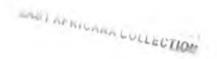
INFLUENCE OF DRUG AND SUBSTANCE ABUSE ON WORK PERFORMANCE IN TRANSPORT AND HOSPITALITY INDUSTRIES IN MERU MUNICIPALITY, EASTERN PROVINCE, KENYA

BY MAGAJU DAVID KIMATHI



A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT, UNIVERSITY OF NAIROBI



DECLARATION

This research project report is my original work and has not been presented for a degree in any other university.

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Date-14/8/2010

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

Feinf

Date 14/8/w

PROF. DAVID MACHARIA, EBS UNIVERSITY OF NAIROBI

DEDICATION

This work is dedicated to my family; loving wife Nicholasia Gatakaa and our dear children Angela, Annet, Alex and Annita.

ACKNOWLEDGEMENT

I wish to express my heartfelt gratitude to all who supported me in this study. First and foremost I thank God Almighty for enabling me this far. I sincerely thank my supervisor Prof. David Macharia for his immeasurable support and guide, without which this work would have been impossible to do.

I wish to appreciate my family and especially my wife Nicholasia, for the support and understanding and my children for bearing with me during my busy schedules; your moral support and encouragement have made it possible for me. To my colleagues in the Ministry of Youth Affairs and Sports, I salute them for bearing with me when I could not be available but they could understand and make the routine of the ministry possible.

I sincerely also thank my parents for bringing me up well, educating me and teaching me the value of hard work and good morals. Finally I salute Joshua Mbaabu and Daniel Anaya who supported me psychologically and morally in the process of writing this project report.

TABLE OF CONTENTS

	Page
DECLARATION	ii
DEDICATIONACKNOWLEDGEMENTLIST OF TABLESLIST OF FIGURESLIST OF FIGURES	iv vii viii
LIST OF ACRONYMSABSTRACT	
CHAPTER ONE: INTRODUCTION	
1.1. Background of the Study	
1.2 Statement of the problem	
1.3 Objectives of the Study	
1.4 Research Questions	
1.5 Significance of the Study	
1.6 Scope of the Study	
1.7 Limitations of the Study	5
1.8 Assumption of the Study	5
1.9 Definitions of significant terms	6
CHAPTER TWO: LITERATURE REVIEW	8
2.1. Introduction	8
2.2 Extent of Drug and Substance Use	8
2.3 Drug/Substance Abuse and Absenteeism	9
2.4 Drug and substance Abuse and Accidents/Injuries	10
2.5 Drug/Substance Abuse and Poor Behaviour/Disciplinary Cases	12
2.6Conceptual Framework	14
2.7 Summary	
CHAPTER THREE:RESEARCH METHODOLOGY	16
3.1 Introduction	16
3.2 Research Design	16
3.3 Target Population	
3.4 Sampling techniques	16
3.5 Data Collection Instruments.	
3.6 Data Collection procedures	
3.7 Questionnaire Validity	17

TABLE OF CONTENTS

	Page
DECLARATION	
DEDICATIONACKNOWLEDGEMENT	
LIST OF TABLES	
LIST OF FIGURESLIST OF ACRONYMS	
ABSTRACT	
CHAPTER ONE: INTRODUCTION	1
1.1. Background of the Study	1
1.2 Statement of the problem	3
1.3 Objectives of the Study	4
1.4 Research Questions	4
1.5 Significance of the Study	4
1.6 Scope of the Study	5
1.7 Limitations of the Study	5
1.8 Assumption of the Study	
1.9 Definitions of significant terms	
CHAPTER TWO: LITERATURE REVIEW	8
2.1. Introduction	8
2.1. Introduction	8
2.3 Drug/Substance Abuse and Absenteeism	9
2.4 Drug and substance Abuse and Accidents/Injuries	10
2.5 Drug/Substance Abuse and Poor Behaviour/Disciplinary Cases	12
2.6Conceptual Framework	
2.7 Summary	15
CHAPTER THREE:RESEARCH METHODOLOGY	16
3.1 Introduction	16
3.2 Research Design	16
3.3 Target Population.	
3.4 Sampling techniques	16
3.5 Data Collection Instruments.	17
3.6 Data Collection procedures.	17
3.7 Questionnaire Validity	17

3.8 Questionnaire Reliability	18
3.9 Ethical Consideration	18
3.10 Data Analysis and Presentation	18
3.11 Summary	21
CHAPTER FOUR: DATA ANALYSIS, PRE	SENTATION AND
INTERPRETATION	22
4.1 Introduction.	22
4.2 Questionnaire analysis	22
4.2.1 General characteristics	22
4.2.2 Respondents by income	25
4.2.3 Awareness about drug abuse	25
4.2.4 Drug use among respondents	26
4.2.5 Drug abuse by employees	26
4.2.6 Factors influencing drug abuse	29
4.2.7 Dismissal from work	30
4.2.8 Influence of drugs on work performance	30
4.2.9 Influence of drug abuse on the organization	34
4.2.10 Cost of drugs	<i></i> Ω <i>s</i> ₀
4.2.11 Ability of salary to sustain drug taking habits	35
4.2.12 Employees attitudes towards drug abuse	
4.2.13: Influence of drug abuse at workplace	36
CHAPTER FIVE: SUMMARY OF FINDING	S, DISCUSSIONS,
CONCLUSION AND RECOMMENDA	ATIONS38
5.1 Introduction.	38
5.2 Summary of main findings	38
5.3 Conclusion	42
5.4 Recommendations	42
5.5 Areas of further research	43
REFERENCES	44
APPENDICES	52
Appendix I: Letter of transmittal Appendix II: Classification of commonly abused drugs and oth Appendix III: Sample frame	ner substances 53
Appendix IV: Questionnaire for employees	

LIST OF TABLES

		Page
Table 3.1:	Operationalization table	28
Table 4.1:	Gender	31
Table 4.2:	Age	32
Table 4.3:	Education level	32
Table 4.4	Religious affiliation	33
Table 4.5:	Marital status	33
Table 4.6:	Income level	34
Table 4.7:	Awareness about drug abuse	34
Table 4.8:	Drug use	35
Table 4.9:	Drug abuse by employees	35
Table 4.10:	Drugs commonly abused by employees	36
Table 4.11:	Venue of drug abuse	36
Table 4.12:	Times when drugs are abused	37
Table 4.13:	Factors influencing drug abuse	38
Table 4.14:	Dismissal from work Influence of drugs on work performance Accidents as a result of drug abuse	39
Table 4.15:	Influence of drugs on work performance	40
Table 4.16 :	Accidents as a result of drug abuse	41
Table 4.17:	Increase the intensity of accidents that take place	
	in the establishment	41
Table 4.18:	Payment for accidents resulting from drug abuse	42
Table 4.19:	Influence of drug abuse on the organization	43
Table 4.20 :	Cost of drugs	44
Table 4.21:	Salary enough to sustain your drug taking habits	44
Table 4.22:	Embezzling money to maintain drug supply	45
Table 4.23:	Employees attitude towards drug abuse	45
Table 4.24:	Influence of drug abuse at workplace	46
Table 4.25:	Record keeping on absenteeism	46

LIST OF FIGURES

		rage
Figure 1:	Conceptual framework	23

LIST OF ACRONYMS

ANOVA - Analysis Of Variance

CCOHS -Canadian Centre of Occupational Health and Safety Resource

CCSA -Canadian Centre on Substance Abuse

EAPs -Employee Assistance Programs

GYTS -Global Youth Tobacco Survey

HRMs -Human Resource Managers

ILO -International Labour Organization

KAHC -Kenya Association of Hotel keepers and Caterers

KTB -Kenya Tourism Board

KUDHEIHA - Kenya Union of Domestic, Hotels, Educational Institutions, Hospitals

and Allied Workers

NACADA - National Agency for the Campaign Against Drug Abuse

NIDA -National Institute on Drug Abuse

OSHA -Occupational Safety and Health Act

SAMSHA -United States of America Department of Health and Mental Services

Administration

SPSS -Statistical Package for Social Sciences

UNDCP -United Nations Drugs Control Program

UNODC -United Nations Office on Drug and Crime

USA -United States of America

ABSTRACT

Drug abuse is one of the major causes of workplace disruption in transport and hospitality industries. The use of legal and illegal drugs has spread at an unprecedented rate thus reaching every part of the globe. Though international organizations such as ILO, WHO, OSHA, CCHOS, UNDOC, and a local one, NACADA, have been on the forefront in formulating legislation and strategies on occupational health and safety /promotion to curb this menace, the concept has not been equitably recognized. As such, employees who abuse drugs including alcohol negatively impacts firms in many ways. There is thus need to establish the influence of drug and substance abuse on transport and hospitality industries.

The study utilized a descriptive research design based on two sampling techniques. Simple random sampling was used to select the specific enterprises as well as inclusion and exclusive criteria for identifying the employees. Purposive sampling was used to choose the Human Resource Managers (HRMs) in the selected organizations. The sample population for this study was N=176 respondents (166 employees and 10 HRMs). This was drawn from selected transport and hospitality industries within the Meru municipality.

Data was collected using self-administered questionnaires administered to the employees. A face-to-face, in-depth interview schedule was subjected to the Human Resource Managers (HRMs) of the organizations. The data was presented using frequency distribution tables and percentages. Descriptive statistics were used to analyze data both qualitatively and quantitatively. Generally, the study findings showed that the minority of the respondents abuse drugs at workplace as compared to other venues like home and public places. It was further observed that drugs in the hospitality and transport sector are not taken during working hours and therefore they might not influence job performance among the employees in this sector.

However, the high rates of alcohol ingestion especially after working hours, among the majority of the respondents leaves a lot to be desired. Alcohol drinking can threaten public safety, impair job performance, and result in costly medical, social, and other problems affecting employees and employers alike. Because of the undesired potential consequences of drug abuse, the study recommends that employers should do comprehensive screening of job applicants to make sure they are drug free in the interview process so as to minimize drug abuse at work places. In addition, employers should put in place education and counseling programs to educate employees on the dangers of drug abuse since most of them are young people who have a whole life ahead of them.

CHAPTER ONE INTRODUCTION

1.1. Background of the Study

Drugs, alcohol and substance abuse are neither a new problem in the workplace and society (CCHOS, 2005) nor a far-fetched myth, but a reality and a menace in society that cannot be ignored (Kareicho, 1996). The history of the human race has also been a history of drug use. Since the earliest times, herbs, roots, bark, leaves and plants have been used to relieve pain and help control disease (UNDCP, 1992). Interestingly, whereas some people use drugs to relax, ease tension or to sleep, others seek a thrilling dimension or a high that will let them party all night. Therefore, a phenomenon that began as something of recreational activity evolved with time into a problem of dependence and abuse (Cordes and Ibrahim, 1999). Indeed the International Labour Organization (ILO) Report (2005) concedes that at various times throughout history there have been efforts to address substance abuse and its effects.

Goldsmith, Nickson, Sloan and Wood (1997) state that drug misuse is undoubtedly the single largest cause of workplace disruption. The UNDCP Report (1992) reiterates that the use of illegal drugs has spread at an unprecedented rate and has reached every part of the globe. Presently, 200 million people or 5% of the world's population aged 15 to 64 use drugs (UNODC World Drug Report, 2005). Out of these, the World Health Organization (WHO, 2004) reports that alcohol causes 1.8 million deaths annually worldwide while tobacco kills 49 million people every year. Bayer and Waverly (2005) further emphasize that after every ten seconds someone dies of a tobacco-related disease.

The National Institute of Drug Abuse (NIDA,2005) of USA, reported that approximately two thirds of the persons entering the workforce have used illicit drugs at one time in life and as such this has adverse effects on the organization (Master et al.,1985 as cited by Elmuti,1994). The cost of drugs and substance abuse to the American economy ranges between \$60 to \$145million annually (Colosi,1989 as cited by Elmuti,1994). The situation is not any better in the United Kingdom where the annual drugs related costs to workplaces amount to£6.4billion(Prime Ministers Strategy Unit,2003). In Kenya, drug and substance abuse had its early roots

during the period immediately following the First World War (Mwenesi, 1995). Soldiers coming from war came with new tastes such as the use of *Cannabis sativa* for recreational purposes or escape from unpleasant feelings and memories. Currently alcohol is the most prevalently abused drug in Kenya with a national abuse rate of 36.3% followed by nicotine whose rate is 17.5%; third is *(Cannabis sativa* or *Bangi)* 9.9%; Heroin is fourth at 8.0%; *Catha edulis (Miraa)* is fifth at 2.7%; while the sixth position is taken by Cocaine with a prevalence rate of 2.2% (Ndetei et al., 2004). The Kenya National Tobacco Committee (2003) reveals that 6,000,000,000 cigarettes are smoked in Kenya every year or alternatively 200 cigarettes for every individual Kenyan per year.

Several factors contribute and relate to the increased use of drugs, alcohol, and substances at the work place (Goodwin, 2004). These include: job related and occupational stress (Hochman, 1972; Ndirangu, 2004), socialization, leisure, and recreation purposes (Edington, Jordan, & Degraff, 1993; Goldsmith et al.,1997), peer pressure, advertisement on media and experimentation (Kareicho,1996), alienation/isolation (UNDCP,1992), availability and accessibility of the drugs (Taylor, 1993), religious beliefs and practices (Einstein, 1969; Kamonjo, 1997; Imbosa, 2002; O'Connor, 1978), cultural attitudes (Mann, 1970; Gerald, Campbell, Lehmam, Stein & Bertrad,1993), unwanted pregnancies (Hertzen et al, 2000) and weight management (Sobal, 1989).

Drug and substance abuse is linked to a wide range of harmful consequences for the individual user, the user's immediate environment and the society/corporate as a whole (WHO, 2004). According to Shauri (2004) these consequences can be classified into short and long term effects. The effects range from health (physical and mental) to social harms. Most health professionals agree that drugs and substances affect practically every organ of the human body. English et al. (1995) and Gmel & Rehm (2003) state that whereas moderate consumption of drugs such as alcohol is beneficial to the body in that it protects one from chronic heart diseases, it is linked to over 60 disease conditions. Health, social and economic consequences such as accidents, absenteeism, and low productivity amongst others have been receiving more public or research attention *in* the recent years (WHO, 2004).

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Ames, Grube, and Moore (1997) found that 30% of absenteeism and workplace accidents in Costa Rica were caused by alcohol dependence. Trapencieire (2000) estimated that drinking alcohol reduced productivity by 10%. With regard to trauma, drugs are the cause of 10% to 20% of work accidents in France (Costes and Marinteau, 2002). A survey conducted in Australia on 833 employees at an industrial worksite; found that the drug abusers were 2.7 times more likely to have injury related absences than non drug users. In a 1994 survey, 90% of personnel directors from British organizations cited alcohol consumption as a problem within their workplace. Their major concern included loss of productivity, health problems, absenteeism, unsafe employee relations/violence, poor behaviour and impacts on the company's image. With regard to safety, up to 25% of workplace accidents and around 60% of fatal accidents at work may be associated with drug abuse (Hughes & Bellis, 2000).

A federal government survey in the USA in 2000 revealed that the hospitality industry experiences some of the highest rates of alcohol and drug abuse. More precisely, statistics in this sector indicate that 60.3% of the employees abuse illicit 25% drugs and of them alcohol are heavy users (http://www.ilo.org/safework/safeday). Most researches on drug and substance abuse at the work place in the transport and hospitality industries on the developed countries. NACADA, a Kenya government organ formed to curb this menace has mostly concentrated on youth perspectives. It has been less vocal on drug misuse amongst adults above 25 years of age, yet this population constitutes of majority of the employees. This study therefore sought to integrate the influence of drug and substance abuse on the work performance in transport and hospitality industries in Meru municipality of Imenti North District, Eastern Province, Kenya.

1.2 Statement of the problem

Drug and substance abuse is on the rise in Kenya according to NACADA (2009). The effects of these drugs have been known to affect the work performance of the abusers. Drug users have two to four times more absenteeism and health problems than other employees, behave poorly and are violent. In addition, they constitute 15-40 per cent of disciplinary cases, increase work place accidents/injuries all of which either singly or jointly may affect an employer through high costs, higher staff turnover and a decrease

in productivity (Goodwin, 2004). Despite the effort of the government through NACADA to sensitize the citizens on dangers of drug abuse, the situation has reached an alarming state among the workers. Transport and hospitality industries in Meru municipality have not been spared the effect of drug and substance abuse that affect work performance. This study therefore sought to examine the influence of drug/substance abuse on work performance in Meru municipality.

1.3 Objectives of the Study

The study focused on the following specific objectives;

- 1. To examine the influence of absenteeism on work performance by employees in transport and hospitality industries in Meru municipality.
- 2. To determine the influence of accidents on work performance by employees in transport and hospitality industries in Meru municipality.
- 3. To assess the influence of indiscipline on work performance by employees in transport and hospitality industries in Meru municipality.

1.4 Research Questions

The following questions were used to give direction to the researcher:

- 1. What is the influence of absenteeism on work performance by employees in transport and hospitality industries in Meru Municipality?
- 2. What is the influence of accidents on work performance by employees in transport and hospitality industries in Meru municipality?
- 3. What is the influence of indiscipline on work performance by employees in transport and hospitality industries in Meru Municipality?

1.5 Significance of the Study

This study is very important to the management of transport and hospitality industries in Meru, Kenya and elsewhere especially among the human resource management, since it can be used to create awareness on the influence of drug abuse on work performance in business entities. Also the findings of the study are of great importance to academicians and researchers who might be interested in undertaking further investigations on this important subject.

1.6 Scope of the Study

This study focused on the influence of drugs and substance abuse on work performance in transport and hospitality industries in Meru Municipality. It was based in Meru Municipality which has various thriving transport and hospitality industries due to the municipality's importance as a regional commercial centre. The study was conducted from January 2010 – July 2010.

1.7 Limitations of the Study

- 1. Due to the criminal element attached to the use of certain drugs, some respondents were shy to give accurate answers.
- 2. The human resource managers abusing drug could not respond to the questionnaire given.

1.8 Assumption of the Study

The following were the assumptions of the study:

- 1. Employees in transport and hospitality industries abuse drugs like employees from other sectors.
- 2. The influence of drug abuse among the employees is characteristic among other abusers
- 3. Research subjects would freely volunteer information about their drug abuse habits.

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1.9 Definitions of significant terms

Absenteeism: Habit of not being at work when you should be, usually without a

good reason.

Accident: Crash involving a car or a sudden event caused by someone making

a mistake that result in damage.

Drug: A product other than food and water that can be chewed, inhaled,

smoked, drunk, rubbed on the skin or injected into the body there upon creating physical, emotional, or mental change in the

person.

Drug and Substance abuse: This is the use of or habitual use of drugs, and substances

for the purposes other than the functions for which they are

intended, hence causing negative consequences to the

individual user, the society or both.

Drug related incident: Occasion involving alcohol and or other drug use and or the

possession of drug-related equipment including bongs pipe and

syringes (except for medical use).

Drug Related Effects: This is a comprehensive term that describes all problems

associated with drugs including those that arise from personal use

and use by other persons.

Employer: Any physical or legal person who employs one or more

workers in the small and medium enterprises.

Hospitality industry: Hotels, restaurant where customers are entertained with food

and drinks.

Indiscipline: Uncontrolled behaviour

Performance: Job performance is an individual level variable. That is,

performance is something a single person does. In this study, it

is measured by absenteeism, workplace accidents and

indiscipline.

Prevention: These are activities, Programmes or policies aimed at enabling

people to stay healthy and encouraging workers to strengthen an

environment which promotes health and change those

conditions which predispose individuals to develop problems.

Psychoactive drug: This is any substance that affects the Central Nervous System and

alters mood perception and consciousness.

Substance abuse: Use of chemicals (Alcohol and other industrial solvents, such

as nail polish, removers, Paints, thinners, petrol and glue) that produce a psychological dependence and/or physical

effect in the individual who abide by them.

Transport Industry: Movement of people and things from one place to another through he

use of a vehicle

Workforce: Any group of persons who perform work either regularly or

temporarily for an employer.

Work-place: Comprises of physical area where workers need to be or to go

due to their work which is under the control of the employer.

CHAPTER TWO LITERATURE REVIEW

2.1. Introduction

This chapter reviews related literature on drugs and substance abuse. It focuses on empirical studies on various types of substances being abused which have been classified and statistical evidence outlined to ascertain the extent of use. Influence of the substances on the workforce has also been discussed.

2.2 Extent of Drug and Substance Use

According to a report by the United Nations Office of Drug Abuse and Crime (UNODC, 2005), some 200 million people or 5% of the world's population aged 15-64 have used drugs at least once in the last 12 months. Of this, 55% are men while 45% are women. A national research carried out in Colombia in 2003 by students of Colombia University, revealed that drug abuse is lower in women than in men. Out of the 1,209,938 drug abuse cases reported 553,874 (45%) were women while 656,064 (55%) were men. the study established marijuana as the most prevalent drug in Colombia due to its availability.

The general adult population worldwide that uses alcohol is 30% out of which 20% are men and 10% are women (World Drug Report, UNODC 2005). The United States of America (U.S.A) has close to 20 million addicts (Edington, Jordan & Degraff, 1993) who are responsible for 500,000 murders, suicide and accidental deaths. About 15% of the general world population use tobacco (WHO, 2004). Cannabis (Bhang, Marijuana and Hashish) is consumed by 160 million people or 4% of the general world population (UNODC, 2005). Narcotics (Heroin, cocaine, hallucinogens) and Mood altering drugs are not yet prevalent in developing countries, though they are slowly moving into the African market (Johnstone, 2000). An estimated 14 million people worldwide use cocaine with two thirds residing in America (UNODC, 2005). This is because they are quite expensive. However they are widely used in Europe, USA and Australia. A total of 16 million people worldwide use heroine, while 26.2 million (0.6%) misuses LSD and Hallucinogens. An estimated 100 million women the world over use Emergency Contraceptive Pills (ECPs). Out of this the prevalence rate amongst young women is 30%. In the USA an estimated 16.8 million take the pill (Liska, 2004).

Epidemiological data suggest that the substance use patterns of employed individuals resemble those for society in general (Hammer, 1992). Although some research suggests that unemployed persons have the highest rates of substance use (Kandel, 1980), virtually all experts agree that the majority of alcohol and drug users are in the workforce (Harford, 1988; Kopstein & Gfroerer, 1988; Potter & Orfali, 1990; SAMSHA, 2000; Scanlon, 1991). In the United States, about 10 % of drug abusers are either employed on part-time or full-time basis (ILO, 1995). This represents 19.1% of the total workforce (Harford, 1988; Kopstein et al., 1988). SAMSHA (2000) reveals that of these, food preparation workers, waiters, waitresses and bartenders, rate highest (19%). They are followed by construction workers (14%); service occupations (13%); and transportation and material moving workers (10%). In Canada, up to 10 % of the workforce drinks excessively to an extent of causing trouble in their workplace (Report of the interdivisional task group, 1990). A similar pattern has been reported in Poland (5.7%) (Morawski & Swietki, 1987) and Germany, (52%) of the total workforce are drug users (Ziegler, 1991).

In Kenya, the National Agency for the Campaign against Drug Abuse (NACADA, 2001), estimates that of the youth population of 5,835,007, 60% abuse drugs, mostly alcohol. An estimated 27% Kenyans are smokers out of which, six million men and one million women use tobacco. The report also indicates that the population using cannabis or bhang currently is 4% of the total population. Johnstone (2000) revealed that 12.2% men and 4.8% of women consume bhang in Kenya. Miraa is more prevalent in developing countries than developed ones. In Kenya, it is consumed by 26% of the youth aged 10-24 (NACADA, 2001). Of the world population that consumes heroine and Cocaine, 0.2% and 0.1% respectively are Kenyans (Beckerleg, 1999). In fact Kenya is the only East African country with cocaine users (UNODC, 2005). LSD and Hallucinogens are not widely used in Africa (UNODC, 2005).

2.3 Drug/Substance Abuse and Absenteeism

As a result of drug and substance abuse by the workforce, absenteeism on the job is prevalent (Mohr et al., 2005; Smith, 1993; Zwerling, 1994). In his study on effects of drugs and alcohol in the European workplace Smith (1993) used a survey design. A total of 237 respondents from employers' enterprises and workers associations participated. More than half of the sample reported absences from work as a result of drug related

problems. In addition two out of the five organisations had dismissed employees due to absenteeism related to drug intake. Brymer, Perrewe & Johns 1991 in their study using a descriptive survey design amongst 409 hotel managers in USA established that 17% of the respondents used drugs and other substances to cope and manage stress. Seemingly this is a negative mechanism of coping with stress as such job strain aggravated contributing to higher absenteeism rates amongst the workforce of the 23 hotels studied, in addition, WHO (1993) estimates that 30% of the workforce are drug and alcohol abusers and most of them are absent from work two to eight times compared to non-drug abusers. They are also late for work about three times as often and request early departure about twice as often (Mohr et al., 2005; Negreois, 1994). In addition, 75% of them consume drugs while on duty, yet they are paid at the normal rate (Powers & Barrows, 1999).

In their study on employees' perception on substance treatment and policy carried out on 190 respondents of Portland Human Resource Management Association, Mohr et al.,(2005) established that 94% of the respondents identified absenteeism as the main problem associated with drug and substance abuse. This was in agreement with an earlier study by Zwerling (1994) on relationships between drug use and subsequent performance at the United States postal service. This study established that preemployment drug tests results were positively correlated with absenteeism. For those who initially tested negative on absenteeism, their rate increased with time. Since this might in the long run affect quality of the products, it may as well give a negative reputation of the organization to the public (Goldsmith et al., 1997; Newcomb, 1993). There is thus need of establishing the extent at which drug and substance abuse contributes to employee workplace absenteeism in the transport and hospitality industries in Meru municipality and Kenya in general.

2.4 Drug and substance Abuse and Accidents/Injuries

Drug and substance abuse is a major cause of accidents and injuries in the work place (Armstrong, 2003; Kavanaugh et al., 2001; Kumpfer, 1993; Loup, 1994; Mohr et al., 2005; ILO, 2005; Powers et al., 1999). Kavanaugh et al., (2001) established that drug users have five times as many workers compensation cases and draw three times as much in health claims, thus impacting insurance premiums unfavorably. Loup (1994) and Mohr et al., (2005) opine that accident rate for substance abusers is

about four times that of an average worker. Up to 40 per cent of workplace deaths and about one half of workplace injuries can be linked to substance abuse (ILO, 2005). No wonder then Powers et al., (1999) insinuates that drug and substance abuse contributes to unsafe working environment.

Consequently, this leads to increased sick-leaves, death benefits, equipment repairs and replacement, and wastage of time in the plant, thus a major liability to some organizations. The victim could either be the abuser, a co-worker, a customer, or a member of the public.

A study in Utah Power and Light Company showed that drug-using employees were at fault in 80 per cent of the accidents in which they were involved (Loup, 1994). In addition, the railway industry in the USA has been a leader in determining the contribution of substance abuse to major accidents. According to the Federal Administration of the US (1985), 48 accidents on the rails occurred between 1975 and 1984 in which drugs or alcohol were directly affecting causes. These resulted in 80 employee injuries and 37 fatalities.

Although some studies report a link between substance use and work related accidents, others suggest that an association may not be present. In a review of 1800 employees over a 15-year period in an unnamed industry, only one fatal accident was linked to drinking (Roberts and Russo as cited by Feineur, 1990). In a comparison of 72 diagnosed alcoholics and 204 randomly selected workers, no statistically significant intergroup differences were discovered in a number of accidents, extent of injury and the number of lost-time as a result of drug/substance abuse in the year presiding diagnosis (Trice, 1965). An analysis of the post-accident drug test results by the federal Railroad Administration in the United States concluded that only one per cent of the train-men involved in accidents in 1986 and 1987 tested positive for abused drugs (Federal Railroad Administration, 1988). According to autopsies conducted on 41 victims of workplace accidents in Allegheny County, Pennsylvania, there was no case in which alcohol might have been a factor and no case in which drugs were present in the victims' systems (Parkinson, 1986, referred to by Feineur, 1990).

In Kenya about 40% of the working populations consume alcohol which makes the employees to have the symptoms of shakiness, rapid heartbeat, sweating and anxiety

which affects their work performance negatively; (Kwamangu el at (2003). These effects make the users weak hence they cannot attend to their duties all the time. When people also smoke, it changes the way their minds work so that they need the nicotine again and again so that their mind would be awake and alert. Lack of the dose to stimulate the slowed mind would affect the work performance of the employees by causing several accidents. (Siringi el at 2001).

Twenty percent of the working youths in Kenya aged 18 – 35 years smoke cigarettes while 9% smoke bhang and 23% drink commercial beer and spirit. This has made them to have several indiscipline cases with their employers due to absenteeism and accidents at the work place. It has been established that 70% of the accidents occurring in Kenya roads is as a result of drugs and substance. Daily Nation (Kenya) Monday 27th October 2003. The opiate addicts use the drugs to feel a sense of well being that comes after the drug is taken. After the initial feeling of euphoria, the user goes through alternative periods of feeling alert and then drowsy. Using opiates affects the users' ability to reason clearly hence affecting work performance. Kwamangu el al (2003). The total population worldwide which abuse methadone experience contentment drowsiness and warmth which makes it difficult to operate a motor vehicle or heavy equipments at the work place. This becomes a problem to the organization since the production goes down and work performance becomes poor (Mgendi C,1998).

2.5 Drug/Substance Abuse and Poor Behaviour/Disciplinary Cases

Certain drugs, notably cocaine and heroin, are expensive. Many users finance their own supplies by selling drugs to acquaintances including co-workers. Drug sales may take place on company property and on company time, and result in a clique of drug users at the workplace.

This poses corporate insecurity (Johnstone, 2000). Frequently, users of expensive drugs resort to theft, fraud, and embezzlement to finance their habits (Hawkins, Catalano and Miller 1992). Misuse of drugs is a key player in increased damages to company and personal property and a less measurable but nevertheless detectable drop in responsible attitude towards colleagues plus a diminishing interest in taking up opportunities for training and promotion (Eckersley, 1995). All these are determinants of poor behaviour that can warrant disciplinary action to be undertaken.

In workplace situations such as the transport and hospitality industries, theft of equipment or products, padding of expense accounts, embezzling customers' change, "deals" where drugs are paid for by company services, and direct embezzlement of company funds (Loup, 1994). In addition, drug users usually suffer from severe depression. To put themselves together, they have to take a dose which makes them worse as it makes them arrogant, violent and very vocal (Rashid, 1999). This may pose a great threat to the organization's profitability as customers may be displeased with the establishment's quality of service and may simply take their business elsewhere (SAMHSA, 1997). A prospective study examining the association between preemployment drug-testing results and employment status among a sample of 180 hospital workers found no statistically significant difference between the drug test-positive employees and drug test-negative employees and disciplinary cases in the first year of employment (Parish, 1987).

Apparently, results from a study of utility plant workers revealed that promotion and demotion records did not clearly differentiate drug users from the total workforce. In fact, the rate of demotion for those testing negative for drugs was significantly higher than the rate for the total workforce (Sheridan & Winkler, 1999). However, a study by Smith (1993) where 237 respondents from different organizations were interviewed established that alcohol caused 80% of disciplinary problems while other drugs contributed 47%.

2.6Conceptual Framework Moderating variables Religious upholding Education levels Independent variables Absenteeism Dependent variable Hours from work without acceptable reasons Days from work without acceptable reasons Accident Car crash Work performance Malfunctioning machinery Work done and Wrong programming Work not done Physical injury Fires Indiscipline Fighting · Sexual harassment and Defiance

Figure 2.1: Conceptual framework

Explanation of the conceptual framework

When employees abuse drugs, cases of absenteeism, accidents at work place and indiscipline increase and eventually influence employee performance. The employee's absence influences coworkers and slows down a project's completion resulting in productivity loss. Drug and substance abuse is a major cause of accidents and injuries in the work place. Consequently, this leads to increased sick-leaves, death benefits, equipment repairs and replacement, and wastage of time in the plant, thus a major liability to some organizations. Additionally, drugs taken at workplace make employees arrogant, violent and very vocal. This may pose a great threat to the organization's profitability as customers may be displeased with the establishment's quality of service and may simply take their business elsewhere.

2.7 Summary

The reviewed literature indicates that substance abuse is escalating amongst current employees and those entering full time work for the first time .Concurrently, a noticeable proportion of workers experience work problems associated with alcohol and/or drug use. Alcohol and other drugs have been cited as factor in greater absenteeism; higher disciplinary cases (poor behaviour) lower productivity; increased risk of: workplace accidents; health problems; death and other workplace problems. Ideally it is very expensive to retain such employees on the payroll. Evidently, this disturbing development is a real challenge to the Human Resource Managers (HRMs). Moreover, it is impacting negatively on the performance of the workforce in the transport and hospitality industries and consequently it cannot be isolated and dismissed from the workplace because this is where most of the employees spend their time. Enormous studies on Drug and substance abuse in the workplace have been done in industrialized countries as opposed to the developing ones, therefore Human Resource Managers (HRMs) should identify the influence of this deviant behaviour on employees' performance as well as on the organization and address them. This study sought to investigate the influence of drug and substance use on-absenteeism, accidents/injuries and indiscipline at the workplace.



CHAPTER THREE RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was used in the study. -The main sections in this chapter include, research design, study area, target population, sampling techniques, data collection instruments, validity and Pre-Testing, Reliability and validity of research instruments and data analysis and presentation.

3.2 Research Design

The research design for this study was descriptive survey. This design was used because it determines and reports things the way they are at present (Gay, 1981). According to Nachmias & Nachmias (2005) the approach is appropriate to this study because the study" involved fact finding and enquiries on the influence of drug and substance abuse at the work place. It was used to generate both qualitative and quantitative data from the stated objectives.

3.3 Target Population

The research targeted the employees in transport and hospitality industries within Meru Municipality. Meru Municipality has 16 licensed transport and hospitality industries with 555 employees that make up the target population. The study focused on 10 transport and hospitality industries in Meru Municipality which have a total of 166 employees and 10 HRMs.

3.4 Sampling techniques

According to Gay & Airasian (2003) a sampling of 10 to 30 percent of the population is allowed in descriptive research where population is significantly large. Simple random and purposive sampling techniques were used to select the sample for this study. The randomly reshuffled transport and hospitality industries in Meru Municipality were used to identify the industries to be included in the sample. Simple random sampling of 30% was used to select the staff in each of the sampled industries to be included in the sample so as to eliminate biasness. There was an equal representation of employees from all departments. Purposive sampling was used to select the Human Resource Managers (HRMs) in the sampled hotels and transport sector

3.5 Data Collection Instruments.

The data was collected using self-administered questionnaires and an interview guide/schedule as the key techniques. Both open and closed ended questionnaire consisting of 38 questions for drug abusers for each with three sections was used in this study. This was used to identify and capture the influence of drugs, alcohol and substance abuse in the workplaces. It was used because it is cheap to administer to respondents scattered over a large area and convenient for collecting information from a large population within a short period of time (Onyango and Plews, 1999). A face-to-face, in-depth interview schedule was subjected to the HRMs. This aided in capturing the qualitative data that could not be captured by the questionnaire. Gay & Airasian (2003) asserts that personal administration of questionnaire is efficient when participants are closely situated.

3.6 Data Collection procedures

Permission to carry out the research was sought from National Council of Science and Technology. Confidentiality of responses was assured to the respondents before the data collection commenced so as to encourage the respondents to be honest. Four research assistant were engaged and trained on interviewing techniques. Each research assistant was assigned a specific organization. The researcher personally visited all the selected transport and hospitality industries and interviewed the management group using interview guides. This was achieved by booking appointments with the concerned managers for interviews.

3.7 Questionnaire Validity

Pilot-testing was used to check the questionnaires structure and the sequence, meaning and ambiguity of questions. The instrument was tested on one of the industries left out of the sample but with similar characteristics as the selected institutions. According to Mugenda & Mugenda (2003), pre-testing ensures that the items in the instrument are stated clearly and have the same meaning to all respondents This was done to test the reliability, validity and workability of the instrument with a view of ensuring a 100% feedback.

3.8 Questionnaire Reliability

Kombo & Tromp (2006) define reliability as a measure of how constant the results from a test are. In support of the foregoing Mugenda & Mugenda (2003), states that pre testing helps in enhancing the reliability of the instrument as being a consistent measure of the concept being studied. They further propose that a pretest sample could be between 1 percent and 10 percent of the study sample depending on its size – thus the bigger the size, the smaller the percentage used. In this study, reliability of the instrument was established by the test - retest technique where the questionnaire was administered twice to the same group of subjects during the pilot study. Time lapse between the first and the second test was two weeks. The results obtained were same hence a prove that that the questionnaire was reliable.

3.9 Ethical Consideration

Since this study intended to investigate very sensitive issues that may elicit hostility, insecurity or concealment of the real data, cognizance of confidentiality and privacy was ensured to study subjects. This helped safeguard the inertest of respondents (Kimmel 1988), thus motivate them to participate. There was no penalty or lose of benefits or privileges for those who withdraw from the study.

3.10 Data Analysis and Presentation

After data collection, the researcher conducted a preprocessing of data to correct any errors in the raw data and elimination of any data not needed for the analysis. The researcher then organized the data thematically as per the research questions and subsequently adopted a coding scheme. The coding scheme facilitated the development of an appropriate data structure to enable its entry into the computer. Data entry and analysis was done using Statistical Packages of Social Sciences (SPSS) for windows version 15.0. Since the study was descriptive in nature, the data was then analyzed using descriptive statistics. Findings were then presented using frequency tables and percentages.

Table 3.1: Operationalization table

Objective	Variable	Indicators	Measurement	Level of scale	Data collection	Approach of analysis	Type of analysis	Level of analysis
To examine how absenteeis m affect work performanc e	Independent Absenteeism	Hours or days from work without acceptable reasons	 Number of day or hours absent Reasons for absenteeism Influence of absenteeism 	Interval scale Nominal	 Secondary data sources Interviews/qu estionnaires 	QualitativeQuantitative	Non- parametri c	Descripti ve
To determine how accidents affect work performanc e	Independent Accidents	Events such as car crash, malfunctionin g machinery, wrong programming, physical injury, fires etc.	 Reported cases of physical injury Compensations made due to injuries Reported cases of malfunctioning machines Reported cases of breakages 	Nominal	 Secondary data sources Interviews/qu estionnaires 	QualitativeQuantitative	Non- parametri c	Descripti
To assess how indiscipline affect work performanc e	Independent Indiscipline	Deviant behaviour such as fighting, sexual harassment	 Reported cases of fighting Reported case of sexual harassment Reported cases of arrogant employees 	Nominal	 Secondary data sources Interviews/qu estionnaires 	QualitativeQuantitative	Non- parametri c	Descripti ve

Objective	Variable	Indicators	Measurement	Level of scale	Data collection	Approach of analysis	Type of analysis	Level of analysis
		and defiance etc						
	Dependent Work performance	Work done and work not done	 Completion of work/project Customer satisfaction Employee production counts Adherence to policy by employees 	Nominal Interval scale	 Secondary data sources Interviews/qu estionnaires 	QualitativeQuantitative	Non- parametri c	Descripti ve

4.

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3.11 Summary

The research methodology included research design, target population, sampling techniques which will include simple sampling techniques and purposive sampling techniques together with face to face in-depth interview for human resource managers. The questionnaire was used as the data collection method while validity, pre-testing and reliability of the questionnaire were conducted. The data was finally analyzed and presented.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This section entails the analysis, presentation, and the interpretation of findings. The chapter is divided into subsections where general characteristics of the respondents such as age, gender and level of education are analyzed. The data is also analyzed around key variables prevalence of drug abuse, drug abuse and absenteeism, accidents, indiscipline at workplace and how this affects employee performance.

Presented below are key findings of the evaluation study incorporating methodologies of mixed types.

4.2 Return rate

Out of 166 questionnaires responded to, 164 were accepted for analysis representing a response rate of 98.8% which is statistically acceptable.

4.3 General characteristics

This section examines variables such as age, gender and level of education of the respondents.

4.3.1 Gender of the respondents

Table 4.1 shows the distribution of respondents by their gender

Table 4.1: Gender

Gender	Frequency	Percentage	
Male	74	45.1	
Female	90	54.9	
Total	164	100.0	

Table 4.1 shows that 45.1% of the respondents were males while 54.9% were females. The data shows that there were no gender-based biases in employment opportunities in the hospitality and transport sector. In practice the sector observes the principle of gender equality, giving women as much opportunity as men to empower themselves economically.

4.3.2 Age of the respondents

Table 4.2 shows the distribution of respondents by their age

Table 4.2: Age

Age	Frequency	Percentage
18 - 24 Years	51	31.1
25 - 30 Years	70	42.7
31 - 35 Years	28	17.1
>35 Years	15	9.1
Total	164	100.0

From Table 4.2, the hospitality and transport labor force is dominated by young people age between 18 30 years 73.8%. Indeed, 17.1% of sector's labour force is aged between 31-35 years. In contrast, only (9.1%) of the employees were aged above 35 years of age. This indicates that industry absorbs the bulk of young people who are energetic enough to work and willing to explore their potentials consequently playing a key role in job creation to synergize the government efforts of jobs creation. Additional, this group has been known to be notorious in drug abuse hence justifying the need for this study.

4.3.3 Education levels

Table 4.3 shows the distribution of respondents by their education levels.

Table 4.3: Education level

Education level	Frequency	Percentage
None	3	1.8
Primary	5	3.0
Secondary	79	48.2
college/university	77	47.0
Total	164	100.0

From the table, at least 98.2% of the employees have acquired formal education (primary to secondary and college levels). This places the sector in a particularly good position in terms of capacity building (awareness and knowledge acquisition) as regards to drug abuse and its consequences on the health, social and job performance of individuals. Only a small percentage (1.8%) had no formal education. Therefore illiteracy might increase the risk of drug abuse significantly.

4.3.4 Religious affiliation

Table 4.4 shows the distribution of respondents by their religious affiliations.

Table 4.4 Religious affiliation

Religion	Frequency	Percent
None	6	3.7
Christian	148	90.2
Muslim	10	6.1
Total	164	100.0

Majority (90.2%) of the respondents were Christians as shown in Table 4.4. Drug abuse is prohibited by most Christian beliefs or doctrines. The Muslims accounted for 6.1% of the study respondents which also prevents its faithful from drugs like alcohol. It was also noted that 3.7% had no religion affiliations. This is a clear indication that religion influences its faithful not to abuse drugs. Christians and other believers follow their religious teachings strictly and cannot go against them and abuse drugs.

4.3.5 Marital status

Table 4.5 summarizes the marital status of the respondents.

Table 4.5: Marital status

Marital status	Frequency	Percentage
Single	86	52.4
Married	67	40.9
Separated/divorced	5	3.0
Cohabiting	3	1.8
Widowed	3	1.8
Total	164	100.0

The table demonstrates that majority (52.4%) were still single while 40.9% were married. This could be explained by the fact that most of the employees were youthful and therefore most of them might not have married yet. Those separated, (3.0%), cohabiting (1.8%) and widowed were the minority group.

4.4 Respondents by income

Level of income could act as an indicator of drug abuse with those with higher incomes tending to have extra money at their disposal which may be misused in purchasing drugs. Table 4.6 illustrates the income levels of respondents.

Table 4.6: Income level

Income	Frequency	Percentage
Less or equal to Ksh 5000	92	56.1
KShs 6000 - KShs 15000	55	33.5
KShs 16000 - Kshs 25000	9	5.5
More or equal to Kshs 25000	8	4.9
Total	164	100.0

According to the table, there was a higher (56.1%) number of those who were on a lower salary scheme of below or equal to 5000, 33.5%, earned between Ksh. 6000-15,000 and the rest of respondents 5.5%, earned between Ksh. 16000-25,000 and 4.9% earned more or equal to Ksh.25, 000. this clearly demonstrates respondents earned very little money which could not support dug taking habits.

4.5 Awareness about drug abuse

Exposure to information about drugs may have a negative effect to behaviour of individuals as regards to drug abuse. Table 4.7 shows the first time respondents heard about drugs and drug abuse.

Table 4.7: Awareness about drug abuse

First time heard about drug abuse	Frequency	Percent
During my primary school days	136	82.9
During my secondary school days	18	11.0
During my college days	4	2.4
At work place	3	1.8
Others	3	1.8
Total	164	100.0

Table 4.7 indicates that most of the participants (82.9%), were aware of the menace of drug abuse at their primary school level and the awareness drastically decreases to secondary school where a lesser percentage is recorded at 11% and the number

continues to decrease as 2.4% of those who heard it during college. This further drops to 1.8% of the respondents who heard about drug abuse at a much later stage in their life at work place and a similar percentage of 1.8 heard about it elsewhere. This is an indication that people are exposed to information about drugs at a very tender age as a result of too much information from drug advertisements from both print and mass media. Such early awareness may contribute to increased cases of drug abuse.

4.6 Drug use among respondents

Respondents were requested to indicate whether they had ever used drugs in their lifetime. Table 4.8 summarizes some of the drugs respondents have ever used.

Table 4.8: Drug use

Drug ever used	Frequency	Percent
Alcohol	81	49.39
Miraa	37	22.56
Tobacco	36	21.95
Bhang	12	7.32
Cocaine	3	1.83
None	46	28.05
	N=164	

In addition to being aware of drug at a tender age, majority (71.95%) of the respondents had at used a drug in their lifetime. According to the table, a drug mostly abused by was alcohol where 49.39%, followed by Miraa (22.56%) and cigarettes/tobacco (21.95%). Meru being a Miraa growing area, then it accounts for the use of Miraa in the area. Other drugs abused by respondents included bhang (7.32%), Cocaine (1.83%).

4.7 Drug abuse by employees

It was necessary for the study to find out whether employees used drugs or not as shown in Table 4.9

Table 4.9: Drug abuse by employees

Drug abuse by employees	Frequency		Percentage	
Yes	1	31	79.9	
No		33	20.1	
Total	1	64	100.0	

From the table, it was observed that a higher percentage of respondents (79.9%) use drugs in the organization compared to those (20.1%), who did not use drug in the organization. Drug abuse can significantly reduce performance of employees if necessary strategies are put in place to discourage use of drugs at workplace.

4.8 Commonly abused drugs

Table 4.10 summarizes the commonly abused drugs among respondents

Table 4.10: Drugs commonly abused by employees

Drug commonly abused by employees	Frequency	Percentage
Alcohol	82	62.60
Miraa	61	46.56
Tobacco	39	29.77
Bhang	8	6.11
Cocaine	3	2.29
N=131		

Among those who use drugs, Table 4.10 illustrates that 62.60% commonly abused alcohol followed by Miraa 46.56% and tobacco (29.77%). Others included bhang and cocaine which were not commonly used. This finding clearly indicates that, the most commonly abused drugs were alcohol, Miraa and tobacco which to a great extent might influence work performance in the transport and hospitality industries.

4.8.1 Venue of drug abuse

Table 4.11 summarizes information about venues where the employees would take various drugs.

Table 4.11: Venue of drug abuse

Drug	Home (%)	Public place (%)	Workplace (%)
Alcohol	35.2	53.7	11.1
Cigarette/tobacco	4.6	77.0	18.4
Bhang	78	19.5	2.4
Cocaine	78.8	22.0	0.0
Miraa	9.1	73.9	17.0

Most of respondents (53.7%) consuming alcohol do it in public places, while 35.2% take alcohol in their homes and the rest 11.1% take alcohol at work place. Mostly as indicated by the above recordings in this table 77.0% of respondents consume tobacco/cigarettes in public places while 18.4% abuse cigarette/tobacco at work place and 4.6% at home Most of the respondents who abuse bang do it at home (78.0%), while 19.5% use it at public places and the other 2.4% take bang at work place. In this table most of Cocaine users 77.8% prefer to take it at home, while 22.0% abuse it in public places. This could be attributed to the illegal nature of the drug. Miraa is abused mostly in public places with 73.9% with a few individuals abusing it at home (9.1%) and workplace (17.0%).

From the table, a general observation is that the minority of the respondents abuse drugs at workplace as compared to other venues like home and public places. Additionally, drugs such as Miraa, cigarette, and alcohol were in most cases consumed in public places like bars. In contrast illegal drugs like bhang and cocaine were avoided in public places and utilized mostly at home.

4.8.2 Time when drugs are abused

Table 4.12 summarizes information about different times when drugs are abused by respondents.

Table 4.12: Times when drugs are abused

Drug	Morning	Morning	Mid	Afternoon	Just	After work
	before	hours	day	during	before	at
	work	during	during	work (%)	leaving	home/public
	(%)	work	work		work	place-bar
		(%)	break		(%)	(%)
			(%)			
Alcohol	5.3	0.0	0.0	0.0	9.3	85.3
Cigarette/tobacco	29.0	0.0	9.7	41.9	0.0	19.4
Bhang	32.2	0.0	12.0	0.0	0.0	56.0
Cocaine	0.0	0.0	0.0	0.0	0.0	100.0
Miraa	8.9	0.0	0.0	11.1	0.0	80.0

According to Table 4.12 above, most drugs were taken after work either at home or

public places like bars. This is further evidence that most of the employees do not use drugs at work place. This is an insinuation that drugs in the hospitality and transport sector are not taken during working hours and therefore they might not affect job performance among the employees in this sector. In contrast, cigarette smoking was always done during working hours. This suggest that smokers take more leaves consistently than non-smokers and they end up in taking long breaks thus reducing productivity in the long run. This sector is dominated by private practice which is mostly concerned by good customer service to boost returns and maintain a competitive age and therefore employees cannot afford to abuse drugs at work place which might result in reduced work performance.

4.9 Factors influencing drug abuse

Several factors influence the utilization of drugs. Table 4.13 summarizes information about factors influencing drug abuse.

Table 4.13: Factors influencing drug abuse

Drug	Stress	Unpleasant	Long	Workmate's	Ready	Poor
	(%)	working	working	influence	availability	labour
		conditions	hours	(%)	(%)	relations
		(%)	(%)			(%)
Alcohol	69.3	4.0	9.3	5.3	1.3	10.7
Cigarette/tobacco	70.6	8.8	0.0	11.8	8.8	0.0
Bhang	77.3	0.0	22.7	0.0	0.0	56.0
Cocaine	100.0	0.0	0.0	0.0	0.0	0.0
Miraa	21.4	0.0	0.0	11.9	66.7	0.0

Table 4.13 shows that alcohol was mainly abused due to stress (69.3%). This stress could be work related since the previous finding indicated that alcohol was mostly taken after work. Other reasons influencing alcohol use were poor labour relations (10.7%), long working hours (9.3%), unpleasant working condition (4.0%) and workmate's influence (5.3%). In addition, cigarette (70.6%), bhang (77.3%) and cocaine (100%) were mainly abused because of stress. In contrast, the main factor that influenced the use of Miraa was its ready availability (66.7%). Meru region is known

for Miraa cultivation and as a result this makes it readily available to drug abusers.

Even though there were several factors influencing drug abuse, stress emerged as the major factor influencing drug abuse among employees in the hospitality and transport industry within the Meru municipality. Work that is boring, stressful, or isolating can contribute to employees' drinking and drug abuse. 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.

4.10 Dismissal from work

Respondents were requested to indicate if they have ever been dismissed from work due to drug abuse. Table 4.14 below shows the results.

Table 4.14: Dismissal from work

Response	Frequency	Percentage
No	124	75.61
Yes	40	24.39
Total	164	100

From Table 4.14, it was noted that majority (75.61%) of the respondents indicated that they have never been dismissed from their work place as a result of drugs. Only a smaller percentage (24.39%) has ever been affected. This is an indication that drug abuse in the hospitality and transport sector at work place is minimal which is a boost to the sector.

4.11 Influence of drugs on work performance

Drugs when abused can have devastating effects on the health and social life of an individual. Such effects may eventually affect the work performance of an individual. Table 4.15 summarizes the effects of drug abuse on work performance.

Table 4.15: Influence of drugs on work performance

INFLUENCE	TRUE (%)	FALSE (%)
I experience slower reaction time	16.3	83.7
I fell clumsy in movement	18.9	81.1
I experience poor coordination hi movement	18.9	81.1
I experience blurred vision when working	11.6	88.4
I lose concentration when working	24.2	75.8
I think slowly when attending to guest questions	22.1	77.9
I become abusive to my fellow staff	12.6	87.4
I fell withdrawn and insecure	5.3	94.7
I don't care about the standards of my	10.5	89.5
performance		
I feel less nervous when dealing with guests	22.1	77.9
I become more prone to accidents	13.7	86.3
I become abusive to stubborn guests	18.9	81.1
I become very vocal when relating to workmates	35.8	64.2
I become very vocal when relating to guests	31.6	68.4
I become very violent when provoked	23.2	76.8
I reduce my work output	11.6	88.4
I increase the number of mistakes	12.6	87.4
I experience errors in my judgment	16.8	83.2
I lose interest in my job	15.8	84.2
I fail to meet deadlines	14.7	85.3
N=164		<u>-</u>

From Table 4.15 above, it was noted that drugs had a very minimal influence on work performance. This could be attributed to the fact that most of the respondents used drugs after work in public places as previously indicated. Consequently employees come to work when they are sober and ready to work.

4.12 Accidents as a result of drug abuse

Cases of injury/accidents at workplace as a result of drug abuse have also been minimal as shown in Table 4.16.

Table 4.16: Accidents as a result of drug abuse

Response	NO	Yes but not this year	Yes during the year
Have you or anyone else been injured or caused an accident in your workplace as a result of your abusing drugs/substances?	72.9	15.9	11.2
Has your manager/Supervisor been concerned about your abuse of drugs/substances at the workplace or suggested that you cut down?	65	18.4	16.5

Majority (72.9%) of the respondents indicated that they have never been injured or caused an accident in their workplace as a result of abusing drugs/substances. This is further evidence that drugs are not used at workplace in the hospitality and transport industry.

Table 4.17: Increase the intensity of accidents that take place in the establishment

Response	Frequency	Percentage
Yes	2	20.0
No	6	60.0
N/A	2	20.0
Total	10	100.0

As shown in Table 4.17, 60% of employers profess that drug abuse did not increase the intensity of accidents, 20% don't hold the same opinion while 20% represent employer who were not affected by this.

4.12.1 Payment for accidents resulting from drug abuse

Respondents were requested to give information about payment for the accidents that may be caused by a staff who is intoxicated at the work place. Table 4.18 summarizes the responses.

Table 4.18: Payment for accidents resulting from drug abuse

Payment	Frequency	Percentage
N/A	2	20.0
No, Employee pays	6	60.0
Yes	2	20.0
Total	10	100.0

Table 4.18 shows that 20% of employers covered in the study pay for accidents caused by a staff member who is intoxicated at work, 60% don't pay but the employee responsible pay instead while 20% represents employers to whom this was not applicable. This is evidence that there were no major cases of accidents related to drug abuse.

4.13 Influence of drug abuse on the organization

Table 4.19 summarizes the influence of drug abuse on the organization.

Table 4.19: Influence of drug abuse on the organization

Response	Never (%)	Less than monthly (%)	Monthly (%)	Weekly (%)	Almost daily (%)
How often during the last year have you found that you were not able to stop once you had started taking drugs/substances?	77.7	10.7	0	10.7	1
How often during the past year have you faked permission to stay away from duty due to drug/ substance abuse related reasons?	89.9	5.1	1	1	3
How often during the past year have you taken a sick leave at your work place after the week end due to drug/substance abuse related reasons?	92.2	3.9	1	2.9	0
How often during the past year have you caused an accident at your work place due to drug/ substance abuse related reasons?	90.3	5.8	3.9	0	0
How often during the past year were you involved in a disciplinary case at your Work place due to drug/ substance abuse related reasons?	95.1	4.9	0	0	0
How often during the past year have you reported late at your work place due to Drug/substance abuse related reasons?	82.5	11.7	0	5.8	0
How often during the past year did you wish to leave early at your work place due to drug/ substance abuse related reasons?	85.4	3.9	4.9	0	5.8

According to the table, majority (77.7%) never found it difficult to stop once they had started taking drugs/substances, majority (89.9%) had never faked permission to stay away from duty due to drug/ substance abuse related reasons, majority (92.2%) had never taken a sick leave at their work place after the week end due to drug/substance abuse related reasons, majority (90.3%) had never caused an accident at their work place due to drug/substance abuse related reasons. In addition, it was also observed that majority (95.1%) of

the respondents had never been involved in a disciplinary case at work place due to drug/substance abuse related reasons and had never reported late to work place due to drug/substance abuse related reasons (82.5%). Indeed, majority (85.4%) had never wished to leave early at their work place due to drug/ substance abuse related reasons. This clearly demonstrates that drug abuse at work place was not rampant and had not affected employee performance in the hospitality and transport industry within Meru municipality.

4.14 Cost of drugs

Respondents were requested to give information about the cost of drugs. Table 4.20 shows the results.

Table 4.20: Cost of drugs

Are drugs expensive	Frequency	Percentage
Yes	78	47.56
No	86	52.44
Total	164	100

According to Table 4.18, majority of the respondents indicated that drugs were not expensive (52.44%) and therefore they could easily afford. Those who considered the drugs to be expensive were only 47.56%.

4.15 Ability of salary to sustain drug taking habits

Despite the fact that drugs were not expensive, respondents admitted that the salaries the earned could not sustain their drug taking habits as indicated in table 4.21.

Table 4.21: Salary enough to sustain your drug taking habits

Response	Frequency	Percentage	
Yes	64	38.8	
No	99	60.2	
Total	164	100	

According to the table, 60.2% of the respondents admitted that their salaries were not enough to sustain their drug taking habits. This means that utilization of drugs among employees could have economic repercussions by straining their tight budgets.

4.15.1 Embezzling money to maintain drug supply

Table 4.22 illustrates action taken when to maintain drug supply.

Table 4.22: Embezzling money to maintain drug supply

Response	Frequency	Percentage
Yes	30	18.2
No	134	81.8
Total	164	100

Even though the salaries were not enough, majority (81.8%) of the respondents did not attempt to embezzle funds from their work place to maintain their supply of drugs as indicated in Table 4.22.

4.16 Employees attitudes towards drug abuse

Human resource managers were requested to give information about their employees' attitudes towards drug abuse. Table 4.23 summarizes these results.

Table 4.23: Employees attitude towards drug abuse

Employee attitude towards drug abuse	Frequency	Percentage
I have no idea	2	20.0
It's a form of leisure	2	20.0
Some behave negatively towards them	2	20.0
They don't mind	2	20.0
Varies with the employees	2	20.0
Total	10	100.0

Table 4.23 shows that 20% of managers have no idea about the employees attitude towards drug abuse, 20% treat drug abuse as a form of leisure, 20% have a negative attitude towards drug abuse, 20% don't mind drug abuse while 20% have unplaced but varying attitudes towards drug abuse.

4.17: Influence of drug abuse at workplace

Human resource managers were requested to indicate some of the influence of drug abuse they thought would affect employee performance. Table 4.24 summarizes these influence.

Table 4.24: Influence of drug abuse at workplace

Influence	Frequency	Percentage
Low morale	2	20.0
Low performance,	2	20.0
Pollution	2	20.0
Poor work quality	4	40.0
Total	10	100.0

According to the table, human resource managers thought that drug abuse would lead to low morale (20%) among workers resulting in low performance (20%) that eventually affects the quality of work done.

4.18 Record keeping on absenteeism

Respondents were requested to give information on absenteeism by the drug abusers

Table 4.25: Record keeping on absenteeism

Record keeping	Frequency	Percentage
No	5	50.0
Yes	3	30.0
Yes but for all the employees too	2	20.0
Total	10	100.0

Table 4.25 shows 50% of employers don't keep record of absenteeism by drug abusers, 30% keep records of drug abusers while 20% keep records of drug abusers as well as other employees.

4.19 Chapter Summary

This chapter detailed the data analysis, gave the interpretation of the findings and presented the findings in frequency tables. The purpose of this chapter was to represent the result of the procedures described in the methods and present evidence in form of tables, text and figures. The data analysis was done on the basis of the study objectives. Moreover, the analysis was done by handling each question in the data collection tool. Descriptive statistics were widely used in the analysis of the data.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the main findings, study conclusions and gives recommendations. The main objective of this study was to examine the influence of drug substance abuse on work performance in Meru municipality. The specific objectives of the study were to: examine the influence of absenteeism on work performance by employees in transport and hospitality industries in Meru municipality, determine the influence of accidents on work performance by employees in transport and hospitality industries in Meru municipality, to assess the influence of indiscipline on work performance by employees in transport and hospitality industries in Meru municipality.

5.2 Summary of main findings

Findings show that the industry absorbs the bulk of young people who are energetic enough to work and willing to explore their potentials consequently playing a key role in job creation to synergize the government efforts of jobs creation.

At least 98.2% of the employees have acquired formal education (primary to secondary and college levels). This places the sector in a particularly good position in terms of capacity building (awareness and knowledge acquisition) as regards to drug abuse and its consequences on the health, social and job performance of individuals. Majority (90.2%) of the respondents were Christians. Drug abuse is prohibited by most Christian beliefs or doctrines.

Majority (56.1%) of the respondents were on a lower salary scheme of below or equal to 5000, 33.5%, earned between Ksh. 6000-15,000 and the rest of respondents 5.5%, earned between Ksh.16000-25,000 and 4.9% earned more or equal to Ksh.25,000. This clearly demonstrates respondents earned very little money which could not support dug taking habits.

Study findings show that people are exposed to information about drugs at a very tender age as a result of too much information from drug advertisements form both print and mass media. Such early awareness may contribute to increased cases of drug abuse.

The drug mostly abused by was alcohol 49.39%, followed by Miraa (22.56%) and cigarettes/tobacco (21.95%). A general observation is that the minority of the respondents abuse drugs at workplace as compared to other venues like home and public places. Additionally, drugs such as Miraa, cigarette, and alcohol were in most cases consumed in public places like bars. In contrast illegal drugs like bhang and cocaine were avoided in public places and utilized mostly at home. To support this finding, it was further observed that drugs in the hospitality and transport sector are not taken during working hours and therefore they might not affect job performance among the employees in this sector.

Even though there were several factors influencing drug abuse, stress emerged as the major factor influencing drug abuse among employees in the hospitality and transport industry within the Meru municipality.

5.2.1 Absenteeism

Study established that there were few cases of reported absenteeism at workplace. According to the study, 89.9% of the respondents confirmed that during the past year they have never faked permission to stay away from duty due to drug/ substance abuse related reasons. This is a clear indication that there were few cases of absenteeism resulting from drug abuse. Moreover, 92.2% claimed that they had never taken a sick leave at their work place after the weekend due to drug/substance abuse related reasons further evidence that it did not affect employee performance. This could be attributed to the fact that most of the respondents used drugs after work in public places as previously indicated.

5.2.2 Accidents

Cases of injury/accidents at workplace as a result of drug abuse have also been minimal. Indeed, majority (72.9%) of the respondents indicated that they have never been injured or caused an accident in their workplace as a result of abusing drugs/substances. This is further evidence that drugs are not used at workplace in the hospitality and transport industry. Moreover, majority (90.3%) of the employees claimed that they have never caused an accident at their work place due to drug/ substance abuse related reasons. Additionally, 20% of employers covered in the study pay for accidents caused by a staff member who is intoxicated at work while majority (60%) don't pay but the employee responsible pay instead. This is evidence that there were

no major cases of accidents related to drug abuse. This could also be attributed to the fact that most of the respondents used drugs after work in public places as previously indicated

5.2.3 Indiscipline

Majority (75.61%) of the respondents indicated that they have never been dismissed in their work place as a result of drugs, meaning drug abuse in the hospitality and transport sector at work place is minimal. Additionally, it was noted that drugs had a very minimal effect on work performance. This could be attributed to the fact that most of the respondents used drugs after work in public places as previously indicated. The study also established that majority (95.1%) of the employees were not involved in a disciplinary case at their your work place due to drug/ substance abuse related reasons

Further findings revealed that drugs were not expensive (52.44%). Despite the fact that the drugs were not expensive, respondents admitted that the salaries they earned could not sustain their drug taking habits. This is in line with our earlier finding that employees in the sector were paid very little money which could not support drug taking habits. Even though the salaries were not enough, majority (81.8%) of the respondents did not attempt to embezzle funds from their work place to maintain their supply of drugs.

5.3 Discussion

Lost work productivity related to substance abuse (including absenteeism and poor job performance) cost the employers huge sums of money. Research demonstrates that excessive drinking outside normal working hours adversely affects productivity at work. Productivity can be reduced at any level of dependence. According to the U S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, employees with light and moderate alcohol use cause 60% of alcohol-related absenteeism, tardiness, and poor work quality. Studies have shown that substance-abusing employees function at about two thirds of their capability and that employees who use drugs are three times more likely to be late for work. This finding does not agree with this study which established that there were few cases of reported absenteeism at workplace. According to the study, 89.9% of the respondents

confirmed that during the past year they have never faked permission to stay away from duty due to drug/ substance abuse related reasons. This is a clear indication that there were few cases of absenteeism resulting from drug abuse. Moreover, 92.2% claimed that they had never taken a sick leave at their work place after the weekend due to drug/substance abuse related reasons further evidence that it did not affect employee performance. Employees who use drugs are twice as likely to request early dismissal or time of and are two and a half times more likely to have absences of eight days or more (U S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2009). Substance abuse can also increase employee turnover. Individuals with drug or alcohol problems are more likely than non-substance abusers to report having worked for three or more employers in the previous year. Turnover is expensive for employers. Replacing an employee can be costly including the loss of institutional knowledge and service continuity and the damage to co-worker productivity and morale that can accompany employee turnover

Many disability claims—for workplace and automobile injuries as well as family and workplace violence—can be attributed to substance abuse. According to the U S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2009), employees who abuse alcohol or drugs are three and a half times more likely to be involved in a workplace accident than other workers. According to the survey, up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcohol use and alcoholism. Furthermore, employees who use drugs are five times more likely to file a workers' compensation claim than those who do not use drugs. This is contrary to what this study found out. This study established that cases of injury/accidents at workplace as a result of drug abuse were minimal. Indeed, majority (72.9%) of the respondents indicated that they have never been injured or caused an accident in their workplace as a result of abusing drugs/substances. Moreover, majority (90.3%) of the employees claimed that they had never caused an accident at their work place due to drug/ substance abuse related reasons. The major reason being that hospitality and transport industries are privately owned enterprises where accidents may not be tolerated.

Majority (75.61%) of the respondents indicated that they have never been dismissed in their work place as a result of drugs, meaning drug abuse in the hospitality and

transport sector at work place is minimal. Additionally, it was noted that drugs had a very minimal effect work performance. This could be attributed to the fact that most of the respondents used drugs after work in public places as previously indicated. The study also established that majority (95.1%) of the employees were not involved in a disciplinary case at their your work place due to drug/ substance abuse related reasons

5.3 Conclusion

Generally, the study findings showed that the minority of the respondents abuse drugs at workplace as compared to other venues like home and public places. It was further observed that drugs in the hospitality and transport sector are not taken during working hours and therefore they might not affect job performance among the employees in this sector. However, the high rates of alcohol ingestion even after working hours, among the majority of the respondents leaves a lot to be desired. Alcohol drinking can threaten public safety, impair job performance, and result in costly medical, social, and other problems affecting employees and employers alike. The study did not establish the productivity losses attributed to alcohol use. Stress among other factors was regarded to be one of the main contributing factors to the alcohol consumption problem. Employers are in a unique position to mitigate some of these factors and to motivate employees to increase productivity and profitability.

5.4 Recommendations

Because of the undesired potential consequences of drug abuse, the study recommends that

- Employers should do comprehensive screening of job applicants to make sure they are drug free in the interview process so as to minimize drug abuse at work places.
- 2) In addition, employers should put in place education and counseling programs to educate employees on the dangers of drug abuse since most of them are young people who have a whole life ahead of them.
- 3) Employers should come up with work place policies for drug free working environment and the managers to play an active role in enforcing the policy. Action should be taken when an employee begins to show a consistent pattern of problem behavior. This would help the management to focus on job performance, even it thinks that the problem may be caused by drugs or

alcohol, and this allows the management to balance both the rights of the individual employee to privacy and fair treatment and the rights of the work group to a safe, secure and productive environment.

5.5 Areas of further research

This study recommends further research in other sectors which were not covered by the study like the processing industries and chemical industries which are not in focus like the transport and hospitality industry. Further research is also needed to assess the impact of drug abuse on the economy of the country.

REFERENCES

- Armstrong, M (2009), Armstrongs's Handbook of human resourse management practice. London and Philadelphia, Kogan Page.
- Canada National Alcohol and Other Drugs Survey (1989). Highlights Report. Ottawa: Health and Welfare.
- Canadian Centre on Substance Abuse (CCSA, 1996). The Costs of Substance Abuse In Canada Highlights (A cost estimation study by Eric Single, Lynda Robson, Xiaodi Xie, Jurgen Rehm).
- California Health and Welfare Agency (1994). Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (Sacramento).
- Collins, D. and Lapsley, H. (1996). The Social Costs of Drug Abuse in Australia in 1988 and 1992. Report prepared for the Commonwealth Department of Human Services and Health; GDP figures from IMF, International Financial Statistics Yearbook.
- Commission of the European Communities (1990). The Social and Economic Costs of Drug Abuse in the United Kingdom and the Netherlands (London).
- Cordes, K. and Ibrahim, H. (1999). Recreation and Leisure for Today and The Future. London: Web/McGraw-Hill.
- **Du Pont, R. L. (1989).** Never trust anyone under 40. Policy Review (Washington, D.C.) Vol.48 Number, 21, pp 52-57.
- Eckersley, K. (1995). "Dealing with Drugs- Part 1: The Employers Escalating Burden" Employee Counselling Today Journal, Vol. 7 Number 3, pp 13-25.
- Eckersley, K. (1995). "Dealing with Drugs-Part 11: Lightening Employers Last Burden" Employee Counselling Today Journal, Vol. 7 Number 4, pp 20-22.
- Eckersley, K. and Williams, D. (1999). "Training your Staff (and the Boss) to Deal with Drugs", Industrial and Commercial Training Journal, Vol.31 Number 6, pp 219-224.
- Edington, D., Jordan, F. and Degraff, I. (1993). Life and Leisure Satisfaction.

 New York: Prentice Hall.
- Eisten, L.S. (1980). Community Response to Drug Use. Pergamon: Oxford.
- Elliot, D., Huizinga, D. and Ageston, S. (1998). Explaining Delinquency and

- Drug Use. Beverly Hills: C.A Sage Publications.
- Elmuti, D. (1994). "Effects of Drug Testing Programmes on Employees Attitude

 Productivity and Attendance Behaviour" Employee Counselling Today Journal

 Vol.6 number 5, pp 24-30
- English, D., Dooley, D., Prause, J., Gallant, M.and Ridolfo, B. (1992).77ze

 Qualification Of Drug Caused Mobility and Mortality in Australia. Cannbera:

 Australian Institute of Health and Welfare.
- Federal Railroad Administration (1988). Summaries of Post-Accident Testing Events. February 10, 1986-December 31, 1987. Washington D.C.
- Feinauer, D. M. (1990). The Relationship between Workplace Accident Rates and Drug and Alcohol Abuse: The Unproven Hypothesis. Labour Studies Journal, Vol.15 Number 4, pp3-15.
- **Gay, R. (1992).** Educational Research: Competencies for Analysis and Application.

 Oleo, New York: Merrhill Publication.
- Gerald, D., Campbell, L, Lehmam, H., Stein, P., and Bertrad, M.A. (1993). Find

 Report of the Commission of Inquiry into the Non-Medical Use of DrugsCanada.
- Gmel, G. and Rehm, J. (2003). Harmful Alcohol Use. Alcohol Research and Health Journal..Vol.17 Number 5, pp 520-62.
- Goldsmith, A., Nickson, D., Sloan, D. and Wood, R. (1997). Human Resource

 Management for Hospitality Services. Canada: International Thomson

 Business Press.
- Goodwin, D. (2004). Alcoholism: The Facts. Oxford: University Press.
- Glassner, B. and Loughlis, J. (1987). Drugs in Adolescent Worlds Burnouts to Straight. London: Macmillan Press Limited.
- Hammer, T. (1992). Unemployment and Use of Drug and Alcohol among Young People: A Longitudinal study in the General Population. British Journal of Addiction. Vol. 87 Number 11, pp 1571-1581.
- Hanson, M. (1993). Overview on Drug and Alcohol Testing in the Workplace.

 UNDOC: Newyork.
- Harford, T.C. (1988). Alcohol Use and Dependence among Employed Men and Women in the United States. Journal of Alcoholism Clinical and Experimental Research. Vol.16 Number 2, pp 146-148.
- Heller, D. and Robinson, E. A.(1992). Substance Abuse in the

- Workforce. Ottawa: Canadian Centre on Substance Abuse.
- Hawkins, D. and Catalano, H. (1994). "Preparing for Drug Free Years" Seattle W.A Developmental Research Programs. Inc.
- **Hochman, J. (1972).** *Marijuana and Social Evolution.* Englewood Cliffs: Prentice Hall Inc.
- Heffring Research Group (1990). Substance Use in Transportation: Airports Aviation, Surface (bus/trucking) and Marine, Integrated Report Ottawa, Transport Canada.
 - http://www.athealth.com. (2008) Drug Abuse Statistics. The Substance Abuse & Mental Health Services Administration (SAMHSA). Columbia University. Lastly Updated on 24th April, 2009
- http://www.cchos.ca.com. Product (2005). "Canada Centre of Occupational Health and Safety Resource" last viewed on 10th January 2010.
- http://www.cdc.gov.coni. "Global Youth Tobacco Survey (GYTS, 2001). Report Last Viewed on 22nd January 2010.
- http://www.ilo.org/safework/safeday (2005). Safety resource, "Safe Workplace Handout by International Labour Organization" Last viewed on 11th January 2010.
- Hughes, K. and Bellis, A. (2000). Alcohol; Some Sobering Statistics from the NWPHO (North West Public Health Oservatory) Department of Human Services and Health.
- Imbosa, M. (2002). An Investigation into the Strategies Used in Addressing Drug Problems. A case study of Nairobi Provincial Schools" Unpublished Kenyatta University Thesis For a Masters Of Education (M.Ed) Degree.
- ILO and OSHA (2001). Guidelines on Occupational Safety and Health

 Management Systems. Geneva: Directorate of OSHA Services.
- Johnstone, T. (2000). Adolescence Drug Abuse in Kenya: Impact on Reproductive

 Health. Population Communication Africa and Pathfinder International; Nairobi:

 New World Printers.
- Kamonjo, B. (1997). The Correlates, Prevalence and Attitudes towards Drug and Abuse Amongst first, second and fourth year students at Kenyatta University."

 Unpublished Kenyatta University Thesis for a Masters of Education (M.Ed)

 Degree.
- Kandel, D. B. (1980). Drug and Drinking Behavior among Youth. Annual Review of Sociology (Palo. Alto, California) 6:235-285.

- Karechio, B. (1996). Escalation in Drug Abuse. Nairobi: Uzima Publishing House: Nairobi.
- **Katona, E. (1995).** *Inhalant Abuse. Hungarīan Review;* NIDA Research Monograph 148 ppl00-120.
- Kavanaugh, R. and Ninemeir, J. (2001). Supervision in the Hospitality Industry.

 Michigan: Educational Institute of the American Hotel and Lodging Association.
- **Keriinger, F.** (1964). Foundations of Behavioral Research. New York: Holt Rinehart and Winston Inc.
- Klingeman, H. and Gmel, G.(eds) (2001). Mapping the Social Consequences of Alcohol Consumption. New Delhi: Kluwar publishers.
- **Kimmel, A. (1998).** *Ethics and Values in Applied Social Research.London:* Sage Publications International Educational and Professional Publishers.
- **Kingoriah, K. (2004).** Fundamentals of Applied Statistics. Nairobi: Jomo Kenyatta Foundation.
- Kopstein, A. and Gfroerer, J. (1988). Drug Use Patterns and Demographics of Employed Drug Users. Drugs in the Workplace: Research and Evaluation Data. National Institute on Drug Abuse Research Monograph Series, Vol. 11 Number 100, ppll-24.
- Kothari, R. (2003). Research Methodology. New Delhi: K.K Gupta for New Age International.
- Kumpfer, K. (1993). Strengthening America's Families, Promising Parenting and Family Strategies for Delinquency Prevention, of Users Guide.

 Washington D.C.:Department of Justice Offices of Justice Program.
- **Liska, K. (2004).** Drugs and the Human Body with Implications for Society. Boston: Pearson Education Prentice Hall.
- Lockesh, A. and Kaul, C. (1984). Methodology of Educational Research.

 New Delhi: Vari Educational Books.
- Loup. S. (1994). "Drug and Alcohol at the Workplace" Employee Counselling Today Journal, Vol. 6 Number 5, pp 19 23.
- Mann, M. (1970). Answer to your Question about Drinking and Alcoholism. New York: Rinehart and Winstone.
- **Mbiti, R. (1984).** Alcoholism in the City of Nairobi. Unpublished Diploma Paper in Health Elders.

- M'cewen, J., Morton, W., East, R., Seymour, L, and Goodwin, M. (1989). Smoking Policies at Work, London: Health Education Authority.
- Mendes de Leon, C. and Markadies, K. (1986). Drug and Alcohol Dependence Journal, Vol.16 Number 4,pp.369-379.
- Model, K. and Mountz, A. (1990). The Problem of Alcohol Use by Pilots, in New England: Journal of Medicine. Vol. il Number 3, pp 78-93.
- Mohr, P. Charles, K. and Truxillo, D. (2005). "Perceived Workplace Drug and Alcohol Problem" PHRMA Workplace Substance Abuse Survey of Portland Employers:Portland State University.
- Morawski, J. and Swietkiewicz, G. (1987). Alcohol in Employment Settings in Poland.

 Employee Assistance (Juarterly, Vol.3 Number 2, ppl05-1 19.
- Mugenda, O. and Mugenda, A. (2003). Research Methods: Quantitative and Qualitative Approaches. Nairobi: Acts Press
- Mwenesi, A.H. (1995). Rapid Assessment of Drug Abuse in Kenya: A National Report by United Nations Drug Control Programme (UNDCP). Unpublished Document.
- Nachmias, C. and Nachmias, D.(2005).5th edn. Research Methods in the Social Sciences. London: Hodder Arnold.
- National Agency for the Campaign against Drug Abuse (NACADA, 2003). General Information on Drug and Substance Abuse, Preventative Education.

 Unpublished Document.
- National Tobacco Committee, (2003). Tobacco versus Health Publication of the National Tobacco Free Initiative Committee in Kenya. Odhiambo, P.A. (Ed).
- Ndetei, M., Mutiso, V., Khasakhala, L.,Odhiambo,G.,Kokonya, D.,Sood,M.,et al., (2004). A Study on "The Assignment of the Linkage between Drug Abuse and HIV/AIDS in Kenya". A Rapid Situation Assessment.
- Ndirangu, M. (2004). The Drug Abuse Monster. Thika: Published by Julius.
- Negreiros, J. (1994). Historical perspectives of Evaluation Methods in Alcohol and Drug Education, Employee Counseling Today Journal, Vol.6 Number 5, pp 7-11.
- Newcomb, M.D. (1993). Drug use in the workplace: Risk Factors for Disruptive Substance Abuse among Young Adults. Dover: Massachusetts, Auburn House.
- O'Connor, J. (1978). The Young Drinkers. London: Tanoistok.
- Parish, D.C.,(1987). Relation of Pre-Employment Drug Testing Result to Employment

- Status:a one- year follow- up. Journal of General Internal Medicine.VolA Numberl, pp44-47.
- Parkinson, D., Haynes, J., Farrel, M., Singleton N., Meltzer, H., Araya, R., Lewis, G., and Wiles N.(1986). Traumatic Workplace Death in Allegheny County. Pennsylvania, 1983-1984. 5y Journal of occupational Medicine. Vol. 28 Numberl, pplOO-102.
- Parsons, C. and Kamenca, A. (1992). Economic Impact of Drug Abuse in America (Los Angeles, University of Southern California).
- Potter, B. A. and Orfali, J. S. (1990). Drug testing at Work: a Guide for Employers. Berkeley, California, Ronin.
- Powers ,T. and Barrows, C. (1999). Introduction to Management in Hospitality Industry.: New York: Prentice Hills.
- Rashid, H.S. (1999). Establishment of a Drug Rehabilitation Centre in Mombasa Old Town. Unpublished Document.
- Report of the Interdivisional Task Group on Employment Related Drug Screening (1990). Toronto.
- Roberts, J. I. and Russo, E. A.(1955). The Alcoholic in Industry and Rehabilitation.

 Industrial Medicine and Surgery Journal. 24:270-276.
- Saleemi, A. (1997). Statistics Simplified. Nairobi. Saleemi Publishers.
- Sanjay, S. (2001). "Common Dream New Centre". http://www.common.dreams. Last viewed on 15th November 2005.
- Saxena, S. Sharma, R. and Maulik, K. (2003). Impact of Alcohol Use of Poor Families. A Study from North India. Journal of Substance Abuse. Vol.8 Number 22, pp78-84.
- Scanlon, W. F. (1991). Alcoholism. And Drug Abuse in the Workplace. 2nd ed. Praeger:

 New York.
- Schonberg, K. (1992). "Substance Abuse: a Guide for Health Professionals" ELK Grove, village, IL American Academy of Pediatrics 198.
- Schuckit, M. (1983). Alcoholic Patients with Secondary Depression. American Journal of Psychiatry, Voll40 Number 32, pp 711-714
- Shauri, H. (2004). Cocaine, Opium, and Heroine the Deadliest Drugs. Unpublished Document.
- Sheridan, J. and Winkler, H. (1989). An Evaluation of Drug Testing In The Workplace. Drugs In The Workplace-Research And Evaluation Data. National

- Institute on Drug Abuse Research Monograph Series, Vol. 11 Number 91, pp 195-216.
- Smith, J.P. (1993). Alcohol and Drugs in the Workplace: Attītudes, Policies and Programmes in the European Community. Reports of ILO in Collaboration with the Health and Safety Directorate Commission of the European Communities: Geneva.ILO.
- Sobal, J. and Stunkard, A. J. (1989). Socio. Economic Status and Obesity. A Review of Literature Psychology Bulletin. Vol. 10 Number 5, pp 260-275.
- Substance Abuse & Mental Health Services Administration (SAMHSA, 1997).

 Drug Use among U.S. Workers.
- Substance Abuse & Mental Health Services Administration (SAMHSA, 2000).

 Drug Use among U.S. Workers.
- **Taylor, A. (1993).** Women Drug Users an Ethronography of a Female Injecting Community. Clarendon Press: Oxford.
- Trapenceire, 1. (2000). Statistics on Alcohol, Drugs Crime in Lativais, Lei/man H. & Edgern. Statistics on Alcohol, Drugs and Crime in the Baltic Sea regions. Helsniki Nordic Council for Alcohol and Drug Research.
- **Trice, H. M.** (1965). Alcoholic Employees A Comparison of Psychotic, Neurotics, and Normal Personnel. Journal of occupational Medicine, Vol.7 Number 1, pp 94-99.
- United Nations Office of Drug Abuse and Crime (UNODC) (2005). World Drugs Report. (Pg-10). Published by United Nations.
- U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration), (1995). Preliminary Estimates from the 1994 National Household Survey on Drug Abuse.
- United States Postal Service, Personnel Research and Development Branch, Office of Selection and Evaluation (1991). Utility Analysis of Pre-employment Drug Testing as a Selection Device.
- Von Hertzen, Plaggio, G. and Ding, J. (2002). "Lowdose Mifstrone and Two Regimens of Levonegesting", Lancent.
- Viscuss, W. (1992). Smoking Making the Risky Decision. London: Oxford University Press.
- Weiss ,W. (1990). Alcohol and Drugs: Research and Policy" Implication for Preventing Drug Misuse. Edniburg University Press for WHO

(1990).

- WHO (1992). "Nurses Responding to Substance Abuse". World Health Organization Report.'Geneva.
- WHO Report (1993). Health Promotion at the Work place. Alcohol and Drug Abuse. Edited by Asogwa S.E, Casswel S., Fawal K., O'connor J, Orellna, S. and Wongihanian, K.
- WHO (2004). "International Guide for Monitoring Alcohol Consumption".

 World Health Organization Journal .-Geneva.
- WHO (2001). Women arid the Tobacco Epidemic, Challenges of the 21st Century.

 World Health Organization Journal. In collaboration with Institute for Global Tobacco John Hopkins, Control School of Public Health, Edited by Jonathan M., Soon.
- Workplace Drug and Alcohol Screening: where to draw the line, (1991). Toronto.
- Ziegler, H. (1991). Workplace Drug and Alcohol Programmes In Germany. Tripartite Symposium a Drug and Alcohol Abuse Prevention and Assisting Programmes hi the Workplace: Geneva, International Labour Office.
- **Zwerling, C.** (1994). Current Practice and Experience on Drug and Alcohol Testing in the Workplace, in Drug and Alcohol Testing in the Workplace: Report of the Interregional Tripartite Experts Meeting, Oslo (Geneva, ILO).

APPENDICES

Appendix I: Letter of transmittal

DAVID MAGAJU
P.O BOX 703
MERU
DATE

Dear Sir / Madam,

RE: LETTER OF TRANSMITTAL OF DATA COLLECTION INSTRUMENTS

This is to inform you that I am carrying out a research study leading to the award of Master of Arts in Project Planning and Management of the University of Nairobi. The study focuses on "influence of drug and substance abuse on work performance in transport and hospitality industries in Meru municipality".

When the research is successfully completed the results will be useful to transport and hospitality industries and the government to understand the influence of drug abuse among the transport and hospitality industries in Meru Municipality. All information provided will strictly be handled confidentiality.

Attached please find a questionnaire that requires you to provide information by answering questions honestly and objectively. Do not write your name any where in the questionnaire.

Please cooperate with my research assistants when filling in the questionnaire.

DAVID K. MAGAJU

Mobile Phone: 071230

Mobile Phone; 0712308059

Appendix II: Classification of commonly abused drugs and other substances

Table 2.1: Categorization of Drugs Commonly Abused

Category	Examples	Some of the General Effects
Alcohol	beer, wine, spirits	Impaired judgments, slowed reflexes,
		impaired motor function, sleepiness or
	Marijuana, hashish	distorted sense of time, impaired
Depressants	sleeping medicines, sedatives,	Inattention, slowed reflexes, depression,
	some tranquilizers	impaired balance, drowsiness, coma,
Hallucinogens	LSD (lysergic acid diethylamide),	Inattention, sensory illusions,
	PCP (phencyclidine), mescaline	hallucinations, disorientation, psychosis
Inhalants	hydrocarbons, solvents, gasoline	Intoxication similar to alcohol, dizziness,
Nicotine	cigarettes, chewing tobacco,	Initial stimulant, later depressant effects
Opiates	morphine, heroin, codeine,	Loss of interest, "nodding", overdose may
	some prescription pain	be fatal. If used by injection, the sharing
	medications	of needles may spread Hepatitis B, or C
Stimulants	cocaine, amphetamines, coffee,	Elevated mood, over-activity,
	Tea	tension/anxiety, rapid heartbeat,
Hospital drugs	Painkillers like Perryton,	Decreases the activity of the brain Affects
	valium Anabolic steroids	both male and female sex organs Leads to
	Family planning contraceptives	barrenness and infants with deformities.

(Source: Blume, S.B 1998)

Appendix III: Sample frame

Table 3.2: Sample Frame for transport and hospitality industries in Meru Municipality

Name for transport and	Total	Sampling	Sample Size	Human
hospitality industry.	Employees	Percentage	(Employees)	Resources
		(Respondents)		Managers
Royal Hotels	55	30	17	1
Candy Hotel	48	30	14	1
Continental Hotel	58	30	17	1
Meru Safari Hotel	18	30	5	1
White star Hotel	19	30	6	1
Blue Towers	13	30	4	1
Meru County Hotel	35	30	11	1
Three Steers Hotel	16	30	5	1
Pig and Whistle Hotel	21	30	6	1
Simba Wells	17	30	5	1
Incredible Hotel	30	30	9	1
Meru-Maua Sacco	42	30	13	1
Unique Shuttle Services	23	30	7	1
Menary Sacco	60	30	18	1
Kensilver services	58	30	17	1
Imani Bus Services	42	30	12	1
Sub Totals	555		166	16

54

Appendix IV: Questionnaire for employees

Instructions:-

Please respond by	circling the number	that comes	closest to	your answe	r or writing
a					

brief	statement where	applicable.						
S	SECTION A: Socio Demographic Profile							
1. S	tate your gender:							
	1)Male	2) Female						
2. P	lease indicate you	ur Age (in y	ears)?					
	1) 18-24 Years	s 2) 25-3	30 Years	3) 31-35 Ye	ears	4) >35Ye	ars	
3. P	lease indicate you	ur education	n level					
	1) None	2) Primary	y	3) Seconda	ry	4)		
Colle	ege/University							
4.		What	is	your	religiou	is a	iffiliation?	
	1) None 2) (Christians	3) Muslim	4) Buddhism	5) others (please spe	ecify)	
5. W	hat is your Marit	al Status?						
	1) Single 2) Married	3) Separat	ed/Divorced	4) Cohabit	ing 5) Wie	dowed	
6. W	hat is your job ti	tle?						
7. W	nat is Your Incom	e per Montl	n?					
1)≤	Shs 5,000 2) Sh	ıs 6,000 -Sl	ns 15,000	3) Shs 16,0	00 – Shs 2:	5,000 4)) ≥Shs	
25,00	00							
SEC	TION B; Natu	re and ty	pe of dru	gs/substance	es abused	at the v	vork	
place	D.							
8.	When did you	first hear ab	out drug/S	ubstance abus	se?			
	1) During my	primary sch	ool days	2) During 1	my seconda	ary school	days	
	3) During my	college d	ays		4) At t	he work	place	
	5) Others (plea	se specify).						
9.	Which of the fo	ollowing dr	ugs/substan	ices have you	ever used?)		
	1) Alcohol		2) Tobacc	o/Cigarette	3)	Bhang		
	4) Cocaine		5) Heroine	2	6)	Miraa		
	Others	(Please						

10.	Do some employees in this	organiz	ation a	buse dru	gs or ot	her sub	stances?	
	1) Yes 2) N	O						
11.	If yes to the above question,	which	drugs/s	ubstance	es is co	mmonl	y abuse	in this
org	anization?							
12.	At what venue do abusers m	ostly c	onsum	ing the	se drug	s/subs	tances?	
(1=	Home, 2= Public place, 3= W	orkpla	ce)					
	1) Alcohol	1	2	3				
	2) Tobacco/Cigarette	1	2	3				
	3) Bhang	1	2	3				
	4) Cocaine	1	2	3				
	5) Heroine	1	2	3				
	6). Miraa	1	2	3				
13.	How much of each drug/substan	ce abov	e do yo	u consur	ne per N	1onth?		
	1) Alcohol				********	***		
	2) Tobacco/Cigarette					****		
	3) Bhang	**********						
	4) Cocaine					*****		
	<i>5)</i> Heroine					*****		
	6) Miraa					*****		
	7) Others							
14.	What time do you mostly take	te the c	drugs/sı	ubstance	s? (1=	Mornir	ng before	e work,
	2=morning hours during wor	$-k$, $\beta=1$	mid da	y during	g break,	4=ay	ternoon	during
	work, 5 = just before leaving th	e work	расе, 6	= after v	vork at	home p	ublic pul	5).
	1. Alcohol		1 2	2 3	4	5	6	
	2. Tobacco/Cigarette		1 2	2 3	4	5	6	
	3. Bhang		1 2	2 3	4	5	6	
	4. Cocaine		1 2	2 3	4	5	6	
	5. Heroine	4	1	2 3	4	5	6	
	6. Miraa		1	2 3	4	5	6	
	7. Others		1 2	2 3	4	5	6	

15.	What	influences	you	to	take	the	drugs	that	you	have	indicated	above?
	(1=Sti	ress,										

2=Unpleasant working conditions, 3= Long working hours, 4= Workmates influence, 5= ready availability, 6= Poor labour relations).

1) Alcohol	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6
	1	2	3	4	5	6

- 2) Tobacco/Cigarette
- 3) Bhang
- 4) Cocaine
- 5) Heroine
- 6) Miraa
- 7) Others

16. Has there ever been any dismissal in your workplace as a result of drug/

17.	Do	you	think	it	is	right	to	dismiss	staff	for	committing	drug/	substance	related
	offe	nces	?											

18. Please rank the following factors by circling the statement that best describes your opinion on the following likert scale where :(1=True, 2=Not sure, 3=False)

After consuming drugs/ substances at my work place;

		tors.		
		True	Not True	False
•	I experience slower reaction time	1	2	3
•	I fell clumsy in movement	1	2	3
•	I experience poor coordination hi movement	1	2	3
•	I experience blurred vision when working	1	2	3
•	I loose concentration when working	I	2	3
•	I think slowly when attending to guest	1	2	3
qu	estions	1	2	3
•	I become abusive to my fellow staff	1	2	3
•	I fell withdrawn and insecure	1	2	3
•	I don't care about the standards of my	1	2	3
pe	rformance	1	2	3
•	I feel less nervous when dealing with guests	1	2	3
•	I become more prone to accidents	1	2	3
•	I become abusive to stubborn guests	1	2	3
•	I become very vocal when relating to	1	2	3
WC	orkmates	1	2	3
•	I become very vocal when relating to guests	1	2	3
•	I become very violent when provoked	1	2	3
•	I reduce my work output	1	2	3
•	I increase the number of mistakes	1	2	3
•	I experience errors in my judgment			

- I experience errors in my judgment
- I lose interest in my job
- I fail to meet deadlines

SECTION C: Influence of Drug/Substance Abuse on the Organization.

	NO	Yes	Yes
		but not	during
		this	the year
		year	
19. Have you or any one else been injured or caused an			
accident in your workplace as a result of your abusing			
drugs/substances?			
20. Has your manager/Supervisor been concerned			
about your abuse of drugs/substances at the			
workplace or suggested that you cut down?			

	Never	Less than monthly	Monthly	Weekly	Almos
21. How often during the last year have you found that you were not able to stop once you had started taking drugs/substances?	C				
22. How often during the past year have you faked permission to stay awa from duty due to drug/ substance abuse related reasons?	у				
23. How often during the past year have you taken a sick leave at you work place after the week end du to drug/ substance abuse relater reasons?	e e				
24. How often during the past year have you caused an accident at your work place due to drug/ substance abus	k				

related reasons?				
25. How often during the past year				
were you involved in a disciplinary				
case at your Work place due to drug/				
substance abuse related reasons?				
26. How often during the past year have				
you reported late at your work place				,
due to Drug/ substance abuse related				
reasons?				
27. How often during the past year did				
you wish to leave early at your work				
place due to drug/ substance abuse				
related reasons?	-			
29. Is your salary enough to sustain your d 30. Are you ever tempted to embezzle drugs/substances? Yes No 31. What activity do you carry out at your to sustain habits?	money to main workplace with your	ntain your	supply of	
		Engria.		
32. Please rank the following factors b	by circling the	statement	that best	describes
your opinion on the following like				
False)		,	,,	, -
Steal small equipment	2 3			

related reasons?
25. How often during the past year
were you involved in a disciplinary
case at your Work place due to drug/
substance abuse related reasons?
26. How often during the past year have
you reported late at your work place
due to Drug/ substance abuse related
reasons?
27. How often during the past year did
you wish to leave early at your work
place due to drug/ substance abuse
related reasons?
28. Are these drugs expensive for you? Yes No
29. Is your salary enough to sustain your drug/substance taking habit? Yes No
30. Are you ever tempted to embezzle money to maintain your supply of
drugs/substances? Yes No
31. What activity do you carry out at your workplace without being detected to get money
to sustain your drug/substance
habits?
habits?
Coll Econo
32. Please rank the following factors by circling the statement that best describes
your opinion on the following likert scale where : $(1 = True, 2 = Not sure, 3 = Not $
False)
• Steal small equipment 1 2 3

•	Pad expense accounts	1	2	3
•	Embezzle customers change	1	2	3
•	Embezzle company funds	1	2	3
•	Steal my colleague's property	1	2	3
•	Colluding with suppliers to	1	2	3
	get money			
•	Others (specify)	1	2	3

21. Are there existing measures of interventions for drug/substance abuse, in

your organization?			
22. If yes, which ones are they?			
23. In your opinion, how can these measures of interventions be strengthened			
24. In your opinion, do drug/substance abusers;			
Increase the rate of equipment repair/replacement in your establishment?			
Cause wastage of time in the plant?			
Increase the rate of sick leaves in your establishment?			
Increase the intensity of accidents that take place in the establishment?			
25. Are drugs sold in the precincts of your establishment?			
26. Are there any theft cases by staff reported in your establishment?			
27. In what form do they take place?			
28. Do you keep any data of the villains (Culprits)?			
29. What percentage of these villains consists of drug/substance abusers?			
30. Do you keep any data of the frequency of absenteeism by the drug/substance			
abusers?			
31. What is their percentage in relation to the none-users?			
32. What are the estimates in percentage of late arrivals at work in relation to			
drug/substance abusers as compared to none users?			
33. Do your rate of payments discriminate drug/substance abusers?			
· ·			
34. Do staffs who abuse drug/substance have an impact on the			
organizations? Please explain how.			
35. What do you think can be done to curb drug/substance abuse in your			
organization?			

36. What other recommendation/comment can you give as pertains to drugs/substance

abuse?