



***“Alcohol and Drug Abuse Situation Analysis among Employees in the Public Sector Institutions in Kenya”***

**June, 2011**

# Alcohol and Drug Abuse Situation among Employees in the Public Sector

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**ABBREVIATIONS**

ADA	Alcohol and Drug Abuse
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
EAPs	Employees Assistance Programmes
IEC	Information, Education and Communication
NACADA	National Campaign Against Drug Abuse Authority
SPSS	Statistical Package for Social Sciences

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## **DEFINATION OF TERMS**

**Addiction:** is a chronic disorder that has genetic, psychosocial, and environmental dimensions and is characterized by the continued use of a substance despite its detrimental effects, impaired control over the use of a drug, and preoccupation with a drug's use for non-therapeutic purposes (i.e. craving the drug).

**Alcoholism:** The term refers to a disease known as alcohol dependence syndrome.

**Current Usage:** Consumption of alcohol or drugs in the last 30 days prior to the survey

**Drug Abuse:** Refers to consumption of illegal drugs or unhealthy use of legal ones.

**Employees Assistance Programmes (EAPS):** Are employee benefit programmes offered by employers within the framework of counseling to assist employees deal with personal problems that might adversely impact their work.

**Effects:** Consequences of alcohol and drug abuse

**Past Usage:** Previous consumption of alcohol or drugs by an individual in lifetime

**Policy:** It is a guide that establishes the parameters for decision making and action

**Prevalence:** A measure of the frequency of a condition at a point in time

**Problem Drinkers:** Are current users of alcohol whose drinking patterns meet some defined criteria such as experiencing negative consequences such as conflict with family members as well as exhibiting one or more symptoms of alcohol dependence.

**Treatment and Rehabilitation:** supporting persons with substance use disorder to cease substance abuse in order to avoid the psychological, legal, financial, social and physical consequences that can be caused especially by excessive abuse



## **EXECUTIVE SUMMARY**

Alcohol and drug abuse is one of the most critical challenges facing the workplace today. Many aspects of this challenge have broader community impacts and affect a wide array of relationships. Substance use disorders have public health challenges on the quality of life that consequently affects the political, economic and social stability of the country. Inadequate current data on the same limits the understanding of the problem. Thus limited evidence based policies and programs. This survey conducted by NACADA Authority in 2011 sought to bridge this gap. A total of 1,857 employees from 27 public sector institutions were interviewed from which conclusions are based.

According to the findings, 57.9% of employees in the public sector have drunk alcohol, 22.8% used tobacco products, 15.9% *miraa*, 6.6% bhang and 1.3% narcotics (mandrax, heroin, cocaine) at least once in their lifetime. In comparison to the National Prevalence, lifetime usage of alcohol in the public sector (57.9%) is markedly higher compared to the rest of the country (39.2%); lifetime usage of tobacco in the public sector (22.8%) is slightly lower compared to the rest of the country (24.5%); lifetime usage of *miraa* in the public sector (15.9%) is slightly higher compared to the rest of the country (11.3%); and lifetime usage of bhang in the public sector (6.6%) is slightly higher compared to the rest of the country (6.5%). It is imperative to note that the National Statistics have definitely changed substantially in the past five years

In addition, 33.3% of employees in the public sector are currently using alcohol, 8.5% tobacco, 3.8% *miraa*, 1.1% bhang and 0.4% narcotics (mandrax, heroin, cocaine). In comparison to the national prevalence, current usage of alcohol in the public sector (33.3%) is markedly higher compared to the rest of the country (13.6%); current usage of tobacco in the public sector (8.5%) is slightly lower compared to the rest of the country (9.1%); current usage of *miraa* in the public sector (3.8%) is slightly lower compared to the rest of the country (4.2%); and current usage of bhang in the public sector (1.1%) is slightly higher compared to the rest of the country (1.0%)

The impact of alcohol and drug abuse among the public sector employees is noticeable. Findings show that current alcohol users (48.5%) have a proportionately higher likelihood of receiving a warning from the employer for any offence compared to current non-users (32.1%). Another 47.8% of employees with a family member abusing alcohol or drugs indicate that their work performance is being affected. Results also show that 7.2% of current alcohol users drink on a daily basis, 8.8% have failed to go to work in the last one year due to a hangover and 9.2% take alcohol in the morning to enable them to start working.

The Government through the performance contracting system has required all public institutions to mainstream Alcohol and Drug Abuse Prevention programs in the workplace.

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Among 156 public sector institutions reporting to NACADA Authority, 83.2% have already established workplace ADA prevention structures, 63.5% have conducted a drug and substance abuse baseline survey and implementing programs aimed at reducing the prevalence of alcohol and drug abuse and minimizing the negative effects thereof.

The survey recommends that Alcohol and drug abuse be declared a National Disaster to facilitate establishment of structures to mainstream prevention and mitigation programs in all public institutions.

## **CHAPTER 1: INTRODUCTION**

### ***1.1 Background***

In the recent past, the country has received national and international media coverage with documentaries on drug trafficking and abuse, death and blindness instances highlighting a nation's deep-rooted problem.

UNODC World Drug Report, 2010 indicate that Africa is now both a narcotics (heroin and cocaine) market and a redistribution point for other destinations. This associated with the ease of availability, affordability and accessibility of alcohol, tobacco, cannabis and miraa/khat has rapidly escalated abuse especially among the youth.

With this realization, the Kenya Government established The National campaign Against drug abuse (NACADA) Authority in July 2007 to coordinate a multi-sectoral campaign against drug abuse in Kenya to intervene at demand reduction and supply suppression.

The lack of data remains a significant gap in the knowledge of the extent of drug and therefore challenge the development of evidence based policy and programs to address drug and substance abuse in the country. This survey sought to bridge this gap by providing evidence on the status of drugs and substance abuse among public officers.

### ***1.2 Literature review***

Alcohol and drug use has a negative impact on worker productivity, whether the use occurs off the job or on. Rates of problematic substance use vary by occupation (Frone, 2006; Larson *et al.*, 2007). Highest rates of illicit drug use are typically found among those in food service, construction, arts, design, entertainment, sports, and media occupations. Similar patterns are found among those with heavy alcohol use problems (Frone, 2006b). A survey of over 300 human resources professionals found that 67% believe substance use is one of the most serious issues they face among the workforce (Hazelden, 2007) with consequences related to absenteeism, reduced productivity, and a negative impact on their company's reputation. Workers with illicit drug and/or heavy alcohol use have higher rates of job turnover and absenteeism compared to those with no illicit drug or heavy alcohol use (SAMHSA, 2008) and are more likely to experience job-related injuries (Spicer, Miller, & Smith, 2003).

#### **1.2.1 Factors Contributing to Employee Drinking**

Drinking rates vary among occupations, but alcohol-related problems are not characteristic of any social segment, industry, or occupation. 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 (Ames and Janes, 1992; Trice and Sonnestuhl, 1988).

- ✚ **Workplace Culture:** The culture of the workplace may either accept and encourage drinking or discourage and inhibit drinking. A workplace's tolerance of drinking is partly influenced by the gender mix of its workers. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group. 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.
- ✚ **Workplace Alienation:** Work that is boring, stressful, or isolating can contribute to employees' drinking. Employee drinking has been associated with low job autonomy, lack of job complexity, lack of control over work conditions and products, boredom, sexual harassment, verbal and physical aggression, and disrespectful behavior.
- ✚ **Alcohol Availability:** The availability and accessibility of alcohol may influence employee drinking. 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. 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. 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. An estimated 80 percent of the military personnel surveyed reported decreased drinking while serving in those operations.
- ✚ **Supervision:** Limited work supervision, often a problem on evening shifts, has been associated with employee alcohol problems. 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.
- ✚ **Alcohol Policies:** 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 company's alcohol policy. 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.

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Workers' knowledge that policies were rarely enforced seemed to encourage drinking.

### 1.2.2 Prevention and Interventions in the Workplace

Common workplace strategies include employee education and awareness campaigns, drug testing, and Employee Assistance Programs. While formal evaluations of these programs are few, a handful of studies have found positive outcomes. Workplaces with drug testing programs have 24% less drug usage than workplaces without drug testing, and employees at drug-testing workplaces are 38.5% less likely to be chronic drug users (French *et al.*, 2004). However, the extent to which drug testing causes a deterrent effect among drug-using applicants is unknown. Peer-based prevention programs show promise. Peer care combines random drug testing with non-punitive reactions to those with substance use problems (Miller *et al.*, 2007). Team Awareness (Bennett & Lehman, 2001) and the Healthy Workplace (Cook *et al.*, 2004) programs also decrease alcohol use and improve functioning. These programs are delivered to employees in small group formats.

Prevention programs like these can be helpful for the overall workforce. When specific employees experience problematic use, most are referred to an Employee Assistance Program (EAP) that typically offers assessment, brief counseling, and referral to more extensive care. Unfortunately, research data on the impact of EAPs is scarce with few studies examining substance use problems specifically (Merrick *et al.*, 2007). Treatment for employees with substance dependence is effective. A study by Slaymaker and Owen (2006) examined 212 full-time employees in residential treatment. Substantial improvements were made in substance use and legal, psychiatry, and family/social functioning from baseline to the 6- and 12-month follow-ups. Significant decreases were found in the percentage of the sample with unplanned absences from work during the year before treatment (78%) to the one-year follow-up (30%). The number of employment problem days also dropped from pre-treatment (5.20 days) to one year (0.14 days). An analysis of 498 outpatients found substantial reductions in absenteeism, productivity problems, and workplace conflict among those who attended at least two months of care (Jordan *et al.*, 2008).

### **1.3 Alcohol and drug abuse situation in Kenya**

Results from a national study carried out by NACADA Authority in 2007 identified alcohol as the most abused mind altering substance with a national prevalence of 13% among Kenyans aged 15-65 from all provinces except North Eastern. Bhang tops the list of the most abused narcotic drug by approximately 1%, heroin and cocaine with less than 1% lifetime usage among the same population persons. Tobacco products are preferred by 22% and miraa/khat and its variant called muguka chewed by 5.5% of the Kenyan population. The national statistics on drugs and substance abuse have definitely changed substantially in the past five years

#### **1.4 Rationale**

Previously, there has been comparatively limited research undertaken among the Kenyan public sector institutions. Little is known regarding the alcohol consumption and drug use patterns of the country's public sector employees and the impact these patterns have on workplace safety, workplace productivity, and employee well-being. Prevalence data on alcohol consumption and drug use patterns of the workforce can provide information essential for the development of appropriate and effective policy and intervention strategies.

#### **1.5 General objective**

The purposed survey is to determine the current trends in alcohol and drug abuse in the public sector institutions in Kenya

##### 1.5.1 Specific objectives

- a) To determine the prevalence of alcohol and drugs in the public sector institutions
- b) To document the negative impacts of drug use and abuse among the public sector employees
- c) To assess the current measures taken to address alcohol and drug abuse problems in the workplace
- d) To assess the nature of employees assistance programmes (EAPs) available for affected employees in the public sector

## **CHAPTER 2: METHODOLOGY**

### ***2.1 Survey design***

The survey employed a cross-sectional design where variables were measured only once in order to draw conclusions. The survey focused on studying particular identified cases from a cross-section of identified employees within the public sector. The survey provides baseline indicators that could be used by NACADA Authority to document the effectiveness of its workplace programmes in the public sector.

### ***2.2 Study population***

The target group for the survey comprised the Kenyan workforce drawn from Government Ministries, Departments, State Corporations, Public Universities, Tertiary Institutions and Local Authorities.

### ***2.3 Sampling methods***

The survey was conducted in 27 randomly selected public sector institutions in Kenya. The study had sought to generalize the findings on the entire population in the public sector. The minimum sample size desired for the study was 1067 employees. Both probability proportionate sampling and systematic random sampling methods were used to select the public sector institutions to be covered in the survey. The number of employees to be interviewed in each of the institutions selected was dependent on the total staff population. For smaller organizations with employees less than 50, a census was conducted. In the larger institutions, 50% of the employees were interviewed.

In close collaboration with NACADA Authority, a contact person was identified in each of the public sector institutions selected. The contact person was most likely a member of the alcohol and drug abuse prevention committee/unit. Individual study participants were identified through systematic random sampling where an employee register was available. In situations where such a list was not available, convenient sampling was applied. In such a case, respondents were stratified according to gender, job description and departments.

### ***2.4 Data collection tools***

The study collected both primary and secondary data. The primary data which forms the bulk of the information collected in this survey was collected through a structured interview schedule with both open and closed questionnaires. Secondary data was collected through review of literature. The main data type collected was both quantitative and qualitative in nature. Data was collected in a 5-day period using 8 trained research assistants.

***2.5 Data analysis***

Quantitative data was entered, cleaned and analyzed using SPSS computer program. Qualitative data was analyzed according to emerging themes. This information was used to supplement quantitative data.

***2.6 Ethical concerns***

NACADA Authority has a strict policy of upholding confidentiality of all information collected whether from field research or any secondary sources. Given the sensitive nature of alcohol and substance abuse information, NACADA Authority ensured that the information collected could not be linked to individual employees by safeguarding anonymity of their responses. In addition, participation in the survey was done on voluntary basis.



## **CHAPTER 3: FINDINGS**

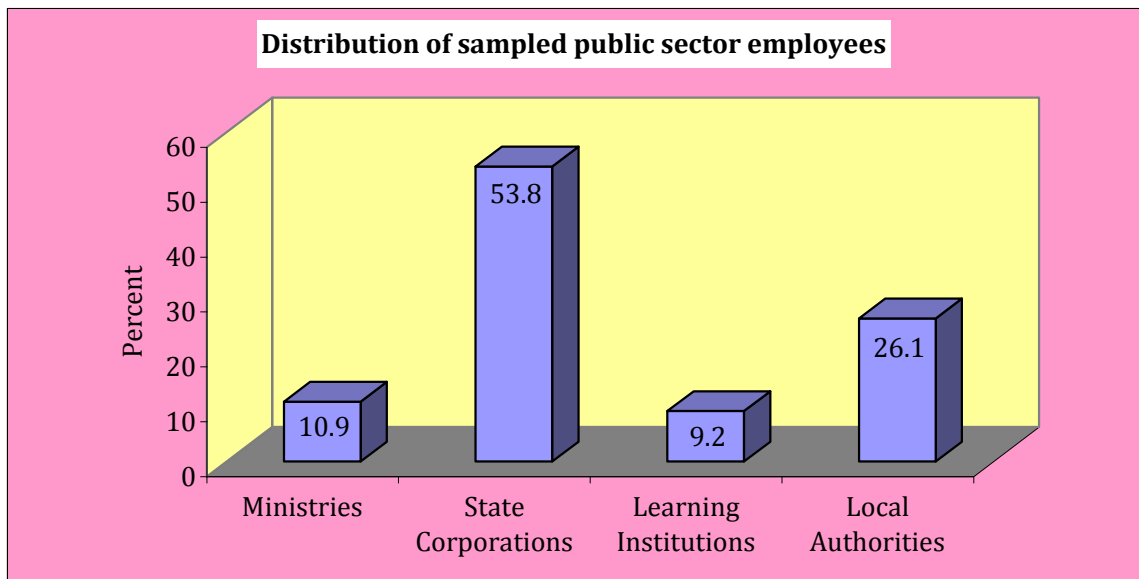
### **3.1 Introduction**

This chapter presents the key findings of the drugs and substance abuse situation survey among respondents in the public sector institutions in Kenya.

### **3.2 Sample distribution**

A total of 1,857 respondents from 27 public sector institutions were covered in the survey. As shown in Figure 1 below, 53.8% of the respondents were sampled from State Corporations, 26.1% from Local Authorities, 10.9% from Ministries and 9.2% from Learning Institutions (Public Universities and Tertiary Institutions).

**Figure 1: Distribution of public sector respondents (n=1857)**



### **3.3 Employee background characteristics**

Background information of all respondents was collected to enable categorization according to the various alcohol and drug abuse indicators of interest in this study. Table 1 presents the percentage distribution of respondents who participated in the survey according to their gender, age, education level, marital status, job description and nature of employment.

The results show that 59% of respondents interviewed are males while 41% are females. Besides, 40.7% of the respondents are aged between 18-35 years while 59.3% are aged over 35 years. Analysis of educational background shows that 0.3% are not educated, 5% have attained a primary level education, 25.2% a secondary level of education, 35% a diploma level education, 20.2% a bachelors level education and 14.3% a post-graduate level education.

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Additionally, 67.5% of the respondents are currently married, 27.7% single/ never married, 2.7% divorced/ separated and 2.1% widowed. About 24.1% of the respondents are general support staff, 27.7% technical staff, 38.2% middle managers and 4.7% top managers. Finally, 82.8% of the respondents are permanently employed, 10.3% are in short term contracts/ consultancy while 5.7% are casuals.

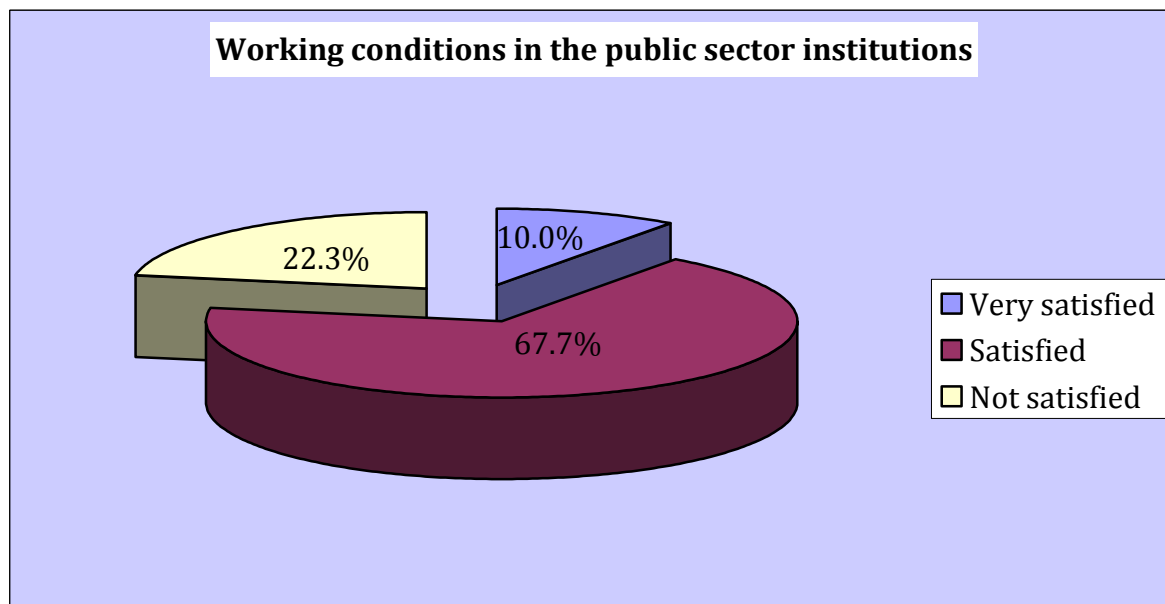
**Table 1: Employee background characteristics (n=1857)**

Characteristic	Category	Percentage of respondents
Gender	Male	59.0
	Female	41.0
Age	18-35 years	40.7
	Over 35 years	59.3
Education level	No education	0.3
	Primary level education	5.0
	Secondary level education	25.2
	Diploma level education	35.0
	Bachelors level	20.2
	Post-graduate level	14.3
Marital status	Single/ never married	27.7
	Currently married	67.5
	Divorced/ separated	2.7
	Widowed	2.1
Job description	Middle Management	38.2
	Technical staff	27.7
	General support staff	24.1
	Others	5.2
	Top Management	4.7
Nature of employment	Casual	5.7
	Permanent	82.8
	Short term contract/ Consultant	10.3
	Others	1.3

**3.3.1 Job satisfaction among Public Sector respondents**

According to Figure 2, 67.7% of the respondents are satisfied with the working conditions of their organizations, 10% are very satisfied while the remaining 22.3% are unsatisfied.

**Figure 2: Job satisfaction (n=1803)**



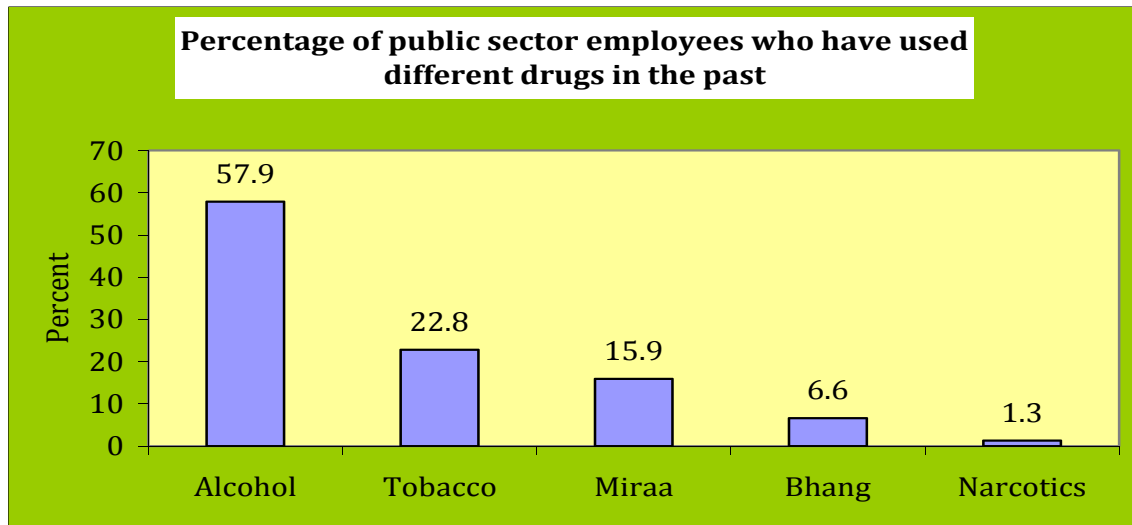
### ***3.4 Prevalence of alcohol and drugs among respondents from the public sector***

An effective workplace drug and substance abuse control and management programme entails critical understanding of segments of the employee population who are current users/abusers of drugs and other substances. Identification of characteristics of users helps the programme designer to tailor the programme paying attention to the unique characteristics of these sub-groups. This section, therefore, explores the prevalence of alcohol and drug use/abuse among the respondents in the public sector institutions. Past (lifetime) and current usage of alcohol, tobacco, miraa and other drugs (bhang, cocaine, heroin etc) are thus documented under this section.

#### **3.4.1 Lifetime usage of different drugs in the public sector**

The findings as presented in Figure 3 show that 57.9% of respondents in the public sector have used alcohol, 22.8% tobacco, 15.9% miraa, 6.6% bhang and 1.3% narcotics (mandrax, heroin, cocaine) at least once in the past.

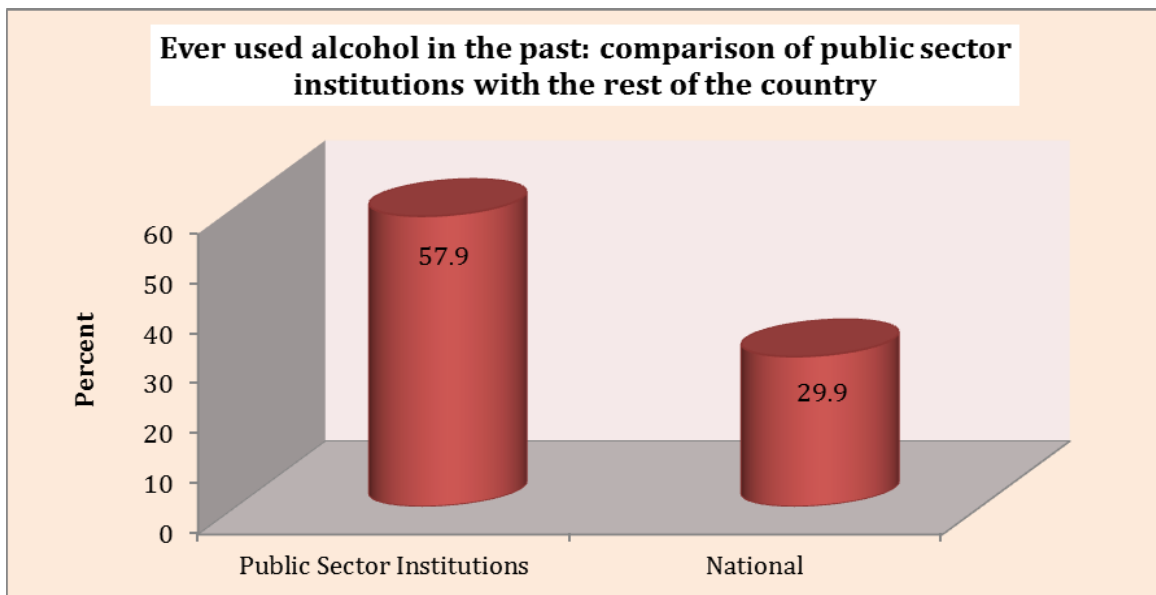
**Figure 3: Lifetime usage of alcohol and other drugs**



### 3.4.2 Comparison of lifetime usage of alcohol

According to Figure 4, respondents in the public sector have a higher prevalence of past usage of alcohol (57.9%) compared to the national (29.9%) prevalence (NACADA, 2012).

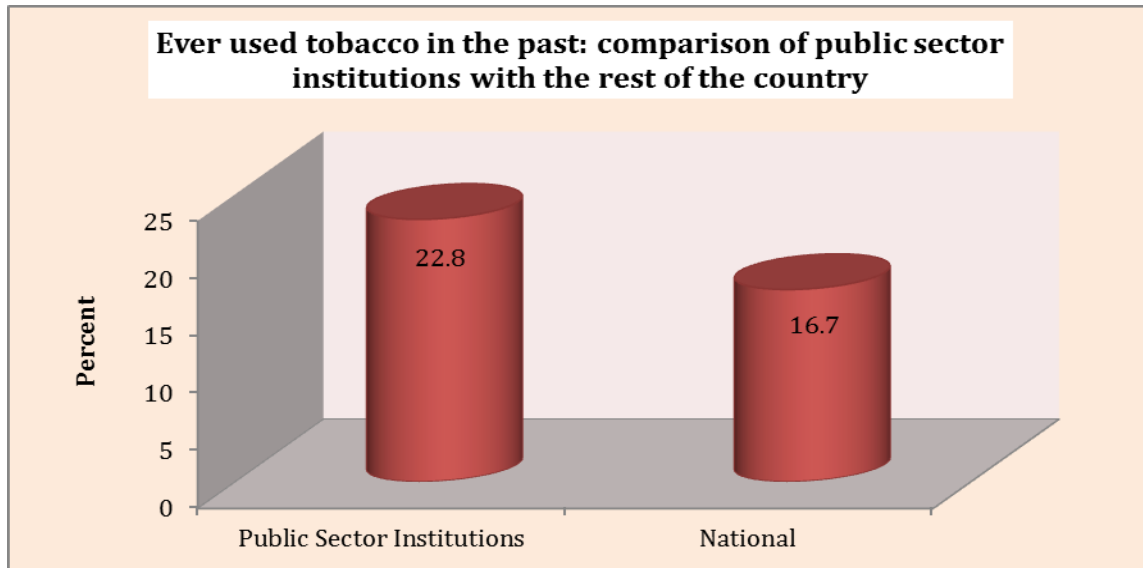
**Figure 4: Lifetime usage of alcohol (n=1830)**



### 3.4.3 Comparison of lifetime usage of tobacco

Figure 5 shows that respondents in the public sector have a slightly lower prevalence of past usage of tobacco (22.8%) compared to the national (16.7%) prevalence (NACADA, 2012).

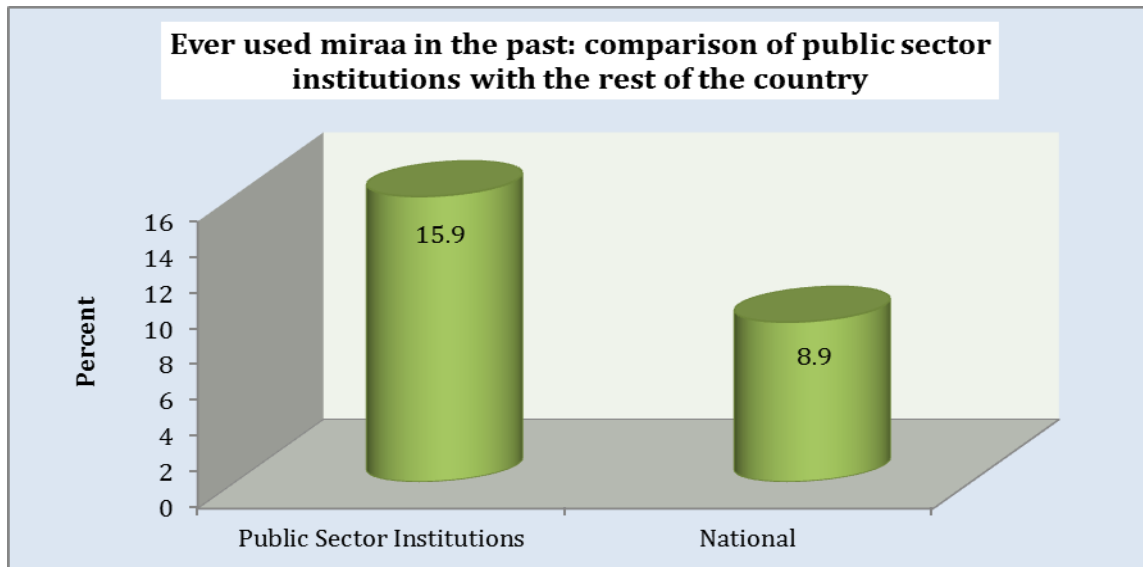
**Figure 5: Lifetime usage of tobacco (n=1782)**



#### 3.4.4 Comparison of lifetime usage of miraa

Figure 6 shows that respondents in the public sector have a higher prevalence of past usage of miraa (15.9%) compared to the national (8.9%) prevalence (NACADA, 2012).

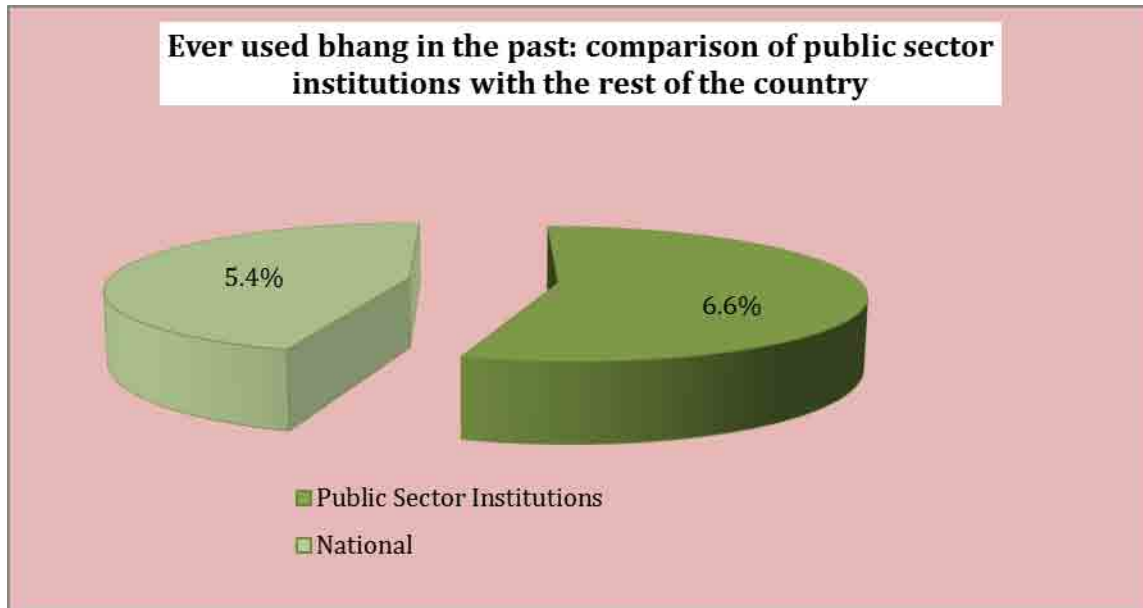
**Figure 2: Lifetime usage of miraa (n=1745)**



#### 3.4.5 Comparison of lifetime usage of bhang

Figure 7 shows that respondents in the public sector have a slightly higher prevalence of past usage of bhang (6.6%) compared to the national (5.4%) prevalence (NACADA, 2012).

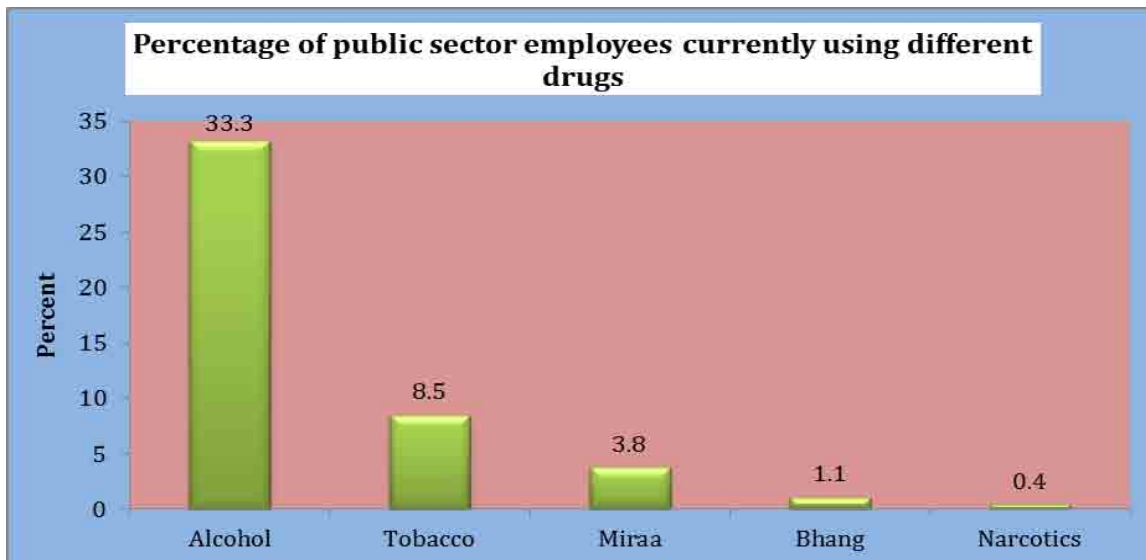
**Figure 7: Lifetime usage of bhang (n=1414)**



**3.5 Current usage of different drugs in the public sector**

Not everyone who initiates usage of alcohol or drugs is currently a user. Current usage was defined by consumption in the last 30 days prior to the survey. The findings as presented in Figure 8 show that 33.3% of respondents in the public sector are currently using alcohol, 8.5% tobacco, 3.8% miraa, 1.1% bhang and 0.4% narcotics (mandrax, heroin, cocaine).

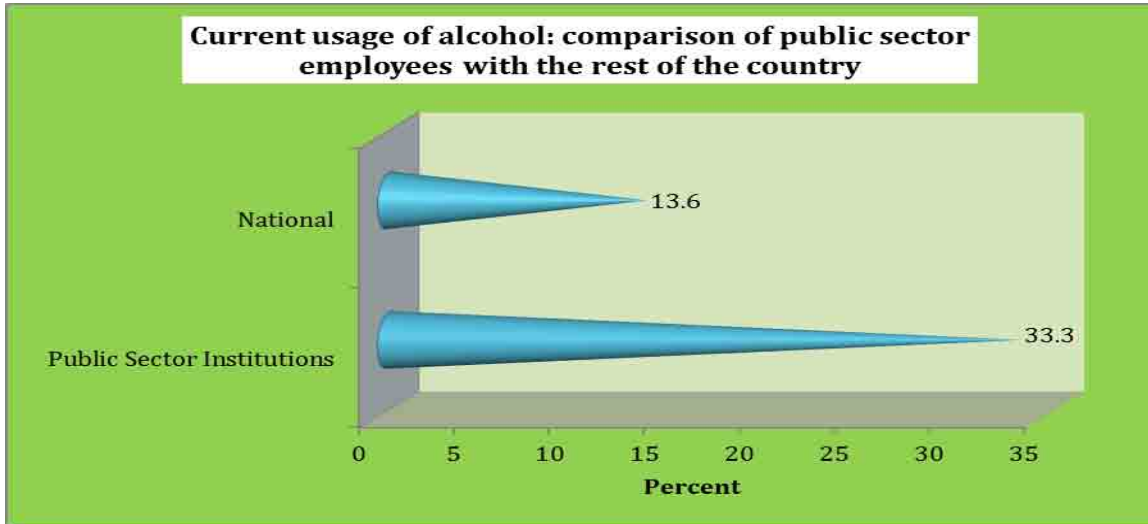
**Figure 8: Current usage of alcohol and other drugs**



### 3.5.1 Comparison of current usage of alcohol

Figure 9 shows that respondents in the public sector have a much higher prevalence of current usage of alcohol (33.3%) compared to the national (13.6%) prevalence (NACADA, 2012).

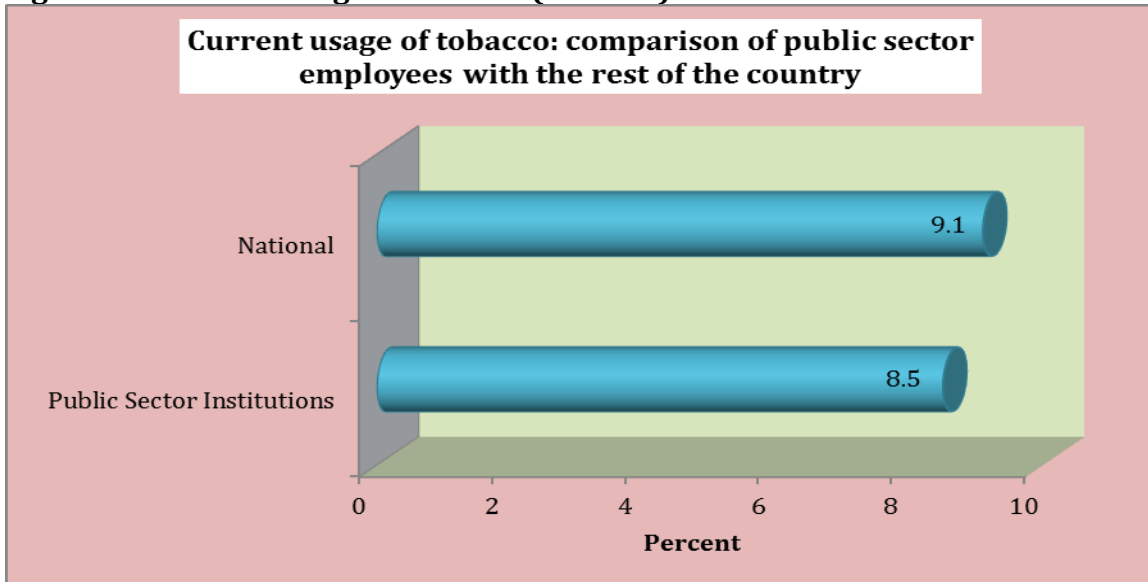
**Figure 9: Current usage of alcohol (n=1830)**



### 3.5.2 Current usage of tobacco

Figure 10 shows that respondents in the public sector have a lower prevalence of current usage of tobacco (8.5%) compared to the national (9.1%) prevalence (NACADA, 2012).

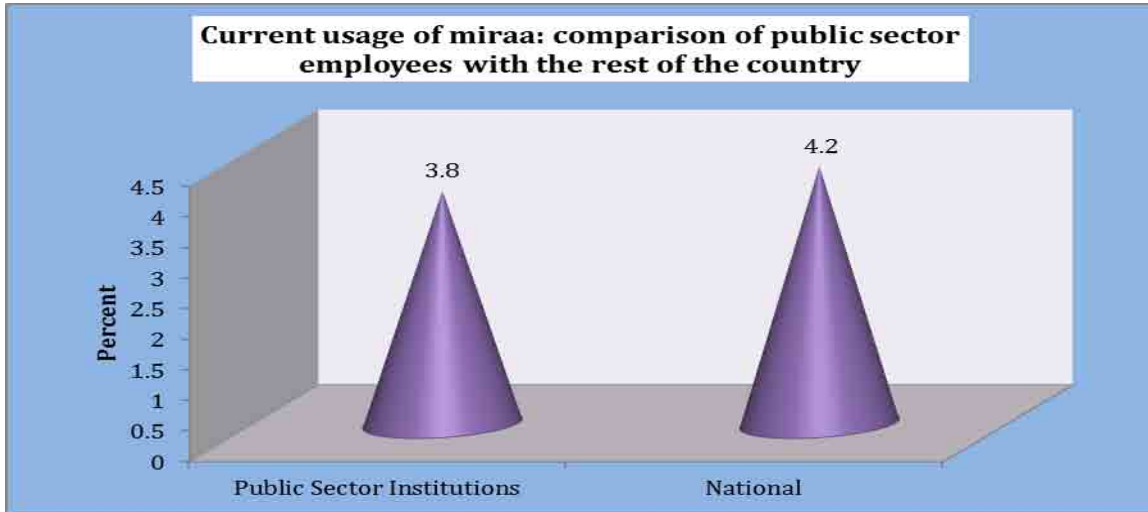
**Figure 10: Current usage of tobacco (n=1782)**



### 3.5.3 Current usage of *miraa*

Figure 11 shows that respondents in the public sector have a lower prevalence of current usage of *miraa* (3.8%) compared to the national (4.2%) prevalence (NACADA, 2012).

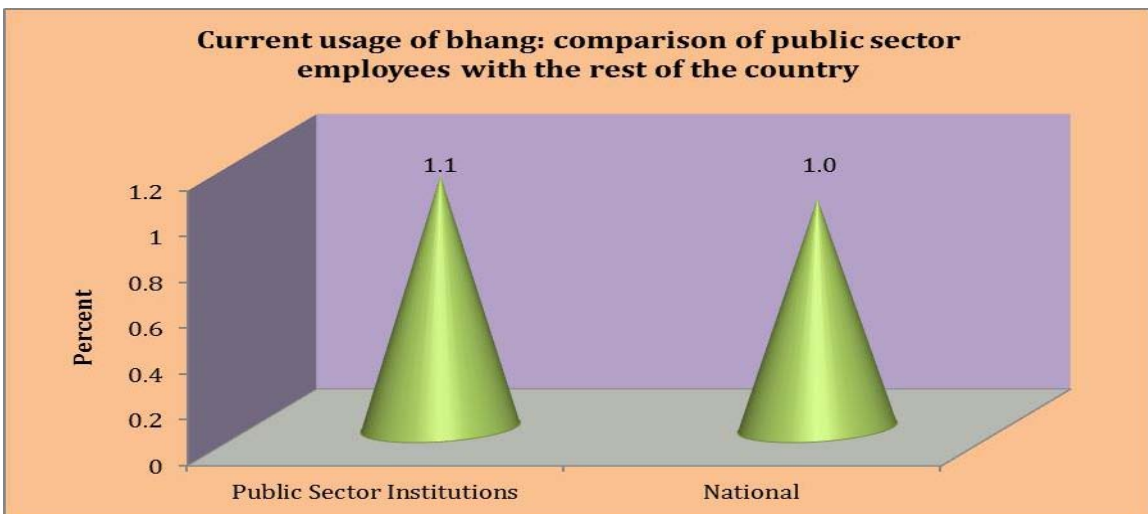
**Figure 11: Current usage of *miraa* (n=1745)**



### 3.5.4 Current usage of bhang

Figure 12 shows that respondents in the public sector have a slightly higher prevalence of current usage of bhang (1.1%) compared to the national (1.0%) prevalence (NACADA, 2012).

**Figure 12: Current usage of bhang (n=1414)**



### 3.5.5 Relationship between current usage of alcohol and background characteristics

This section further analyzes the nature of association between selected background characteristics such as gender, age, education background, marital status, job



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category and nature of employment with the current use of alcohol among respondents in the public sector.

According to Table 2, male respondents are more likely than female ones to be current users of alcohol (42.7% and 19.9% respectively). Respondents between 18-35 years are more likely to be current users of alcohol compared to those over 35 years of age (36.3% and 32% respectively). Respondents with a bachelors and post-graduate level education are likely to be current users of alcohol (41.7%) compared to those with a diploma level (29.5%) or secondary level and below (28.3%). Respondents who are single or never married are more likely to be current users of alcohol (35.7%) compared to those currently married (33.5%), divorced/separated (22.4%) or widowed (20%). In addition, respondents in the top and middle management job categories are more likely to be current users of alcohol (37.2%) compared to the technical staff (34.8%) and general support staff (29%) job categories. Finally, respondents with short-term contracts/consultants (35.5%) and those permanently employed (34.3%) are likely to be current users of alcohol compared to the casual respondents (21.6%).

**Table 2: Current usage of alcohol by background characteristics (n=1830)**

Characteristic	Category	Percentage of respondents
Gender	Male	42.7
	Female	19.9
Age	18-35 years	36.3
	Over 35 years	32.0
Education level	Secondary level and below	28.3
	Diploma level	29.5
	Bachelors and above	41.7
Marital status	Single/ never married	35.7
	Currently married	33.5
	Divorced/ separated	22.4
	Widowed	20.0
Job description	General support staff	29.0
	Technical staff	34.8
	Top and middle management	37.2
Nature of employment	Casual	21.6
	Permanent	34.3
	Short term contract/ Consultant	35.5

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### 3.5.6 Relationship between current usage of tobacco and background characteristics

This section further analyzes the nature of association between selected background characteristics such as gender, age, education background and job category and the current usage of tobacco among respondents in the public sector.

Male respondents are more likely than female ones to be current users of tobacco (13.3% and 1.4% respectively). Respondents over 35 years of age are more likely to be current users of tobacco compared to those aged between 18-35 years (9.6% and 7.9% respectively). Respondents with a secondary level education and below (12.5%) are more likely to be current users of tobacco compared to those with a diploma (7.2%) and at least a bachelors/postgraduate level education (6.6%). Respondents who are divorced/separated (10.2%) are more likely to be current users of tobacco compared to those who are currently married (9.1%) or single/never married (7%). In addition, respondents who are either technical staff (9.4%) or general support staff (9.2%) are likely to be current users of tobacco compared to top and middle manager (7.6%). Finally, respondents who are casuals (10.3%) are more likely to be current users of tobacco compared to those permanently employed (8.6%) or with short-term contracts/consultants (8.5%).

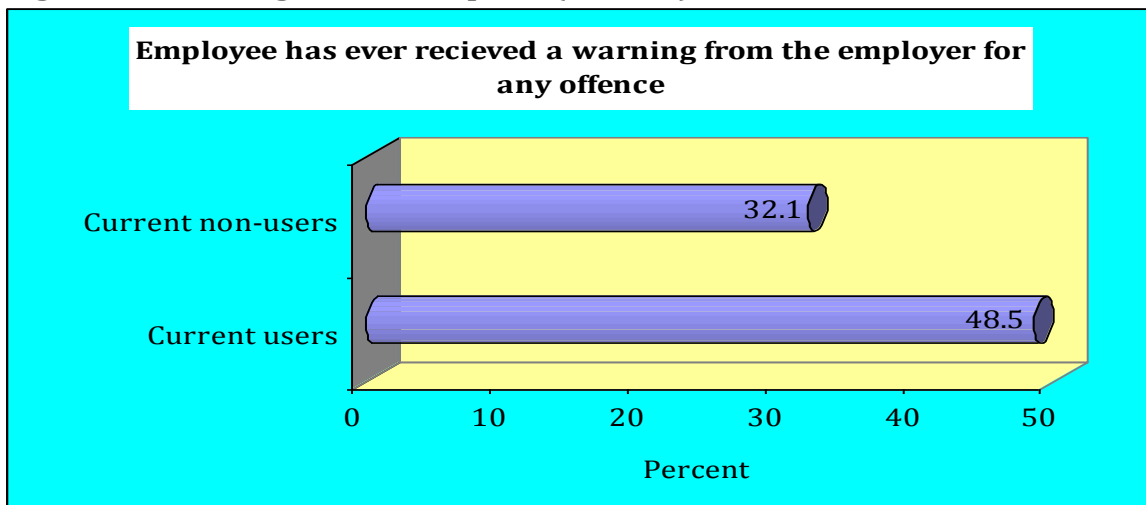
### **3.6 Effects of alcohol and drug abuse among respondents in the public sector**

As noted earlier, there is compelling evidence that alcohol consumption is associated with a number of medical, social and economic problems. It is also associated with other effects like job absenteeism, accidents, low job satisfaction, and decreased productivity in the workplace.

#### 3.6.1 Respondents' alcohol usage and workplace performance

According to Figure 13, it was apparent that current alcohol users (48.5%) had a proportionately higher frequency of receiving a warning from the employer for any offence compared to current non-users (32.1%).

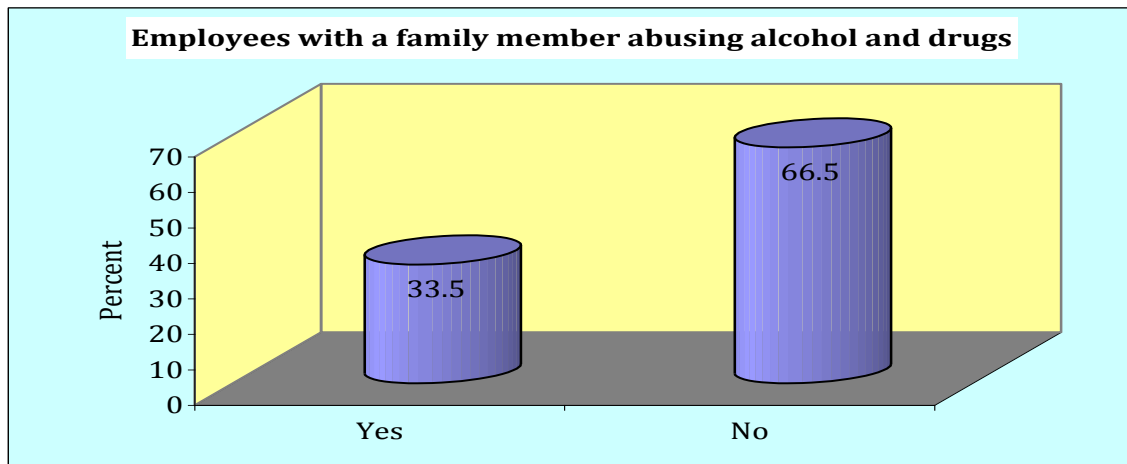
**Figure 13: Warning in the workplace (n=1568)**



### 3.6.2 Family member's alcohol usage and workplace performance

This section explores the extent of alcohol and drug abuse in the families and how they impact on the performance of respondents. Studies have shown that respondents with family members who abuse substances being less productive in the workplace<sup>1</sup>. According to Figure 14, 33.5% of the respondents in the public sector have a family member abusing some type of drug.

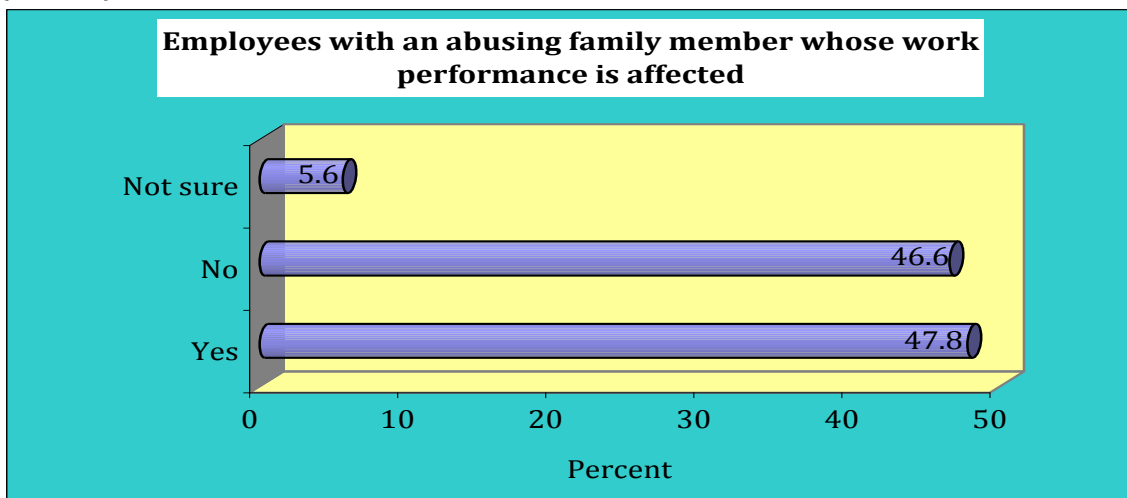
**Figure 14: Respondents with a family member abusing any drug (n=1524)**



### 3.6.3 Effects of a substance abusing family member on work performance

According to Figure 15, among respondents with a family member who was abusing alcohol, 47.8% of them indicate that their work performance is equally affected.

**Figure 15: A family member's drug problem affects your work performance (n=532)**



<sup>1</sup> U.S Department of Health and Human Services, *Substance Abuse and Mental Health Services*, 14 Short Employer Cost Saving Briefs, Available at: <http://ncadistore.samba.gov/catalog/productDetails.aspx?ProductID=17943>

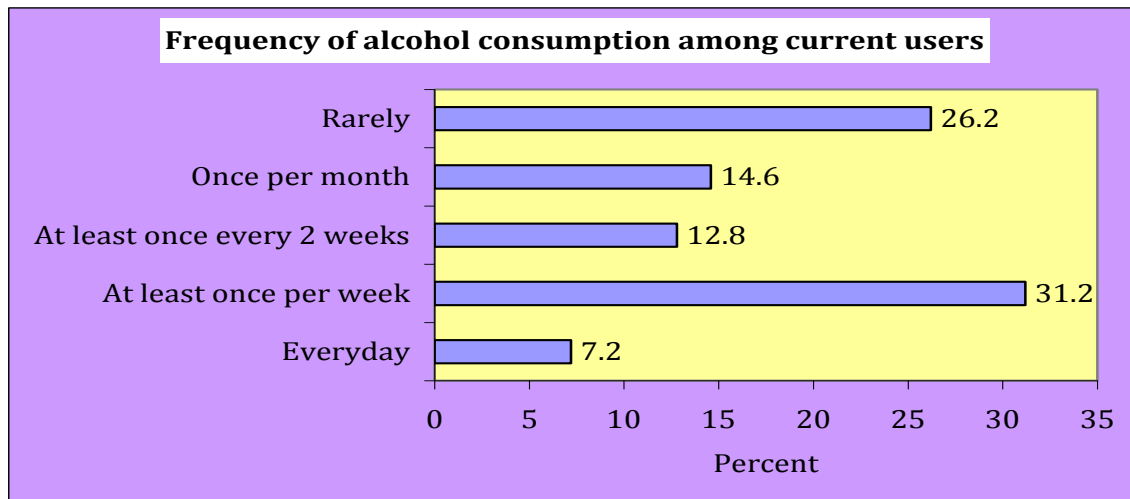
### **3.7 Alcohol dependence**

To understand the indications of alcohol dependence in the public sector, this section studies current alcohol users. As indicated earlier, these are those respondents who had consumed alcohol in the last 30 days prior to the survey.

#### **3.7.1 Frequency of alcohol consumption**

According to Figure 16, 7.2% of current alcohol consumers drink on a daily basis, 31.2% drink at least once per week, 12.8% drink at least once per every two weeks, 14.6% drink on a month basis while the remaining 26.2% drink rarely.

**Figure 16: Frequency of alcohol consumption (n=595)**



#### **3.7.2 Problem drinking among respondents in the public sector**

According to the National Institute on Alcohol Abuse and Alcoholism, alcohol abuse is defined as a pattern of drinking that results in one or more of the following situations within a 12-month period: failure to fulfil major work, school, or home responsibilities; drinking in situations that are physically dangerous, such as while driving a car or operating machinery; having recurring alcohol-related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk; and continued drinking despite having ongoing relationship problems that are caused or worsened by the drinking<sup>2</sup>.

The public sector alcohol and drug abuse baseline survey employed a few basic questions to evaluate the extent of alcohol misuse. Specifically, each current alcohol user was asked if he or she: has ever tried to cut down on alcohol consumption; has tried to stop using alcohol; gets angry when people discuss his or her use of alcohol; feels guilty about things he or she has done because of using alcohol; and considers usage of alcohol a problem to his or her family of job. A person who answered YES to one question may be at risk of problem drinking.

<sup>2</sup> Noble J, ed. *Textbook of Primary Care Medicine*, 3<sup>rd</sup> ed. Mosby, Inc. St Louis, 2001, pg. 27

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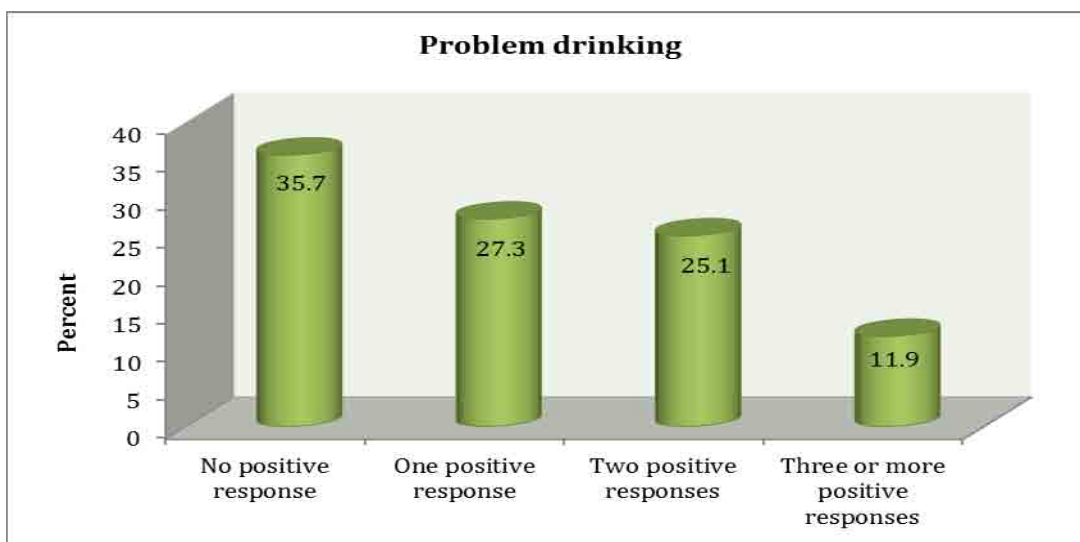
As shown in Table 4, 18.7% of current alcohol users have ever been told that they drink too much; 54.9% have tried to cut down their alcohol consumption; 36.7% have tried to stop using alcohol; 22.1% get angry when people discuss their alcohol use; 37.3% feel guilty about things they have done because of using alcohol; 8.8% have ever failed to go to work in the last one year due to a hangover; and 9.2% take alcohol in the morning to enable them to start working. It is therefore quite evident that there is a significant number of current alcohol users who desperately need help.

**Table 3: Problem drinking**

Category	Percentage
<b>Employee has ever been told that he/she drinks too much (n=509)</b>	
Yes	18.7
No	81.3
<b>Employee has ever tried to cut down his/ her alcohol consumption (n=526)</b>	
Yes	54.9
No	45.1
<b>Employee has ever tried to stop using alcohol (n=570)</b>	
Yes	36.7
No	63.3
<b>Employee gets angry when people discuss his/ her alcohol use (n=566)</b>	
Yes	22.1
No	77.9
<b>Employee feels guilty about things he/ she has done because of using alcohol (n=569)</b>	
Yes	37.3
No	62.7
<b>Employee has ever failed to go to work in the last one year due to a hangover (n=555)</b>	
Yes	8.8
No	91.2
<b>Employee takes alcohol in the morning to enable him/her to start working (n=575)</b>	
Yes	9.2
No	90.8

A CAGE questionnaire was used to quickly screen for problem drinking. Considering employees who had used alcohol 30 days prior to the survey (current users), 37% of them are at risk of problem drinking. The findings are indicated in Figure 17 below.

**Figure 17: Problem drinking among public sector employees**



### 3.7.3 Reasons for considering ones alcohol consumption a problem

The analysis went further to establish the reasons making respondents in the public sector to consider their alcohol consumption problematic. As shown in Table 5, 17.5% of current alcohol users indicate that alcohol consumption brings conflict with colleagues and seniors; 19.8% indicate that it causes frequent health problems; 26% indicate that it brings conflict with family members; 19.9% indicate that it leads to accidents as a result of poor concentration; and 18.4% indicate that it causes problems with security personnel.

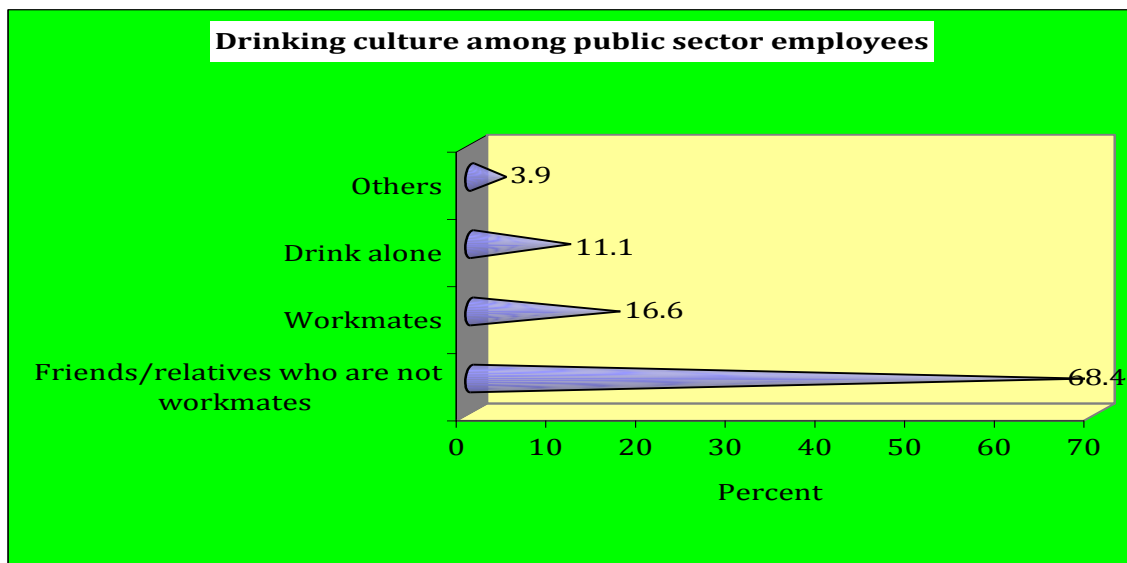
**Table 4: Alcohol-related problems**

Reasons	Percentage
<b>It brings conflict with colleagues and seniors (n=508)</b>	
Yes	17.5
No	82.5
<b>It causes frequent health problems (n=510)</b>	
Yes	19.8
No	80.2
<b>It brings conflict with family members (n=511)</b>	
Yes	26.0
No	74.0
<b>It leads to accidents due to poor concentration at work (n=507)</b>	
Yes	19.9
No	80.1
<b>It causes problems with security personnel (n=506)</b>	
Yes	18.4
No	81.6

### 3.7.4 Analysis of drinking culture

Studies have shown that alcohol consumption can be part of an organization's culture, a phenomenon that has got serious implications for the organization's productivity and competitiveness. To assess the existence of a drinking culture in the public sector, respondents who reported having taken alcohol in the last 30 days (current users) prior to the survey were asked who they usually drink with. Their responses are presented in Figure 17 where 68.4% of the respondents usually drink with friends and relatives, 16.6% drink with workmates and 11.1% usually drink alone. The findings therefore show no indication of a drinking culture among respondents in the public sector.

**Figure 17: Drinking culture (n=560)**



### ***3.8 Strategies for addressing the challenges of drugs and substance abuse in the public sector***

The baseline survey sought views from public sector respondents on how the delicate problem of alcohol and drug abuse should be handled at the workplace.

#### 3.8.1 Views of Public Sector respondents on drugs and substance abuse

As indicated in Table 6, the general attitude of respondents in the public sector towards supporting drug abusers is positive.

About 79% of the respondents disagree that substance abuse is a private affair opting for a need to address the problem in the workplace and another 73.9% disagree that respondents performing poorly should be dismissed from work. An overwhelming 87.4% of respondents agree that drug addiction is a disease like any other and respondents with such a problem should be assisted by the organization in every way. In addition, another overwhelming majority of respondents comprising of 85.8% strongly agree that the organizations should have a resident counselor to help addicts quit dependency.

**Table 5: Views on alcohol and drug abuse**

Category	Percentage
<b>Substance abuse is a private affair and should not be addressed in the workplace (n=1793)</b>	
Agree	14.5
Disagree	79.0
Not sure	6.5
<b>Respondents who perform poorly due to their drug problem should be dismissed from work (n=1783)</b>	
Agree	15.4
Disagree	73.9
Not sure	10.7
<b>Drug addiction is a disease like any other so addicts should be assisted by the organization in every way (n=1781)</b>	
Agree	87.4
Disagree	7.9
Not sure	4.7
<b>Our organization should have a resident addiction counselor to help addicts quit the habit (n=1593)</b>	
Agree	85.8
Disagree	6.5
Not sure	7.7

Other suggestions proposed by the respondents in the public sector are as follows:

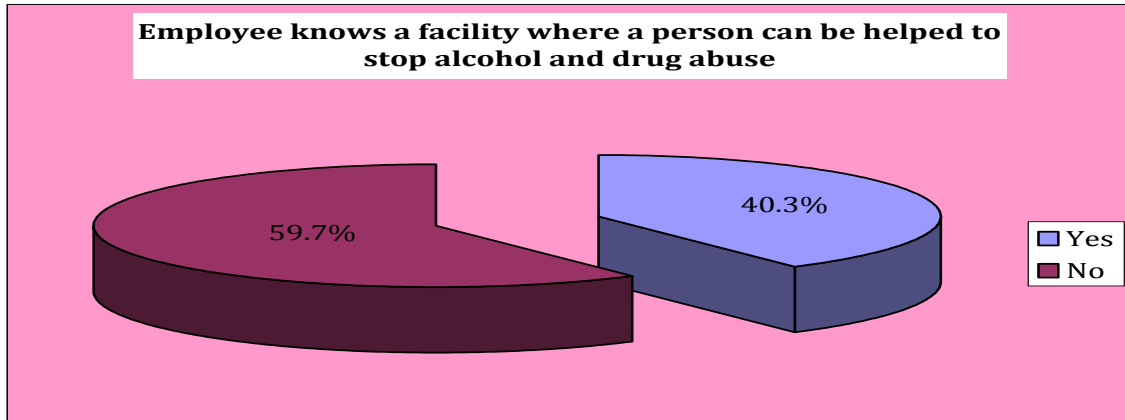
- Regular and continuous drug sensitization workshops should be conducted
- Use of alcohol during end of year parties should be discouraged
- Public sector institutions should establish support groups for recovering addicts
- Public sector institutions should establish the causes of alcohol and drug abuse at the workplace and address them appropriately
- Public sector institutions should develop ADA workplace policies to support those respondents who are affected
- The respondents should be engaged in extra curricula activities during open days which can later be used as platforms encouraging respondents to freely discuss about drugs
- Public sector institutions should conduct random tests among the employee to deter alcohol and drug use at the workplace
- Organizations should train ADA prevention committee members who can then be utilized to educate their peers
- Public sector institutions should display posters at the workplace showing messages of drug effects



### 3.8.2 Knowledge of rehabilitation facilities

Findings according to Figure 18a indicate that only 40.3% of respondents in the public sector know at least one rehabilitation and treatment facility compared to 59.7% who have no idea of a place where a person with an alcohol or drug problem can be assisted.

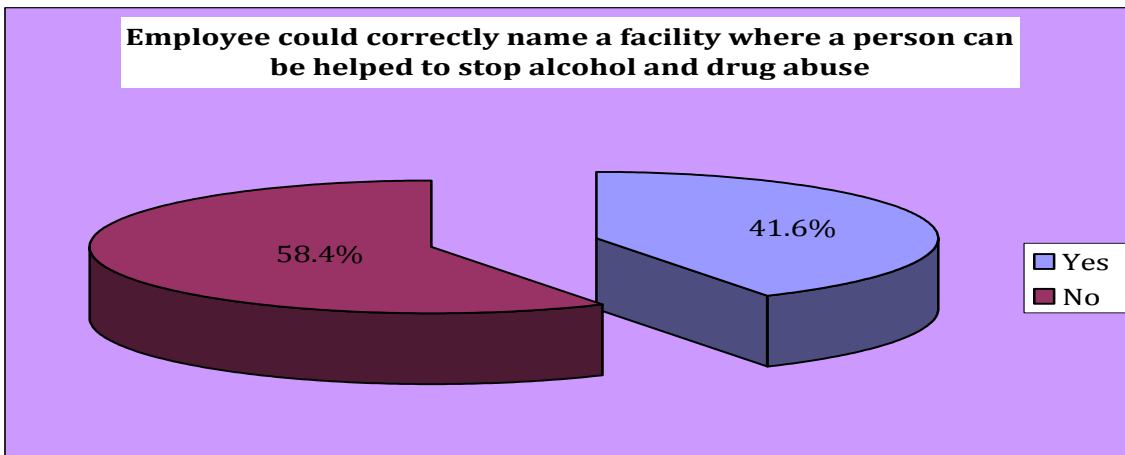
**Figure 18a: Knowledge of treatment and rehabilitation facilities (n=1549)**



Of the 45.9% of respondents who reported to know a treatment and rehabilitation facility, only 41.6% of them could name such a facility as shown in Figure 18b.

It is therefore quite obvious that majority of staff in the public sector are not aware of treatment and rehabilitation facilities currently available in the country where they could seek help for themselves, spouses or siblings with dependency problems. The most commonly known treatment and rehabilitation centres mentioned by the few public sector respondents are Asumbi Rehabilitation Centre, Mathari Hospital, Mewa Rehabilitation Centre, Alcoholic Anonymous, Red Hill, Nairobi Place Addiction Treatment Centre, Jorgs, Migwani, The Retreat Limited and Teen Challenge of Kenya.

**Figure 18b: Knowledge of treatment and rehabilitation facilities (n=627)**



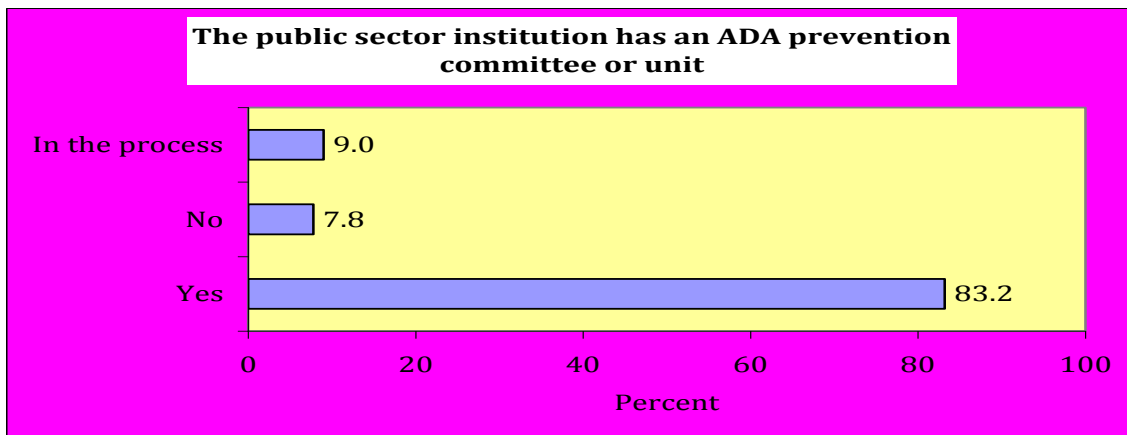
**3.9 To assess the current measures taken to address alcohol and drug abuse problems in the workplace**

Data from the workplace ADA assessment obtained from NACADA Authority was used to document the measures undertaken by public sector institutions to address ADA problems in the workplace. This assessment had covered 156 public sector institutions that have been reporting to NACADA.

**3.9.1 ADA prevention committees or unit**

Figure 19 shows that majority (83.2%) of the public sector institutions reported to NACADA Authority that they have already established ADA prevention committees/units while 9% are in the process of establishing one.

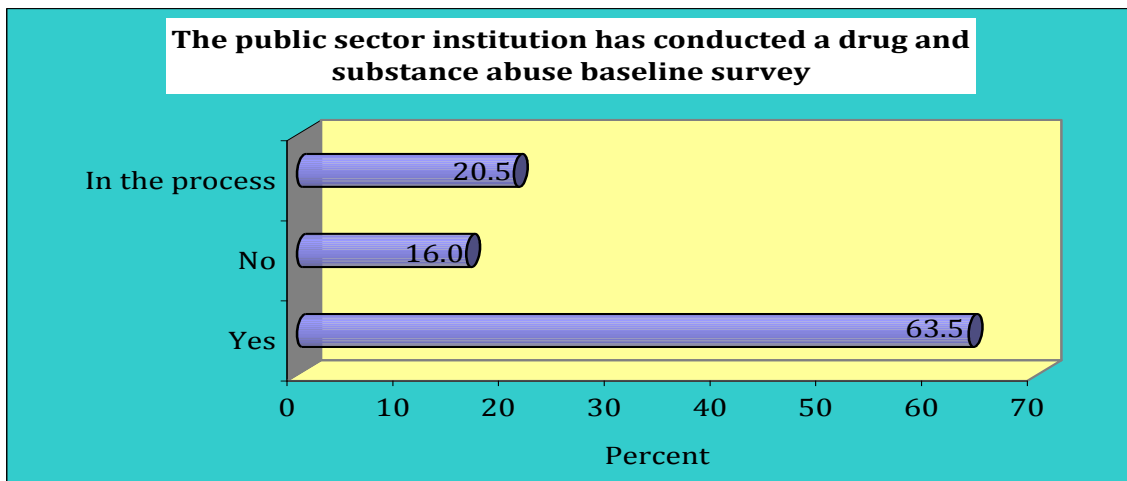
**Figure 19: ADA prevention committees or unit (n=155)**



**3.9.2 Drug and substance baseline survey**

Figure 20 shows that majority (63.5%) of the public sector institutions reported to NACADA Authority that they have already conducted a drug and substance abuse baseline survey while 20.5% are in the process of establishing one.

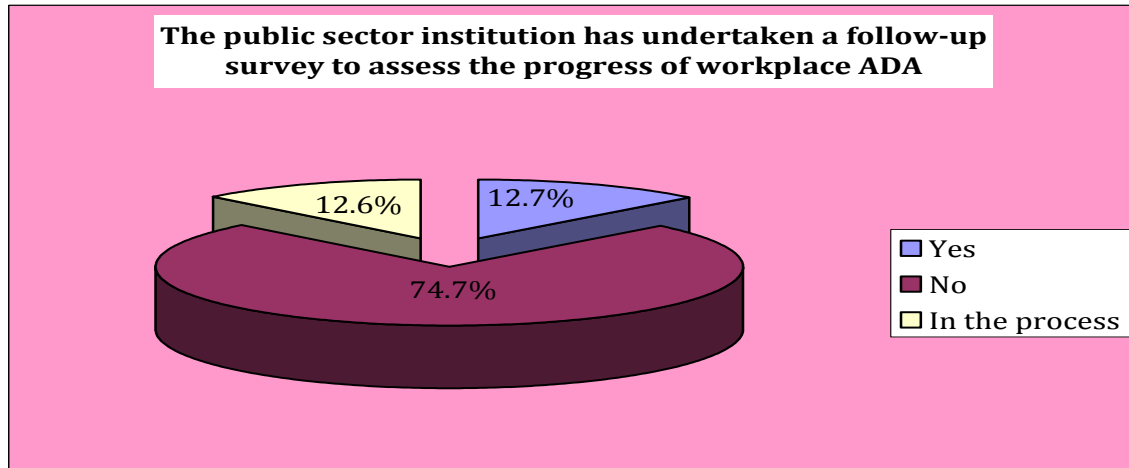
**Figure 20: Drug and substance abuse baseline survey (n=156)**



### 3.9.3 Follow-up survey

As shown in Figure 21, only 12.7% of the public sector institutions reporting to NACADA authority that have undertaken a follow-up survey to assess the progress of workplace ADA while 12.6% were in the process of undertaking one.

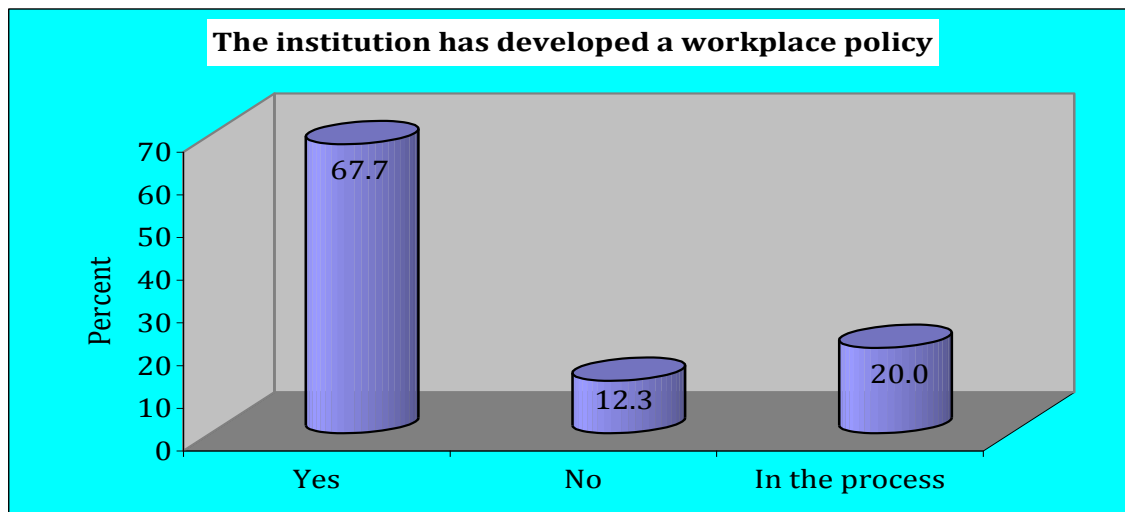
**Figure 21: Follow-up survey (n=150)**



### 3.9.4 Workplace policy

Figure 22 shows that majority (67.7%) of the public sector institutions reported to NACADA Authority that they have already developed a workplace policy while 20% are in the process of developing one. However, it may be possible that some public sector institutions are developing a workplace policy before undertaking a baseline survey. Hence there is need to train the public sector institutions through the ADA prevention committees on the systematic procedures of developing a workplace policy.

**Figure 22: Workplace policy (n=155)**



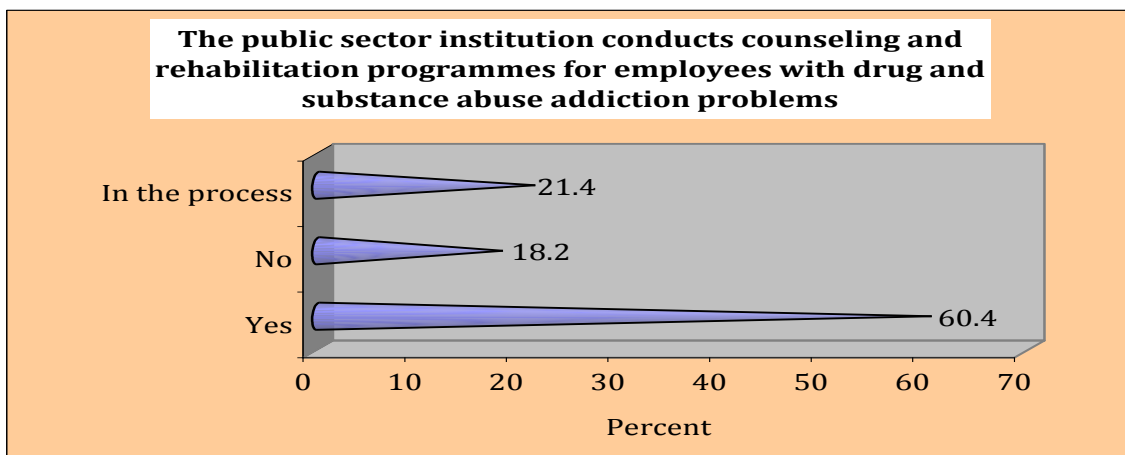
**3.10 To assess the nature of respondents assistance programmes (EAPs) available for affected respondents in the public sector**

Data from the workplace ADA assessment was also used to assess the nature of employee assistance programmes (EAPs) available for affected respondents.

**3.10.1 Counseling and rehabilitation programmes**

Figure 23 shows that majority (60.4%) of the public sector institutions reported to NACADA Authority that they have already conducted counseling and rehabilitation programmes for respondents with drug and substance abuse addiction problems while 21.4% are in the process.

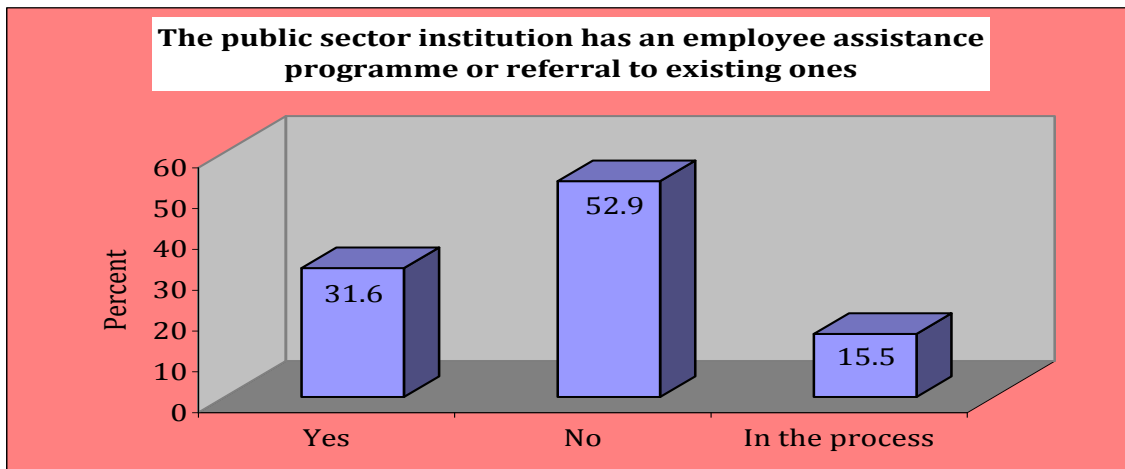
**Figure 23: Counseling and rehabilitation programmes (n=154)**



**3.10.2 Employee assistance programmes**

As shown in Figure 24, only 31.6% of the public sector institutions reported to NACADA Authority that they have an employee assistance programme or referral to existing ones while 15.5% are in the process of establishing an EAP.

**Figure 24: Respondents assistance programmes (n=155)**



3.10.3 Key challenges experienced during the implementation of the ADA workplace programmes

- Denial by staff affected with alcohol and drug abuse
- Slow implementation of the ADA workplace policy
- Capacity gaps of ADA prevention committee members
- Technical expertise in conducting ADA baseline surveys
- Inadequate financial resources to implement rehabilitation programmes
- Poor access to IEC materials
- High cost for addiction counseling, rehabilitation and treatment services
- Relapse of rehabilitated employees

## CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusions

The following are the main conclusions from the public sector alcohol and drug abuse situation analysis survey:

#### 4.1.1 Prevalence of alcohol and drug use by public sector respondents

##### A. Lifetime usage of drugs and other substances in the public sector

- 57.9% of respondents in the public sector have ever used an alcoholic drink
- 22.8% have ever used tobacco products (cigarettes, cigar and snuff)
- 15.9% have ever used *miraa*
- 6.6% have ever used bhang
- 1.3% have ever used narcotics (mandrax, heroin and cocaine)

##### B. Comparison of lifetime usage of drugs and other substances

- Lifetime usage of alcohol among respondents in the public sector (57.9%) is markedly higher compared to the rest of the country (29.9%)
- Lifetime usage of tobacco among respondents in the public sector (22.8%) is higher compared to the rest of the country (16.7%)
- Lifetime usage of *miraa* among respondents in the public sector (15.9%) is higher compared to the rest of the country (8.9%)
- Lifetime usage of bhang among respondents in the public sector (6.6%) is higher compared to the rest of the country (5.4%)

##### C. Current usage of drugs and other substances

- 33.3% of public sector respondents are currently using alcohol
- 8.5% are currently using tobacco
- 3.8% are currently using *miraa*
- 1.1% are currently using bhang
- 0.4% are currently using narcotics (mandrax, heroin, cocaine)

##### D. Comparison of current usage of drugs and other substances

- Current usage of alcohol among respondents in the public sector (33.3%) is markedly higher compared to the rest of the country (13.6%)
- Current usage of tobacco among respondents in the public sector (8.5%) is slightly lower compared to the rest of the country (9.1%)
- Current usage of *miraa* among respondents in the public sector (3.8%) is slightly lower compared to the rest of the country (4.2%)
- Current usage of bhang among respondents in the public sector (1.1%) is slightly higher compared to the rest of the country (1.0%)

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### 4.1.2 Effects of alcohol and drug abuse among the public sector respondents

- Current alcohol users (48.5%) have a proportionately higher likelihood of receiving a warning from the employer for any offence compared to current non-users (32.1%)
- 47.8% of respondents with a family member abusing alcohol or drugs indicate that their work performance is being affected
- 7.2% of current alcohol users drink on a daily basis
- 8.8% of the respondents have failed to go to work in the last one year due to a hangover
- 9.2% of the respondents take alcohol in the morning to enable them to start working

### 4.1.3 Measures taken by public sector institutions to address alcohol and drug abuse problem in the workplace

- 83.2% of public sector institutions reporting to NACADA Authority have already established ADA prevention committees/units
- 63.5% of public sector institutions reporting to NACADA Authority have conducted a drug and substance abuse baseline survey
- 12.7% of public sector institutions reporting to NACADA Authority have undertaken a follow-up survey

### 4.1.4 Nature of respondents assistance programmes (EAPs)

- 60.4% of public sector institutions reporting to NACADA Authority have conducted counseling and rehabilitation programmes for respondents
- 31.6% of public sector institutions reporting to NACADA Authority have employee assistance programmes or referral to existing ones

## **4.2 Recommendations**

The study recommends that:

- ✚ Alcohol and drug abuse is a National Problem and all partners and stakeholders need to support efforts geared towards minimizing its impact.
- ✚ Drugs and substances abuse programmes be mainstreamed in all public institutions.
- ✚ Alcohol and drugs abuse prevention structures be established in all public institutions to effectively spear-head the alcohol and drug abuse prevention programmes
- ✚ A comprehensive Workplace Policy on alcohol and drug abuse is essential in all institutions.
- ✚ Employers should invest in employees' health insurance that provides comprehensive benefits for substance abuse counseling, treatment and rehabilitation

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