, Kenya”*, I am pleased to inform you that you have been authorized to undertake research in **Eldoret Municipal Council**.

You are advised to report to the **Town Clerk** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

  
**SAID HUSSEIN**  
**FOR: SECRETARY/CEO**

Copy to:  
**TOWN CLERK**  
**ELDORET MUNICIPALITY COUNCIL**

*National Commission for Science, Technology and Innovation is ISO 9001:2008 Certified*