

# Policy Brief on the Status of Alcohol and Drug Abuse among Employees in the Public Sector Workplace in Kenya

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## Introduction

The challenge of addressing and managing drug and alcohol impacts in the workplace is an emerging issue that has been faced by many employers. Many people with alcohol and drug abuse problems are in employment and cost workplaces billions in lost productivity. In addition to higher absenteeism and lower job performance, substance abuse also exposes employers to greater health care costs for workplace related injuries and illnesses.

Contrary to negative and stereotyped images, majority of persons with substance use problems are gainfully employed, equating to millions of people in the workforce with problematic alcohol or drug use. The use of alcohol and other drugs becomes an occupational health and safety issue if a person's ability to exercise judgment, coordination, motor control, concentration and alertness is affected at the workplace, leading to an increased risk of injury or illness. Employees affected by alcohol or other drugs may present a hazard in the workplace, causing injury to themselves and others. Co-workers may also be placed in difficult situations, expected to cover for unsafe work practices or faced with

reporting a fellow employee. Workplace alcohol policies can therefore provide a framework for managing all alcohol related issues and should be seen as being central to the principles of a responsible, supportive and caring organization. It is important, however, that the alcohol policy links with other relevant human resources, health and safety policies.

This survey therefore sought to determine the status of alcohol and drug abuse (ADA) among employees in the public sector workplace in Kenya. Specifically, to determine: the prevalence of alcohol and drug abuse among employees in the public sector workplace in Kenya; the effects of alcohol and drug abuse among employees in the public sector workplace in Kenya; factors that influence alcohol and drug abuse among employees in the public sector workplace in Kenya; the status of ADA mainstreaming in the public sector workplace in Kenya; and employee perceptions on the support of alcohol and drug abuse programs in the public sector workplace in Kenya.

## Methodology

A cross-sectional study was conducted where both quantitative and qualitative data were collected. A structured questionnaire with open and closed questions was used to generate quantitative and qualitative data. Quantitative data generated the lifetime and current use of alcohol and drugs in the public sector workplace. Open ended questions generated qualitative data used to assess employee perceptions..

The survey applied both probability and non-probability sampling methods. From a sampling frame of 500 public sector institutions, the survey purposively sampled ten (10) percent of the institutions. This translated to 50 public sector institutions. The sampled public sector institutions were stratified into five (5) broad categories. The categories included ministries; departments; parastatals and agencies; tertiary institutions; and universities.

## Findings

The following are the main findings of the survey:

### Prevalence of alcohol and drug use among employees in the public sector workplace in Kenya

#### Lifetime usage

44.5% of the employees in the public sector workplace had ever used alcohol;

15.3% of the employees in the public sector workplace had ever used tobacco;

11.3% of the employees in the public sector workplace had ever used *khat/ miraa*;

8.2% of the employees in the public sector workplace had ever used cannabis/ bhang;

2.3% of the employees in the public sector workplace had ever used prescription drugs;

1.3% of the employees in the public sector workplace had ever used cocaine;

1.2% of the employees in the public sector workplace had ever used heroin;

#### Current usage (usage in the last 30 days prior to the survey)

23.8% of employees in the public sector workplace were currently using alcohol;

4.8% of employees in the public sector workplace were currently using tobacco;

2.9% of employees in the public sector workplace were currently using *khat/ miraa*;

1.9% of employees in the public sector workplace were currently using bhang/ marijuana;

1.0% of employees in the public sector workplace were currently using prescription drugs;

0.8% of employees in the public sector workplace were currently using heroin;

0.8% of employees in the public sector workplace were currently using cocaine;

### Effects of alcohol and drug abuse among employees in the public sector workplace in Kenya

- Among employees who had reported late in the last one-year, current alcohol users had a higher prevalence of workplace related lateness (50.0%) compared to current non-users (34.3%);
- Among employees who had been absent in the last one-year, current alcohol users had a higher prevalence of workplace related absenteeism (52.0%) compared to current non-users (46.0%);
- Among employees with workplace related performance or disciplinary problems, current alcohol users had a higher prevalence of workplace performance or disciplinary problems (4.8%) compared to current non-users (2.4%);
- Among employees who had experienced a workplace related injury in the last one-year, current alcohol users had a higher prevalence of workplace related injury (4.5%) compared to current non-users (3.0%);
- Data also showed that the prevalence of alcohol use disorders (AUD) among employees in the public sector workplace in Kenya was 13.2% implying that approximately 89,127 employees had an alcohol use disorder;
- Further categorization of AUDs by severity showed that 5.7% of the employees in the public sector workplace had a mild alcohol use disorder (AUD), 3.0% had a moderate AUD while 4.5% had a severe AUD. This implied that approximately 38,487 employees in the public sector workplace presented with a mild AUD, 20,256 employees presented with a moderate AUD while 30,384 employees presented with a severe AUD;

## Factors that influence ADA among employees in the public sector workplace in Kenya

Peer pressure and bad company;

Lack of financial management skills;

Workplace related stress and frustrations;

Lack of career progression leading to stagnation in the same position;

Mistreatment of staff by management;

Work-related harassment;

Failure to get permission to proceed on leave;

Domestic and family related problems;

Lack of mechanisms for early identification of persons with ADA related problems;

Lack of information and knowledge on the effects of ADA;

Working away from family;

Stigmatization of employees with ADA problems;

High disposable income from per diems;

Unfair distribution of work-related assignments;

Lack of strong mentorship programs;

Lack of proper placement of employees as per their qualification and experience;

Poor interpersonal relationships in the workplace;

Fear of the unknown due to changes in the organization;

Biased promotion and low motivation;

Regular transfers without consultation;

Workplace culture that promotes alcoholism;

Personal choice and lifestyle;

Isolation and lack of forums for employees to share their frustrations;

Regular threats from the employer;

Lack of proper orientation and image of the organization;

Lack of stress management skills;

Lack of fairness when handling disciplinary cases;

Lack of clear policies on management of ADA;

Youthful workforce;

Availability of alcohol during workplace related events;

## Status of ADA mainstreaming in the public sector workplace in Kenya

- 60.5% of the employees in the public sector workplace were aware of ADA mainstreaming activities undertaken in their institutions;
- 30.3% of the employees in the public sector workplace had been trained/ sensitized on ADA at least once in the last one year;
- 45.1% of the employees in the public sector workplace had seen ADA messages within their institutions;
- 59.7% of the employees in the public sector workplace were aware of the existence of counselling and treatment services;
- 61.6% of the employees in the public sector workplace were aware of the existence of ADA workplace policy in their institutions;

## Employee perceptions on the support of ADA programs in the public sector workplace in Kenya

- 7.5% of employees in the public sector workplace were fully satisfied and 52.5% were satisfied with their institutions in regards to their efficiency on ADA prevention;
- 5.4% were fully satisfied and 42.3% were satisfied with their institutions in regards to early identification of employees with substance use disorders;
- 7.2% were fully satisfied and 44.4% were satisfied with their institutions in regards to

support for employees with substance use disorders;

- 7.4% of the employees were fully satisfied and another 48.3% were satisfied with their institutions in regards to the overall performance of the ADA prevention program;
- 89.9% of the employees disagreed that substance abuse is a private affair, thereby opting for a need to address the problem in the workplace;
- 87.1% disagreed that employees performing poorly should be dismissed from work;
- 91.8% agreed that alcoholism or drug addiction is a disease like any other and so addicts should be assisted in every way;
- 86.4% were in favour of a resident counsellor to help employees affected by ADA related problems;

## Recommendations

According to the findings of this survey, alcohol was identified as the major substance of abuse contributing to the burden of substance use disorders in the public sector workplace in Kenya. Therefore, based on the themes identified, the survey recommends the following:

### i. Prevention

- There is need for NACADA to innovate and scale up training and sensitization programs targeting employees in the public sector workplace as a key prevention intervention; and
- There is need for public sector institutions to address the work-related stressors and expose the employees to stress management skills in order to realize a healthy, productive and motivated workforce;

### ii. Early identification of employees with ADA related problems

- The component of early identification in the public sector workplace needs to be

structured in order to intervene much earlier to cases of ADA problems before they progress to the severe stage that is more difficult and expensive to manage;

- There is need for public sector institutions to build capacity of managers and supervisors on early identification and referral of employees presenting with early signs of ADA related problems for support to the EAP through the human resources department;

### iii. Brief interventions, treatment and rehabilitation

With evidence of alcohol use disorders (AUDs) among employees in the public sector workplace, there is need for institutions to facilitate affected staff to access brief interventions, treatment and rehabilitation services;

### iv. Re-integration, aftercare and follow-up

There is need for public sector institutions to put in place measures to facilitate re-integration, aftercare and follow-up of employees on recovery. This includes assessing and addressing the triggers and enablers of substance use disorders as well as linking employees on recovery support programs;

### v. Workplace policy

Public sector institutions should prioritize on developing or reviewing existing ADA workplace policies to respond to their individual needs informed by evidence from institutional surveys especially in the areas of prevention; early identification of employees with ADA related problems; brief interventions, treatment and rehabilitation; and re-integration, aftercare and follow-up programs for employees on recovery.