



NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST ALCOHOL AND DRUG ABUSE

***“Guidelines to Undertake Baseline Survey on the Status of Alcohol and Drug Abuse (ADA) Among Employees of Ministries, Departments Agencies and County Governments*”**

July, 2020

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DEFINITION 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

Annual Prevalence: This is alcohol or drug use in last one year

Current Usage: Consumption of alcohol or drugs in the last 30 days

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 counselling to assist employees deal with personal problems that might adversely impact their work.

Effects: Consequences of alcohol and drug abuse

Lifetime Use: This is ever use of alcohol or drugs at least once in the past

Past Usage: Previous consumption of alcohol or drugs by an individual in his/ her 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 an addict 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

(To be filled after report writing)

CHAPTER ONE: INTRODUCTION

1.1 Background

The National Authority for the Campaign against Alcohol and Drug Abuse (NACADA) is a State Corporation established under the National Authority for the Campaign against Alcohol and Drug Abuse Act, 2012 of the Laws of Kenya. In collaboration with other public and private agencies, NACADA is mandated to facilitate, conduct, promote and coordinate research and dissemination of findings on alcohol and drug abuse (ADA) and to serve as the repository of such data.

NACADA supports the public sector institutions to mainstream alcohol and drug abuse prevention, treatment and rehabilitation programs in their workplace. Towards supporting MDAs and County Governments to undertake alcohol and drug abuse baseline and follow-up surveys, the Authority has developed guidelines that document all the key indicators that are required to facilitate evidence based programming. The indicators provide quantitative measurements that will be tracked over the years to assess the effectiveness of the implemented ADA interventions.

1.2 A brief review of literature

Alcohol, drugs and substance 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. 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

According to the rapid situation assessment of the status of drugs and substance abuse by NACADA in 2017, at least 12.2 percent of Kenyans aged 15-65 years were current consumers of alcohol. The current usage of other drugs and substances was as follows: 8.3 percent were current users of tobacco, 4.1 percent were current users of *khat/miraa* and 1.0 percent were current users of bhang (NACADA, 2017).

The survey also showed that alcohol contributes to the highest burden of substance use disorders in Kenya. Data showed that 10.4 percent of Kenyans aged 15 – 65 years had an alcohol use disorder, 6.8 percent had a tobacco use disorder, 3.1 percent had a *khat* use disorder while 0.8 percent had a cannabis use disorder (NACADA, 2017).

1.4 Rationale

The challenge of addressing and managing alcohol, drugs and substance abuse impacts on the workplace is an emerging issue facing by many employers. Many aspects to this challenge have broader community impacts and affect a wide array of relationships. The issue of alcohol, drugs and substance abuse at the workplace has traditionally been met by a dismissive attitude and the reflex of trying to sweep the problem under the carpet, based more on moral precepts than a concern for the health issues involved. Yet, alcohol, drugs and substance abuse is not a problem which can be isolated from the workplace.

1.5 General objective

To document the problem of alcohol and drug abuse (ADA) among employees of (*insert name of the organization*)

1.5.1 Specific objectives

- a) To determine the prevalence of alcohol and use;
- b) To determine the effects of alcohol and drug abuse;
- c) To determine factors that influence alcohol and drug abuse;
- d) To determine employee perception of the institution's support of alcohol and drug abuse programs;
- e) To determine the level of the institution's commitment in handling alcohol and drug abuse issues in the workplace;

CHAPTER TWO: METHODOLOGY

2.1 Study design

A cross-sectional study will be conducted where both quantitative and qualitative data will be collected. Cross-sectional studies are the best way to determine prevalence and are useful at identifying associations.

2.2 Data types and sources

A structured questionnaire with open and closed questions will be used to generate quantitative and qualitative data.

NB: *Given the nature of different workplaces, a self-administered structured questionnaire is recommended. However, in case of a workplace with low literacy levels, an interview schedule is the most preferred method of data collection. In such a case, the tools should be translated to Kiswahili or any other language favourable to the respondents.*

2.3 Sampling

NB: *In a workplace with a population of less than 300 employees, a census will be recommended where all the employees will be interviewed. However, for workplaces with more than 300 employees, 30% of the employees will be sampled. The survey recommends systematic random sampling using the employee staffing register where every n^{th} employee ($n^{\text{th}} = \text{total population/sampled population}$) will be interviewed. This sampling method will ensure that employees in all cadres, regions or stations in a given workplace are covered in the sample.*

2.4 Survey instrument and language of interview

A standard questionnaire for conducting ADA baseline and follow-up surveys among employees in the MDAs will be used to collect data from (Annex 2). The interviews will be conducted in the English language where literacy levels are high and Kiswahili where literacy levels are low.

2.5 Data collection

A self-administered questionnaire will be used for employees who are literate while an interview schedule will be used for employees with low literacy levels. Employees will be encouraged to answer all questions truthfully.

2.6 Ethical concerns

Given the sensitive nature of alcohol, drugs and substance abuse information, the organization will ensure that the information collected cannot be linked to individual employees in order to ensure anonymity of respondents. In addition, strict confidentiality of the information collected should be observed.

2.7 Data entry, cleaning, and analysis

Quantitative data will be coded, sorted, entered into the computer and processed using SPSS software or excel. Descriptive statistics namely frequencies, pie chart, bar graphs and percentages will be used to describe, organize and summarize collected data. Cross tabulations will be used to assess the relationship between two variables. Responses from open-ended questions will be analysed qualitatively and later summarized according to emerging themes using content analysis. This information will then be used to supplement, explain and interpret the quantitative data.

CHAPTER THREE: FINDINGS

3.1 Introduction

This chapter presents key findings of the baseline survey on the status of ADA among employees.

NB: *The findings should be presented in figures or tables.*

3.2 Employee background characteristics

Background information of all employees was collected to enable categorization of employees according to various alcohol and drug abuse indicators of interest in this study. This section presents the percentage distribution of employees who participate in the ADA baseline survey according to their gender, age, education level, marital status and job description/ cadre (Annex 2; Q1-5a).

3.3 Level of alcohol, drugs and substance abuse among employees

An effective workplace alcohol and drug abuse control and management programme entails critical understanding of segments of the employee population who are current users 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 trends of alcohol and drug abuse among employees. Past and current usage of alcohol, tobacco, *miraa* and other drugs (bhang, cocaine, heroin etc.) are thus documented under this section.

3.3.1 Perception of ADA levels

This section presents findings on employees' perception on the ADA levels in the organization (Annex 2; Q12a).

3.3.2 Lifetime usage of different drugs

Lifetime usage is the proportion of employees who have ever used alcohol or drugs of abuse at least once in the past e.g. alcohol, tobacco, *miraa*, bhang, heroin, cocaine and prescription drugs for non-medical use.

3.3.3 Lifetime usage of alcohol

This is the proportion of employees who have ever used alcohol / total number of employees interviewed x 100%.

3.3.4 Lifetime usage of tobacco

This is the proportion of employees who have ever used tobacco / total number of employees interviewed x 100%.

3.3.5 Lifetime usage of khat/ miraa

This is the proportion of employees who have ever used *khat* or *miraa* / total number of employees interviewed x 100%.

3.3.6 Lifetime usage of cannabis/ marijuana

This is the proportion of employees who have ever used *khat* or *miraa* / total number of employees interviewed x 100%.

3.3.7 Lifetime usage of prescription drugs

This is the proportion of employees who have ever used prescription drugs / total number of employees interviewed x 100%.

3.3.8 Lifetime usage of heroin

This is the proportion of employees who have ever used heroin / total number of employees interviewed x 100%.

3.3.9 Lifetime usage of cocaine

This is the proportion of employees who have ever used cocaine / total number of employees interviewed x 100%.

3.4 Current usage of different drugs and substances of abuse

Not everyone who initiates usage of alcohol or drugs of abuse is currently a user. Most at times, a substantial proportion of lifetime users do quit after their initial exposure. Current usage is defined by consumption in the last 30 days prior to the survey.

3.4.1 Current usage of alcohol

This is the proportion of employees who have used alcohol in the last 30 days / total number of employees interviewed x 100%.

3.4.2 Current usage of tobacco

This is the proportion of employees who have used tobacco in the last 30 days / total number of employees interviewed x 100%.

3.4.3 Current usage of khat/ miraa

This is the proportion of employees who have used *khat* or *miraa* in the last 30 days / total number of employees interviewed x 100%.

3.4.4 Current usage of other drugs

NB: The same formula (proportion of employees who have used (drug x) in the last 30 days / total number of employees interviewed x 100%) will be used to calculate the prevalence for cannabis/ marijuana, prescription drugs for non-medical use, heroin or cocaine.

3.4.5 Relationship between current usage of alcohol and background characteristics

This section further analyses the nature of association between current alcohol use and background characteristics such as gender, age, education background, marital status and job cadre.

NB: *Cross tabulation is used to compare current alcohol use and each background characteristics (Annex 2; Q8a by Q1-5a).*

3.5 Effects of alcohol and drug abuse among employees

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 such as job absenteeism, accidents, low job satisfaction, and decreased productivity in the workplace.

3.5.1 Relationship between absenteeism and current alcohol use

NB: *Cross tabulation is used to compare current alcohol use by absenteeism in the last one year (Annex 2; Q8a by Q5e).*

3.5.2 Relationship between visiting a health facility because of an illness and current alcohol use

NB: *Cross tabulation is used to compare current alcohol use by absenteeism in the last one year (Annex 2; Q8a by Q5f).*

3.5.3 Relationship between receiving a warning from a supervisor and current alcohol use

NB: *Cross tabulation is used to compare current alcohol use and receiving a warning in the last one year (Annex 2; Q8a by Q5g).*

3.5.4 Relationship between reporting to work late and current alcohol use

NB: *Cross tabulation is used to compare current alcohol use and receiving a warning in the last one year (Annex 2; Q8a by Q5h).*

3.5.5 Family member's alcohol usage and workplace performance

This section explores the extent of alcohol, drugs and substance abuse in the families and how they impact on employees' performance. Studies have shown that employees with family members who abuse substances are less productive in the workplace¹.

NB: *(This is the number of employees who say yes/ total number of employees x 100%) (Annex 2; Q5b).*

3.5.6 Effects of a substance abusing family member on work performance

(This section considers the employees who answer affirmative (yes) in the section above) (Annex 2; Q5c).

¹ 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>

3.5.7 Alcohol use disorders

Not everybody who is using alcohol develops an alcohol use disorder (AUD). However, a certain proportion of users will develop problematic use of alcohol. Therefore, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) screening tool was used to identify employees with alcohol use disorders.

The DSM-V recognizes substance related disorders resulting from the use of ten separate classes of drugs: alcohol, caffeine, cannabis, hallucinogens, stimulants, tobacco and other substances. The following eleven (11) standard criteria are normally used to identify substance use disorders:

1. Taking the substance in larger amounts or for longer than the you meant to;
2. Wanting to cut down or stop using the substance but not managing to;
3. Spending a lot of time getting, using, or recovering from use of the substance;
4. Cravings and urges to use the substance;
5. Not managing to do what you should at work, home or school, because of substance use;
6. Continuing to use, even when it causes problems in relationships;
7. Giving up important social, occupational or recreational activities because of substance use;
8. Using substances again and again, even when it puts the you in danger;
9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance;
10. Needing more of the substance to get the effect you want (tolerance);
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

NB: *These questions are responded by employees who have ever used alcohol in the last one year (Annex 2; Q6b). Those employees who have ever used alcohol in the last one year should answer Q7.1 – Q7.11 (Annex 2).*

The DSM-V screening tool (Annex 2; Q7.1 – Q7.11) will be used to categorize severity of substance use disorders depending on how many symptoms were identified. Two (2) or three (3) symptoms (yes responses from Q7.1 – Q7.11) indicates a mild substance use disorder; four (4) or five (5) symptoms indicates a moderate substance use disorder; and six (6) or more symptoms indicates a severe substance use disorder.

NB: To get the prevalence of mild, moderate and severe alcohol use disorder in the organization, you will need to get the totals of each category i.e. mild alcohol use disorder = number of employees with 2 or 3 “yes” responses/ total employees sampled x 100%. For moderate alcohol use disorder = number of employees with 4 or 5 “yes” responses/ total employees sampled x 100%. For severe alcohol use disorder = number of employees with 2 or 3 “yes” responses/ total employees sampled x 100%.

3.5.8 Reporting to work while drunk

One of the indicators of problematic use alcohol is the tendency of employees reporting to the workplace while drunk.

NB: This is total number of employees who report to work while drunk in the last one year/ total number of employees interviewed x 100% (Annex 2; Q5j).

3.6 Level of institution’s commitment in handling alcohol and drug abuse issues

3.6.1 Employee awareness of ADA activities

NB: This is the proportion of employees who are aware of any activities undertaken by the organization / total number of employees interviewed x 100% (Annex 2; Q12b).

3.6.2 Employee training/ sensitization

NB: This is the proportion of employees who have attended a training or sensitization on ADA in the last one year/ total number of employees interviewed x 100% (Annex 2; Q12c).

3.6.3 Availability of ADA messages

NB: This is the proportion of employees who have seen any messages on ADA in the last one year/ total number of employees interviewed x 100% (Annex 2; Q12e).

3.6.4 Existence of counselling and treatment services

NB: This is the proportion of employees who are aware of existence of counselling and treatment services for people with SUDs / total number of employees interviewed x 100% (Annex 2; Q12g).

3.7 Employee perception of the organization’s support of alcohol and drug abuse issues in the workplace

NB: This section provides proportions for Q13a -13d (Annex 2). To be presented in a Table.

3.7.1 ADA-related knowledge and attitudes

NB: This section provides proportions for Q16a -16d (Annex 2). To be presented in a Table.

3.7.2 Knowledge of a colleague with an ADA problem

NB: This is the proportion of employees with knowledge of a colleague with an ADA problem / total number of employees interviewed x 100% (Annex 2; 15a).

3.7.3 Knowledge of a treatment and rehabilitation facility

NB: This is the proportion of employees with knowledge of a colleague with an ADA problem / total number of employees interviewed x 100% (Annex 2; 14a). This response must be confirmed with Q14b (Annex 2) and the common facilities mentioned should be listed.

3.8 Factors that influence alcohol and drug abuse among employees

This section explores factors influencing alcohol, drugs and substance abuse among employees.

NB: The report should also list down the key factors that could influence alcohol and drug abuse in the workplace mentioned by employees (Annex 2; Q17).

3.9 Best approaches to mainstream alcohol and drugs abuse control and management

3.9.1 Employees' views on areas to be included in the policy

NB: This is a list of key issues that should be included in the ADA workplace policy (Annex 2; Q17).

3.9.2 Employees' views on improving the ADA program

NB: This is a list of important suggestions that could be considered to improve the ADA program (Annex 2; Q20).

CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS

This section provides a summary of key findings and recommendations of the baseline survey on alcohol and drug abuse in the workplace.

NB: *The key findings will be the indicators to be evaluated during follow-up survey to assess the effectiveness of the interventions.*

4.1 Prevalence of alcohol and drug use among employees

A. Lifetime usage

NB: *Includes a summary of lifetime prevalence of alcohol, tobacco, miraa/ khat, cannabis/ marijuana, prescription drugs, heroin and cocaine in bullet form.*

B. Current usage

NB: *Includes a summary of current prevalence of alcohol, tobacco, miraa/ khat, cannabis/ marijuana, prescription drugs, heroin and cocaine in bullet form.*

4.2 Effects of alcohol and drug abuse among employees

NB: *Includes a summary of the key effects of alcohol and drug abuse in bullet form in this section (findings part 3.5).*

4.3 Measures taken by the organization to address alcohol and drug abuse problem in the workplace

NB: *Includes a summary of measure the organization has taken to address alcohol and drug abuse problem in the organization in bullet form in this section (findings part 3.6).*

4.4 Recommendations

NB: *Provide key recommendations according to the survey findings:*

5.0 REFERENCES

1. 16. Ames, G.M., and Janes, C. A cultural approach to conceptualizing alcohol and the workplace, *Alcohol Health & Research World* 16(2):112-119, 1992.
2. Bennett, J. B., & Lehman, W. E. K. (2001). Workplace substance abuse prevention and help seeking: Comparing team-oriented and informational training. *Journal of Occupational Health Psychology*, 6(3), 243–254.
3. Cook, R. F., et al. (2004). The prevention of substance abuse among construction workers: A field test of a social cognitive program. *Journal of Primary Prevention*, 25(3), 337–358.
4. Frone, M. R. (2006). Prevalence and distribution of illicit drug use in the workforce and in the workplace: Findings and implications from a U.S. national survey. *Journal of Applied Psychology*, 91(4), 856–869.
5. Frone, M. R. (2006b). Prevalence and distribution of alcohol use and impairment in the workplace: A U.S. national survey. *Journal of Studies of Alcohol*, 67, 147–156.
6. French, M. T., Roebuck, M. C., & Alexandre, P. K. (2004). To test or not to test: Do workplace drug testing programs discourage employee drug use? *Social Science Research*, 33, 45–63.
7. Hazelden Foundation. (2007). *Substance abuse and addiction among most serious workplace issues*. Available: <http://www.hazelden.org/web/public/2007workplacesurvey.page>.
8. Jordan, N. et al. (2008). Economic benefit of chemical dependency treatment to employers. *Journal of Substance Abuse Treatment*, 34, 311–319.
9. Larson, S.L. et al. (2007). *Worker substance use and workplace policies and programs* (DHHS Publication No. SMA 07-4273, Analytic Series A-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
10. McLellan AT, Lewis DC, O'Brien CP, Kleber HD (2000). Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *JAMA* 284 (13):1689-1695.
11. Merrick, E. S. L. et al. (2007). Revisiting Employee Assistance Programs and substance use problems in the workplace: Key issues and a research agenda. *Psychiatric Services*, 58(10), 1262–1264.
12. Miller, T. R., Zaloshnja, E., & Spicer, R. S. (2007). Effectiveness and benefit-cost of peer-based workplace substance abuse prevention coupled with random testing. *Accident Analysis and Prevention*, 39, 565–573.

13. NACADA (2007), *Rapid situation assessment of drug and substance abuse in Kenya*
14. Noble J, ed. *Textbook of Primary Care Medicine*, 3rded. Mosby, Inc. St Louis, 2001, pg. 27
15. Slaymaker, V. J., & Owen, P. L. (2006). Employed men and women substance abusers: Job troubles and treatment outcomes. *Journal of Substance Abuse Treatment*, 31, 347–354.
16. Spicer, R. S., Miller, T. R., & Smith, G. S. (2003). Worker substance use, workplace problems and the risk of occupational injury: A matched case-control study. *Journal of Studies on Alcohol*, 64, 570–578.
17. Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD: Author.
18. Trice, H.M., and Sonnenstuhl, W.J. Drinking behavior and risk factors related to the work place: Implications for research and prevention. *Journal of Applied Behavioral Science* 24(4):327-346, 1988.
19. 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>

6.0 ANNEX 1: EVALUATION REQUIREMENTS

- a. MDAs will seek an approval to conduct the baseline survey on ADA;
- b. MDAs will provide an internal memo notifying employees on data collection dates for the survey;
- c. MDAs will provide minutes for validation and adoption of the survey findings;

NB: *MDAs are mandated to undertake an internal survey spearheaded by the ADA Committee Members or they can engage a consultant to assist them to undertake the survey in strict adherence to the guidelines. NACADA can also be contracted by MDAs to support them undertake the survey.*

NB: *MDAs that have undertaken a baseline/ follow-up survey through NACADA in the last 2 years are exempted to undertake another survey.*

7.0 ANNEX 2: QUESTIONNAIRE ON BASELINE SURVEY ON ALCOHOL AND DRUG ABUSE (ADA) AMONG EMPLOYEES IN THE MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs)



QUESTIONNAIRE NO. _____

INSTRUCTIONS

The 17th Cycle Performance Contracting Guidelines for Financial Year 2020/21 requires that all Ministries, Department and Agencies (MDAs) to undertake a “Baseline Survey on Alcohol and Drug Abuse” by 31st December 2020 to promote evidence based programming.

The data captured by this questionnaire is meant to assist in designing evidence based strategies for addressing the challenges of alcohol and drug abuse at the workplace for the purpose of supporting employees and their families.

Please note that the information you provide will be treated with utmost confidentiality. The organization takes all necessary precautions to ensure that the information you give will only be used for the intended purpose. The questionnaire is also anonymous and your name, station or section will not be required. All that is needed is your honest feedback to assist the organization to respond to the needs of its employees.

Please read and answer all the questions.

Thank you.

For official use only

Date	
Edited by	
Keyed in by	
Date keyed in	

QUESTIONS		<i>Please tick/write response where applicable.</i>	
1.	What is your gender	Male	1
		Female.....	2
2.	What is your age group?	25 years and below.....	1
		26-35 years.....	2
		36-45 years	3
		46 years and above.....	4
3.	What is the highest level of education you have completed?	Primary level.....	1
		Secondary level	2
		College level.....	3
		Bachelor's degree level.....	4
		Post-graduate level.....	5
4.	What is your marital status?	Single (never married).....	1
		Currently married	2
		Separated/ divorced/ widowed.....	3
5.	a) What is your job position?	Top Management.....	1
		Middle Management/ Station Head.....	2
		Technical Staff	3
		Unionisable Staff.....	4
	b) How long have you worked in the organization?	Below 5 years.....	1
		5 – 9 years.....	2
		10 – 14 years.....	3
		15 – 19 years.....	4
		20 years and over.....	5
	c) How would you rate your satisfaction with the working conditions in the organization?	Very satisfied	1
		Satisfied.....	2
		Not satisfied.....	3
	d) What is the nature of your employment?	Contract	1
		Permanent	2
	e) In the last one year , have you ever been absent from work because of illness or other reasons?	Yes.....	1
		No	2
	f) In the last one year , have you ever gone to a health facility due to any sickness?	Yes.....	1
		No	2
	g) In the last one year , have you ever received a warning from your employer for any offence?	Yes.....	1
		No	2
h) In the last one year , have you ever reported to work late?	Yes.....	1	
	No	2	
i) In the last one year , have you ever been injured in the workplace while operating machinery?	Yes.....	1	
	No	2	
j) In the last one year , do you know of a colleague who has reported to work drunk?	Yes.....	1	
	No	2	

QUESTIONS		<i>Please tick/write response where applicable.</i>	
	k) In the last one year , do you know of a colleague who has been injured while operating machinery while being drunk?	Yes.....	1
		No	2
	l) In the last one year , have you ever seen employees using alcohol, drugs or other substances of abuse?	Yes.....	1
		No	2
	m) In the last one year , have you ever been stressed in the workplace due to the nature of your work?	Yes.....	1
		No	2
	(If NO, skip to question no. 6a)		
	n) If yes, please mention the stressors that you have encountered at the workplace in the last one year.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	
6.	a) Have you ever taken any alcoholic drink, that is, bottled beer or spirit, traditional brew or illicit liquor?	Yes	1
		No	2
	(If NO, skip to question no. 10)		
	b) In the last one year , have you ever taken any alcoholic drink?	Yes	1
No		2	
(If no, skip to question no. 10)			
7.	During the last one year , have you experienced any of the following signs or symptoms as a result of alcohol use? Please respond to all the questions (7.1 – 7.11)		
7.1	Have you had times when you ended up using alcohol more, or longer, than you intended?	Yes.....	1
		No.....	2
7.2	Have you more than once wanted to cut down or stop using alcohol but couldn't?	Yes.....	1
		No.....	2
7.3	Have you spent a lot of time using alcohol or being sick or recovering from the effects (hangover) of alcohol?	Yes.....	1
		No.....	2
7.4	Have you ever wanted alcohol so badly that you couldn't think of anything else?	Yes.....	1
		No.....	2
7.5	Have you ever found that using alcohol or being sick from using alcohol often interfered with taking care of your home or family? Or caused job troubles? Or school problems?	Yes.....	1
		No.....	2
7.6	Have you continued to use alcohol even though it was causing trouble with your family or	Yes.....	1

QUESTIONS		<i>Please tick/write response where applicable.</i>	
	friends?	No.....	2
7.7	Have you given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use alcohol?	Yes.....	1
		No.....	2
7.8	Have you more than once gotten into situations after using alcohol that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?	Yes.....	1
		No.....	2
7.9	Have you continued to use alcohol even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?	Yes.....	1
		No.....	2
7.10	Have you ever had to use more alcohol than you once did to get the effect you want?	Yes.....	1
		No.....	2
7.11	Have you found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?	Yes.....	1
		No.....	2

8.	a) In the last 30 days , have you taken any alcoholic drink (bottled beer, wine, spirit, traditional brew etc.)?	Yes	1
		No	2
	b) Who do you usually drink with? (Please provide one response)	Spouse, Boyfriend/girlfriend.....	1
		Friends/relatives who are not workmates.....	2
		Workmates.....	3
		I drink alone.....	4
	c) Do you take any alcoholic drink or report on duty drunk?	Yes	1
		No	2
d) Have you ever tried to stop using alcohol?	Yes	1	
	No	2	
9.	a) Have you ever felt you needed to cut down on your drinking?	Yes	1
		No	2
	b) Have people annoyed you by criticizing your drinking?	Yes	1
		No	2
	c) Have you ever felt guilty about drinking?	Yes	1
		No	2
	d) Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	Yes	1
		No	2

10.	Please answer all the questions below in the following section								
	Drug or substance	a) Have you ever, even once, used any of these drugs? Answer all questions		b) Which of these drugs have you used in the past 12 months? Answer all questions		c) Which of these drugs have you used in the past one month? Answer all questions		d) Which of these drugs do you use daily? Answer all questions	
	Tobacco products (Cigarettes, Snuff/ chewed/ piped tobacco, Kuber, Shisha)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Marijuana/ bhang	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	<i>Khat (Miraal muguka)</i>	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Heroin (brown sugar)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Cocaine (coke, crack)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
	Inhalants (petroleum products/ glue)	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2	
Prescription drugs for non – medical reasons e.g. cozepam, Valium, diazepam, rohypnol, codeine e.t.c.	Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		
11.	Would you consider stopping using any drug or substance of abuse that you currently use?		Yes						1
			No						2
			Currently I do not use any.....						3
			I have never used any.....						4
12.	a) How would you describe the level of alcohol and drug abuse in the organization?		Very high.....						1
			High.....						2
			Moderate						3
			Low						4
			Very low.....						5
	b) Are you aware of any activities undertaken in the organization to address alcohol and drug abuse problem at the workplace?		Yes						1
			No						2
	c) During the past year, how many times have you attended a training/ sensitization on alcohol and drug abuse?		None						1
			Once						2
			2 -3 times						3
			4 times and above.....						4
	d) Which areas or topics would you recommend to be included in trainings/sensitizations organized by the organization on alcohol and drug abuse?								

	e) In the last one year, have you seen any messages on alcohol and drug abuse within the workplace? E.g. charts, banners etc.	Yes	1
		No	2
	f) During the past year, how many times have you received any awareness information, education and communication (IEC) material on alcohol and drug abuse?	None	1
		Once	2
		2 -3 times	3
		4 times and above.....	4
	g) Are you aware of existence of counseling and treatment services for people with substance use disorder/ addiction in the organization?	Yes	1
		No	2
	h) Are you aware of existence of an alcohol and drug abuse workplace policy in the organization?	Yes	1
		No	2
	i) What would you recommend to be included in the organization's ADA policy to better address issues related to substance abuse?		
13.	a) How would you rate your satisfaction with the organization in regard to the effectiveness of its alcohol and drug abuse prevention?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	b) How would you rate your satisfaction with regard to early identification of people with substance use disorders?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	c) How would you rate your satisfaction with the support for people with substance use disorders?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6
	d) How would you rate your overall satisfaction with the performance of the organization regarding its alcohol and drug abuse prevention program?	Fully satisfied	1
		Satisfied	2
		Somewhat satisfied	3
		Dissatisfied.....	4
		Very dissatisfied	5
		Not aware	6

14.	a) Do you know of a place or facility where a person can be helped to stop drug abuse?	Yes	1
		No (If NO skip to question no. 15a)	2
	b) What are the names of drug rehabilitation place/facility that you know?		
15.	a) Do you know any of your colleague(s) with an alcohol or drug abuse problem?	Yes	1
		No	2
	b) Does any member of your family abuse alcohol or drugs of abuse? (In this context, family member means spouse, sibling, children or parents)	Yes	1
		No (If none, skip to question no. 16a)	2
	c) Does their drug problem affect your work performance?	Yes	1
		No	2
Not sure.....		3	
16.	Do you agree or disagree with the following statements?		
	a) Alcohol and drug abuse is a private affair and should not be addressed at the workplace	Agree.....	1
		Disagree.....	2
		Not sure.....	3
	b) People who perform poorly due to their drug abuse problem should be dismissed from work	Agree.....	1
		Disagree.....	2
		Not sure.....	3
	c) Alcoholism or drug addiction is a disease like any other and so addicts should be assisted in every way	Agree.....	1
		Disagree.....	2
		Not sure.....	3
	d) Our organization should have a resident drug abuse counselor to help addicts to quit the habit	Agree.....	1
		Disagree.....	2
		Not sure.....	3
17.	Which are some of the factors that influence the use of alcohol and drugs of abuse in the organization?		
18.	What should be done to improve the organization's Employee Assistance Programme e.g. prevention, early identification, referral, counselling, treatment and rehabilitation programs?		

19.	What can you do to support the organization in controlling alcohol and drug abuse at the workplace?
20.	Please share additional comments or suggestion on how the organization can improve its alcohol and drug abuse prevention program.

Thank you!