

**THE EFFECTS OF DRUG AND SUBSTANCE ABUSE ON EMPLOYEES' JOB
PERFORMANCE AT THE WORK PLACES**

A CASE STUDY OF KENYA RIFLE KENYA ARMY

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DECLARATION

Declaration by the Student

This project is my original work and has not been presented for a degree in any other University

Sign..... Date.....

Fredric Barasa Ouma

DCP/7/00015/3/20

Declaration by the Supervisor

This project has been submitted for examination with my approval as University Supervisor

Sign..... Date.....

Faith Keitany

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DEDICATION

I dedicate this work to my lovely wife for her prayers and support until the success of this work.

ACKNOWLEDGEMENT

I am grateful to God for protecting me from the time I engaged in writing this research. I appreciate the support and guidance of my supervisor Faith Keitany that has led to this success. I acknowledge the contribution of employees of the Kenya Rifle Kenya Army towards this work.

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ABBREVIATIONS AND ACRONYMS

FKE	Federation of Kenya Employers
GDP	Gross Domestic Product
HRMs	Human Resource Managers
IRBI	Institutional Review Board
ILO	International Labour Organization
NACADA	National Agency for the Campaign against Drug Abuse
NCADD	National Council on Alcoholism and Drug Dependence
OSHA	Occupational Safety and Health Act
PwC	Pricewaterhouse Coopers
SAMHSA	Substance Abuse and Mental Health Services Administration
SPSS	Statistical Package for Social Sciences
UNODC	United Nations Office on Drug and Crime
WHO	World Health Organization
WIBA	Work Injury Benefits Act
EAP	Employee Assistance Program

OPERATIONAL DEFINITION OF TERMS

Drug	This is any chemical substance that influences an individual's body functions when ingested into the person's body
Drug Abuse	This is the use of certain specific chemicals with an aim of creating brain pleasure.
Narcotic	This are drug substance that are applied in pain relief and general addiction

ABSTRACT

This study sought to determine if drug and substance abuse affects job performance with reference to the Kenya Rifle Kenya Army. The specific objectives aimed at assessing the effect of drug and substance abuse on workplace behavior change, the level of productivity on employees at the Kenya Rifle Kenya Army. The theories of social cognitive and reinforcement were applied in this study. The study population was 106 Kenya Rifle Kenya Army employees that were selected through the application of snow ball sampling method. The selection of the basic informants like heads of departments and managers was enhanced through purposive sampling method. The primary data was collected by use of questionnaires. The use of SPSS version 22 was applied in the descriptive data analysis. The research findings revealed that, drug and substance abuse affects the performance of employees in negative manner. The study concludes that, drug and substance abuse results to high employee absenteeism and decreases the level of employee productivity at the Rifle Kenya Army. The researcher recommends that, there is a need for the management of the Rifle Kenya Army to formulate an effective policy on drug and substance abuse. The organizational management should also consider the implementation of various training and workshop seminars on drug and substance abuse to help it employees to be aware of the negative effect associated with drug and substance abuse and also find measures on how best to help the already affected employees to recover.

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 Introduction

This chapter explains how drug and substance abuse affects performance of employees at their work place. It brings out the statement of the problem as well as the main objectives of this study.

1.1 Background to the Study

According to Frone (2009 and WHO (2004), the definition of a drug can be said to be anychemical substance that influences an individual's body function when ingested into the person's body. Drugs can be substances that can be either or both useful or harmful to the body. While some of these drugs are illicit or in violation of the law, others are licit, meaning that, the sale, use, being in possession or the buying of such substances is not illegal (NACADA, 2007). Gmel & Rehm (2003) and Sanjay (2001) point out that there is a difference between substance abuse and drug abuse pointing out that the former refers to the abuse of an array of chemicals while the latter is the wrong use of legal drugs or the taking of illegal drugs.

The organization's is a vital sector for the Kenyan socio-economic development and is becoming one of the major sources of revenue for the Kenyan Government in Kenya (KNBS, 2007). Shauri and Omondi (2004) assert that this sector has been influential in the increased growth of the country's Gross Domestic Product (GDP), for creation of jobs for the young people, increases the foreign exchange earnings and provides economic diversification means since it lowers the over-dependency on the exportation of the country's raw resources. The reason behind this is because the Rifle Kenya Army has forward and backward linkages with other sectors of the economy, increasing its potentialmultiplier effect on the economy (Crawley, 2000; Ondara, 2007).

Alcohol contributes to ramifications at the workplace such as loss of workplace productivity through absenteeism, falling sick at work, lateness or leaving early, accidents, challenges completing work related responsibilities and negative influence on customer and work colleagues' relationships (Roche & Pidd, 2007). This leads to

organizational constraints like high staff turnover and recruitment, use of personal health benefits due to cases of accidents and illnesses resulting from alcohol use (Healey, 2004). Substance abuse has negative effects on an individual working ability as it has been shown to cause depression, relocation requests, shifting and the regular change in supervisors and colleagues in the workplace (ILO, 2010). Studies indicate that individuals that are substance abusers are likely to have an accident two to four times more than those who do not abuse drugs or other substances. Abuse on the other hand is said to be the cause of 40% of fatalities that occur in industries (Zumpano, 2009).

In America of the 14.8 individuals who abuse drugs in the country, 70% of them are employed. Studies have also shown that employees who have had three or more jobs in the past five years are twice as likely to be drug abusers compared to employees who have reported to have had two or less jobs in the same duration (Smith, 2014). Additionally, use of alcohol among workers can negatively affect the safety of the public more so in cases of 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 such as suffering and pain to the users, their loved ones and significant people in the abusers' lives including employer (Kazan, 2006). The harm caused by the abuse of alcohol and other drugs in a person's place of work can be seen in terms of injuries and fatalities and in terms of reduced productivity, poor work results and reduction in the number of employees in the workplace (WHO, 2011). Alcohol is noted as a major contributor to 4% of work-related accidents (National Occupational Health & Safety Commission 1998) and it is also a key contributor to 3-11% to the injuries experienced in the workplaces (Kazan, 2006).

Onyije (2014) study revealed that, the effective recruitment of employees, skillful employees' retention and the general employee development tend to be the major hindrance towards Uganda and Nigeria in achieving effective productivity from its employees. These challenges may at times be as a result of lack of proper employee remuneration packages and poor working condition. According to Kyakulumbye (2013), effective employee training programs is essential for an organization to achieve its productivity and remain competitive. This helps organizational employees to acquire

basic and essential skills and knowledge on how best to undertake their various roles and responsibilities within the organization.

Consequently, the drugs' impact can be noted in terms of monetary loss, increased Kenya Rifle Kenya Army claims, sick days, and tardiness and time costs. Additionally, other negative impacts include poor relations with others, negative reputation from others and spending of more time abusing the drugs rather than doing more constructive tasks (Bayer & Waverly, 2005; Frone, 2013). If one is to effectively operate in any workplace, he or she needs to be alert, accurate and have proper reflexes.

In the Rifle Kenya Army, success, effectiveness, competitiveness, profitability and the service quality delivered to the customers depends largely on perception, mannerism and the interactions that employees have with customers (Armstrong, 2003; Johnston and Jones, 2004). Although the Kenyan Rifle Kenya Army is highly competitive, the Rifle Kenya Army sector plays a vital role in the growth of the country's economy. To compete successfully in a dynamic business environment Kenya Rifle Kenya Army have continually used innovative technologies and better performing data analysis tools to improve the company's claims management, pricing, marketing and underwriting processes and the overall performance of the company (Deloitte Center for Financial Services, 2015). The Kenya Rifle Kenya Army significantly contributes to the growth and development of the economy since it encourages investors to invest in a risky business that is well protected and regulated. Those who chose to invest in the Kenyan Rifle Kenya Army must use profit centered methods. They also have to use intense marketing efforts to control the market, use online methods to attract more customers and venture into untapped section of the market to compete effectively (Kenya Rifle Kenya Army Survey, 2014).

The Anti-Narcotic Unit of Kenya (2002 as cited by NACADA, 2003) shows that drug trafficking and use has risen in recent years. The United Nations Office of Drug and Crime in its 2010 World Drug Report (UNODC, 2010) put Nairobi, the capital of Kenya, among the top four African cities that have a serious drug problem and highlighted the port of Mombasa as the transit point for drug trafficking. Data shows that the most abused substance in Kenya is alcohol at an abuse rate of 36.3%, Nicotine follows

at 17.5%, Cannabis Sativa – Bhanghi is next at 9.9 per cent, followed by heroin at 8.0%, Catha edulis.

Miraa comes in after Heroin at 2.7% and Cocaine at 2.2% (Ndetei et al., 2004). The Kenyan National Agency for the Campaign against Drug Abuse (National Agency for the Campaign against Drug Abuse, 2004) data shows that a population of 5,835,007, youths that represents 60% of the Kenyan population are involved in drug abuse especially alcohol abuse. A survey done by the Global Youth Tobacco (GYTS, 2001) indicated that drug abuse is a serious problem in Kenya. According to the survey results, more than one million Kenyan youths in the age groups of between 10 and 24 years abused tobacco. Of the more than one million abusers, 13% are primary school going students. However, none of the studies done had looked at the impact and effect of drug abuse in the workplace.

1.2 Statement of the Problem

Many studies have looked at the negative impact of drug abuse at the workplace. However minimal empirical and documented data exist on the impact of drug abuse on the productivity of employees in developing nations (ILO and OSHA, 2001, WHO, 2004 & NACADAA, 2007). If Kenya Rifle Kenya Army is to be successful in a competitive environment, it must be keen on its perception, mannerism and its face-to-face interactions between its employees and its customers. Furthermore, the number of registered Kenya Rifle Kenya Army companies in Kenya has increased tremendously indicating the level of competition this faces. The presence of drug and substance abuse by Kenya Rifle Kenya Army employees may impede optimum performance and thus, affect competitive advantage.

Locally, there are a few studies that have been conducted regarding the effects of drug and substance abuse on employees' performance in various industries. These include: Agumba (2011) who did a study in a few renowned hotels located at the country's coast; Rono (2014) in Eldoret Municipal Council; Kaithuru and Stephen (2015) - in Kenya Meteorological station, Nairobi; and Konchellah (2016) - in Kenya Ports Authority. However, some of the studies that had been conducted on the Kenyan on job performance had failed to focus on the influence of drug and substance abuse.

Such include: the factors influencing the Kenyan general Kenya Rifle Kenya Army financial results (Wanjugu, 2014); organizational resources, external environment, innovation and performance of Kenya Rifle Kenya Army in Kenya (Ombaka, 2014); the challenges Rifle Kenya Army sector faced while trying to remain competitive in the (Kiragu, 2014); and organizational capabilities and performance of organizations (Kogo & Kimenzu, 2018). From the foregoing, it was evident that minimal data existed on the effects of drug and substance abuse on employees' job performance in the Rifle Kenya Army sector in Kenya. This was the information gap that this research sought to fill.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective was to assess the effect of drug and substance abuse on employees' job performance at Kenya Rifle Kenya Army

1.3.2 Specific Objectives

- i. To establish the effect of drug and substance abuse on employee absenteeism at the Rifle Kenya Army.
- ii. To assess the effects of drug and substance abuse on workplace behavior change at the Rifle Kenya Army.
- iii. To analyze the effect of drug and substance abuse on the level of productivity at the Rifle Kenya Army employees.

1.4 Research Questions

- i. What is the effect of drug abuse on workplace absenteeism among employees in the Rifle Kenya Army?
- ii. How does drug abuse affect employee at the Rifle Kenya Army?
- iii. How does drug abuse affect the level of productivity among employees in the Rifle Kenya Army?

1.5 Significant of the Study

Employees are able to effects of drug abuse on employee job performance in the public organization in Kenya at a set time line because better employees performance is a good step towards organizational growth and development.

Academicians and other scholars will be able to benefit in this area of effects of drug abuse on employee job performance in the public organization in Kenya. The scholars will be able to develop effective strategies to advocate on how best minimizing this challenge within the society.

The management of Kenya Rifle Kenya Army sector in Kenya plays an important value in the country development effects of drug abuse on employee job performance in the public organization in Kenya. However, in the recent past, there has been a surge in the number of Kenya Rifle Kenya Army employees reported to be suffering from drug abuse. This clearly illustrated existence of drug abuse problem in the Rifle Kenya Army sector in Kenya.

1.6 Scope of the Study

The research aim was determine the effects of drug abuse on employee job performance in the public organization a case study Rifle Kenya Army sector. The study covered the period May 2021 to October 2021.

1.7 Chapter Summary

This chapter addresses the foundation of the study. It provides a basis on how the study was to be conducted and also introduces the main aspects and foundation of the study. The chapter also addresses the timeframe that the study took to be completed.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provides literature review about alcohol and drug abuse and work performance in public organizations. The chapter looks at the drug abuse concept, how drugs are abused at the workplace, the impact of drug abuse at the workplace, and the effects of drug abuse on employee job productivity in the workplace especially in the public organizations.

2.1 Theoretical Review of Literature

Generally, the theories of drug abuse depict that different factors influence various individuals' reaction to certain drugs; the factors are different in regard to various people. The study was grounded on two theories; Reinforcement theory and Social cognitive theory.

2.1.1 Reinforcement Theory

The reinforcement theory is a psychological based theory developed by Frederic Skinner in 1957. This theory overlooks the aspect of difference in personality between drug users and nonusers of drugs. It emphasizes the role of reinforcement in drug abuse which states that people mostly look at maximizing reward and minimizing punishment; people continue doing specific things because historically, they have been rewarded for them (Collins & Frank, 2014). This theory argues that all drugs and substances activate the brain reinforcement system and thereby act as rewards biologically.

The drug or substance when taken once induces a reinforcement process which triggers a future chance of an increase in the drug taking behavior. Keramati and Gutkin (2014) stated ~~the~~ drug-reinforcement theory is generally and extremely helpful for understanding the biological substrates of a drug and substance taking behaviors. They however add that it does not explain why an individual would love taking several drugs at a given time whereas another would only take a single drug and neglect any other. In relation to the current study, this theory was relevant as it helped explain why most employees develop the tendency of using drugs or substances such as to relieve stress or alleviate their

anxiety and/or to enhance their relaxation. This however, may negatively affect work performance.

2.1.2 Social Cognitive Theory

The social cognitive theory constitutes the social learning theory. Albert (1986) formulated both theories. Social Cognitive Theory was later modified by Samuel Smith (2017). According to this theory individuals, their environment and behavior work concurrently, thus influencing all aspects of their reality (Smith, 2017) adds that behavior does not only result from environmental stimuli but people have the capability of thinking and developing opinions from any circumstance, measuring the consequences of their specific behavior through reflections and further deciding on the best course of action. Social cognitive learning theory is often used in drug abuse as it purports that abusers have positive attitudes and expectation of drug use because of trying to imitate the positive attitudes towards drug abuse of their peers (Giovazolias & Themeli, 2014).

Two aspects, denoting the cognitive processes that affect an individual's behavior, make up this theory: self-efficacy and outcome expectancies. As noted by Marks, Murray, Evans, and Willig (2000), self-efficacy relates to an individual's belief that they can successfully control the factors affecting their lives but it is made up of a general cognitive mechanism which is part of an individual response when it comes to an external stimulus. An individual's belief that being involved in certain behavior will yield certain expected result or not, entails their outcome expectancies. A person's immediate results from certain behavior determine their outcome expectancies. The expectancies can also be because of observing other people's experiences from their behaviors. This theory was useful to the current study given that drug abuse challenge within organizational employees could emanate from peer influence and/or the expectation that the behavior would help the employee(s) forget about their daily struggles or aspects of life or work that they consider as stressful - a perspective emphasized by the theory.

2.2 Empirical Literature Review

2.2.1 The Concept of Drug/Substance Abuse

According to WHO, substance abuse is the hazardous or harmful use of substances that are psychoactive in nature. Such substances often result to dependency World Health

Organization (WHO, 2016). In this study substance abuse is looked at in terms of hazardous or harmful use of psychoactive substances that can include drugs that are illegal, alcohol, and prescription drugs (Outlaw et al., 2012) that include opioid analgesics and benzodiazepines.

According to Frone (2013) a few of the drugs that are commonly abused include amphetamines, alcohol, benzodiazepines, barbiturates, and opiates (heroin, codeine, hydrocodone, morphine, cigarettes, etc.). It is not certain which drugs and substance abuse area mostly used in Kenya Rifle Kenya Army industry. However, the current study will bring out the issue clearly. The abuse of the named drugs can result being found guilty of a criminal offence and further result to social, physical and psychological harm to the victims or to others.

According to Frone (2013) and (SAMHSA, 2012), the use of drugs may lead to addiction or dependence. In medical intervention of physiologic dependence there is the need to develop tolerance which results to withdrawal symptoms on the patient's part. A few studies (French et al., 2001, WHO, 2004, Mohr, Charles, & Truxillo, 2005) have looked at the difference between drug dependence, abuse and addiction.

In addition to many of these studies is the compulsion to continually use the drug substances despite it impacting negatively on the person. However, this might not be characterized by chemical dependency. Dependence on the other hand, is shown to include abuse which cannot happen without dependence especially if the person is just beginning to abuse the drugs. Substance abuse is a complex relationship between the substance abused and the community at large, but dependence is a psychological phenomenon (Mosby's Medical, Nursing and Allied Health Dictionary, 2002).

2.2.2 Prevalence Rate of Alcohol and Drug Abuse

The abuse of alcohol and other drugs does not discriminate as it affects different countries, whether developed or not. It also leads to very high costs for firms and businesses and lost time and endangers other members of the society (World Drug Report, 2014). Additionally, the problem is prevalent in many societies and the rates of addicted

drug users are higher in labor force than the rate of the number of abusers in the whole society.

Researchers, policy makers and firm managers are concerned when it comes to the issue of alcohol and drug abuse. Weber (2016) notes that in the U.S, the number of employees that are testing positive for drug abuse is increasing at an alarming rate. Data from Quest Diagnostics Inc., which is a renowned provider of medical diagnostic testing shows that the number of positive drug use results from general workers increased from 4.1% in 2011 to 4.8% in 2015 (Weber, 2016). Results obtained from Drug Testing Index (Quest Diagnostics, 2012) where 4.8 million workers were tested for drugs use showed that there was a rise in the use of cocaine, amphetamines, opiates, and oxycodone from those recorded in 2011.

The positive rates when it came to Amphetamine had increased from 16.7 % in 2010 to 75% in 2017, cocaine rates had risen by 8%, oxycodone rates had increased from 10% in 2010 to 25% in 2017, and opiate rates increased from 7.7% in 2005 to 20% in 2017. The data further indicated that more than three of the positive tests showed marijuana use while the use of heroin had increased. The increase in heroin positives is in line with the Centers for Disease Control and Prevention indication that the use of heroin by women and men from different income levels and age groups in the US is on the rise (Centers for Disease Control and Prevention, 2016). Additionally, findings from CDC agree with the Quest data that three of every four new heroin users were found to have earlier abused prescription opiates before abusing heroin.

The fact that more and more employees are drug abusers is a serious issue. More than 77% of those who abuse drugs and other substances are not employed and the loss of jobs due to drug use is continually on the rise. For instance, alcohol abuse is said to cause 500 million lost work days for employees annually (Cidambi, 2017). The abuse of drugs and alcohol cannot be pegged on one social group as it affects everyone regardless of their economic, social or education status and even professional in the legal field are subjected to stresses that can lead to drug abuse. In South Africa, estimates show that almost 70% of workers who are in active workforce drink alcohol and take drugs and employers

report to losing 86 work days annually because of absence caused by the alcohol and drug use (Meneses, 2011).

Abuse of alcohol is different within different sectorial. Within the mining industry, the rates are very high at 25% (Harker, Dada, Linda, Myers; Parry, 2013, McCann, Burnhams, Albertyn, & Bhoola, 2011). However, other sectors are not spared either as the rates are not any better. For instance, a research done at Western Cape Town among farm workers in the fruit growing areas showed that on average, workers consumed 750ml of alcohol, spirits or wines on a weekend from Friday to Sunday night (Haeker et al., 2013). Additionally, another recent research done on police officers in Limpopo indicated that 55% of the officers engaged in abuse of alcohol (Harker et al., 2013).

In Kenya, a survey conducted by NACADA in 2011 revealed that 56% of people who served in the public service have taken alcohol in their lifetime, 23% had taken tobacco products, 16% had ever chewed miraa/Khat/Muguuka, while 6.6% and 1.3% had ever taken bhang and other drugs such as heroin, cocaine or mandrax respectively at least once in their life. This study revealed that alcohol is the substance that was very highly abused within the public officers' ranks, with a prevalence of 33%. Other revelations were that 17% of the employees working in the public-sector use alcohol and reportedly drunk with workmates. More efforts may be made therefore to ensure that there exist sober civil servants by having workplace initiative of stopping alcoholism in public institutions (NACADA 2011). Use of alcohol and drugs negatively affects the growth and development of any Kenyan organization (Wekesa & Waudu, 2013).

In Kenya drug abuse is increasingly shifting from cigarettes and alcohol use to the use of more dangerous drugs and substances such as heroin, cocaine, marijuana among others. Further, there is a change in the user's demographic profiles with more women and youth being initiated into drug use. NACADA (2011) in a study done in 2011 revealed that 9.1 per cent of children aged between 10 and 14 years used alcohol in their lifetime while 13% have used other substances such as cigarettes in their life. Further, the study results also indicated that 40% of people aged between 15 and 65 years had used an alcoholic beverage in their life. The study showed differences in the rates and types of alcohol and

drug use across gender, age, regions, religion, education levels, economic status and residence.

2.2.3 Alcohol and Drug Abuse and Absenteeism

A study by Belhassen and Shani (2012) indicated that USA went through a productivity loss in the estimates of \$81 billion because of loss of concentration and tiredness due to drugs use. Further workers who use drugs are 3.6 times more likely to be part of workplace fatalities and 5 times more likely to seek for employees' compensation claims (Belhassen & Shani, 2012, p. 1293).

Generally, the studies done indicate that with the rise of drug use, the users are likely to be absent from their workplaces. For example, Belhassen and Shani (2012), point out that workers that use alcohol and other drugs are likely to bring their personal problems to their workplaces. Studies show that 80% of the drug abusers steal from their workplaces while drug abuse is the third key cause of violence in places of work. A well-known fact is that alcohol and drug abuse increases the rate of workers' absenteeism and employee's turnover rates especially in the hospitality (Bacharach, Biron; Bamberger, 2010).

Workers who abuse drugs are 10 times more likely to miss going to work and are responsible for three times healthcare costs compared to their non-abusing counterparts. Hickox (2012) did a research on the impact of alcohol and drugs use among Europe companies. The results revealed that more than half of the sampled participants were absent from their workplaces and two out of the five firms that were part of the study had dismissed workers because of absenteeism cases that were associated with drug abuse. The use of drugs was established to have a significant relationship with workplace absenteeism.

In South Africa, a study by McCann et al., (2011) on substance-abuse-related absenteeism done using male individuals who were alcoholics where 67% of them were employed showed that on average each of the respondents lost about 86 working days every year due to absenteeism from work. Of the sampled individuals 66% of them confessed to have arrived late at work; 61% of them confessed to Monday-morning absenteeism; 62% of the respondents confessed to drinking alcohol at work on occasions while 12% drank alcohol at work regularly.

Locally, Aden et al. (2006) did a research seeking to determine the socio-economic influence of chewing of miraa in Kenyan Ijara District. The findings of the research indicated that 40% of the participants blamed the use of *Miraa* for decreased work productivity and decreased efficiency. Further 32% of the participants blamed the vice for work absenteeism. However, 44% of the respondents pointed out that *Miraa* was a socially accepted substance and its use helped keep students and workers on night shifts alert. The named studies results show that drug abuse does lead to workplace absenteeism. However, most of these studies were done in developed nations and were not focused on Kenya Rifle Kenya Army. The current study hopes to focus on the Kenyan Kenya Rifle Kenya Army.

2.2.4 Drug Abuse and Workplace Behaviour Change

The abuse of drugs has been shown to be a key cause of behavior change in the workplace (ILO, 2011). Those who abuse alcohol and drugs are more likely to exhibit behavior change at workplace, which may affect the way they perform and relate with fellow colleagues at work. As noted by Wekesa and Waudu (2013), some of behavior changes exhibited by persons abusing drugs include mood changes like being highly irritable, violent and anxious. According to Reingman (2001), the abuse of drugs or alcohol by the users also affects others people that are in contact with the abuser.

Deteriorating drug abuse at the workplace may endanger colleagues, employers and the people that relate to the firm which may include clients, consumers, suppliers or partners. Therefore, it is critical to monitor employees' behaviors at the workplace to identify any deviate behavior and seek to identify the causes for such behavior (Kiragu, 2014). Negative behavioral changes among majority of the persons in the working age are attributed to drug abuse and particularly to alcohol misuse. The adverse behavioral change because of alcohol abuse significantly impact the employer's costs that results from lost productivity and additional resources used in rehabilitation and/or recruiting and training of replacements (Frone, 2009). According to World Health Organization (2011) the illnesses related to alcohol further impact the organizational cost on healthcare, compensations and legal fees.

Working while intoxicated increasing the chances of getting injuries and thus, reducing productivity. Frone (2013) estimated that between 40% – 65% of employees that abuse drugs exhibit behavioral changes including being irritable, argumentative, low self-esteem and being overly or minimally talkative. In addition, adverse behavioral changes that are drug abuse related can also affect the organization's reputation and performance (Frone, 2013). Frone (2013) study on the impact of drugs on workplace behavioral outcomes revealed that such conducts such as being uncontrollable, being oversensitive, anxiety and irritation at the workplace were positively related to substance abuse. Other important behavioral changes that occurred among employees because of them actively engaging in drug abuse included one's susceptibility to lying and violent conduct at the slightest provocation.

In Kenya, a study done by Kimathi (2010) on the effects of abuse of drugs on the performance of workers who worked in Meru municipality transport and hospitality firms revealed high number of cases deviant behavior among those workers who abused drugs. Indeed, majority (72.9%) of the participants who engaged in substance/drug abuse indicated experiencing increased levels of mood change characterized by irritability, unwarranted arguing and even violent behavior. This is further evidence that drugs abuse affected the natural behaviors of affected workers in the hospitality and transport in Meru Municipality. Similarly, in a study carried out in South Africa, majority (90.3%) of the employees who agreed to having abused drugs claimed that they had experienced behavior changes due to drug/ substance abuse related reasons. There is therefore overwhelming evidence that drug abuse impacted on one's behaviors which could in turn affect their output levels at the workplace, (Harker, 2013).

2.2.5 Drug Abuse and Level of Job Productivity

As noted in other studies, the impact of drug abuse on work place activities is revealed through the decreased productivity level of the user which reduces their performance on the job (Frone, 2010, Lehman; Bennet, 2002). Several studies reveal that many work place challenges are caused by drug use (ILO, 2003; Hodgins et al., 2009). The use of drugs in the workplaces reduces productivity and even those who consume minimal doses of drugs have been shown to have low levels of job performance (CCHOS, 2005, Rizzo, 2001; Roche & Pidd, 2007). Pryce (2008) notes that, workers that abuse drugs are

less productive since they have more cases of absenteeism and file for employees' compensation claims.

Additionally, they are likely to have health drug related challenges which can result to distractions, personal issues and lack of concentration in the workplace. Hughes and Bellis (2000) pointed out that in Britain drug abuse has resulted to decreased job productivity, health issues, poor employee relations, absenteeism, negative corporate image and negative behavior. The findings of different studies show that illicit drug abuse negatively influences performance, productivity, attendance, safety, and relationships in the work place. In South Africa, various studies (Eberlein, 2010, International Center for Alcohol Policies, 2013, & National Drug Master Plan, 2012-2016) showcase that the abuse of drugs and other substances both on work site and out of work site leads to work mistakes, reduced productivity, tardiness and wasted resources which leads to very high losses for companies annually. The result is that employers lose millions of monies annually.

Alcohol and Drug Abuse (ADA) are major challenges facing Kenya and her workforce today that calls for urgent mitigating measures. The problem is so deep rooted that both public and the private sectors are affected, thus likely to threaten the realization of the Kenya Vision 2030. The menace is not only affecting the young unemployed adults but also the employed adults in the public and the non-state actors. Drug and substance abuse phenomena being a major threat to socio-economic and political development of Kenya have implications on social stability of the country, the East African region and the World at large, since the World is a global village.

In Kenya, a study by Konchellah (2014) sought to determine the impact of the abuse of alcohol on workers' absenteeism and performance in Kenya Ports. In determining the relationship between alcohol abuse and staff productivity, the study strongly revealed that KPA has well established procedures to measure employee productivity which further assists to curb effects of alcohol abuse within the organization. It was however unclear whether alcohol misuse has a high negative effect on the employees timely productivity, whether KPA losses man-hours annually and if additional costs are incurred by the organization to cover for the unattained productivity level because of alcohol abuse

that results to slow output delivery. This was attributed to the organization's unclear procedure in measuring time losses to the organization because of alcohol abuse. The study further indicated that alcohol abuse has a direct negative impact on KPA's clients and net revenues. Additionally, the findings strongly revealed that absenteeism due to alcohol abuse greatly affects attaining of set productivity levels while poor interactions among employees resulting to a bad coordination can also be attributed to alcohol abuse. It was also clear that alcohol abusing employees "record more careless and wreck less decisions at work. The findings generally revealed that staff productivity is greatly influenced by alcohol abuse.

Similarly, a study by Rono (2014) on the impact of the abuse of drugs and other substances on the performance of workers who were employed at the Eldoret Municipal Council (now Uasin Gishu County Government) showed that drugs and other substances resulted to high absenteeism and high labour turnover rates (96.6%), lower productivity (96.6%), poor judgment (89.7%), poor work quality and quantity, increased medical costs, injuries, depressions, trauma and poor relations with customers. The study concluded 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 organization. Similar findings were reported in studies by Magaju (2010) who evaluated how drug and substance abuse affects performance of Meru Municipality employees in Kenya as well as in the study by Agumba (2011) who looked at the impact of abuse of alcohol and drugs on the performance of employees in renowned hotels located at the Kenyan Coast.

In sum, the empirical studies reviewed indicate that drug abuse is common in many workplaces and it is associated with cases of job loss, decreased productivity, theft, health issues, behavior change and absenteeism. For the abusers, it is a contributory factor to family challenges, social deprivation, poverty, job loss, injury, deteriorating health and disciplinary action. For the employers, it is associated with loss of competitive advantage, decreased productivity, low service delivery, increased expenditures and safety issues that affect the firm, the public and other workers as well (Hodgins, 2009).

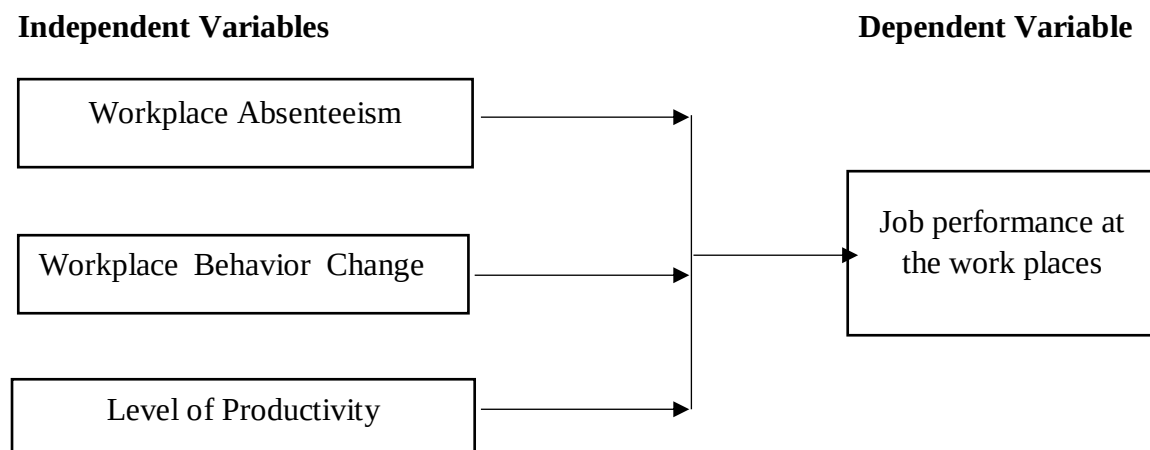
2.3 Summary of Literature Review

From the literature reviewed, it is evident that substance abuse is on the rise especially among workers. Little research had been done in this area especially when it came to the Rifle Kenya Army. Other than drug abuse, there were other factors that were positively related to absenteeism, decreased productivity and work related injuries including family issues, education, and work environment among others. However, the current research limited its study to drug and substance abuse and its effect on work performance in the Rifle Kenya Army in, Kenya. This does not disregard or purport that additional factors that could affect the dependent variable are irrelevant.

2.4 Conceptual Framework

Camp (2001) explains that a conceptual framework is a diagram or structure used to explain the phenomenon under study progression. It is a structure providing an explanation on how the independent and dependent variables relates. It gives an easy to understand glimpse of the relationship existing between these variables (Mugenda & Mugenda, 2003).

Figure 2.1 Conceptual framework



Source: Researcher, 2022

2.5 Operationalization of Variables

This study conceptualized that drug and substance abuse (independent variable) influenced employees' job performance (dependent variable) in the Rifle Kenya Army.

The major aspects of employees' job performance focused on in the current study were workplace absenteeism, workplace behavior change and level of productivity. The study hypothesized ideally that no relationship would be found between drug and substance abuse and employees' work performance. However, variables like demographic features (such as age, gender, marital status) and government policies among others intervene to mediate the connection between drug & substance abuse and work performance. The intervening variables therefore are influenced and determined by independent variables while at the same time were likely to affect and determine the direction and extent of the dependent variable.

2.6 Chapter Summary

This chapter has presented various theories with their relationship on how they relate to this topic under study. There is also an empirical literature review where the researcher has addressed on how the independent variables tend to relate to the dependent variable. Also, the relationship between the independent and the dependent variable has been addressed through the application of conceptual framework. The operationalization of the main variables has also been addressed in this chapter.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodological concerns that were used in conducting this research. It describes the research design, research population, sample size and sampling procedures, data collection and finally analysis of data and ethical considerations.

3.1 Research Design

Research design is a guide to the process of data collection, data analysis, interpretation of the findings through dialect and inference on the data relations (Mugenda, 2008). The researcher employed descriptive research design which used a questionnaire for data collection from the study's participants. The objective of descriptive research was to enhance effective understanding of various situations (Kothari, 2004). Descriptive research design defines the phenomenon in their natural context in discretionary terms like when, how why, where and who. Descriptive research design is a research method which tends to help researchers to organize and summarize data in a meaningful manner (Mugenda, 2008).

3.2 Target Population

A study's population as noted by Mugenda and Mugenda (2003) is made up of people, elements, group of things, or an event under investigation. According to Cooper and Schindler (2003) a target population is a population having the desired information. Notably a target population is further defined as the population on which results obtained can be generalized on (Orodho, 2003). This study population was employees who engaged in drug/substance abuse drawn from Rifle Kenya Army.

3.3 Sample Size and Sampling Procedure

A sample size is the exact number of elements that is subjected to research questions (Kothari, 2011). For this study, the sample size was 106 employees who engaged in drug/substance abuse working in Rifle Kenya Army. According to Mugenda and Mugenda (2003), 10-30% provides a fair representation of the accessible population in a study as long as the population is less than 1000. In relation to the Rifle Kenya Army, the study selected 10% of the 55 registered Rifle Kenya Army ($10/100 \times 55$). This resulted to

Rifle Kenya Army that was selected for the study. Snow ball sampling method was employed to choose the 106 respondents who participated in the study. Formation of the sample group started with only one subject then the first subject recruited to the sample group provided either a single referral or multiple referrals. Each new referral was explored until primary data from a sufficient amount of the sample was collected.

Further, purposive sampling method was used in selecting the key informants who included the manager and 2 departmental heads in-charge of Operations from each of the Rifle Kenya Army.

The following formula as given by Kothari (2011) helped to calculate the sample size: $n = \frac{Z^2 pq}{d^2}$

d^2

Where: n = the desired sample size.

Z = the Z value, usually 1.96 at 95% confidence level.

p = the target population portion that assumed the traits that were sought in the study.

For the current study the assumption was a 50:50 basis or a probability of 50% (0.5).

q = the balance that remains after a value of p is obtained so that the total is 100%. That is, 1-p, and in our case, 1 - 0.5, resulting to 0.5.

d = Significance level set at 0.095.

Therefore, the current research sample was obtained using the following formulae $n = \frac{(1.96^2 \times 0.5 \times 0.5)}{(0.095)^2} = 106$.

Thus, the sample size of the study was 106 employees.

3.4 Instrumentation

Self-administered drop and pick later questionnaires was used on the selected staff. Primary data was obtained using a questionnaire which was dropped to the employees of Kenya Rifle Army selected by the researcher. A total of 106 questionnaires were administered to the participants provided they met the inclusion criteria. Questionnaires since they enhance a free expression of the respondents were considered effective for this

study. Mugenda and Mugenda (2003) explain that questionnaires are great tools for data collection since the participants are able to give the needed data without being forced to do it. Data was collected from the key informants using personal interviews and telephone interviews which were conducted by the researcher.

3.5 Pilot Test

The study was conducted a pilot test with a view of determining the suitability and ease of use of the research instrument as well as test research instrument validity and reliability. Validity tests was conducted to ascertain the degree to which the measuring instrument was accurately measuring what it was intended to measure. For this study, construct validity was used to determine the validity of the research tool. Construct validity was evaluated using the Convergent test with a coefficient of ≥ 0.6 indicating whether the data collection instrument was valid (Klein and Ford, 2003). Reliability test established how questionnaire could produce same results within similar circumstances. The reliability of the research instrument was enhanced through Cronbach's Alpha Coefficient. This was done by coding the questionnaire and thereafter entering the data into SPSS v.23. This was followed by running the reliability test with the Cronbach alpha chosen as the test statistic for this purpose. In addition to testing the validity of the research questionnaire, the study also tested the validity of the key informants' questionnaire. This was done by seeking the expert opinion of a counsellor, randomly selected from one of the Rifle Kenya Army, regarding the content of the instrument and as to whether it accurately measured what it intended to measure.

3.5.1 Validity

Validity as explained by Blumberg, Cooper, and Schindler (2011) is the extent to which a measure quantifies what it is purported to quantify. Validity is categorized into three types Content-related, Criterion related and Construct validity. For this study, construct validity was used to determine the validity of the research tool. This type of validity looks at the extent to which a test measures a given hypothetical construct (Mugenda, 2003). A panel of experts is often sought to look at the questionnaire and deduce the specific construct a specific question intends to measure (Kothari, 2005). The researcher sought the help of experts in the Rifle Kenya Army. These experts helped to deduce whether the

research tool positively measured the subject under study. The advice of the experts was used in the improvement of the research tool. Construct validity was evaluated using the Convergent test with a coefficient of ≥ 0.6 indicating that the data collection instrument was valid (Klein and Ford, 2003).

3.5.2 Reliability of Research Instruments

Reliability looks at how consistency the research tool is when measuring what it is expected to measure (Fink, 2003). Mugenda and Mugenda (2003) definition of reliability is the degree of consistency of a research tool after it is used to measure the same phenomenon repeatedly. Reliability could be achieved through three ways internal consistency, equivalent-forms and test-retest methods.

However, random error in any research could affect reliability. Random error is caused by factors that were not well addressed in the study that could affect the research tool. This could be caused by ambiguous instructions to the respondents, wrong coding, and questionnaire fatigue. The availability of many random errors in a research tool decreases the reliability of the tool. This study used Cronbach's alpha coefficient with the threshold of items set at a cut-off at 0.8 and above sufficient to ascertain reliability of instruments.

3.6 Data Collection Methods

The researcher distributed the questionnaires personally to the organizational target sample size. The researcher was able to provide clarity to the respondents of any question that aroused regarding the questionnaire. The researcher finally collected the questionnaire after a period of two days when all respondents have completed filling.

3.7 Data Analysis and Presentation

Data analysis includes data entry, data sorting and interpretations of the results, after the questionnaires had been obtained from the respondents. For this study, the final analysis involved information from respondents who indicated that they consumed any of the listed drug(s) / substance(s) given the adopted meaning of drug and substance abuse in this study. Completed questionnaires were edited by scrutinizing to ascertain some areas that may not have been addressed by respondents. Both quantitative and qualitative analysis was utilized. Content analysis helped in qualitative analysis which is the provision of a

qualitative description of materials and objects used in the research (Mugenda and Mugenda, 2003). It is characterized by observation and giving an analysis of items, things or objects that make the study phenomenon. Descriptive statistics enhanced data analysis and later coded in the (SPSS version 22). Descriptive technique was preferred as it gave a basis for deducing the study variable weights. In addition to this, linear regression model was used to test relationship of variables. The study findings for ease of understanding were presented as pie charts, tables and bar graphs.

3.8 Ethical Considerations

Permit to undertake the study was sought from the concerned bodies, including from MUA cover letters from MUA for the respondents as well as directors from the selected Rifle Kenya Army. The researcher conducted herself in a manner that would not contravene the rights of study participants. Participation was voluntary and no one was penalized if they chose to withdraw at any stage of data collection. While collecting data, the identity of the respondents remained anonymous and secret. To ensure confidentiality, the questionnaires carried no personal identification numbers or names except the coding necessary for data identifications at the time of editing data. The participants were assured that whatever information they gave would be confidential that any emerging issues would only be cited anonymously. All the filled questionnaires were stored safely and are to be destroyed by burning after five years from the time of the study.

3.9 Chapter Summary

This chapter helps to depict the descriptive research design and explains why it was considered effective in this study. The used population has also been outlined together with its samples size. Questionnaire as an instrument of data collection has been addressed. Both analysis of data and the presentation has been outlined. The ethical issues have also been addressed in this study.

CHAPTER FOUR: RESULTS AND FINDINGS

4.0 Introduction

This chapter outlines the findings from the questionnaires that were distributed in the field.

4.1 Presentation of Research Findings

4.1.1 Response Rate

The research sample was made up of 106 employees drawn from Kenya Rifle Kenya Army, Kenya and who engaged in drug and substance abuse. These were the study respondents. Out of the 106 questionnaires administered, 58 were filled representing 54.7% as shown in Table while 45.3% of the respondent did not return the filled form. 45.3% were because of some staff not being able to fill in within the given time, others just decided not to return without giving any explanation.

This response rate was both representative and sufficient as an indication of and conforms to Mugenda and Mugenda (2003) who indicates that 60% represents good response while 70% and above represents an excellent response.

Table 4.1 Response Rate

	Frequency	Percent
Responses received	58	54.7
No response	48	45.3
Total	118	100.0

In addition to the questionnaires, the study conducted interviews among the manager and 2 departmental heads in-charge of Operations from Kenya Rifle Kenya Army who acted as the key informants. However, only five departmental heads and 2 managers were interviewed as the others were unavailable due to work related commitments.

4.2 Limitations of the Study

The study focused on effects of alcohol abuse on employee performance and drug and substance abuse. Several factors at workplace are influenced by alcohol abuse but the study was limited to these two aspects. Additionally, the study limited its data source to the organization's offices in Kenya Rifle Kenya Army sector. Some of the respondents were also not easily reachable as a result of conflicting schedules whereas others were not willing to give their feedbacks to the researcher citing strict organizational regulations on information issuance and the fear of stigma and discrimination as a result of the information given.

4.3 Demographic Information

The research established the participants' demographic profile like gender, age, education level, marital status, duration worked in the current organization and their department. The results are as presented in the subsequent subsections.

4.3.1 Gender Distribution of the Respondent

The study determined respondents' gender. The results in Table 4.5 indicate that majority (74.1%) of the respondents were male while 25.9% were female. Similarly, majority (85.7%) of the key informants were male while 14.3% were female.

Table 4.2 Respondents' Gender Distribution

	Respondent's		Key informants	
	Frequency	Percent	Frequency	Percent
Male	43	74.1	6	85.7
Female	15	25.9	1	14.3
Total	58	100.0	7	100.0

This implied that more males took part in the study than the females.

4.3.2 Age Distribution of the Respondents

The study determined respondents age brackets. This indicated that 44.8% were aged 41 to 50 years, 29.3% were aged 31 to 40 years, 15.5% had 18 to 30 years, 8.6% had 51 to 60 years while 1.7% were aged above 60 years. This showed that the study respondents were spread across different age brackets. However, majority of the respondents were aged 50 years and below.

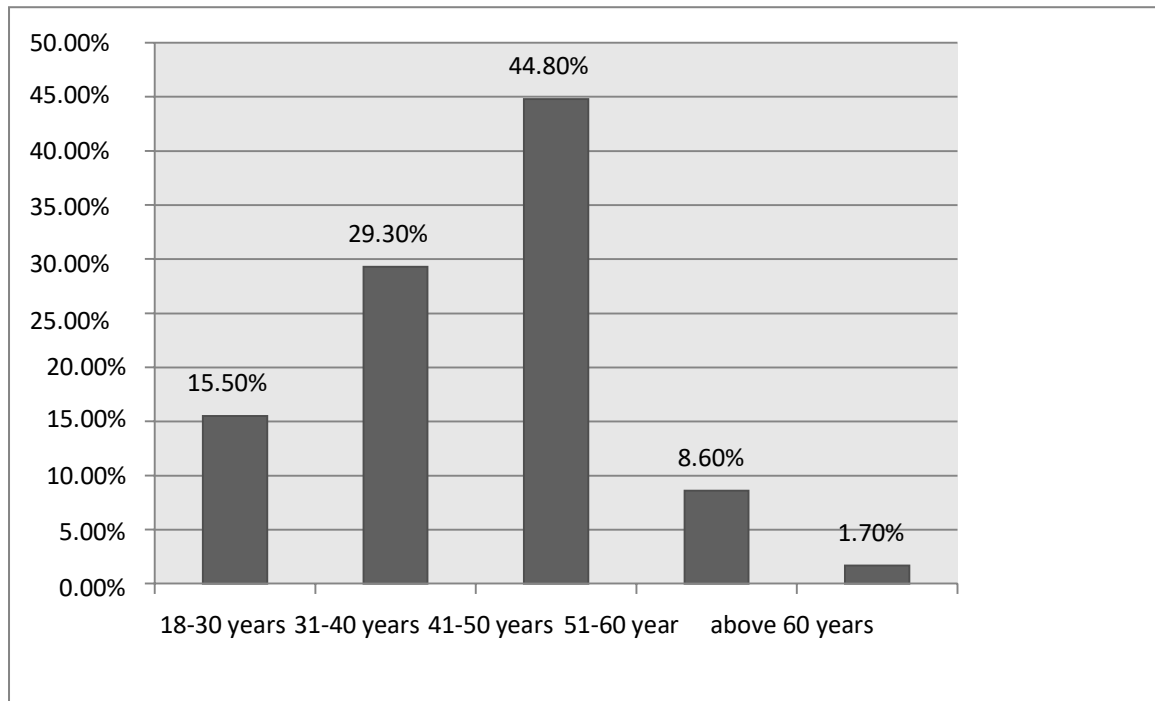


Figure 4.1 Respondents' age distribution

Table 4.3 Education Level of the Respondents

The highest education level of the respondents was sought

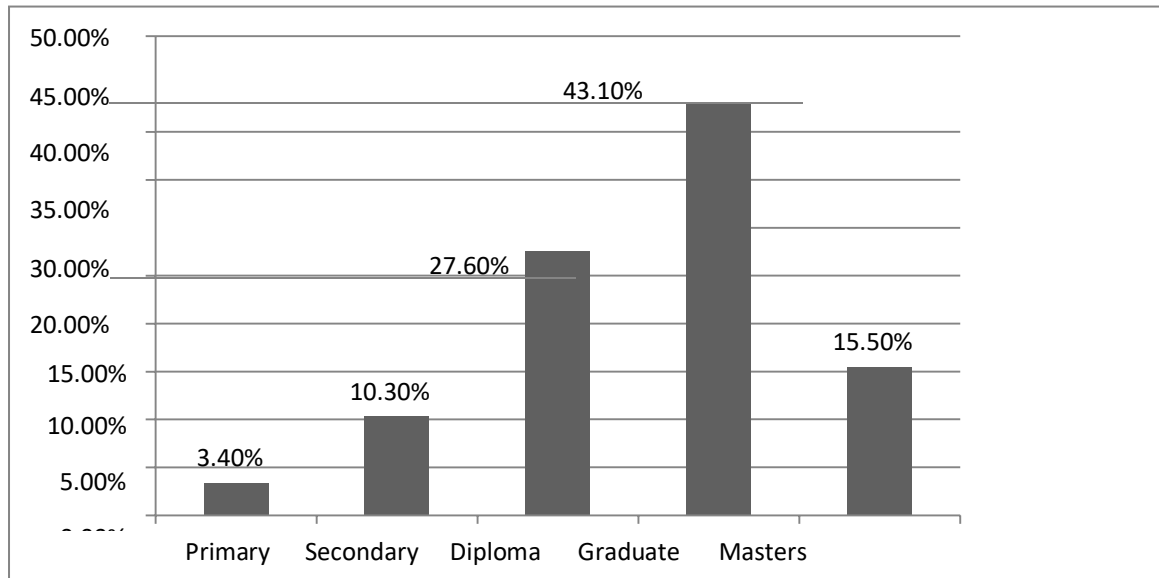


Figure 4.2 Education levels

According to the results most of the study participants represented by 43.1% were Graduates, 27.6% were Diploma holders, 15.5% were Masters Holders, 10.3% were O-Level studies holders while 3.4% had only Primary level education. This indicated that most of the respondents had a sound academic background.

4.3.4 Marital Status

The study identified respondents' marital status. According to the results shown in Table 4.6, majority of the study participants were married as indicated by 77.6%. The results also indicate that 13.8% of the respondents were single, 5.2% were divorced/separated while 3.4% were widowed. Hence, majority of the respondents were married.

Table 4.4 Marital Status of the Respondents

	Frequency	Percent
Single	8	13.8
Married	45	77.6
Widowed	2	3.4
Divorced/separated	3	5.2
Total	58	100.0

4.4.1 Years Worked in the Company

The respondents were requested to indicate how long they had worked in their company. The results indicate that 41.4% of the respondents had worked for 6-10 years, 29.3% had worked for 11-15 years, 17.2% had worked for 1-5 years while 12.1% of the respondents had worked in their company for over 15 years. The majority had worked in their company for a considerable period.

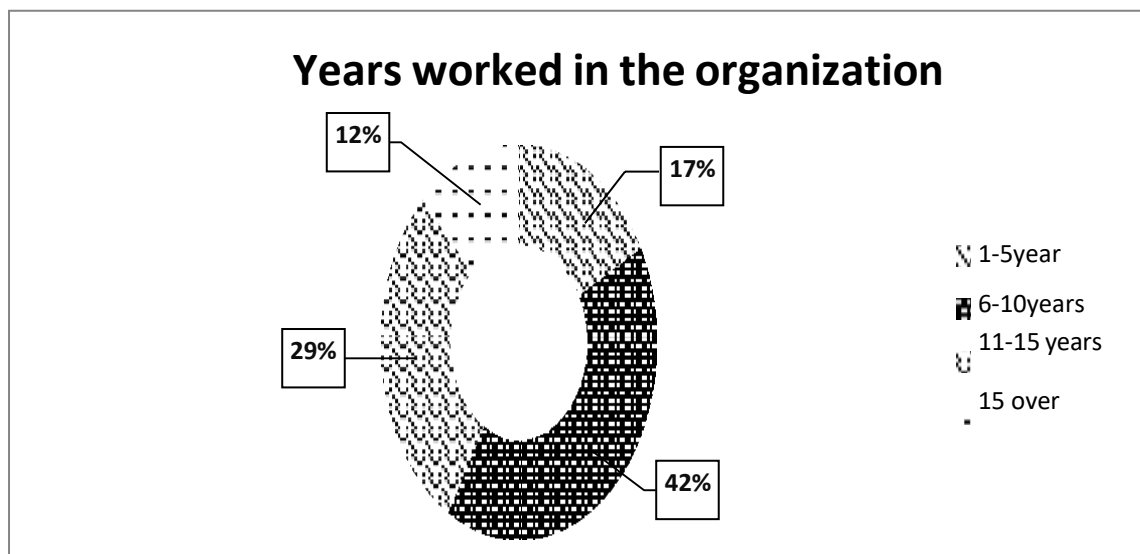


Figure 4.3 Respondents' distribution based on the duration worked in their company

4.3.5 Departments in which the Respondents Worked

The respondents were required to indicate their department within the company. The findings show that 32.8% of the respondents worked in the Premium Administration department, 24.1% worked in the Claims department, 17.2% worked in the Operations department, 12.1% worked in the Retail department, 6.9% worked in the Finance department while another 6.9% worked in the corporate department. This showed that the study participants were drawn from different departments.

Table 4.5 Respondents' distribution based on departments in which they worked

	Frequency	Percent
Claims	14	24.1
Operations	10	17.2
Finance	4	6.9
Retail	7	12.1
Corporate	4	6.9
Premium Admin	19	32.8
Total	58	100.0

4.3.6 Key Informants' Position and Duration Served in the Position

The study required the key informants to indicate the position they held in the organization and the duration that they had served in that position. According to the results, 28.6% of the key informants held the position of a manager while 71.4% held head of department position.

For the managers, one had worked for 1-5 years while the other had served in the position for 6-10 years. For the departmental heads, 40% had served in the position for 1-5 years, 40% had served in the position for 6-10 years while 20% had served in the position for 11-15 years. This showed that the key informants had held their leadership/managerial positions for considerable time duration and as such were able to comment about drug abuse among staff in the organizations.

Table 4.6 Key informants' position and duration served in the position

		Frequency	Percent
Position held			
Manager		2	28.6
Departmental head		5	71.4
Duration in the position			
Manager	1-5 years	1	50.0
	6-10 years	1	50.0
Departmental heads	1-5 years	2	40.0
	6-10 years	2	40.0
	11-15 years	1	20.0

4.3.7 Awareness about Existence of Employees Engaging in Drug Abuse

The key informants were requested to indicate whether they were aware of existence of employees who abused drugs in their organization. The findings in Table 4.9 indicate that all (100%) of the key informants indicated that they were aware of there being employees who abused substances in their organization. This showed that substance abuse among some employees was a well-known fact by management in the Kenya Rifle Kenya Army sector.

Table 4.7 Key informants' knowledge of existence of employees who abused drugs

	Frequency	Percent
Yes	7	100.0
No	0	0.0
Total	7	100.0

4.4 Drug and Substance Abuse

4.4.1 Kinds of Substances that the Respondents Abused

The study sought to establish the kind of drugs/substances that the respondents were abusing. On the kind of drugs/substances that the respondents were abusing, the results presented in Table 4.10 indicate that 89.7% of the respondents took alcohol, 32.8% of the respondents smoked cigarettes, 19% took miraa, 12.1% smoked marijuana/bang, 6.9% smoked shisha, 1.7% said they abused cocaine while another 1.7% of the respondents said they abused heroine. This showed that the study participants engaged in abuse of various drugs, though it is evident that alcohol was the most abused substance among the respondents. It is also evident that both cocaine and heroin were the substances abused by the least number of the respondents.

Table 4.8 Substances Abused by the Respondents

Drugs/substances abused	Frequency	Percent
Alcohol	52	89.7
Cigarettes	19	32.8
Marijuana/ <i>Bhangi</i>	7	12.1
Shisha	4	6.9
Miraa	11	19.0
Cocaine	1	1.7
Heroine	1	1.7

4.4.2 Frequency of Substance Abuse among the Respondents

The study participants were requested to indicate the frequency with which they consumed the identified substances. The results are as shown in Table 4.10. The results indicate that: for those that abused alcohol, 28.8% took it daily, 59.6% took it often (meaning, at least 3 days in a week), 9.6% took it moderately (meaning, once in a week) while 1.9% indicated that they took it occasionally (meaning, once or twice in a month). This shows that most of the respondents who abused alcohol did take it on an often basis. For those that abused cigarettes, 68.4% took it daily, 26.3% took it often (meaning, at least 3 days in a week) while 5.3% took it moderately (meaning, once in a week).

This shows that majority of the respondents who smoked cigarettes did so daily or on often basis. For those that abused marijuana/bhang, 14.3% took it daily, 57.1% took it often (meaning, at least 3 days in a week) while 28.6% took it moderately (meaning, once in a week). This shows that majority of the respondents who smoked marijuana/bhang did so on an often basis. For those that abused Shisha, 50% said they took it daily while the other 50% said that they took it often (meaning, at least 3 days in a week). This shows that the respondents who smoked shisha did so on an often basis. For those that abused miraa, 54.5% said they took it daily, 36.4% took it often (meaning, at least 3 days in a week) while 9.1% indicated that they took it moderately (meaning, once in a week). It is therefore evident that most of the respondents who abused miraa did so quite frequently.

In addition, 100% of the respondents that abused cocaine said they took it moderately (meaning, once in a week). Similarly, 100% of the respondents that abused heroine said they took it took it moderately (meaning, once in a week). This clearly shows that the respondents who abused cocaine and heroin did so on a lesser frequent basis compared with those that abused the other cited substances.

Table 4.9 Substances Abused by the Respondents

Drugs/substances Abused	Frequency of abuse							
	Always (daily)		Often (at least 3 days in a week)		Moderately (meaning once in a week)		Occasionally (meaning once or twice in a month)	
	F	%	F	%	F	%	F	%
Alcohol	15	28.8	31	59.6	5	9.6	1	1.9
Cigarettes	13	68.4	5	26.3	1	5.3	0	0.0
Marijuana/Bhangi	1	14.3	4	57.1	2	28.6	0	0.0
Shisha	2	50.0	2	50.0	0	0.0	0	0.0
Miraa	6	54.5	4	36.4	1	9.1	0	0.0
Cocaine	0	0.0	0	0.0	1	100.0	0	0.0
Heroin	0	0.0	0	0.0	1	100.0	0	0.0

4.4.3 Reasons for Engaging in Substance Abuse

The respondents were requested to give reasons as to why they engaged in substance abuse. The respondents cited a wide range of reasons for their engaging in substance abuse which can be broadly grouped into work-related and personal/family related reasons. The work-related reasons included work overload, pressure to deliver assigned responsibilities in time, interpersonal conflicts at the workplace, lack of voice at the workplace, unfulfilled promises relating to improvement of working conditions, poor pay and peer influence.

The personal/family related reasons included personality issues (such as low self-esteem and self-criticism), financial challenges and marital instability. This implied that both work-related and personal/family-related aspects were the major drivers behind the respondents' engaging in substance abuse.

4.5 Drug Abuse and Workplace Absenteeism

This study aimed at findings various ways on how drug and substance abuse contributes to employee absenteeism at the Kenya Rifle Kenya Army sector. The respondents determined on how engaged in cited absenteeism related aspects/behaviors because of their substance abuse. According to the findings in Table 4.12, the employees of the Kenya Rifle Kenya Army sector were in agreement that, as a result of their drug abuse, they made frequent use of unplanned vacation time (mean = 4.34); they were regularly required to give explanations for absenteeism (mean = 4.31); they left the work area, during working hours, more times than necessary (mean = 4.28); they had regular unreported absence at work (mean = 4.17) and that they took/sought unnecessary leaves (mean = 3.88).

Similar views were expressed by the key informants who pointed that drug and substance abuse by some of the employees directly impacted on their workplace absenteeism with higher levels of unexplained absenteeism from work noted among this group of staff. The key informants also indicated that those employees with drug abuse related problems had regular unreported absence at work, they sought on a frequent basis unjustified work leaves and were always being required to show cause for their increased incidence of absence from work without following due procedure.

The key informants also observed that workplace absenteeism was one of the notable aspects among most of the employees with drug abuse related challenges. This revealed that the Kenya Rifle Kenya Army sector employee absenteeism was contributed by drug and substance abuse.

Table 4.10 Respondents' workplace absenteeism behaviors due to drug abuse

Workplace absenteeism aspects/behaviors	Mean	Std. Dev
Regular unreported absence at work	4.17	0.653
Frequent use of unplanned vacation time	4.34	0.579
Taking/seeking unnecessary leaves	3.88	0.839
Leaving the work area, during working hours, more times than Necessary	4.28	0.744
Feigning sickness to be allowed days off work	4.02	0.805
Regularly being required to give explanations for absenteeism	4.31	0.706

4.6 Drug Abuse and Workplace Behaviour Change

The study identified the extent at which respondents had suffered or experienced identified workplace behavior changes attributable to their drug abuse. According to the findings in Table 4.13, the employees of the Kenya Rifle Kenya Army sector indicated that, as a result of their drug abuse, they suffered/experienced the following workplace behavior changes to a great extent: over-reaction to real or imaginary criticism (mean = 4.45); being withdrawn (mean = 4.38); unwarranted mood changes (mean = 4.26); emotional unsteadiness (mean = 4.12); anxiety (mean = 4.10); irritation and being unnecessarily argumentative (mean = 4.07); use of improper/rude language (mean = 4.03); being cunning/lying tendencies (mean = 3.78) and display of violent behavior (mean = 3.59). Similar views were expressed by the key informants who pointed that drug and substance abuse had a direct impact on the workplace behavior change among the affected employees. The key informants indicated that they observed notable behavior change among employees with drug abuse concerns with some of the notable changes in behavior being the employees had a short temper and became irritated and angry at the slightest provocation, the employees were unnecessarily argumentative while others were largely withdrawn, some exhibited violent conduct, some were rude and others were not

emotionally stable as they exhibited unwarranted mood swings. The key informants also observed that workplace behavior change was one of the notable attributes common among most of the employees with drug abuse related challenges. This implied that drug abuse occasioned workplace behavior changes among the employees of the Kenya Rifle Kenya Army sector.

Table 4.11 Respondents' workplace behaviour changes due to drug abuse

Workplace behaviour change attributes	Mean	Std. Dev
Anxiety	4.10	0.765
Irritation	4.07	0.769
Unwarranted mood changes	4.26	0.664
Display of violent behavior	3.59	1.109
Being unnecessarily argumentative	4.07	0.746
Being withdrawn	4.38	0.644
Over-reaction to real or imaginary criticism	4.45	0.567
Use of improper/rude language	4.03	0.794
Emotional unsteadiness	4.12	0.774
Being cunning/lying tendencies	3.78	0.918

4.7 Drug Abuse and Employees' Productivity

This objective sought to assess the effect of drug abuse on the level of productivity among employees in the Kenya Rifle Kenya Army sector. The respondents were requested to rate their level of productivity at work based on a given set of productivity measurement parameters.

The rating was based on a scale of 1-5 where 1 - extremely poor, 2 - poor, 3 - fair, 4 - good and 5 - excellent. According to findings in Table 4.14, employees of the Kenya Rifle Kenya Army sector rated their productivity at work as generally poor as indicated by the following productivity measurement scores: meeting set performance targets (mean = 2.02); timely completion of assigned duties (mean = 1.95); bringing/recruiting new customers for their company (mean = 2.26); assisting their company to increase the

number of policies sold out (mean = 2.21); meeting of customers' needs in a timely manner (mean = 2.47); ease of working closely with others (mean = 2.09); growing of company margins (mean = 2.62) and reporting on product offering failings on a timely basis (mean = 2.33).

As such the respondents seemed to agree with the notion that substance abuse negatively affected their productivity in the workplace. This view was also expressed by the key informants who indicated that they observed a decline in the levels of productivity in staff who later came to be identified as engaging in substance abuse. The key informants indicated that substance abuse negatively affected the performance of concerned employees as evidenced by the inability to meet set performance targets and their inability to complete assigned tasks within the set timelines. The key informants also noted that employees who engaged in drug abuse scored poorly in interpersonal relationships and team work based responsibilities as well as in handling customers within the workplace. As such their overall contribution to the attainment of organizational objectives was not at optimal levels. This showed that drug abuse among the employees of the Kenya Rifle Kenya Army sector had an adverse impact on their workplace productivity.

Table 4.12 Addressing the Drug Abuse Problem

Productivity measurement parameters	Mean	Std. Dev
Meeting set performance targets	2.02	0.827
Timely completion of assigned duties	1.95	0.759
Bringing/recruiting new customers for your company	2.26	0.965
Assisting your company to increase the number of policies sold out	2.21	1.005
Meeting of customers' needs in a timely manner	2.47	1.030
Ease of working closely with others	2.09	0.864
Growing of company margins	2.62	1.089
Reporting on product offering failings on a timely basis	2.33	1.066

4.8 Addressing the Drug Abuse Problem

The key informants were requested to give their opinion on measures that could be taken and the key informants expressed the view that a wide range of measures could be taken to address the drug abuse problem among employees and which included, the management remaining objective and focusing on verifiable facts when dealing with affected employees, creation of awareness programs on the dangers of drug abuse, developing an organizational policy on substance abuse, creating an Employee Assistance Program to help affected employees to get treatment and/or help, creating and placing emphasis on a drug-free workplace environment that promotes positive attributes such as work culture, safety, employee productivity, professionalism, among others, initiation of drug screening/testing programs which could be done before hiring and during the employment period to help the organization identify drug abusing employees, minimize the risk of hiring new employees who could be drug users and to curb substance abuse among the employees and development of programs such as stress management and worker-health counseling which focus at promoting health awareness among individual employees. This implied that possible solutions existed for the substance abuse problem among employees in the workplace.

4.8 Chapter Summary

This chapter consists of findings that were collected from the questionnaires administered in the field. The first part of the questionnaire consisted of the respondents' general information while the second part consisted of the relationship between the independent variables and the dependent variable. The major findings indicated that a wide range of drugs/substances were being abused by the employees of the Kenya Rifle Kenya Army sector who participated in this research. These included alcohol, tobacco/cigarettes, miraa, marijuana/ bang shisha as well as cocaine and heroin. The study results also showed that alcohol was the substance consumed by most of the respondents while cocaine and heroin were the substances consumed by the least number of the respondents. In addition, the findings indicated that the respondents consumed these substances on a regular basis and had a negative effect on their performance.

CHAPTER FIVE: SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

The above chapter helps to provide the summary of the research findings, the study conclusion as well as the study recommendations.

5.1 Summary of the findings

This gives a summary of general and specific objectives of this study basing on results findings.

5.1.1 Drug and Substance Abuse

The study findings indicated that a wide range of drugs/substances were being abused by the employees of the Kenya Rifle Kenya Army sector who participated in this research. These included alcohol, tobacco/cigarettes, miraa, marijuana/ bang shisha as well as cocaine and heroin. The study results also showed that alcohol was the substance consumed by most of the respondents while cocaine and heroin were the substances consumed by the least number of the respondents. In addition, the findings indicated that the respondents consumed these substances on a regular basis.

The results also pointed that work overload, pressure to deliver assigned responsibilities in time, interpersonal conflicts at the workplace, lack of voice at the workplace, unfulfilled promises relating to improvement of working conditions, poor pay and peer influence were the work-related factors that made the study respondents engage in the drug abuse while personality crises, financial challenges and marital instability were cited as the personal/family-related factors that were behind the respondents' engaging in drug abuse. This implied that drug and substance abuse was a problem among some of the staff of Kenya Rifle Kenya Army, Kenya with both work-related and personal/family related factors contributing to the drug abuse problem.

5.1.2 Drug Abuse and Workplace Absenteeism

The findings of the study showed that the employees of the Kenya Rifle Kenya Army sector agreed that, because of their drug abuse, they made frequent use of unplanned vacation time;

they were regularly required to give explanations for absenteeism. In addition, based on the regression analysis results, the null hypothesis showed that there did not exist a relationship between drug abuse and workplace absenteeism among employees in the Kenya Rifle Kenya Army sector of Kenya was rejected since a high positive relationship between drug abuse and workplace absenteeism was established. This implied that drug abuse among the employees of the Kenya Rifle Kenya Army sector did contribute to the employees' workplace absenteeism behaviors.

5.1.3 Drug Abuse and Workplace Behavior Change

According to the study findings, the employees of the Rifle Kenya Army sector and who were the respondents shows that because of drug abuse, they suffered/experienced the following workplace behavior changes to a great extent: over- reaction to real or imaginary criticism; being withdrawn; unwarranted mood changes; emotional unsteadiness; anxiety; irritation and being unnecessarily argumentative; use of improper/rude language; being cunning/lying tendencies and display of violent behavior. In addition, based on the regression analysis results, the null hypothesis revealed of no relationship between drug abuse and workplace behavior change among employees in the Kenya Rifle Kenya Army sector of Kenya was rejected since a significant positive relationship between drug abuse and workplace behavior change was established. This implied that drug abuse occasioned workplace behavior changes among the employees of the Kenya Rifle Kenya Army sector.

5.1.4 Drug Abuse and Employees' Productivity

The findings revealed that Kenya Rifle Kenya Army sector employees who participated in this study rated their productivity at work as generally poor as indicated by their low/poor score in the following productivity measurement parameters: meeting set performance targets; timely completion of assigned duties; bringing/recruiting new customers for their company; assisting their company to increase the number of policies sold out; meeting of customers' needs in a timely manner; ease of working closely with others; growing of company margins and reporting on product offering failings on a timely basis.

In addition, based on the regression analysis results, the null hypothesis discovered of no strong relationship between drug abuse and the level of productivity of employees in the Kenya Rifle Kenya Army sector in Kenya was rejected since a significant negative

relationship between drug abuse and employees' productivity was established. This showed that drug abuse among the employees of the Kenya Rifle Kenya Army sector had an adverse impact on their workplace productivity.

5.2 Conclusions

The study concluded that, though the employees of the Kenya Rifle Kenya Army sector abused different kinds of substances, alcohol was the most abused substance among the employees of the Kenya Rifle Kenya Army, Kenya and that both work and personal/family-related factors did contribute to the problem of drug abuse among the employees.

The study also concluded that drug abuse contributed to workplace absenteeism among employees of the Kenya Rifle Kenya Army sector given their regular unreported absence at work and their taking of unnecessary leaves from work. In addition, the conclusion from the findings revealed a strong relationship between drug abuse and workplace absenteeism among employees of the Kenya Rifle Kenya Army, Kenya.

The study also concluded that drug abuse contributed to workplace behavior change among employees of the Kenya Rifle Kenya Army sector as evidenced by behaviors such as over-reaction to real or imaginary criticism, unwarranted mood changes, emotional unsteadiness; irritation and being unnecessarily argumentative and display of violent behavior. In addition, the study discovered a relationship between drug abuse and workplace behavior change among employees of the Kenya Rifle Kenya Army, Kenya.

Further, the study concluded that drug abuse adversely impacted on employees' productivity at work given their acknowledgement of failure to meet set performance targets, failure to timely complete assigned duties and their inability to meet customers' needs in a timely manner. In addition, the study concluded that there existed a significant negative relationship between drug abuse and the level of productivity of employees of Kenya Rifle Kenya Army.

5.3 Recommendations

The researcher recommends that, the organizational management need to develop effective organizational policy on drug and substance abuse. This policy will help to provide a basis in regards to a clear provision and direction regarding what it means by drug abuse and all

set of disciplinary actions that the management will take to an employee found engaging in drug abuse within the organization environment.

The management of the Kenya Rifle Kenya Army should continuously implement training and the workshop awareness programs regarding drug abuse on its employees. Counseling health programs should also be implemented on the already affected employees. These programs will help the employees to be aware of the danger effect of drug and substance abuse and effective measures that they can take to avoid being affected.

There is a need for the management of the Kenya Rifle Kenya Army to conduct better and effective medical testing of its staff during the selection and recruitment time. This will help the organization to be able to minimize chances of hiring and selecting employees that could have been already affected by drugs and substance abuse and also be able to conduct proper counseling on the already affected staffs.

5.4 Suggestion for Further Research

Further studies should be conducted on the effects of drug and substance abuse on employees' job performance in other regions in Kenya and not from the Rift Valley where this research study was conducted.

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APPENDIX I INTRODUCTION LETTER

I am a student of The Management University of Africa and am currently conducting the effects of drug and drug abuse on the workplace of employees in the workplace a case study of the Kenya Rifle Kenya Army. Your input by completing this questionnaire will be important to me and I will be grateful. All information obtained will be treated as confidential and for educational purposes only and consists of two parts; kindly answer all questions by marking the appropriate box or by filling in the blanks.

APPENDIX II: QUESTIONNAIRE FOR THE EMPLOYEES

Instructions

Fill the questionnaire by ticking [☐] the relevant boxes

Section A: Background Information

1. What is your gender?

Male [☐] Female [☐]

2. What is your age in years?

18 – 30 [☐] 31 – 40 [☐] 41 – 50 [☐]

51 – 60 [☐] 61 – 70 [☐]

3. What is your highest level of education?

Primary [☐] Secondary [☐] College [☐]

Undergraduate [☐] Others (Specify)

4. What is your marital status?

Married [☐] Single [☐] Widowed [☐] Divorced/Separated [☐]

5. For how long have you worked in this company?

1 - 5 years [☐] 6 - 10 years [☐] 11 - 15 years [☐] More than 15 years [☐]

6. In which department do you work within your company?

Claims [☐] Finance [☐] Operations [☐] Corporate [☐] Retail [☐]

Premium Admin. [☐]

Section B: Drug and Substance Abuse

Have you consumed any of the below listed drugs/substances in the last 6 months and if so how frequent do you consume it or them? Use a scale of 1 - 4 where 1 - always (meaning daily), 2 - often (meaning once in a week), 3 - rarely (meaning once in a month) and 4 – not at all.

	Frequency of consumption			
	1 (always/daily)	2 (often/once in a week)	3 (rarely/once in a month)	4 (not at all)
Drug / substance				
Alcohol				
Marijuana/ <i>Bhangi</i>				
Cigarettes				
Heroin				
Cocaine				
Miraa				
Others (specify)				

For how long have you engaged in the abuse of the drug(s) / substance(s)?

Drug / substance	Length of period			
	1 - 5 years	6 - 10 years	11 - 15 years	Over 15 years
Alcohol				
Marijuana/Bhangi				
Cigarettes				
Heroin				
Cocaine				
Miraa				
Others (specify)				

Based on your opinion and experience, what are the reasons why you abuse the drug(s) / substance(s)? [To be answered by those whose frequency is daily only in qn. 8 above]

Section C: Drug Abuse and Workplace Absenteeism

Kindly indicate the extent to which you have engaged in the following absenteeism aspects due to your drugs / substance abuse. Use a scale of 1-5 where 1 - never, 2 - rarely, 3 - sometimes, 4 - often and 5 - very often

	Never	Rarely	Sometimes	Often	Very often
Regular unreported absence					
Frequent use of unplanned vacation Time					
Taking/seeking unnecessary leaves					
Leaving the work area, during Working hours, more times than necessary					
Coming in late for work because of reasons related to drug abuse					
Feigning sickness to be allowed days off work					
Frequently being required to give explanations for absenteeism					

Section D: Drug Abuse and Workplace behavior change

Kindly indicate the extent to which you have suffered or experienced the following workplace behaviour changes due to your drugs / substance abuse. Use a scale of 1-5 where 1 – no extent, 2 – little extent, 3 – moderate extent, 4 – great extent and 5 – very great extent

	No Extent	Little Extent	Moderate Extent	Great Extent	Very Great Extent
Anxiety					
Irritation					
Unwarranted mood changes					
Display of violent behavior					
Being unnecessarily argumentative					
Being withdrawn					
Over-reaction to real or imaginary Criticism					
Use of improper/rude language					
Emotional unsteadiness					
Being cunning					

E: Drug Abuse and Employees' Productivity

Kindly rate your level of productivity at work based on the following productivity measurement parameters. Use a scale of 1-5 where 1 - extremely poor, 2 - poor, 3 - fair, 4 good and 5 - excellent.

	Extremely poor	Poor	Fair	Good	Excellent
Meeting set performance targets					
Timely completion of assigned duties					
Bringing/recruiting new customers for your company					
Assisting your company to increase the number of policies sold out					
Meeting of customers' needs in a timely manner					
Ease of working closely with others					
Growing of company margins					
Reporting on product offering failings on a timely basis					

Thank for your participation