African Journal of Drug & Alcohol Studies, 16(2), 2017

DRUG USE AND MULTIDIMENSIONAL WORK PERFORMANCE IN A SAMPLE OF POLICE MEN IN NIGERIA

Gboyega E. Abikoye[1] & Ronke G. Awopetu[2]

[1]Department of Psychology, University of Uyo, Uyo, Akwa Ibom State, Nigeria
[2]Department of Psychology, Benue State University, Makurdi, Nigeria

ABSTRACT

Drug use among policemen in Nigeria has received a disproportionately scanty research attention. More importantly, the association between drug use and counterproductive work behaviour among members of this vital state agency has not been empirically investigated. Insights into these issues will not only provide useful information but will also form a strong basis for relevant intervention. In this cross-sectional survey, we explored drug use among police officers in Akwa Ibom state and the extent to which drug use predicted various domains of work performance. Using standardized measures of drug use and work performance, we interviewed 389 officers and men of the Nigerian Police Force, purposively selected from many stations and posts across the Akwa Ibom state command. Results of the inter-correlational analysis indicates that the younger a policeman is, the more his or her level of drug use (r = -0.26). Sex and number of years of work experience of policemen are not significantly associated with drug use. A strong association was found between drug use and various domains of work behavior as well as counterproductive work performance, indicating that policemen who are higher on drug use are also more likely to be involved in counterproductive work performance. It is recommended that the Nigerian Police should establish / equip a unit in each command to routinely screen for drug use and refer officers involved for addiction treatment.

Keywords: Drug use, work performance, policemen

INTRODUCTION

Nature of work and working environment constitute huge challenges to policemen and can act as precipitants to drug use and abuse among them. Organizationally, police officers may have to contend with rigid command structures and inequitable treatment by superiors. In such circumstances it is obvious that

Corresponding Author: Gboyega E. Abikoye,,Department of Psychology, University of Uyo,, Uyo, Nigeria. E-mail Addresses: gboyegaabikoye@uniuyo.edu.ng, ageabikoye@yahoo.com

officers often experience a great deal of job related stress (Murtagh, 2010). According to Mushumbusi (2012), police works are some of the most stressful occupations accompanied with events of grief from victims, families, and violent people who would like to harm or kill them. Furthermore, law enforcers are highly susceptible to excessive use of alcohol more so than other members of the general public because of the many negative aspects associated with the profession (Mushumbusi, 2012)). Kgalema (2002) suggests that when conventional coping strategies fail (exercises, relaxation, psychological counseling and social support), one must find alternatives. In the case of policemen, a common choice is alcohol (Sutton, 2011). Research indicates that alcohol use by officers in the United States is thought to be two times that of the general population, with 20% of the officer population abusing alcohol (Lindsay, Taylor & Shelley, 2008). According to Sutton, (2011), 25% of police officers suffer from alcohol dependency; a figure that the authors felt was an underestimation. Whether it is hazardous, harmful or dependency, it is appropriate to note that alcohol consumption among policemen is, indeed, a problem (Sutton, 2011).

Researchers are of the view that military and paramilitary officers are more vulnerable to hazardous alcohol and other drugs consumption compared to the rest of the population. The United States law enforcement occupation is thought to have one of the highest abuse rates of alcoholic beverages (Lindsay, 2007). A study done among Mississippi Police officers revealed that 18.2% of the officers scored above an 8 on the AUDIT instrument, which labeled them at or above a hazardous risk level for alcohol problems (Lindsay, 2007). However, another study done among Mississippi state police officers revealed that 70 percent of the officers either abstained from alcohol or drank less than once a month (Lindsay et al., 2008). A study carried out among Massachusetts police officers, revealed that 23% of the participants had overall alcohol screen scores that indicated alcohol dependence and seventy-eight percent of the respondents had scores that indicated hazardous drinking behaviors (Murtagh, 2010). Another study carried out in the USA showed that, alcohol abuse among police officers approximately doubles that of the general population where 1 in 10 adults abuses alcohol (Gillan, 2009). Similar trends have been reported by other researchers (e.g. Ballenger, Best, Metzler, Wasserman, Mohr, Liberman, Delucchi, Weiss, Fagan, Waldrop & Marmar, 2010; Davey, Obst & Sheehan, 2000).

In developing countries despite the fact that the overall use of alcohol at the population level is relatively low (given the high abstention rate), drinking patterns among those who do drink are often hazardous (Patel, 2007). Findings from the sub-Saharan African (where research in this area is rather scanty, despite the region having one of the highest per capital alcohol consumption in the world) are equally alarming. For instance, in Uganda, Madrama and Ovuga (2006) found high levels of alcohol dependence among the Uganda Police officers, which has resulted in poor mental health; poor work output and forced retirement. The prevalence of hazardous alcohol use among police officers (AUDIT score greater than 8) in Tanzania was found to be 5.7% (Mbatia, Jenkins, Singleton & White; 2009). In a recent study conducted among officers

and men of the Nigeria army, Kazeem and Abdukarim (2014) investigated relationship between depression, paranoid ideation and substance abuse among Nigerian military personnel deployed for peace support operation. Findings indicated that 18.5% of Nigerian Army personnel abuse one of alcohol, cannabis and tobacco. Furthermore, the study revealed that 19.2% met criteria for alcohol use disorder, and 26.0% met criteria for alcohol use problems.

Silverberg (2000) states that the effects of drug use among police officers include: reduced work performance endangering safety and welfare of the public, higher rates of absenteeism; lateness for work; register more sick leave; increase the cost of health care benefits; lack of motivation; increased need for supervision; and setting a poor role model. McNeill (1996) states that police officers' involvement in drug use, especially excessive alcohol consumption can impede reaction time; impair thinking and co-ordination to become sluggish and may lead to aggressive behavior particularly in the presence of threat.

In Nigeria, for instance, members of the public have had cause to suspect the influence of substance abuse or heavy alcohol use among police officers given unprofessional conducts exhibited by them, including but not limited to the following: being caught with paraphernalia of drugs even while on duty, brutality of the people they are deployed to protect (with or without provocation), unnecessary loss of lives of civilians through military brutality, extra-judicial killings, "accidental discharge", an almost inexhaustible list of extra-judicial killings; unnecessary loss of lives of personnel; fatal and unreasonable intra-organizational and inter-organizational conflicts; disobedience and flagrant disrespect for civil rules and regulations. Drug use among policemen in Nigeria has received a disproportionately scanty research attention. More importantly the association between drug use and work behaviour among members of this vital state agency has not been empirically investigated. Insights into these issues will not only provide useful information but will also form a strong basis for relevant intervention.

METHOD

Participants

Participants were 389 policemen purposively selected from stations and posts in the Akwa Ibom State Command of the Nigerian Police Force. Of the 389 respondents, 264 (57.5%) were males while 125 (32.5%) were females. Respondents' mean age was 37.7 years (± 9.18). Average number of years spent in the police force was 14.7 years (± 7.6). With regards to marital status, 127 (32.5%) of the respondents were single, 238 (60.9) were married, 6 (1.5%) were divorced, 7 (1.8%) were separated, and 10 (2.6%) were widowed.

Instrument and Procedure

A three-sectioned questionnaire was used to obtain relevant data. Socio-demographic variables were assessed in the first section of the questionnaire with individual items measuring age, sex, years of experience, highest educational qualification, marital status and job position. Work Behaviour was assessed with two standardized instruments: the Work Role

Performance Scale (WRPS) developed by Griffin, Neal and Parker (2007); and the

Counterproductive Work Performance Scale (CWPS) Koopmans, Bernaards, Hildebrandt, Vet, de, Beek and van der (2014). The WRPS is a 27-item instrument structured in the Likert format which measures work role performance (task proficiency, task adapivity and task proactivity) across individual, team and organizational domains. For all items, participants were asked to rate how often they had carried out specific behaviours over the past month on a scale ranging from 1 ("very little") to 5 (a "great deal"). Higer scores generally denoted better performance across the domains. The instrument has been shown to be reliable and valid (Griffin et al., 2007). In the present study, a coefficient alpha of 0.74 was obtained for the entire scale.

The CWPS is a Likert-formatted, 5-item instrument that is scored along a five-point options ranging from "Never" (0) to "Often" (5) and with higher scores indicating greater tendency to engage in counterproductive work behaviour. Robust psychometric properties (alpha coefficient, concurrent validity and construct validity) have been reported for the instrument (Koopman et al (2014). In the present study, a coefficient alpha of 0.68 was obtained for CWPS.

Drug use was assessed with *Drug Use Disorder Identification Test* (DUDIT: Berman, Bergman, Palmstierna & Schlyter, 2003). The test was developed as a parallel instrument to the AUDIT (Alcohol Use Disorders Identification Test) for identification of individuals with drug-related problems. DUDIT is consisted of 11 items. Items 1 to 9 are scored on 5-point scales wile items 11 and 12 are scored on 3-point scales. The maximum score for the DUDIT items is 44 points (11 x 4). Usually the points for points for each item are summed up to obtain an aggregate DUDIT score. When the DUDIT is used in a group where one does not expect to find many drug users, a cut-off point of 6 or more for men with drug-related problems and a cut-off point of 2 or more for women are stipulated (Berman et al., 2003). DUDIT has been widely used and considerable evidence supports its psychometric adequacy. A coefficient (Cronbach's alpha) of 0.93 was obtained for DUDIT in the present study.

Questionnaires were personally administered to respondents by three Research Assistants (who were also Policemen). Informed consent was implied by voluntary completion and return of the questionnaire. At the end of the four-week data collection period, 389 questionnaires (out of 500 administered) were returned with usable data, representing a 78% return rate.

RESULTS

Descriptive statistics showing respondents' scores on drug use and various components of counterproductive work behaviour as well as socio-demographics are presented in Table 1. We examined item-by-item responses on DUDIT in order to know how respondents reported on DUDIT items, especially the items indicating problematic drug use. Results of the frequency of response to each item is presented in Table 2.

Results indicated that while 28.6% of respondents never used drugs other than alcohol, 22.3% had used other drugs other than alcohol. More than 20% of respondents were poly drug users. Number of times that policemen used drugs on a typical day ranged from none (36.3%) to

Table 1. Descriptive statistics

Variable	Mean	Std. Deviation	n
Age	37.66	9.18	382
Work Experience	14.69	7.56	387
Individual Task Proficiency (ITP)	11.15	3.17	389
Individual Task Adaptivity (ITA)	10.69	2.75	389
Individual Task Proactivity (ITPr)	10.69	2.73	389
Team Member Proficiency (TMP)	10.76	2.91	389
Team Member Adaptivity (TMA)	10.65	2.61	389
Team Member Proactivity (TMPr)	10.95	2.66	389
Organization Member Proficiency (OMP)	10.98	2.91	389
Organization Member Adaptivity (OMA)	10.72	2.61	388
Organization Member Proactivity (OMPr)	10.86	2.96	389
Counterproductive Work Behavior (CWB)	10.83	4.66	389
Drug Use	19.02	9.11	389

once to twice (17.4%), three to four times (5.9%) and five to six times (3.3%). These and other results, including influence of drug use, craving for drugs, how drug use has affected other activities, guilt feelings as a result of drug use, harm to others resulting from drug use, as well as concerns by significant others about drug use, are presented in Table 2.

We performed a series of bivariate analyses with a view to understanding the association among study variables. A summary of the results of the bivariate analyses presented in Table 3 indicated that drug use is significantly but negatively associated with all the key indices of work performance across individual, team and organizational levels. Drug use also correlated significantly but positively with counterproductive work behaviour, indicating that more drug use is associated with more counterproductive work behaviour.

Further analysis indicated that mean score of respondents on DUDIT was 8.37 (SD = 2.2), a figure that is far higher than the norm for normal populations. Results of the inter-correlational analysis indicates that the younger a policeman is, the more his or her level of drug use (r = -0.26). Sex and number of years of work experience of policemen are not significantly associated with drug use. A strong association was found between drug use and counterproductive work performance (r = 0.87), indicating that policemen who are higher on drug use are also likely to be involved in counterproductive work performance.

As shown in Table 4, drug use significantly predicted all facets of individual, team and organizational work performance asn counterproductive work performance: individual task proficiency (β = -.36; P<.05), individual task adaptivity (β = -.28; P<.05); individual task proactivity (β = -.36; P<.05); team task proficiency (β = -.45; P<.05); team task adaptivity (β = -.29; P<.05); team task proactivity (β = -.30; P<.05); organizational task proficiency (β = -.39; P<.05); organizational task adaptivity (β = -.35; P<.05); organizational task proactivity (β = -.42; P<.05); and counterproductive work performance (β = .30; P<.05).

Table 2. Participants' responses to DUDIT items

DUDIT Item	Response	n	%
How often do you use drugs other than alcohol?	Never	112	28.6
	Once a month or less often	50	12.8
	2-4 times a month	21	5.4
	2-3 times a week	16	4.1
Do you use more than one type of drug on the same occasion?	Never	87	22.3
	Once a month or less often	49	12.5
	2-4 times a month	20	5.1
	2-3 times a week	11	2.8
How many times do you take drugs on a typical day when you use drugs?	None	142	36.3
	1-2 times	68	17.4
	3-4 times	23	5.9
	5-6 times	13	3.3
How often are you influenced heavily by drugs?	Never	64	16.4
	Less often than once a month	40	10.2
	Every month	21	5.4
	Every week	19	4.9
Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never	49	12.5
	Less often than once a month	38	9.7
	Every month	37	9.5
	Every week	14	3.6
Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	Never	49	12.5
	Less often than once a month	41	10.5
	Every month	25	6.4
	Every week	21	5.4
How often over the past year have you taken drugs and then neglected to do something you should have done?	Never	56	14.3
	Less often than once a month	37	9.5
	Every month	32	8.2
	Every week	20	5.1
How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never	49	12.5
	Less often than once a month	33	8.4
	Every month	26	6.6
	Every week	25	6.4
How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never	58	14.8
	Less often than once a month	26	6.6
	Every month	31	7.9
	Every week	28	7.2
Have you or anyone else been hurt (mentally or physically) because you used drugs?	No	4	1.0
	Yes, but not over the past year	48	12.3
	Yes, over the past year	45	11.5
Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	No	1	0.3
	Yes, but not over the past year	70	17.9
	Yes, over the past year	52	13.3

DISCUSSION

We found a very high level of drug use among respondents in this study. Respondents mean score on DUDIT was higher than the average in the normal populations, with relatively younger policemen clearly at an elevated risk. Although not totally surprising as observation and other empirical evidence have shown

Table 3. A zero-order correlation showing bivariate relationships among study variables

Var	Age	Sex	Exp	ITP	ITA	ITPr	TMP	TMA	TMPr	OMP	OMA	OMPr	CWP
Age	1												
Sex	-.12*	1											
Exp	.82	-.10*	1										
ITP	-.27*	-.04	-.11*	1									
ITA	-.23*	-.05	-.05	.50*	1								
ITPr	-.21*	-.04	-.10*	.33*	.41*	1							
TMP	-.23*	.02	-.08	.45*	.43*	.51*	1						
TMA	-.15*	-.04	-.01	.41*	.47*	.41*	.52*	1					
TMPr	-.22*	-.12*	-.09	.39*	.41*	.43*	.39*	.49**	1				
OMP	-.23*	-.04	-.08	.46*	.46*	.45*	.51*	.49*	.49*	1			
OMA	-.23*	-.05	-.11*	.39*	.48*	.40*	.40*	.50*	.36*	.46*	1		
OMPr	-.28*	-.05	-.13*	.43*	.45*	.50*	.45**	.45*	.43*	.41*	.49*	1	
CWP	.23*	-.06	.06	-.32*	-.28*	-.22*	-.25*	-.20*	-.24*	-.31*	-.28*	-.33*	1
Drug Use	.33*	.06	.18	-.36*	-.28*	-.35*	-.45*	-.29*	-.30*	-.39*	-.35*	-.42*	.30*

NB: ITP = Individual Task Proficiency; ITA = Individual Task Adaptivity; ITPr = Individual Task Proactivity; TTP = Team Task Proficiency; TTA = Team Task Adaptivity; TTPr = Team Task Proactivity; OTP = Organizational Task Proficiency; OTA = Organizational Task Adaptivity; OTPr = Organizational Task Proactivity; CWP = Counterproductive Work Performance

*Correlation significant at the 0.05 level

**Correlation significant at the 0.01 level

Table 4. Linear regression of drug use and counterproductive performance

Predictor	Outcome	β	t	Sig.
Drug Use	Individual Task Proficiency	-.36	-7.49	.00
	Individual Task Adaptivity	-.28	-5.65	.00
	Individual Task Proactivity	-.36	-7.70	.00
	Team Task Proficiency	-.45	-9.96	.00
	Team Task Adaptivity	-.29	-5.99	.00
	Team Task proactivity	-.30	-6.06	.00
	Organizational Task Proficiency	-.39	-8.24	.00
	Organizational Task Adaptivity	-.35	-7.36	.00
	Organizational Task Proactivity	-.42	-9.12	.00
	Counterproductive Work Performance	.30	6.19	.00

high prevalence of psychoactive drug use among policemen (e.g. Kazeem & Abdulkarim, 2014; Mbatia et. Al., 2009; Mushumbusi, 2012; Sutton, 2011), it is certainly worrisome, given the crucial role that policemen are statutorily expected to play and how drug use can compromise the effective and efficient performance of such roles. It is equally worrisome that while 28.6% of respondents never "used drugs other than alcohol", almost a quarter of the respondents had done so. An equally high proportion of the respondents were poly drug users and regular users, with daily drug use ranging from none (36.3%), once to twice (17.4%), three to four times (5.9%) and five to six times (3.3%).

We also found that drug use significantly but negatively predicted police work performance across the various domains (proficiency, adaptivity and proactivity) at individual, team and organizational levels. Although, we found no previous empirical evidence that examined drug use and work-related behaviour among policemen in Nigeria, using the multi-dimensional measures adopted in the present study, the findings of the study appear to be quite plausible. Given the importance of proficiency, adaptivity and proactivity to effective policing, the finding indicating that higher drug use is associated with poorer performance in these crucial indicators of effective performance across individual, team and organizational levels has far-reaching implications for policemen, their organization and the generality of the society. The positive prediction of counterproductive work performance by drug use, though not surprising (it makes sense that the more drug use by a policeman, the more he is likely to engage in counterproductive work performance), also portends very serious practical implications for policing in Nigeria.

It is justifiable to conclude the issue of drug use among policemen in Nigeria is grossly under-researched, and the association of drug use among this key agency of the Nigerian state has not received deserved attention. Furthermore, from these findings of this study, it is evident that the prevalence of drug use among policemen in Akwa Ibom State, Nigeria, is higher compared to the prevalence in the general population. It could also be concluded that drug use among policemen is associated with important self-reported indicators of individual, team and organizational work performance. In other words, policemen's performance is likely to be seriously and negatively affected by drug use.

It is recommended that the Nigerian Police should establish / equip a unit in each command to routinely screen for drug use and refer officers involved for addiction treatment. For instance, a training program for medical and social worker staff among the police officers should be established to identify and provide the necessary counseling and advice to police officers who engage in drug use. Police authorities should institute Employee Assistance Programme (EAP) for men and officers of the Nigeria Police to help officers develop healthy and non-detrimental coping strategies instead of resorting to drug use. Given the dearth of empirical work on this very important issue, it is recommended that more research be carried out to fully explore drug use among policemen. This obviously at-risk population should be targeted by policy makers for ameliorative attention. Further studies may focus on predictors of drug use among police officers so that appropriate intervention can be put in place. Other studies should also focus ways to further our understanding of the degree of stress and trauma police officers encounter on a day to day basis may with a view to exploring the prevalence of post-traumatic stress disorder and other psychosocial traumas among police officers. Stress reduction and trauma focused intervention may possibly be healthy and adaptive ways of managing a stress among personnel of very stressful occupation.

REFERENCES

Ballenger, J. F., Best, S. R., Metzler, T. J., Wasserman, D. A., Mohr, D. C.,

Liberman, A., Delucchi, K., Weiss, D. S., Fagan, J. A., Waldrop, A. E., & Marmar, C. R. (2010). Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers, *The American Journal on Addictions*, 20, 21–29.

Berman, A. H., Bergman, H., Palmstierna, T & Schlyter, F. (2003). *Drug Use Disorders Identification Test (DUDIT) Manual*. Stockholm: Karolinska Institutet

Davey, J. D., Obst, P., & Sheehan, M. (2000). The use of AUDIT as a screening tool for use in the workplace. *Drug and Alcohol Review,* 19(1), 49-54.

Gillan, T. (2009). *Alcohol abuse, Central Florida Police Stress Unit Inc*. http://www.policestress.org (accessed on 12th March 2011).

Griffin, M. A., Neal, A., & Parker, S. K. (2007). A new model of work role performance: Positive behavior in uncertain and interdependent contexts. *Academy of Management Journal,* 50(2), 327–347.

Kazeem, O. T. & Abdulkarim, I. B. (2014). Depression and Paranoid Ideation as Correlates of Substance Abuse Among Nigerian Military Personnel Deployed for United Nations Peace Support Operation. *Global Journal of Arts & Humanities – Psychology*, 14 (3), 24 - 32

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048–1060.

Kgalema, L. (2002). *Victim awareness and trauma management in metropolitan police services, centre for the study of violence and reconciliation*, Research report for the center for the study of violence and reconciliation. http://www.csvr.org, viewed on 5th November 2011.

Koopmans, L., Bernaards, C. M., Hildebrandt, V. H., Vet, H. C. W. de, Beek, A. J. van der (2014). Construct validity of the individual work performance questionnaire. *Journal of Occupational and Environmental Medicine*, 56(3), 331-337.

Lindsay, V. L. (2007). Police Officers and Their Alcohol Consumption: Should We Be Concerned? *Journal of Alcohol Studies,* l1 (1), 74-87

Lindsay, V., Taylor, W. B., & Shelley, K. (2008). Alcohol and the police: an empirical examination of a widely-held assumption, Policing. *An International Journal of Police Strategies & Management*, 31 (4), 596 – 609.

Madrama, C., & Ovuga, E. (2006). Patterns of drinking among police officers in Kampala district, *African Health Science*, 6 (1), 167-181.

Mbatia, J., Jenkins, R., Singleton, N., & White, B. (2009). Prevalence of alcohol consumption and hazardous drinking, Tobacco and drug use in urban Tanzania and their associated risk factors. *Journal of Environmental Research and Public Health,* 6 (7), 261-273.

Murtagh, C 2010, *Police stress and alcohol abuse,* PhD thesis, Brandeis University, Massachusetts.

Mushumbusi, Z. L. (2012). Prevalence of Alcohol Abuse among Police Officers at the Major Barracks, Dar es Salaam, Tanzania. *Master of Science Clinical Psychology Dissertation, Muhimbili University of Health and Allied Sciences*

McNeill, M. (1996). Alcohol and police workplace- factors associated with excessive intake. *National Police Research Unit*, no. 119.1.

Patel, V. (2007). Alcohol *Use and Mental Health in developing Countries*, *AEP,* vol. 17.

Silverberg, C. (2000). *Alcohol use and abuse in policing*, A report to Calgary police Commission. Calgary, Canada.

Sutton, C. J. (2011) *Alcohol treatment program for police officers: A multi-modal group therapy Manual*, Degree of Doctor of Psychology in Clinical Psychology, Argosy University, Hawaii.