CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

Although substance abuse has come to be an acknowledged problem in modern day society, it is still regarded with an element of stigma in the work setting with employers and employees being reluctant to tackle the issue of substance abuse directly (Cook and Schlenger, 2002). However, with the financial losses that organisations incur due to employee substance abuse related problems and with South African legislation demanding that substance abuse be prevented in the work setting, more organisations are formulating and implementing company drug and alcohol policies (Neate, Kotze, Nkomo and Birch, 2008).

Despite the presence of these policies, companies still continue losing large amounts of capital due to employee substance abuse related issues, and adults that are employed still constitute the majority of illicit drug users and heavy alcohol drinkers in the U.S.A (National Business group on Health, 2009). Therefore there seems to be a need to re-assess the manner in which company drug and alcohol policies are formulated implemented and evaluated. From this view point, the following research study was undertaken in order to gain more clarity into the perceptions of employees about the effectiveness of their company drug and alcohol policy. Specifically, aspects that were explored included the formulation of the policy, the implementation of the policy, as well as some of the possible factors that may influence the likelihood of employees to comply or not comply with the policy.

1.2 <u>MOTIVATION FOR THE STUDY</u>

This research study was inspired by two factors. First, the researcher conducted a study in 2010. This study was conducted at the University of the Witwatersrand. It explored the hubbly bubbly or shisha smoking culture among students and attempted to establish whether smoking hubbly bubbly served as a gateway to more illicit substances. The study found that the majority of students that smoked hubbly bubbly had, since smoking hubbly bubbly for the first time:

a) Progressed to cigarette smoking.

b) Increased their regular alcohol consumption.

c) Experimented with marijuana (76%) or knew someone who had experimented with marijuana (96%).

d) Began using more illicit substances such as cocaine, crack cocaine, ecstasy, and methamphetamine (tic) (12%).

Drawing on the gateway theory of substance abuse, one can argue that in time more of these participants may begin experimenting with more illicit drugs. As these participants were university students, some of whom were in their final year, one can assume they may join the workforce and become employees that abuse drugs and alcohol.

Second, the researcher was placed for two years at SANCA (Johannesburg) Society, in 2010 and 2011. During this time, the researcher noticed that approximately 50% of patients that had been admitted into the in-patient rehabilitation programme were employed, and would be returning to work after rehabilitation. Very few patients' employers were aware that they were in rehabilitation, while others had been dismissed due to substance abuse related issues such as absenteeism and decreased productivity.

The researcher also dealt with employed clients who were in the out-patient diversion programme, for various substance abuse related legal offenses such as possession of narcotics, or driving under the influence of alcohol. None of these clients' employers were aware that he/she were attending a diversion programme. One can argue that two factors suggest that, not only is substance abuse in the workforce a real issue, but that employers didn't seem to know the extent of the issue and therefore don't seem to be doing enough to curb the issue.

1.3 <u>STATEMENT OF THE PROBLEM AND RATIONALE FOR THE STUDY</u>

Substance abuse is often viewed as a personal problem and many tend to associate substance abuse with poor, and often, unemployed people. Contrary to this view, The South African Community Epidemiology Network on Drug Use (SACENDU) December 2009 drug prevalence report found that of all the people that were in addiction rehabilitation centres, an average of 23% were employed. Of these individuals only approximately 8%, which is less than half of the employed persons in addiction treatment centres, had been referred by employers.

Cook and Schlenger (2002) argue that although it has been found that illicit drug use and alcohol abuse is more common in certain population groups such as unemployed people and people with criminal records, a research study conducted by the USA National Household Survey on Drug Abuse (NHSDA) (1999), found that most illicit drug users and heavy drinkers are working adults. The NHSDA revealed that 70% of all illicit drug users (use in the last 30 days) aged 18-49, and 77% of all heavy drinkers (five or more drinks on five or more days in the past month) were employed on a full time basis. Similarly, a 2007 research study conducted by the US government revealed that contrary to this common assumption that only particular groupings abuse substances, of the 20 million adult Americans that could

be classified as having a substance abuse or dependency problem, more than half (60%) were employed on a full time basis.

In addition, it was noted by the US government report that employee chemical dependency costs the US government billions of dollars each year in the form of health care and disability costs, loss of productivity and workplace injuries (National Business Group on Health USA, 2009). South Africa could also be losing a substantial amount of capital annually due to employee substance abuse related costs such as compensations, disability pay outs, health care and loss of productivity. Moreover, the families of those employees with substance abuse problems are also impacted upon. These families are more vulnerable to neglect, physical, emotional and sexual abuse, and financial difficulties (Western Health Board, 2006).

It is therefore not surprising that employers have felt the need to put early intervention and preventative measures in place to reduce these losses internationally and in South Africa. One such common preventative measure is the formulation of workplace drug and alcohol policies within the workplace. Despite the formulation of such policies, many employers and governments still continue to lose large amounts of money due to employee substance abuse related issues (Western Health Board, 2006)..

In South Africa with a significant percentage of the population (24.8 %) living below the poverty line of R209 a month and a high unemployment rate of 24% (Millennium Developmental Goals Progress Report South Africa, 2010), this is a cause for concern. Considering a country like South Africa, where levels of poverty and disease are high and skilled workforce is considerably low, it is essential to safeguard the human resources that are available in the country. In this regard, it is apparent that there is a need to revisit these drug and alcohol policies and explore other possible issues that may be contributing towards the continued high levels of employee substance abuse related costs. Current drug and alcohol

policies also need to be reassessed and tailored to the emergence of a new class of addictive mood altering substances such as over the counter medications, and diet pills.

Although there is a significant amount of literature, which will be discussed in this report, pertaining as to why it is crucial to have drug and alcohol policies in place, and also how to formulate a holistic one, there is a need to evaluate the implementation and success of these policies. This research study therefore aimed to explore how employees at BSI Steel perceive having a drug and alcohol policy in the workplace and whether this influences the use of substances in the workforce. This study sought to understand the factors that employees of BSI Steel perceive to have influenced their likelihood to comply or not comply with the drug and alcohol policy of their workplace. This study also aimed to explore whether the perceived effectiveness of the company drug and alcohol policy by employees of BSI Steel is influenced by issues such as organisational culture, the availability of Employee Assistance Programmes (EAPs) and Employee Wellness Programme (EWPs), and the employees' position or role within the company.

According to the Western Health Board (2006), the benefits for employers who design and implement an alcohol and drug policy include;

"Healthier workforce

Reduction in absenteeism, sickness, occupational injuries, lost time etc

Increase in efficiency and productivity

Improved staff relations and communication, and

Improved corporate image and customer relations."

(Western Health Board, 2006, p.1).

1.4 ASSUMPTIONS UNDERLYING THE RESEARCH STUDY

The following are the underlying assumptions of this research study:

- The majority of illicit drug users and heavy drinkers are working adults, with the average age of alcohol and illicit drug use being 20.3 years old, making the workplace one of the most suitable places for substance abuse prevention and intervention (NBGH, 2009 and Cook and Schlenger, 2002).

- Employers appear to be oblivious to the extent of workplace substance abuse. This is based on the fact that of the 23% employed individuals that were in drug and alcohol addiction rehabilitation centres around South Africa, only a third had been referred for treatment by an employer (SACENDU, 2009).

- Even with increasing knowledge about substance abuse, employee substance abuse continues to cost employers and the state a substantial amount of money in the form of absenteeism, loss of productivity, non-fatal workplace accident compensations and employee health care (NBGH, 2009). There therefore appears to be a need to re-evaluate company drug and alcohol formulation, implementation and evaluation methods.

- Because employed adults spend most of their waking time in the workplace, organisational culture can be a significant factor in one's likelihood to abuse illicit drugs and alcohol.

- In order for a company drug and alcohol policy to be successful, employees need to be involved in the formulation, implementation, and the evaluation process of the policy and the policy should also address general employee health and wellbeing.

- Having a standardised, comprehensive and effective company drug and alcohol policy cannot only reduce the amount of financial capital loss that arise out of employee substance abuse, but also improve corporate image, overall employee health and boost productivity (WHB, 2006).

1.5 <u>ANTICIPATED VALUE OF THE STUDY</u>

This study explored employees' perceptions of the effectiveness of the company drug and alcohol policy at BSI Steel. The anticipated value of the study included:

- Providing employers with some degree of insight into the factors that affect the likelihood of employees to comply or not comply with their company drug and alcohol policy.

- Provide employers with a guideline for formulating and implementing a company drug and alcohol policy that is holistic, successful, and effective in reducing employee substance abuse, thereby reducing monetary losses in the form of loss of productivity, absenteeism and health care costs.

- Identifying organisational factors such as corporate culture that may influence the levels of drug and alcohol abuse by employees within a company.

- Recommending approaches, based on the findings of the study, that could hopefully improve how company drug and alcohol policies are formulated, implemented and monitored.

- Recommending areas for future research with regards to improving the effectiveness of company drug and alcohol abuse prevention and ensuring a generally healthier workforce.

1.6 <u>RESEARCH AIMS AND OBJECTIVES</u>

1.6.1<u>Main Aim</u>

The main research aim was:

To explore employees' perceptions, regarding the effectiveness of the company drug and alcohol policy at BSI Steel.

1.6.2 <u>Secondary Objectives</u>

The research questions that this study sought to explore were:

- Which employees within the company (general staff, human resource division, and operational management) were the most aware of the company drug and alcohol policy?

- What were the factors which influence employees' compliance or non-compliance towards the company drug and alcohol policy?

- Did employees perceive the organisational culture of the company to influence employees' likelihood to comply or not comply with the drug and alcohol policy in their workplace? If so in what way?

- How was the existing drug and alcohol policy at BSI Steel implemented and monitored?

- Which factors, if any, of the company's drug and alcohol policy did employees perceive to be successful in decreasing employee alcohol and drug related problems and why?

1.7 <u>BRIEF OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY</u>

1.7.1 <u>Research Methodology</u>

The research design that was used in this study was a sequential exploratory and descriptive design. This research project was based on a mixed research method using a quantitative and qualitative design through the use of self-administered questionnaires and an interview schedule.

1.7.2 <u>Data Collection Strategy</u>

Structured questionnaires with open and close ended questions were administered to employees of BSI Steel until the aim of obtaining 50 completed questionnaires was reached. This aimed to obtain descriptive statistics, and to gain insight into the aspects of the company's drug and alcohol policy that employees deemed to be effective. The use of face to face interviews helped to gain further understanding and insight into the policy formulation, implementation and evaluation process of BSI Steel's drug and alcohol policy. Interviews also enabled the researcher to explore participants' perceptions about the aspects of the company's drug and alcohol policy that were successful, and the aspects that they felt were unsuccessful and required re-evaluation or modification.

1.7.3 <u>Sampling Methodology</u>

The project involved a sample of 50 adult employees of BSI Steel above the age of 18 (N=50). Purposive sampling was used to obtain ten participants working in human resources and operations managerial divisions of BSI Steel. Random sampling was used to obtain 40 employee participants who were not in management or human resources divisions at BSI Steel to complete the self-administered questionnaire. All employees' who participated in this research study did so after being fully informed about the purpose of the project, what was required from them and that they had the right to withdraw from the project at any point, without prejudice.

1.7.4 <u>Data Analysis Strategy</u>

The data that were obtained from the research study were analysed using thematic content analysis and descriptive statistics. Thematic content analysis was used to deduce the main themes that emerged from participants' responses in the semi-structured interview

schedule. Descriptive statistics were used to describe and tabulate data that were gathered from the responses of participants that completed the self-administered questionnaire. The results of this research study could have possible implications for the manner in which companies tailor drug and alcohol policies, as well as how these policies are implemented and monitored

1.8 <u>**LIMITATIONS OF THE STUDY**</u>

The following were limitations of the study:

- As this study was exploratory and used a small sample size, the results that were obtained cannot be generalized to the broader population.

- The sensitive nature of the study may have also possibly led to participants providing socially desirable answers so as to protect themselves. The researcher however ensured that all participation was voluntary, and that participants were fully informed regarding the aim and the nature of the study, prior to completing questionnaires or taking part in in-depth interviews.

- Because the data gathered from the study were open to interpretation by the researcher, the findings may be influenced by the researcher's subjectivity. In an effort to minimize this, the researcher consulted with her supervisor in order to obtain a second opinion on the themes that were deduced from participant responses.

- Due to the fact that the majority of the in-depth interview participants were in the human resource and operational management division of BSI steel, findings may have been skewed since HR and management may give "socially desirable" answers. The researcher attempted to counter this by administering 40 (80%) of the self administered

questionnaires to employees who were not in management or human resource divisions at the company in order to obtain more accurate results.

- Anonymity was not absolute due to the fact that interviews were held on a face to face basis. Confidentiality was however upheld.

1.9 **DEFINITION OF KEY TERMS**

- **Addiction/ dependency**: A condition of compulsive drug use by an individual. Cravings and physical withdrawal symptoms are experienced by the person on cessation of drug use (Barlow and Durand, 2009).

- **Organisation**: This is defined as "A social group which distributes tasks in order to attain a desired goal (TENASSESS 1999, Annex II)".

- **Organisational culture:** "A set of shared mental assumption that guide interpretation and action in organizations by defining appropriate behaviour in various situations." (Ravasi and Schults, 2006, p. 437)

- **Policy evaluation**: The process whereby the policy maker assesses the success of the policy by reviewing whether the initial goals in countering the perceived problem have been achieved as planned (McInnis-Dittrich, 1994).

- **Policy formulation**: A process of developing principles, rules or guidelines that guide behaviour in order to achieve rational outcomes (Blakemore and Griggs, 2007).

- **Policy implementation:** Policy implementation can be defined as all actions that take place during the realisation of the previously developed policy plans, i.e.

budgeting, construction of infrastructure and the undertaking of necessary institutional changes, (Theodoulou and Kofinis, 2004).

- **Productivity**: This refers to the level of work output by employees. Productivity is often measured by the ability of employees to accomplish tasks, and reach set targets and goals within a certain time limit, usually per hour (Kendrick, 1984).

- **Psychoactive drug**: Any foreign substance introduced into the body that has the ability to cause considerable mood alteration (O'Donnell and Clayton, 1982)

- **Recreational drug use**: This is one of the phases of addiction, whereby the individual uses the drug in social situations. There is still a strong degree of control over the drug at this stage (Michael and Giora, 2002).

- **Substance abuse**: Continuing to use a substance despite the major risks and the negative consequences that using that substance may results in (Barlow and Durand, 2009). Substance abuse can be in the form of alcohol, illicit drugs and socially accepted drugs such as nicotine, and medications such as tranquilizers, appetite suppressants or diet pills.

- **Workplace:** "Establishment or facility at a particular location containing one or more workareas". (Business Dictionary http://www.businessdictionary.com/definition/workplace.html)

1.10   OVERVIEW OF RESEARCH REPORT

The research consists of five chapters:

Chapter 1:

The first chapter of the research report is the introduction chapter. The introduction chapter discusses the problem statement, whereby the nature of the problem, as well as the rationale for undertaking the research study is explained. This chapter also defines key words that were used in the research study. The first chapter also outlines the main aim of the study as well as the research questions that the study sought to explore. Lastly, the introduction chapter provides a brief description of the research design and methodology that were used in this study, and provides an overview of the entire research report.

Chapter 2:

The second chapter, which is the literature chapter, presents the literature and theories of employee substance abuse that where considered in the undertaking of the research project. Topics such as the history of employee substance abuse in South Africa, theories on factors contributing towards employee substance abuse and trends of use, the effect of employee substance abuse on employees and their colleagues as well as the employer, and organisational culture and how this may influence employee substance abuse.

This chapter also focuses on drug and alcohol policies. The chapter highlights literature on policy formulation and looks at several policy formulation models. The second chapter also discusses drug and alcohol policy implementation and evaluation methods. This chapter discusses steps such as employee education, employee involvement in the policy formulation process, tailoring of drug and alcohol policies to workplace settings, provision of additional

employee wellness programmes, and policy implementation training, that are viewed as crucial in ensuring the success of company drug and alcohol policies.

Chapter 3:

The third chapter covers the research aims, research design, and methodology that was used in conducting the research project and gathering data. Aspects such as the sampling procedure, the research tools and instruments and the rationale for the formerly mentioned aspects are discussed. In this chapter the strengths as well as the limitations of the research design are discussed. Lastly, the methodology chapter discusses the trustworthiness of the research methodology, and the ethical considerations that were taken into account in conducting this study. The limitations of the study are discussed throughout the chapter.

Chapter 4:

Chapter four is the data analysis chapter. It presents and discusses the results that came out of this study by analysing the data that was collected through the use of self-administered questionnaires as well as face-to-face interviews. Figures, charts, tables, and themes that emerge from quotations made by participants are used to analyse the quantitative and qualitative data that was gathered. This chapter then compares these findings to the literature that was used in order to establish similarities and disparities, as well as answer the research questions that the study sought to explore.

Chapter 5:

The last chapter of this research report summarises the findings and conclusions of the research study by linking them to the initial aims and objectives of the study. This chapter also discusses recommendations for theory, practice, and future research based on the research findings.

10.11CONCLUSION

This chapter has provided the reader with an introduction the study. It discussed the problem statement and rationale, as well as the motivation for the study. The conclusion chapter also states the main aim of the study as well as the research questions that the study sought to explore. The introduction chapter also provided the reader with a summary of the research methodology that was used while conducting this study and briefly discusses the research methods, the research instruments used, the sampling technique, as well as the data analysis method used in the study. This chapter defined the key words and terminology that were used in the research study. Lastly, the introduction chapter provided the reader with an overview of the entire research report by briefly summarising the contents discussed in each chapter of the report.

CHAPTER TWO

LITERATURE REVIEW

2.1 **INTRODUCTION**

According to Slavit, Reagin and Finch, (2009) substance abuse is a common issue which often affects millions of people worldwide. Unfortunately, the effects of substance abuse do not simply end with the individual known to have the substance abuse problem. In fact, it has been found to be very costly for employers, as well as governments when employees have substance abuse related issues. It is therefore vital that governments, employers, and managers make a conscious effort to prevent or contain the number of workplace incidences that occur due to employee substance abuse. Because the research study was conducted at BSI Steel Gauteng division, the literature chapter will begin by briefly discussing the manufacturing industry in South Africa, and then proceed to provide a brief background of the company where the research study was conducted. The literature chapter is discussed in three main sections comprising of literature on addiction and theories on substance abuse, the effects of workplace substance abuse, and literature on policy formulation, implementation and monitoring, and evaluation.

Topics such as the history of employee substance abuse in South Africa, theories on factors contributing towards employee substance abuse and trends of use, the effect of employee substance abuse on employees and their colleagues as well as the employer, and organisational culture and how this may influence employee substance abuse were included and discussed. The literature chapter also presents South African legislation that advocate for companies to have substance abuse prevention policies, the stages of policy formulation, what needs to be included in a substance abuse policy, and how to evaluate the effectiveness

of the policy, and the contents of the BSI Steel substance abuse policy. This will also briefly discuss the importance of having continued health and wellness management in the workplace and the role that occupational social work can play in the goal of achieving a drug free workforce.

2.2 BACKGROUND ON THE SOUTH AFRICAN MANUFACTURING SECTOR

According to Media Club South Africa (2010) South Africa has developed a well-established and diversified manufacturing sector that has shown a commendable level of resilience as well as great potential to compete in the global economy. Currently, the manufacturing industry and the mining industry are regarded as top contributors to the South African economy. Manufacturing is dominated by industries such as the agricultural-processing sector, the automotive industry, production of chemicals, generation of information and communication technology, electronics, metals, textiles, clothing and footwear.

The manufacturing sector provides a means for stimulating growth of other activities that contribute towards the country's economy such as generating a market for additional services, employment creation and economic empowerment. According to Friedman (2002) countries that export manufactured products tend to generate higher marginal Gross Domestic Product (GDP) growth, which supports higher incomes and marginal tax revenue needed to fund government initiatives aimed at improving the quality of life of its citizens such as quality health care, adequate housing, and infrastructure in the economy. According to Midgley and Tracy (1996) GDP refers to the market value of all final goods and services produced in a country in a given period. GDP per capita is often considered an indicator of a country's standard of living. The manufacturing sector therefore presents an opportunity to significantly accelerate the country's growth and development (Media Club South Africa, 2010).

2.3 <u>COMPANY BACKGROUND</u>

The study involved exploring employees' perceived effectiveness of the substance abuse policy at BSI Steel (Pty) Ltd Gauteng division. Although the company started in the Kwazulu Natal Province of South Africa, it has expanded extensively and currently has many provincial plants across South Africa and more recently, across Africa. BSI Steel primarily deals with manufacturing and selling of mild carbon steel to companies across Gauteng. The company employs more than 30 000 employees in all business units nationally and continentally. Of these, the company estimates that approximately 25% are employed in professional, supervisory, management and staff positions, while about 75% of employees are in unskilled or semiskilled positions such as manufacturing produce in the warehouse and delivering goods to clients across the province.

BSI Gauteng division, which is based on the outskirts of Vereeniging, operates 24 hours a day throughout the year. A work shift rotation system, which divides each day into three eight-hour shifts, is used. Most of the company's professional workers are only on site during the day. However a supervision roster is used to oversee employees that work during the night shift. According to the company's website, BSI Steel promotes a culture of safety and health among its workforce.

 The company website states:

> *"Working with steel products and heavy machinery requires that we put safety first at all times. Our safety procedures, fully audited last year (2011), are now in full swing across every operational region. We have a health and safety committee on every base and they, along with the management team on the site, keep control of implementing a comprehensive, proactive safety campaign in each region. All staff now receive a full safety induction and are proactively trained on a regular basis about behaviours that put safety first. In addition we take care of employee well-being by offering wellness campaign free medical testing, mobile clinic services, stress management, counselling, HIV and AIDS awareness and give advice on matters of personal finance (BSI Steel http://www.bsisteel.com/ABOUTBSI/HumanCapital/SafetyHealthandtheEnvironment/tabid/241/language/en-ZA/Default.aspx)."*

2.4 A DEFINITION OF A DRUG/PSYCHOACTIVE SUBSTANCE

A drug or psychoactive substance is "any substance, natural or manufactured, that works on the central nervous system and has the ability to alter the mood of the person taking it" (Hindmarch, 2004, p. 722). It is a fact that the degrees of mood alteration may vary and the effects of the drug can be classified into different categories. Psychoactive substances therefore range from powerful illicit mood altering substances such as cocaine and heroin, right down to the milder and socially acceptable substances such as alcohol and nicotine, to various over the counter and prescription medications such as diet pills and tranquilizers. The essential element however, is that one's mental state is altered when the substance is introduced into the body and that one has the chance of becoming addicted to these substances, (Hindmarch, 2004).

2.4 PROCESS OF ADDICTION /CHEMICAL DEPENDENCY

Knight (1997) and Barlow and Durand (2010) argue that there is a particular process in drug and alcohol addiction which unfolds in all individuals. These stages will now be discussed.

2.4.1 Stage 1: Use

The experimental or exploratory stage of the addiction process is when the individual begins to try the drug. This could be influenced by factors such as a need to experiment out of curiosity, peer pressure or a way of coping with traumatic experiences. At this stage of the process, the individual has complete control over their need to use their drug of choice. Not all those who begin experimenting with drugs and alcohol progress to the following stages. According to Slavit, Reagin, and Finch, (2009), the average age of experimenting with drugs or alcohol is in the early twenties. In many instances, individuals may be employed at that age.

2.4.2 Stage 2: Misuse

The second stage of chemical dependency, as outlined by Knight (1997) is the misuse stage. This stage often involves the individual using the drug in order to enhance social interaction. He argues that once they pass the experimental stage, individuals will often engage in recreational use of drugs to gain status among their peers. In some cases, the individual may occasionally repeat the use of the drug in order to re-experience the sense of pleasure or relief they felt upon using the drug in the experimental phase. Barlow and Durand (2010) add that this stage is characterised by more frequent use of the drug, as it is often used by the individual in almost all social situations. Despite the increase in frequency, the individual can still control his or her need to use the drug.

2.4.3 Stage 3: Abuse Stage

According to Knight (1997), the abusive stage of addiction is marked by regular use of the drug. Due to an increasing tolerance to the drug, the individual often increases his/her intake of the substance in order to experience the desired effect. He argues that at this stage, the individual continues to use the substance despite the consequences that may result out of drug use. Slavit, Reagin and Finch (2009) highlight that these consequences include lowered work performance, strained personal relationships, disregard for personal safety and the safety of others. Individuals still have some control over when they use the substance. Although the individual still has some control over his or her drug use at this stage, they are bordering very closely to addiction. For an individual that is employed, this stage may be marked with absenteeism, and other behavioural misconduct as a result of the frequent drug use.

2.4.4 <u>Stage 4: Dependency Stage</u>

The final stage of addiction, as described by Knight (1997) is the dependency stage. The main characteristic that he highlights is the loss of control by the individual over using the drug. At this stage, the need to use the drug becomes compulsive and the individual experiences painful physical withdrawal in the absence of the drug. The person then needs the drug several times during the day, in order to function. He or she begins to administer the drug frequently, and sometimes on an hourly basis. Drug use becomes the norm and a priority to the individual. This stage is often coupled with illegal or criminal activity such as theft and prostitution all in an attempt to obtain the individual's drug of choice in order to prevent withdrawal symptoms. Knight (1997) argues that at this stage the individual looses touch with reality and feels as though he or she is in control of the drug use. Intervention is often required to enable the individual to seek help or allow him or herself to be admitted into a treatment facility.

Slavit, Reagin and Finch, (2009) argue that in the case of employed individuals, the addiction stage, like the abuse stage has a notable impact on one's ability to work. Because the drug of choice becomes the priority and one is driven by a compulsive need to acquire his or her drug of choice, cases of absenteeism might increase, and working under the influence of drugs and alcohol, particularly in factory settings may result in non-fatal workplace accidents to oneself, and other employees. Desperation to obtain one's drug may also result in illegal activity such as stealing from the company or the employer. In many cases, individuals that are in the addictive phase may get dismissed at work due to numerous charges of misconduct.

2.5 <u>DEFINITION OF SUBSTANCE ABUSE</u>

<mark>Although there is no universal definition for substance abuse and substance dependence, this research report will use the term, as defined in the Diagnostic and Statistical Manual of Mental Disorders 4th edition Text Revision [DSM-IV-TR], which is issued by the American Psychiatric Association, (as cited in Barlow and Durand, 2009, p. 391). The DSM-IV-TR definition is as follows:</mark>

> "A.) A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
>
> 1. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household);
>
> 2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);
>
> 3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); and
>
> 4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)."

2.6 DEFINITION OF SUBSTANCE DEPENDENCE/ CHEMICAL DEPENDENCY/ CHEMICAL ADDICTION

This research report will also adhere to the definition of substance dependency, as is defined by the DSM-IV-TR (as cited in Barlow and Durand, 2009, p. 391). The DSM-IV-TR defines substance dependence as follows:

"A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the same 12-month period:

1.   Tolerance, as defined by either of the following:

(a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect; and

(b) Markedly diminished effect with continued use of the same amount of the substance.

2.   Withdrawal, as manifested by either of the following:

(a) The characteristic withdrawal syndrome for the substance; and

(b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

3.   The substance is often taken in larger amounts or over a longer period than intended.

4.   There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5.   A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

6.   Important social, occupational, or recreational activities are given up or reduced because of substance use.

7.   The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)."

According to Barlow and Durand (2009), it must be noted that there is a difference between substance abuse and substance dependency. With substance abuse the individual can often exercise choice whether to use the drug or not, and may not necessarily suffer any physical withdrawal symptoms on absence of the drug. However with substance dependence, the individual will experience physical withdrawal symptoms on cessation of drug use.

2.7 THEORIES AND FACTORS INFLUENCING CHEMICAL DEPENDENCY

2.7.1 Biological and Genetic Theories of Addiction

There are several biological addiction theories. The main assumption of these theories is addiction or chemical dependency is a biological pathology. According to Peele (1998), these theories assume that there is a physical internal mechanism which causes individuals to become chemically dependent. These theories also claim that it is because of these innate attributes that addiction patterns differ among individuals. Some of these biological theories of addiction will be discussed in the following sections.

2.7.1.1 *Role of Genetics in Addiction*

According to Goode (2008), the genetic model of addiction is based on the assumption that there is genetic make-up that predisposes certain individuals to chemical dependency. According to this theory, this is one of the main reasons why members within the same family often display similar addiction patterns. For many years, this argument was countered by authors, such as Peele (1998), who argue that shared environmental factors and situations could account for the similarity in trends of addiction within families. Peele (1998) argues that no direct genetic cause has been found per say, but that it is possible that there are genetic factors that could influence once susceptibly to addiction.

Contrarily to Peel (1998)'s arguments, an addiction susceptibility gene known as the opioid receptor was discovered by a team of scientists lead by Wolfgang Sadee in 2005 (Gladek, 2007). This discovery has enabled scientists to refine the disease model of addiction.

2.7.1.2 *Disease Model of Addiction*

According to Leshner (1997), this model also assumes that chemical dependence has biological origins and that there is a possibility that chemically dependent people have a brain disease. The brain is covered by different protein receptors which allow individual brain cells to communicate with each other by sending and receiving small bursts of chemicals. According to Gladek (2007) receptors are like a switch which controls pleasure and pain. These receptors are able to turn on pleasure or block pain when triggered by drugs and other addictive substances. Every receptor can only be activated by a particular class of chemicals and this makes the communication between brain cells specific and meaningful. These receptors are however able to respond to chemicals which were not sent by other cells. These include chemicals that are introduced into the blood stream through ingestion, snorting or intravenously (Gladek, 2007).

According to Gladek, (2007) the opioid receptor that Sadee's team looked at primarily responds to morphine but has also been found to play an active role in the brain's response to alcohol, nicotine, and narcotics such as cocaine. Gladek, (2007) states that there are two variations of opioid receptor genes which influence addiction susceptibility. These are A118G and G118. These receptors were found to display different responses to alcohol and other opioids in different individuals. According to the model, integrated factors, regarding one's genetic predisposition to addiction, which links to that person's susceptibility, environmental factors such as family upbringing, the stresses experienced by the individual, and finally, their level of exposure to drugs are all things that can trigger the onset of this disease.

One could argue that this model is the most holistic model or theory of chemical dependency as it manages to tie in many of the previously discussed models of addiction. Although this model originates predominantly from a medical perspective, this model includes elements such as exposure to drugs, which is what the gateway theory advocates. The Gateway theory is will be elaborated upon later in this chapter. The disease model of addiction also factors in environmental influences experienced by that person, which could range from peer pressure and the availability of markets as the rational theory of addiction states. This model also includes life occurrences such as major or constant stressors that will trigger the individual to begin using or experimenting with the substance. This disease model is also able to account for the fact that there are successful users, or individuals who never reach the chemically dependent stage even though they are fully diagnosed substance abusers according to the DSM-IV-TR.

The disease model however has been criticised for its lack in factoring in the individual's choices and role that they play in the addiction process. It has been criticised for removing all responsibility from the individuals and downplaying other factors such as social influences, (Leshner, 1997).

2.7.1.3 *Psychiatric Links to addiction*

According to Barlow and Durand (2009), there appears to be a relatively strong link between substance abuse and psychiatric disorders. They argue that approximately half of all chemically dependent people display some sort of psychiatrist disorder along with the addiction. This is known as co-morbidity, whereby a dual diagnosis needs to be made as the individual requires treatment for both the addiction and the mental disorder. They do however highlight that it is still not clear whether using drugs results in the person developing psychiatric problems, or whether the psychiatric problems that are suffered by the individual are a causal factor in them self-medicating, and eventually becoming addicted to the substance.

2.7.1.4 *Endorphin Deficiency*

Endorphin deficiency has been dubbed as one of the biological causes of addiction. Endorphins are neurotransmitters that are naturally released by the brain to give an individual a feeling of wellbeing and happiness. The endorphin deficiency theory postulates that individuals who become addicted to chemical substances may naturally have low levels of endorphins released by the brain, and thus result to risky thrill-seeking behaviours in order to simulate the release of endorphins so as to feel the balanced or elevated mood that others naturally enjoy (Colt, Waldlaw and Frantz, 1981).

2.7.2 Environmental and Systems Theories of Addiction

2.7.2.1 Family theory of addiction

This theory places a great emphasis on social and systemic influences on the individual. This particular theory claims that often people who had strong and healthy parental attachments are less likely to become drug addicts, as opposed to those who had little or no attachment. Jung (2001) points out that this may be as a result of neglect and lack of support that is experienced by those who do not have strong bonds with their parents. He argues that there is a possibility that these persons use drugs and alcohol as a coping mechanism, and eventually become dependent on it.

One could attempt explain the high levels of drug and alcohol use in the South African context, particularly in poorer communities such as the Cape Flats, and numerous townships in Johannesburg, based on this theory. Individuals born into these families may not have a stable family in which they can form healthy attachments. There are often high numbers of single parents, who have to work long hours and late shifts in order to make ends meet. The individual may therefore grow up being cared for by different relatives and friends, making it difficult for one to form healthy attachments. This theory however does not explain how it is that individuals from more functional homes that have strong bonds with their parents become chemically dependent.

2.7.2.2 Gateway theory of addiction

According to Beenstock and Rahav (2002), the gateway theory of addiction was developed by Kandel in the 1970s, after she observed that there seemed to be a particular pattern leading to the onset of addiction in most people. Kandel (1975) established that individuals often began experimenting with cigarettes and alcohol, then marijuana, before finally moving on to experiment with the more illicit substances, such as ecstasy, LSD, cocaine and heroin. In essence, the theory argues that smoking cigarettes can act as a gateway to marijuana in that, once a person is accustomed to smoking cigarettes they tend to smoke marijuana, as opposed to a non-smoker. Similarly, the theory holds that marijuana can act as a gateway to more illicit drugs, as individuals who smoke marijuana are eventually more likely to progress on to harder drugs, in relation to non-marijuana smokers.

Two main schools of thought attempting to explain the possible manner in which the Gateway theory operates have emerged. The first of these is by people such as O'Donnell and Clayton (1982), who claim that the Gateway effect is causal, in that they claim smoking cigarettes induces the smoking of marijuana, which in turn induces the transition to more illicit substances. According to Beenstock and Rahav (2002), this interpretation of the Gateway effect would essentially mean to say that if there were a ban on smoking of cigarettes, there would be less abuse of marijuana. Similarly, however, if marijuana was to be legalized, there would be an increase in chemical dependency.

The second school of theorists such as Baumrind (1998) claim that the Gateway effect is, in fact, purely predictive, rather than causal. Baumrind (1998) argues that smoking of cigarettes may be a good indicator that one might smoke marijuana, just as smoking of marijuana may be used as a predictor that one might use other drugs. The stance that the gateway theory of addiction takes is substantiated by the National Centre on Addiction and Substance Abuse

(CASA), in the United States of America. In the 2007 report entitled "Tobacco: the smoking gun", it established that individuals below the age of 21, who smoke cigarettes, are more likely to experiment with other substances such as drugs and alcohol, in comparison to those who do not smoke cigarettes.

According to Gold and Pomietto (2002) research conducted by CASA yielded results affirming the Gateway theory of addiction. The findings were that, with all factors being the same, among adolescents between the ages of 12 and 17 who had no other problem behaviours, those who smoked cigarettes or drank alcohol at least once in the past month were 30 times more likely to smoke marijuana than those who had not. These correlations were found to be more pronounced for females than for males, as females who had smoked cigarettes or consumed alcohol in the previous month were 36 times more likely to progress to marijuana, while males were found to be 27 times more likely to do so.

The research yielded similar results among adolescents with no other problem behaviours who had used all three gateway drugs, namely, cigarettes, alcohol and marijuana in the past month. It showed that those adolescents that had used gateway drugs were on average 17 times more likely to use more illicit substances such as cocaine, heroin, or LSD. In this instance, however, these correlations were found to be more pronounced for males than for females, with males having a likelihood of 29 times, while females were found to be 11 times more likely to progress to other drugs. It is however important to note that despite these highly compelling statistics, the gateway theory, as well as the two branches explaining the gateway effect, are not absolute, and that individuals have been known to begin using more illicit drugs without following this suggested sequence.

2.7.2.3 Rational model of Addiction

A popularly used theory of addiction which could be argued to be the most different in comparison to the other theories that have been discussed in the previous section is the rational theory of addiction. Developed by Becker and Murphy (1988), this theory takes its roots from an economics perspective rather than from the social sciences or medicine as the other theories do. According to Becker and Murphy (1988), addiction to any substances can be modelled into rational forward-looking plans. Contrary to the view point that the disease model of addiction presents, the rational theory of addiction states that individuals use substances based on availability of the drug and price of the drug and they seek to maximise their consumption, just as is the case with the patterns of consumption of any goods in economics. This theory also assumes that the decision of an individual to consume certain goods, are made under fully informed consciousness and with knowledge of those goods.

Becker and Murphy (1988) therefore argue that in order to cease the addiction, there needs to be a complete withdrawal of the goods, or in this case, the individual's drug of choice. Although a later revision of this theory allows for uncertainty and regret on the part of the individual, it has still been critiqued as being rather overly technical and side-lining other factors. This theory makes no reference to issues such as biological factors, social learning theory, or the effects of a gateway drug, but equates all decisions made to continue using the drug on the rational consumption patterns of the individual which follow the need to maximise use of the substance.

2.7.2.4 *Social learning theory*

Social learning theory, which was developed by Bandura (1977), postulates that addiction is a result of learnt behaviour. This theory argues that individuals learn coping mechanisms and other behaviours such as substance use from observation and socialization. This theory looks at the dynamic interaction between the individual, the drug and the environment that that person is in. It claims that an individual's constant exposure to drug use can influence their choice to use that drug and eventually become addicted to that particular substance. Evidence supporting this theory is seen in families, whereby addiction patterns are similar (Peele, 1998).

2.7.2.5 *Reinforcement Theory of Addiction*

The final theory of addiction that will be discussed is the reinforcement theory. Reinforcement theory of addiction, along with social learning theory, originates from a behaviouristic paradigm. According to Barlow and Durand (2009), this theory assumes that individuals use drugs in order to produce positive feelings, or reduce negative feelings. Self-medicating of drugs to produce positive feelings is referred to as positive reinforcement. Negative reinforcement refers to self-medication in order to lesson or inhibit negative feelings such as stress or anxiety. Peele (1998) reports that many substance abusers tend to elevate their levels of drug use or alcohol intake in perceived stressful situations.

2.8 <u>HISTORY OF SUBSTANCE ABUSE IN THE WORKPLACE</u>

According to Casey (1978) although one cannot pinpoint the exact time when substance abuse in the workplace first occurred, one can argue that it has been around for quite some time. One of the possible contributing factors that may have contributed towards workplace substance abuse may have been the fact that for centuries, substances that are now classified as drugs were not classified at all. That practically meant that all psychoactive substances were legal and socially acceptable, and that one was free to use them when and as one pleased. In fact a narcotic such as cocaine, due to its sedative characteristics, was often used for medicinal purposes and was very popular in medications such as tooth ache drops and other pain medicines in the Victorian Era in the 1800's. Those tooth droops were often administered to young children who were teething and were in pain.

In the United States of America, one could purchase cocaine over the counter at a local pharmacy until this was outlawed in 1914. One could also easily purchase a bottle of coca wine, which was a powerful and highly potent mixture of wine and cocaine, from the local grocer. Casey (1978) argues that coca wine has been documented as being used by some churches as the wine of choice in communion services. Cocaine was so popular in the 1800's that Coca-Cola, which was a very popular drink, used cocaine as one of the main ingredients.

Casey (1978) also states that heroine was used for its pain reduction properties and was popular in hospitals for surgical procedures. In essence, what this meant was that people who lived in these liberal times and were receiving treatment for various ailments, or attending church, or simply just enjoying a fizzy drink, were very likely to be under the influence of a psychoactive drug at some point. Many of these individuals were employed and carried about their daily affairs under the influence of strong mood altering substances.

2.9 HISTORY OF SUBSTANCE ABUSE IN THE WORKPLACE IN SOUTH AFRICA

2.9.1 Mine Workers

Although there are few documented cases of employee substance abuse in the 1800's in South Africa, the history of workplace substance abuse can be traced back to mine workers during the apartheid regime in the 1960's. During this time, thousands of black males migrated to the outskirts of the inner cities as mine workers. These mine workers were subjected to horrendous working conditions, where little effort was made to ensure employee safety and death was commonplace. In addition to this, the mine workers lived in very poor conditions away from their families who remained in the villages, in overcrowded all male hostels. It was not long before a host of (informal bars) and brothels sprung up around these areas and a culture of boozing and risqué sexual behaviour developed. Many of the mine workers resorted to alcohol and other available substances such as marijuana in order to fill the void of living without their families, as well as in an attempt to cope their tough living and working conditions (Allen, 2004).

2.9.2 The "Dop" System

Along with the mine workers, another employee group that was also documented to have a major substance problem were the farm workers. This was mainly perpetuated by the dop system. The dop system, a term coined during the years of apartheid in South Africa, was a system of paying employees, and in this case farm workers, with alcohol as opposed to monetary compensation. It was a widespread system and particular popular in the Western Cape of South Africa on the wine farms (London, 1999). Although farm workers were not subjected to hours working under ground like the miners, their working and living conditions were no better. Absolute poverty plagued these workers and the farm owners used alcohol to pacify workers and avoid paying them money.

The dop system came with many horrendous consequences. A culture of alcoholism developed among farm workers. Because there were many children and women also working on the farms to make ends meet, underage drinking and alcohol abuse by pregnant women was rife. Many children were born underweight and with foetal alcohol syndrome due to this system. It was also not unusual for farm workers to operate heavy machinery under the influence of alcohol.

Workplace injuries were common however workers were not entitled to medical care or disability compensations. These employees generally experienced ill health due to excessive alcohol abuse. In one incident, 24 farm workers were poisoned when they were remunerated with wine that was contaminated by pesticide. This goes to show that in addition to the health issues that couple excessive use of alcohol, employees were at risk of dying as a result of receiving contaminated wine (London, 1999).

Currently, although the dop system has been outlawed, some employers still give employees alcohol in part payment and as extra employee perks. Some major corporations actually have bars where employees have access to alcohol during working hours. Such company set ups may contribute towards the issue of employee substance abuse.

2.10 FACTORS CONTRIBUTING TO EMPLOYEE SUBSTANCE ABUSE

In present day South Africa, although the apartheid regime has ended and most companies make a conscious effort to ensure that working conditions are suitable, there are still many employees with substance abuse problems. Batts, Grabill, Galvin, and Schlenger (2005), argue that a host of factors contribute to the levels of substance abuse by employees within a work setting. Some of the factors mentioned include the age and sex of employees, the nature of work that their work, stress experienced in the workplace and the organisational culture of the company. These are elaborated in the following section.

2.10.1 Organisational Culture

Although there is no set definition of organisational culture, Ravasi and Schults (2006) define organizational culture as "a set of shared mental assumptions that guide interpretation and action in organizations by defining appropriate behaviour in various situations (Ravasi and Schults, 2006, p. 437)". These could also be viewed a set of norms, values and traditions that govern an organisation. Organisational culture is often formed over a period of time and may alter over time as it's a social construct.

Ravasi and Schults (2006) argue that a healthy organisational culture, where there is good management and healthy norms and values can result in a well aligned organisation, where employees have high levels of motivation and function at an optimal level. This in turn results in the organisation working like a well oil machine. Bad organisational culture on the other hand often results in low employee morale, a feeling of detachment and generally poor overall performance. One could argue that factors such as low employee morale and detachment are issues which may influence one to begin abusing substances in order to cope within the organisation.

2.10.2 Nature of Work

According to Batts, Grabill, Galvin, and Schlenger (2004), blue collar workers are also more likely to resort to substance abuse due to the nature of their work. Blue collar workers often do the "dirty work" in organisations, often working longer hours, under strenuous shifts, in return for little pay and often little respect and recognition by white collar employees and society at large. These workers are often excluded from corporate events such as socials and retreats and become isolated from their white collar colleagues.

Since most employed adults spend the bulk of their waking time in the work environment, this degree of alienation can be particularly difficult to cope with. Financial difficulties, little job satisfaction and low levels of employee morale can result from the negative workplace factors that have been discussed previously. For these workers, using psychoactive substances such as alcohol may be their way of coping with their reality, (Slavit, Reagin, and Finch, 2009).

2.10.3 Age and Gender

According to SACENDU (2009) of all the people that were in addiction rehabilitation centres around Gauteng province, 82% were male, while only 18% were female. This indicates that substance abuse is more common among males than it is with females. Another fact that was identified by the SACENDU (2009) report was the average age of persons that were in drug and alcohol rehabilitation centres in Gauteng, South Africa. The report revealed that more than half of people in drug and alcohol addiction treatment centres (56%) were young (18-35 years old), and unmarried. The majority of Soth Africa's work force fall within this age bracket Similarly, Batts et al. (2004), conducted research conducted in various states in the USA revealed that employees that were most likely to have a substance abuse habit were

young male blue collar workers. These researchers attributed these findings to what they call "the rite of passage" (Batts et. al., 2004, p.2).

Batts et al., (2004), argue that young employees often find it difficult to adjust to working life and being independent of solid guardians and the support structure of their family. They argue that depending on the organisational culture in terms of involvement and supportiveness in that individual's life, young male employees are more inclined to move towards the recreational use of alcohol and other drugs to cope with this critical transition. According to Anderson (1999), another factor for this disparity in the gender and substance abuse is related to the manner in which we are socialised. Throughout history, males have been given more freedom when it comes to using socially accepted substances such as alcohol or nicotine, than females. Using these substances has almost been synonymised with masculinity in many societies. However with socially accepted substances often acting as a gateway to more illicit substances, this is a cause for concern.

2.10.4 **Peer Pressure**

Another factor that has been identified to contribute to substance abuse is that of peer pressure. According to Coggans and McKellar (1994), peer pressure has been known to play a role. They argue that in many cases, individuals who experiment with drugs, alcohol, or even mild substances such as cigarettes have felt the need to do so in order to fit into a social setting, or be accepted as part of the group. This could therefore mean that if an employee is in a setting where there is a culture of substance abuse, they are more likely to become a part of the culture. This notion also links back to the rights of passage phase and the need to act in ways that affirm one's musicality as mentioned previously. The show business world is an example of a working group where substance abuse is sometimes used to gain acceptance.

For many years, the music and film industry have been associated with a lifestyle of excessive drug and alcohol use. This culture, which is often glamorized, resulted in the deaths of various music and films stars such as Marilyn Monroe, Brittany Murphy and recently, Heath Ledger, through drug overdose. Unfortunately, this culture of substance abuse is not simply restricted to the celebrities themselves, but may also affect their managers, assistants and other employees who are often under pressure to conform to the to the lifestyle and expectations of the social group they associate with as a part of their everyday work.

2.10.5 Employee Substance Abuse Trends

According to SACENDU (2010) drug trends can also be classified according to the drug of choice that individuals opt for. This report revealed that alcohol abuse was the most popular substance of choice across the different age groups, employment status, gender and racial groups with more than half the sample indicating regular use of alcohol. This was followed by recreational substances such as marijuana and ecstasy. This could be an indication that similar trends may occur in the working population possibly due to the fact these substances are affordable and easily accessible in comparison to harder drugs.

Anecdotal evidence has shown that the use of more expensive substances such as cocaine is more prevalent among people who are higher up on the economic scale. In many cases, these individuals are employed on a fulltime basis. According to a newspaper article written by McEwen and Howden (2008), due to its hefty price tag and side effects of induced sharpness and elevated confidence, cocaine has come to be viewed as a glamorous drug, which is often associated with the wealthy and successful. Cocaine use is therefore deemed to be more prevalent among higher raking employees. Although it's generally viewed as a recreational drug, cocaine is highly addictive and chronic use results in the same social effects as other less glamorized drugs.

2.11 THE EFFECTS OF DRUG AND ALCOHOL ABUSE IN THE WORKPLACE

2.11.1 Biological Effects

When psychoactive substances are introduced into the body, upon stimulating the brain, a relatively large amount of dopamine is released by the brain into the body. According to Koob and Le Moal (1997), dopamine is a chemical substance that is naturally released by the brain, and that regulates mood and a feeling of well-being. Koob and Le Moal (1997) argues that when an individual constantly introduces psychoactive substances into the body, therefore triggering the release of very high levels of dopamine into the bloodstream, the brain eventually begins to decrease the amount of dopamine that is naturally produced in expectation of an external stimulus, which would be the psychoactive substance in question. This balancing act occurs as a result of homeostasis. Homeostasis simply refers to the act of striving to maintain balance within the human body.

In order to regulate the levels of dopamine in the body at any point in time, the brain produces less than it would normally produce, in anticipation of the psychoactive drug, so as to avoid flooding the individual's system with dopamine. This essentially means that an individual who often uses psychoactive drugs' brain produces less dopamine than a person who abstains from psychoactive substances. Since it is dopamine that enables a person to have a sense of well-being, it should be a cause for concern when one is functioning on reduced levels in the workplace. When individuals are chemically dependent, they constantly require their drug of choice in order to restore their dopamine levels and functionality. This can result in individuals taking the drug of choice during work hours in order to restore their mood to normal and avoid the physical withdrawal symptoms that are experienced upon ceasing use of the drug (Slavit, Reagin, and Finch, 2009).

2.11.2 <u>Mental Effects</u>

Slavit, Reagin, and Finch (2009) argue that low levels of dopamine can often result in irritability, loss of concentration, anxiety, forgetfulness, a general loss of drive and sometimes even depression. This in turn often has a negative effect on that employee's levels of productivity and efficiency in the company. Substances which are classified as depressants such as alcohol have been shown to decrease the reaction time of individuals.

In addition to the decreased concentration, Cook and Schlenger (2002) argue that substance abuse can have an impact on the mental health of employees. According to the authors substance abuse makes an individual more prone to mental illnesses such as acute depression, and that drugs such as marijuana have been known to have a link to schizophrenia. Employees that work under the influence of mood altering substances are therefore also more likely to make mistakes through negligence or poor judgement calls. Accidents are also common amongst employees with substance abuse issues. In factory settings, these mistakes could result in nonfatal injuries, disability of the employee, or fatality.

2.11.3 <u>Effects of Employee Substance Abuse on Colleagues</u>

Unfortunately, it is not just the person under the influence of drugs or alcohol that suffers the consequences of impaired mental function, and the mistakes and accidents that are a result of their intoxication. According to Bennett, Lehman and Reynolds (1996) a study conducted in the USA revealed that whilst only 1 in 10 employees abused substances on the job, at least 3 other employees were negatively affected by that individual's habits. These effects ranged from loss of drive and passion due to frustration, to being directly affected by a mistake or accident that was caused by an employee with a substance abuse problem.

Employees with substance abuse problems can also makes it difficult for team work projects to be executed properly meaning. Team work tasks often require that all employees working on the task are present and able to function within a team setting. As mention previously, factors such as irritability, loss of impaired concentration and inability to make rational decisions all negatively affect teamwork dynamics. This can in turn have an effect on the level of output by employees or the success of the task at hand, (Batts, Grabill, Galvin, and Schlenger, 2005).

2.11.4 Effects of Workplace Substance Abuse on the Employer

Employers also suffer when there is a high level of employee substance abuse. Slavit, Reagin, and Finch (2009) argue that there is often a very high financial loss in companies where there are high incidents of employee substance abuse. These losses are a result of lost productivity, negligence, absenteeism, poor communication, low morale, and low drive within the work environment. Major financial costs are often incurred in health costs and disability pay outs. For instance, Slavit, Reagin, and Finch (2009) give the example of an employee working as a delivery truck driver, who delivered very expensive goods to the wrong company due to negligence. The company would then have to reship the goods, incurring double transportation costs as well as perhaps reduce the agreed upon price due to the late delivery. In the long run, this company could also lose the client due to the inconvenience caused by a late delivery. These are all things that could have been avoided if the employee was sober and attentive.

Workplace safety can also be safety, which is of paramount concern, particularly in the manufacturing sector in any given economy, can be affected by employee substance abuse. According to Neate et al. (2008), among other things such as stress and negligence, substance abuse was identified as one of the contributing factors to occupational accidents. In South

Africa, it is estimated that approximately 300 000, with possibly more undocumented cases of workplace accidents occur annually (Bell, 2007). The South African manufacturing industry, was recorded as having the highest, and often more serious, incidence of workplace injuries, (Peek and Cohen, 2004).

With South Africa's strict labour policies, employers are often required to follow certain disciplinary procedures before dismissing a worker with a substance abuse problem. In South Africa, this is stated in the Labour Relations Act 66 of 1995. Employers therefore sometimes try to assist employees with substance abuse by place that employee in rehabilitative and after care programmes. This can be costly for the company. The burden of managing disability which occurs as a direct result of employee substance abuse often falls on the shoulders of employers.

Workplace injuries were identified by Boone et al. (2011) as one of the main causes of financial losses for organisations. The United States National Safety Council, (2008) found that the total cost of occupational deaths and injuries was $183 billion in 2008. Organisations should also be aware of the large financial losses that can be incurred in the form compensation pay outs, loss of productivity, and health care costs resulting from non-fatal work place accidents.

The company often has the responsibility of paying for the health care of the individual as well as paying out disability benefits to an employee, who is in essence no longer actively contributing towards the growth of the company (Slavit, Reagin, and Finch 2009). On a wider scale, this translates to loss of valuable capital by the state, which could be used in developmental projects to improve the overall well-being of South African citizens. This beckons the question: what active measures do the government and companies take in order to reduce the loss of capital and human resources as a result of substance abuse related

factors? In addressing this question the following section will discuss employee wellness in South Africa, as well as the role of Occupational social work in promoting health and wellness among the workforce.

2.12   EMPLOYEE HEALTH AND WELLNESS IN SOUTH AFRICA

According to Harrison, (2009), the South African labour market has experienced a significant growth in the focus on employee health and wellness since the 1990s. The author argues that this emphasis on employee health and wellness is due to the increasing acknowledgement among employers, as well as government that human capital is human capital is important for productivity, profit, and growth. Harrison, (2009) also argues that the general well-being of the South African workforce should be a priority as a contribution by employers to the collective aim of addressing the needs, and developing the capacity of the population as a whole.

To elaborate this point, Harrison, (2009) cites the White Paper on Social Welfare (RSA, 1997, p.2) which state;

> *"The goal of developmental social welfare is a humane, peaceful, just and caring society which will uphold welfare rights, facilitate the meeting of basic human needs, release people's creative energies, help them achieve their aspirations, build human capacity and self-reliance, and participate in all spheres of social, economic and political life."*

Based on this, one can argue that the not only is it important to have on-going health and well-being programmes for employees, it is a requisite for the development of the South African workforce and a critical factor for economic productivity within organisations. According to Bennett, Lehman, and Reynolds (2000), employee health and wellness

programmes should not only seek to address a particular identified problem among employees (such as substance abuse), but should aim to promote physical, mental and emotional health of employees. These authors attribute this to a study they conducted in 2000, which revealed that there was a positive link between holistic employee wellbeing and productivity within organisations.

As previously discussed, South Africa has a history of substance abuse due to factors such as hostel dwelling and the dop system. Some of the literature on substance abuse such as social learning theory and the rational theory of addiction suggest that substance abuse could still be an issue due to exposure to drugs and alcohol. Having employee assistance and wellness programmes such as substance abuse prevention policies can be considered to be a valuable part of human development. Occupational social workers can play a vital role in promoting general health and wellness among employees.

2.12.1 <u>ROLE OF OCCUPATIONAL SOCIAL WORK IN THE PREVENTION OF SUBSTANCE ABUSE IN THE WORKPLACE</u>

According to Van Breda and Du Plessis, (2009), occupational social work compliments the human developmental welfare aims that were discussed in the previous section. According to Googins and Godfrey, (as cited by Van Breda, 2009), occupational social work can be defined as specialty within the field of social work which addresses the human and social needs of the work community. This is done through designing and implementing appropriate interventions that aim promote the wellbeing of individuals and the environment. This definition suggests that occupational social work does not simply address issues experienced by employees but takes the employers needs into account.

It was previously discussed that having substance abuse in the workplace not only compromises the health and safety of employees but can also affect productivity and have a direct impact on profits within the organisation. Because occupational social workers are trained in macro intervention, and trained to adopt a binocular approach in which all aspects of a problem are considered and addressed, they can be key role players in assisting companies to formulate comprehensive substance abuse policies that attempt to benefit all parties involved within the organisation. Occupational social workers can also render therapeutic services to individuals and their families, develop and workplace programmes such as support groups, and assist in the monitoring of the policy.

2.13   COMPANY SUBSTANCE ABUSE POLICIES

2.13.1 South African Law and Legislation Company Drug and Alcohol Policies

According to the Neate, Kotze, Nkomo and Birch, (2008) the Occupational Health and Safety Act 77 of 1993 of South Africa requires employers to provide and maintain a working environment that is safe and without risk to the health or welfare of its employees. As previously mentioned, employees affected by alcohol, drugs and other potentially harmful substances in the workplace are a risk to themselves and to others around them. The authors base this claim on the fact that research conducted by the International Labour Organisation (ILO), revealed that approximately 15% of all fatal workplace accidents and 25% of all workplace accidents are drug related.

According to Neate et al., (2008) in many industries in South Africa, the employer is not considered to have complied with his/her legal obligations in relation to the Occupational Health and Safety Act unless the employer implements policies and procedures to address the risks associated with substance abuse in the workplace. In addition to this, specific industry

legislation, such as rail and mine safety legislation, requires employers to ensure that drugs or alcohol does not affect employees while they are at work. From this perspective, one could argue that by law, South African companies are required to have a company drug and alcohol policy as part of their health and safety compliance. Penalties for an employer not complying with its health and safety obligations are significant. Directors and senior managers may in some instances be held personally liable for such non-compliance (Neate et al., 2008).

Although South Africa has no legal framework which states the manner in which a company drug and alcohol policy should be formulated and implemented, one can look at the various acts and legislations and explore how to incorporate them into the company drug and alcohol policy. One such act is the Employment Equity Act No. 55 of (1998). This Act seeks to promote equal opportunity in the workplace and fair treatment in employment through the elimination of unfair discrimination. This act speaks about medical testing in the workplace. According to the Employment Equity Act, if it is company policy, medical testing applies to all employees and employers. However, it does not apply to:

- members of the National Defence Force;

- the National Intelligence Agency;

- the South African Secret Service;

- the South African National Academy of Intelligence; or

- to the directors and staff of Comsec.

2.13.2 BSI Steel Substance Abuse Policy

BSI Steel Gauteng division has a substance abuse policy that was implemented in 2010. (See BSI Steel Drug and Alcohol Policy (2010) appendix). The policy document is divided into three main sections. The first section of the policy defines what substance abuse is and also includes a list of prohibited substances that employees may not use on the premises. In this section the policy also notes that all company employees' are liable to random drug and alcohol testing, as well as searches by security personnel on entry to the workplace as part of the monitoring strategy. The second section of the company's substance abuse policy document explains that the disciplinary procedure that anyone found not to be in compliance with the policy would face. Lastly, the policy document gives a detailed description of the employee health and wellness programmes.

2.13.3 Policy Formulation: Stages

2.13.3.1 *Stage One*

Although there are various policy formulation models for creating both social and company policy, there appears to be a consensus on the fact that policies need to arise out of an identified need. According to Stover and Johnston (1999) who discuss the linear policy process model, the first step to policy formulation is the prediction and prescription phase. At this stage, a problem is recognised and a prediction is made that the problem will not naturally be solved and requires an intervention of some sort. This then gives rise to the prescription, which involves developing one or several ways in which the problem can be tackled. Similarly, McInnis-Dittrich (1994), who uses the problem solving approach, argues that the first step to policy formulation should involve assessing and defining the problem and setting clear goals.

2.14.3.2 Stage Two

According to Stover and Johnston (1999), the second stage of the policy making process then shifts to the policy maker. These authors argue that once a problem has been identified, the policy maker is responsible for formulating potential policies which consider the interest of the various groups within, and outside government. McInnis-Dittrich (1994) refers to this stage as "exploring alternatives". The author argues that the policy maker needs to consider as many alternative solutions to the problem as possible through the use of available resources, as well as developing new ones. McInnis-Dittrich (1994) suggests that at this stage, it is essential that the policy maker thinks through the potential consequences of all proposed alternatives.

2.14.3.3 Stage Three

The third stage of the policy formulation process in both the linear model and the problem solving approach is policy choice. At this stage, after exploring alternatives and possible consequences of each, the policy maker decides on an appropriate policy that best addresses the established problem or need. He/she then sets about planning how to reach the goal that have been established in the first stage of the policy formulation process. According to McInnis-Dittrich (1994), the policy maker needs to translate identified goals into specific tasks that need to be accomplished.

2.14.3.4 Stage Four

The fourth stage of the policy formulation process is the implementation phase, whereby the plan of action is carried out. This is followed by the final stage of the policy making process- the evaluation stage. In this phase, the policy maker assesses the success of the policy by reviewing whether the initial goals in countering the perceived problem have been achieved

as planned. McInnis-Dittrich (1994) argues that should it appear that the initial goals have not been achieved, it is essential that the policy maker identify the factors that may have compromised the success of the policy and return to the planning stage.

2.14.4 Drug and Alcohol Policy Evaluation and Analysis

As mentioned previously, policy evaluation forms a crucial part of the policy formulation process, as it the means through which the success of policies are measured. Policy evaluation enables policy makers to establish the flaws within the implemented policy as well as make the necessary alterations to the policy based on the information gathered in the evaluation process. There are several models that have been designed to assist policy makers with evaluating the success of implemented policies. This section of the paper aims to discuss some of the various ways as well as the steps in which policies, particularly drug and alcohol policies can be evaluated as presented by Wood, (2005) and Kirst-Ashman, (2007).

The first approach to analysing a policy's appropriateness and adequacy is through using the "Five-E" model developed by Kirst-Ashman, (2007). The five Es include;

Effectiveness

Efficiency

Ethical considerations

Evaluation of alternatives, and

Establishment of recommendations for positive change.

2.14.4.1 How Effective Is The Policy?

According to Kirst-Ashman (2007), effectiveness of a policy measures the extent to which the policy, and the manner in which it is implemented, accomplishes its set aims and objectives. Establishing the degree of effectiveness of a policy requires the use of critical thinking and questions that are designed to obtain in relation to the goals of the policy. From these, policy evaluators can establish the main strengths of the policy, as well as the weaknesses that hinder the policy achieving its set goals. Along with the use of critical thinking and questions, Kirst-Ashman (2007) also advocates for the use of empirical data, if available, as a measure of the level of effectiveness of the policy. In relation to drug and alcohol policies within the workplace, empirical data such as changes in trends like the number of cases of substance abuse recorded after the implementation of the policy, could serve as a valid indicator of the degree of effectiveness of the policy in question.

2.14.4.2 How Efficient is the Policy?

The second measure of policy efficiency that Kirst-Ashman (2007) suggests is the efficiency of the policy. Efficiency refers to how economical a policy and the manner in which it is implemented is. For example if a company with a large number of employees, such as BSI Steel, adopted a daily drug and alcohol testing policy, it would prove to be costly to the company and possibly difficult to maintain over a long period of time. Using, Kirst-Ashman's definition, this would make the policy impractical and inefficient. Newer and more efficient implementation methods, such as random testing could prove to be better suited and more economical, also making it possible to implement on a long term base.

2.14.4.2 Is The Policy Ethically Sound?

According to Kirst-Ashman (2007), an important factor that needs to be taken into account in the policy analysis process is ethical considerations. The author argues that one needs to ensure that the manner in which the policy is implemented considers factors such as individuals' right to dignity, privacy, self-determination and confidentiality. With the amount of stigma still associated with substance abuse, this is paramount. Considering factors such as an individual's right to dignity in implementing a drug and alcohol policy can play a key role in fostering trust and enabling employees that require assistance to approach the appropriate people. Privacy and confidentiality is also vital, as it protects employees' identities and ensures that they feel safe enough to make use of whatever substance abuse related assistance programmes are being offered within or outside the workplace, without fear of prejudice from colleagues or dismissal from work.

2.14.4.4 What Does Evaluation Of Potential Alternative Policies Reveal?

The forth aspect of policy analysis draws on the other three E's that have been previously discussed. This part of the policy analysis process attempts to establish the degree to which the policy in question proposes the best way to solve the issue at hand, which in this context, would involve substance abuse within the workplace. It involves looking at factors such as the efficiency of the policy, the effectiveness of the policy, and how ethically sound the policy is. From the feedback gathered from the evaluation process, one is able to determine whether there is an alternative policy that is better able to solve the problem which called for the implementation of the policy, achieve the desired aims and objectives of the policy, and is better suited to that particular work environment. An example of an outcome that might result from the evaluation process is the decision by a company to outsource employee assistance

and wellness specialists who can render private and confidential services to employees, outside the work environment, so that more employees make use of the programme.

2.14.4.4 What Recommendations Can Be Established For Positive Changes?

The final part of the policy analysis process, as discussed by Kirst-Ashman (2007), seeks to establish recommendations that can be deduced from information that has been gathered in all phases of the process. From this, it is attempted to determine ways in which the policy can be amended so that it becomes more effective, efficient, and ethically sound. The appropriate changes are then made based to ensure that the policy is the best possible there is in tackling the identified problem. Kirst-Ashman, (2007) does however highlight that in some cases, where a policy is found to have numerous faults, and fails to achieve its set aims, one may have to consider eradicating the current policy and developing a completely new one which is more effective, and better suited to address the problem at hand.

While Kirst-Ashman's model of policy analysis is broad and can be used to analyse a policy in any context, Wood (2005) looks particularly at evaluating drug and alcohol policies.

2.14.4.5 Factor One: Policy Content

According to Wood (2005) there are a number of factors that one needs to consider, particularly when evaluating a drug and alcohol policy or substance abuse prevention programme. The first factor discussed by the author is evaluation of policy content. Woods (2005) emphasizes the need for all information provided to be based on medical and scientific accuracy due to the medical nature of substance abuse. This would entail providing employees with scientific facts such as the manner in which the various substances affect an

individual, the course of addiction, as well as the effects of drug abuse in areas such as mental process and memory function.

In addition to provision of facts abuse substance abuse, Wood (2005) argues that providing information on substance abuse based on scientific facts dispels drug myths and avoids generalisation or exaggeration of information, which may be translated into inaccurate information by those making use of the substance abuse prevention policy or programme. An example given by the author is providing general or exaggerated information such as "drugs are poisonous" or "drugs numb and dull your senses", and other scare tactics. In such instances, individuals that know this not to be exactly true may not see the need to comply with the substance abuse prevention programme or policy.

2.14.4.6 Factor Two: Teaching Method

According to Wood, (2005) another area that also needs to be evaluated in substance abuse policy is the teaching method. The author argues that simply providing individuals with information may not be as effective as using a research based interactive approach. According to the author this approach essentially encourages active participation and a willingness to be involved in the programme through linking substance abuse to the everyday lives of individuals and enabling them to see the direct or indirect ways in which substance abuse, from nicotine and alcohol, to more illicit drugs, may impact on the lives of individuals. Wood (2005) argues that it is essential that the manner in which information is provided is tailored to the developmental age of the individuals receiving the information.

2.14.4.7 Factor Three: Relevance

Another area of evaluation discussed by Wood (2005) is the relevance of the policy content. The author argues that drug and alcohol policies and prevention programmes should be tailored to the needs of the people that it is meant for. This would involve policy makers being aware of current drug trends such as psychoactive over the counter and prescroption medications, so as to integrate them into the policy or prevention programme. This ensures that all basis are covered and prevents having loopholes in the policy. Relevance of content also speaks to tailoring the policy to the work setting, in addition to state legislation. For example, in an organisation where there is operation of heavy machinery, the policy may include the fact that all employees will undergo compulsory drug and alcohol tests every day. In a more corporate setting however, the policy might only include random testing.

2.14.4.8 Factor Four: Implementation Process

Lastly, Wood (2005) discusses the importance of evaluating the actual implementation process of the substance abuse prevention programme or policy. Particular emphasis is placed on standardisation of the policy. This should involve ensuring that all information that is passed on to employees in different information sessions is the same. This also means that the policy should apply to all employees and the disciplinary protocol should be the same for all employees. Policy makers would therefore need to check the level of policy standardization in the policy evaluation process.

2.14.5. Company Drug and Alcohol Policies

As with many other countries in the world, South Africa has strict laws concerning drug use, (Neate, Kotzee, Nkomo, and Birch, 2008). These laws however, target illicit drugs and do not place much emphasis on the more socially accepted substances such as alcohol, nicotine, tranquilizers and other over the counter mood altering medications. With the large amounts of money that companies loose due to employee drug and alcohol habits, it is not surprising that many companies have made a move to put preventative and early intervention programmes such as alcohol and drug policies in place.

According the Western Health Board (WHB, 2006), there are several factors that companies need to take into account when designing a company drug and alcohol policy. The WHB, (2006) argues that when developing a company drug and alcohol policy, an employer needs to look beyond simply cutting costs and aim to uphold employee well-being in general. This approach to policy formulation varies slightly to the method that was mentioned previously, where policy is formulated based on an identified problem. The WHB's proposition that drug and alcohol policies should aim to address general employee wellness suggests that policies should be based on preventative approach, as opposed to being formulated in response to an identified problem.

The WHB, (2006) also suggests that the process of policy formulation should be inclusive and tailored to the work or organisation's setting. There is a need to involve the employees in the implementation and monitoring phase of the policies as well. This is based on the foundation that employees can play a key role in identifying colleagues who may have drug or alcohol abuse problems for referrals so they can receive the necessary intervention. Also,

the company should attempt to establish other wellness programmes that are designed to promote team building and good employee relations in order to prevent problems such as feeling alienated in the workplace and feeling the need to use drugs and alcohol as a coping mechanism.

The WBH (2006) also recommends education of employees as a vital component of having successful drug and alcohol policies. This is based on the notion that one is more likely to abstain from certain behaviours if one is fully aware of the repercussions involved. One of the main aims of this research study was to establish whether particular employees, such as persons who were involved in the formulation and implementation of the company's drug and alcohol policy, and therefore had extensive knowledge, displayed a better overall understanding of the policy and it's aims. The WHB (2006) argues that in essence, company alcohol and drug policies should be based on a team effort, where all involved strive for holistic wellbeing and a healthy workforce.

2.14 <u>CONCLUSION</u>

From all the different theories on substance abuse that have been discussed in this chapter, one understands that chemical dependency is a complex disorder that is influenced by a great deal of factors. Substance abuse within the workplace has many negative consequences both for the employee, as it affects general wellbeing, and for the employer, due decreased productivity and financial losses. The chapter also discussed how policies that are holistic can be used to address substance abuse in the workplace.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

According to Kumar (2011), a research design is the plan or strategy through which a study attempts to obtain the responses to the research study in question. The aim of this chapter is to provide a detailed account of the methodology that was used in this research project. It will discuss the aims and objectives of the research study. This chapter will highlight the research design that was used in conducting the study. It will also discuss the type of sampling methods that were used to obtain participants. This chapter also informs the reader of the research tools that were applied in this research study. In addition to this, the research design and methodology chapter will discuss how the researcher ensured the trustworthiness of the research study. The limitations of this research study will be discussed throughout this chapter. Finally this chapter will discuss ethical procedures that were followed in obtaining responses to the research question.

3.2 PRIMARY AIM OF RESEARCH STUDY

This research study aims to explore the employees' perceptions of the effectiveness of the company drug and alcohol policy at BSI Steel.

3.3 RESEARCH QUESTIONS AND OBJECTIVES

3.3.1 Secondary Objectives

The secondary research objectives are:

- To establish which employees within the company (human resource division, operational management) are the most aware of the company drug and alcohol policy.

- To explore factors which influence employees' compliance or non-compliance towards the company's drug and alcohol policy.

- To explore whether employees perceive organisational culture of the company to influence employees' likelihood to comply or not comply with the drug and alcohol policy in their workplace.

- To understand how the existing drug and alcohol policy of the company is implemented and monitored.

- To gain insight into which factors, if any, of the company's drug and alcohol policies employees perceive to be successful in decreasing employee alcohol and drug related problems and why.

3.3.2 Research Questions

The research questions included:

- Which employees within the company (human resource division, operational management) are the most aware of the company drug and alcohol policy?

- What are factors which influence employees' compliance or non-compliance towards the company drug and alcohol policy?

- Did employees perceive the organisational culture of the company to influence employees' likelihood to comply or not comply with the drug and alcohol policy in their workplace? If so, in what way?

- How is the existing drug and alcohol policy at BSI Steel implemented and monitored?

- Which factors, if any, of the company's drug and alcohol policy do employees perceive to be successful in decreasing employee alcohol and drug related problems and why?

3.4 THE RESEARCH DESIGN AND METHODOLOGY

3.4.1 Research Design

This research study aimed to explore employees' perceived effectiveness of the drug and alcohol policy in their workplace, as well as to explore aspects that were incorporated in the policy. The study therefore used an exploratory research design. According to Creswell (2003), exploratory research seeks to gain further insight into unexplored situations in order to develop a hypothesis or formulate a problem. The research methodology that was employed in this study was the mixed methods approach, which is a hybrid of qualitative and quantitative methods (Creswell, 2003).

The quantitative aspect of this study consisted of a structured questionnaire which was completed by all participants. This questionnaire aimed to obtain information about the company's drug and alcohol policy, the knowledge of employees about the policy, as well as how well participants felt the policy was implemented. The qualitative aspect of the study consisted of a semi-structured interview schedule, which was designed to provide the researcher with greater insight into the workplace culture of the company as well as issues surrounding substance abuse within the workplace.

3.4.1.1 Rationale for Research Design

Using a mixed method research design has been is hailed by Babbie (2008) as a means through which the researcher can enrich data as well as increase the trustworthiness and rigour of the research design. According to Creswell (2003), rigour refers to ensuring that qualitative research is protected against biases so that reliability of findings is enhanced. Using two, as opposed to one method of data collection enables the researcher to weigh the findings and conclusions reached by different methods of data collection against one another, and thus deduce more valid conclusions.

Despite these positive aspects achieved through using a mixed method research design, this research design also has some limitations. Using two methods of data collection can prove to be time consuming and expensive, as opposed to using a single research design. Because this study was conducted in a workplace, the researcher was not allocated much time to work with participants, and therefore faced some difficulties in gathering all the necessary data.

3.4.2 **Methodology**

3.4.2.1 Population, Sampling Strategy and Criteria

The population that was involved in this research study were employees from BSI Steel, a steel manufacturing company on the outskirts of Johannesburg. In order to obtain a participant sample of 50 two sampling strategies were used. Because the company consists predominantly of warehouse workers it was important to ensure that they constituted the majority of the participant sample so that findings were a more accurate reflection of the organisation's population. The aim was to obtain 40 participants who worked in the warehouse at BSI Steel to complete self-administered questionnaires. The remaining 10 participants that completed self-administered questionnaires were purposefully selected from

the HR division (5 participants) and the operational management division (5 participants). Because the management and HR employees at BSI Steel are significantly fewer than warehouse workers, they only constituted 20% of the overall sample. This was however more than half of the BSI management and HR division. The sampling strategy is illustrated in Figure 1.0.
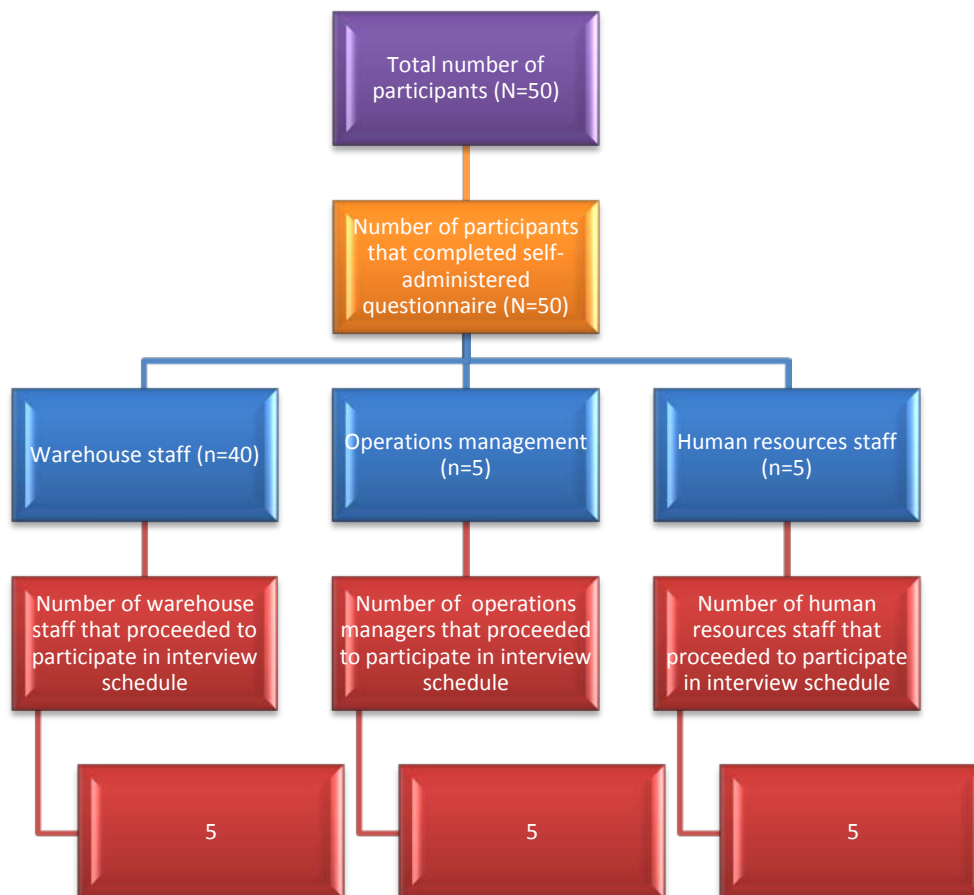
Figure 1.0: Sampling Strategy (N=50)

To obtain 40 participants from the warehouse section of the company, the human resources division of BSI Steel provided the researcher with a list of all the employees at the company. Using a random, probability sampling method, the researcher placed all the names of employees in a box and then randomly selected 100 names. According to Green and Thorogood, (2007) random or probability sampling is a way of ensuring that all members of the population have an equal chance of being selected as participants. This ensures that findings are more representative of the overall population, and therefore more generalizable.

The employees whose names were selected were approached by the researcher to complete the self-administered questionnaire until the goal of obtaining 40 completed questionnaires from the staff in the warehouse section was reached. The researcher took care to inform the employees that participation was entirely on a voluntary basis, and participants could decline to participate in the study without fear of prejudice. From this sample of 40 participants who completed the self-administered questionnaire five participants, who worked in the warehouse section of the company, were selected to take part in the semi-structured interview schedule.

Because one of the research objectives was to establish which particular employees were most aware of the company drug and alcohol policy, purposive sampling was used to obtain five participants from the company's human resources division and five participants in operational management positions at BSI Steel. The ten participants from the HR and management division all completed the self-administered questionnaire, as well as took part in a face-to-face interview. Unlike probability sampling, purposive sampling entails analysing the research question and selecting participants based on their likelihood to provide enriching information that will bring depth to the study, (Green and Thorogood, 2007). The criteria for purposefully selecting human resource and operational management staff for participation in

the interview process was also based on the aim of the research study to explore the implementation and evaluation procedures of the company's drug and alcohol policy. All of the management and human resources staff that were approached to participate in the study made themselves available.

These five interview participants were general workers within the company who completed the self-administered questionnaire and had indicated a willingness to participate in the interview process. This selection of the final five interview participants was based on convenience sampling, whereby the researcher obtains participants based on willingness or availability, (Creswell, 2003). All participants were fully informed about the nature of the study and what participating in the study required of them.

There are several possible limitations to using the above mentioned sampling procedures in this study. Because the sample was relatively small in comparison to the population of BSI Steel, which stands at approximately 1600, the results obtained in this study cannot be generalised to the broader South African workplace setting. Similarly, because the sampling procedure for the face-to-face interviews was purposive and convenience sampling, participants from the HR and operations management divisions may have provided socially desirable answers and information attained may not be a true representation of the perceptions of the population at large. This may have resulted in findings being limited.

Another limitation to interviewing participants from human resource and operational management divisions within BSI Steel is that information provided by those participants may have rendered the findings of the study biased. The researcher did however attempt to counteract this possibility by ensuring that the majority of the participants that took part in completing the self-administered questionnaire were general staff, as they formed the

majority of the company. This was aimed at balancing participants' responses so that findings reflected the view point of participants.

3.4.2.2 *Research instruments\tools*

The study used two research tools. The first tool consisted of a structured self-administered questionnaire, which was distributed to all 50 research participants. This structured self-administered questionnaire attempted to establish factors such as employee knowledge of the company's alcohol and drug policy. The self-administered questionnaire also attempted to explore the degree to which employees abided by BSI Steel's company drug and alcohol policy. A separate sheet attached to the structured questionnaire allowed participants to indicate whether they were interested in taking part in the interview.

The questionnaire that was used in this research study was developed by the researcher and has not been proven to explore what the researcher intended to gain insight of. A pilot test was used to verify the questionnaire had content and face validity. Content validity refers to an instrument's ability to measure the content that it aims to measure. Face validity refers to whether an instrument appears to measure what it aims to be measuring (Creswell, 2003).

The second tool that was used in this study was a semi-structured interview schedule containing various open-ended questions, which aimed at exploring participants' subjective experiences with regards to their workplace and their company alcohol and drug policies. Five participants from the human resources division, five from operational management, and five general employees were interviewed.

The interview schedule that was used in this study was also developed by the researcher and had not been proven to measure what the study sought to investigate. Once again a pilot study were used to ensure that this research tool was reliable and had face validity and content validity. Another limitation of this tool was the fact that it could not guarantee anonymity to the participants since interviews were held on a face to face basis. The researcher however upheld privacy and confidentiality and codes were used to represent participants, rather than names.

Another main limitation of the research study arose from the fact that it explored substance abuse within the workplace, which is usually a closed subject. Participants may have therefore provided socially desirable answers when completing the self-administered structured questionnaire, or may have been dishonest in answering the interview questions so as to protect themselves.

3.4.2.3 *Piloting of research tools*

For this study, the two chosen research instruments were piloted. Piloting of these tools served several purposes. The pilot study served to establish the validity or trustworthiness of the research tools as the results provided an indication as to whether the tools measure the intended topic that is being explored (Cohen and Manion, 2000). Questionnaires were distributed to five employees in a different setting as part of the piloting process. It was carefully explained to all of these individuals that it was a pilot study and that they needed to be frank in providing feedback to the researcher. On completing the self-administered questionnaire, participants provided feedback about the tool, and whether they felt any changes needed to be made in order to make it more accurate as a data gathering tool.

Two pilot interviews were conducted. These participants were also asked to provide honest feedback about the interview, after it was explained to them that it was a pilot study. In this research project piloting the interview provided information as to the length of time that was allocated to each interview session as well as questions that needed to be included or amended so that they were clearer to participants. Amendments were made to the semi-structured interview schedule by including more questions. This critical part of the research project served to ensure that the finalised research tools were participant friendly, as well as efficient in exploring what they set out to explore.

3.4.3 <u>Methods of data collection</u>

3.4.3.1 <u>*Self-Administered Questionnaire*</u>

A questionnaire was appropriate for this particular study because it could be easily administered to a relatively large group of people which in this case was 50 employees of BSI. A questionnaire also provided the participant with anonymity and also ensured confidentiality to make participants more comfortable about truthfully answering questions about employee substance abuse questions regarding the degree to which they abide with the company's drug and alcohol policy. As a result questions could be asked without the researcher seeming threatening or confrontational. In order to ensure anonymity and confidentiality, the researcher provided an opaque ballot-like box, in which participants could drop off completed questionnaires. This was done to reassure participants that the researcher would not directly be able to link them to particular information.

Meyers (2003) argues that anonymity in research testing increases the likelihood of participants giving more honest answers. Since this particular study asked about the participants' knowledge and likelihood to abide by the company's drug and alcohol policy, as well as how well they felt that policy was implemented and monitored, the anonymity of a

questionnaire could have resulted in participants being more likely to answer the questions with greater honesty. According to Creswell (2003) questionnaires are also a fast and relatively cheaper way of gathering information from a large group of people. Since employees are often busy, and follow different schedules, more participants were willing to complete the structured questionnaire, which is less time consuming, as opposed to taking part in an interview.

Creswell (2003) argues that several limitations are evident when using a questionnaire as a tool. First, participants could misinterpret the questions and this could affect the quality of data that was collected. This meant that all questions asked in the distributed self-administered questionnaire had to be as clear as possible. To counteract any possibility of participants misinterpreting questions, the researcher conducted a pilot study. Second, Creswell (2003) argues that there can be a low response rate in questionnaires. In order to counteract this, the researcher asked for permission to explain to participants the purpose of the research and this increased the rate of responses as potential participants were able to ask questions and understand the potential value of the study. Lastly, it is often difficult to go into detail and further explore the participants' answers when using a questionnaire (Babbie, 2008). As a result, the researcher held interviews in order to enrich the research data.

3.4.3.2 Semi-structured Interview Schedule

PARTICIPANT	SECTION	TYPE OF INTERVIEW	DATE
1	Warehouse	Face to face	16/01/2012
2	Warehouse	Face to face	16/01/2012
3	Warehouse	Face to face	16/01/2012
4	Warehouse	Face to face	17/01/2012
5	Warehouse	Face to face	17/01/2012
6	Human Resources	Face to face	18/01/2012
7	Operations Management	Face to face	18/01/2012
8	Operations Management	Face to face	19/01/2012
9	Operations Management	Face to face	23/01/2012
10	Human Resources	Face to face	23/01/2012
11	Human Resources	Face to face	23/01/2012
12	Operations management	Face to face	24/01/2012
13	Human Resources	Face to face	24/01/2012
14	Human Resources	Telephonic	25/01/2012
15	Operations management	Face to face	25/01/2012

As part of the research study, in-depth semi- structured interviews were conducted with 15 participants, over a two week period. Each interview lasted approximately 30 minutes. According to Seidman (2006) because interviews are held in private, it often allows for rapport between the participant and researcher. This increases the possibility that participants will be more open in answering questions. Since this research study explored the perceptions of employees at BSI Steel about the effectiveness of the company's drug and alcohol policy, interviews were conducted in order to gain greater insight into the subject. Conducting interviews was highly relevant for this research project, because it provided an opportunity to ask open-ended questions so that detailed responses from participants could be gathered. Using an interview schedule also enabled the researcher to explore how the company's drug and alcohol policy was formulated, implemented, evaluated, and monitored.

Interviews also provided an opportunity to observe participants' body language and non-verbal communication while answering questions. The researcher could therefore act on these verbal and non-verbal cues and also probe to obtain more information. As one is unable to observe cues when using participant questionnaires, this was particularly valuable, especially when it came to sensitive questions. This could have increased the possibility of receiving more honest feedback from participants. Seidman (2006) cautions, however, that interviews can be time consuming and could also cause participants some discomfort. Discomfort is more likely to occur in studies that require participants to divulge sensitive information to the researcher because of the lack of anonymity. Due to the nature of this study participants could have possibly withheld vital information that could have significantly contribute towards the findings of this study. In order to reduce the risk of such limitations, the researcher attempted to establish some kind of rapport with the participants before commencing with the semi structured interview. The researcher ensured the participants of their right to withdraw at any

time without prejudice, the fact that the interviews were confidential and the fact that codes, as opposed to individual names would be used in the study.

3.5 <u>RESEARCH PROCESS</u>

The research procedure was conducted in the following sequence:

- The researcher approached BSI Steel Gauteng division for permission to conduct the research study. A copy of the research proposal was given to the human resources officer, the human resources director, and a member of the non-executive board of the company.

- The researcher was granted written permission by the organisation on June 24th 2011 to proceed with the research study.

- A pilot study was conducted on 12th and 13th January 2012. This pilot study consisted of five self-administered questionnaires and two interviews. Participants provided feedback to the researcher. This resulted in some of the terminology used in the tools being modified for participants, particularly those from the warehouse section, to better understand the questions. The feedback also resulted in changes being made to the interview schedule so that more relevant questions were asked. The pilot study also resulted in a more accurate time being allocated for interviews.

- After making changes to the tools, participants were approached and presented with participant information sheets and consent forms.

- Upon completion of the self-administered questionnaires, appointments were arranged for 30 minute interviews with employees from the warehouse, operations management, and human resources division of the company.

- Through a suggestion from the human resources officer at BSI Steel Gauteng division, an appointment was made to have a telephonic interview with the HR director overseeing all BSI Steel divisions in South Africa. Verbal consent was received from this participant.

- All the quantitative data were analysed and presented in graphs and tables in this research report. The interviews were transcribed and then analysed to determine the themes that emerged from the study and presented with the verbatim quotes.

- The completed study was presented in a bound research report.

3.6 <u>DATA ANALYSIS</u>

According to Mason (1996), data analysis is an important part of the research process, as it the means through which the researcher studies, classifies, and deduces information from the data gathering phase. Using the correct data analysis methods can therefore have a substantial influence on the findings and conclusions that the researcher makes out of the raw data that has been gathered. The data that was gathered for this research study was analysed using two techniques. Descriptive statistics were used to analyse the data gathered from the structured questionnaire, which formed the quantitative phase of the study.

Qualitative data that were gathered from the interviews were analysed using thematic content analysis. Thematic content analysis is used in qualitative studies whereby the researcher seeks to establish findings by identifying the main or relevant themes from raw participant data (O' Leary, 2004). Descriptive statistics are used in the analysis of quantitative data to ascertain measures. These measures allowed the researcher to deduce things such as the most frequently provided answers and the extent to which participant responses differ. This method of analysis allowed the researcher to simplify data and present it graphically (Babbie, 2008).

According to O' Leary (2004), while descriptive statistics may not provide insight into a phenomenon, it is an effective way of arranging and making sense of quantitative data. Similarly, despite the fact that thematic content analysis attempts to provide meaning to data by deducing relevant themes, it is not a fully standardised method to analyse and understand data. These two methods of data analysis were therefore able to complement each other and make up for the other's shortcomings.

3.7 RIGOUR AND TRUSTWORTHINESS OF THE STUDY

According to Liamputtong and Ezzy (2007), rigour in qualitative research is a means of ensuring that the research study is trustworthy, and can be relied upon by other researchers. Rigour encompasses validity and reliability, terms that are used by quantitative researchers. According to the authors, rigour indicates the different methodology utilised in research that seeks to deduce meanings and interpretations. The validity of qualitative research has been a debate in research circles. Liamputtong and Ezzy (2007), discuss some of the factors that compromise rigour in qualitative research and suggest six ways in which the qualitative researcher can counteract these factors. These techniques include; theoretical rigour, methodological rigour, interpretative rigour and inter-rater reliability, triangulation, evaluative rigour, and rigorous reflexivity.

3.7.1   Theoretical rigour

Liamputtong and Ezzy (2007), argue that theoretical rigour involves appropriately choosing theory and concepts that are relevant with the research study so that the research strategy is consistent with the research goals. In this study, using a sequential exploratory design and purposefully selecting key informants was a way of ensuring theoretical rigour so that the data that was obtained was relevant to the study.

3.7.2   Methodological/Procedural Rigour

Methodological or procedural rigour requires the researcher to provide accurate account of how the research study was conducted, and how the researcher came to arrive at the findings of the study. Liamputtong and Ezzy (2007), argue that procedural rigour avoids unsubstantiated or seemingly over generalized findings. In order to ensure methodological rigour, the researcher discusses how access was obtained to the organisation, how participants were approached to take part in the study, the sampling criteria used in the study, the data collection methods, and how the data was analysed to arrive to the conclusions presented in the data analysis and research findings in this research report.

3.7.3   Interpretative Rigour And Inter-Rater Reliability

As discussed previously, qualitative research involves the use of deductive and interpretative methods to arrive to conclusions. Liamputtong and Ezzy (2007) argue that many researchers battle with the validity of their own interpretations. Interpretative rigour in qualitative research ensures that the researcher's interpretation of information obtained from participants is accurately able to reflect worldview of participants involved in the study. According to Liamputtong and Ezzy (2007), one of the ways in which interpretive rigour can be achieved is for the researcher to clearly demonstrate how the interpretations and findings were achieved through adding substantial parts of the primary texts or raw data in the research report. In this research report, the researcher provided the reader with a clearer sense of the evidence that analysis was based by adding direct quotes made by participants in the research study. This allowed readers and other researchers to assess the data and establish the degree to which the interpretations reflect the data.

3.7.4   <u>Triangulation</u>

According to Liamputtong and Ezzy (2007), one of the means of improving rigour in qualitative research is through the use of triangulation. Triangulation is the use of multiple theories, observations or research methods in an effort to reduce any bias that may occur as a result of using one data collection method. This research study used a mixed method research approach that combined qualitative and quantitative methods. The researcher also combined the use of self-administered questionnaires and an interview schedule, thereby having more than one source upon which conclusions were reached.

3.7.5   <u>Evaluative Rigour: Ethics and Politics</u>

Evaluative rigour speaks to procedurally addressing the ethical and political aspects of the research process. Liamputtong and Ezzy (2007) argue that it is vital that the researcher ensure that the entire research process is ethically sound and that ethical procedures are complied with. To ensure that this research study upheld evaluative rigour, the researcher submitted a research proposal which contained an overview of the study, the methods of data collection, as well as the research instrument that would be used in the study to a human research ethics committee. The study also upheld the ethical principles of voluntary participation, informed consent, privacy, anonymity, and confidentiality.

3.7.6   <u>Rigorous Reflexivity</u>

The final factor that needs to be taken into account in ensuring rigorous qualitative research is the role of the researcher. According to Liamputtong and Ezzy (2007), the researcher should acknowledge the influence that he/she may have on participant responses. Adopting a reflexive approach means taking stock of the role that the researcher plays in the research process identifying if he/she may have impacted on the worldview of participants.

Because this study approached the sensitive topic of substance abuse, and participants were employees at the research site, the researcher took time to establish rapport with participants, ensure that all participants were aware that confidentiality and privacy would be upheld and explain the value of the research study. This aimed to make participants comfortable with the research process and provide honest responses on the subject in question, without fear of prejudice by the researcher, or employer.

3.8   ETHICAL CONSIDERATIONS

3.8.1 Privacy/ Confidentiality/ Anonymity

Rosnow and Rosenthal (1996) argue that safeguarding the identity of research participants is crucial, particularly when conducting research of a sensitive nature. Because this particular research study required participants to discuss substance abuse in the workplace, the principles of confidentiality and anonymity were vital. Anonymity was ensured in the quantitative phase of this research by making sure that participants did not have to write their names or other identifying details anywhere on the questionnaire. Participants were also able to submit their completed questionnaire in an opaque box. These completed questionnaires were only retrieved later in the absence of the participants. The researcher therefore could not link any participant answers with particular individuals. In this way, anonymity and privacy were upheld.

In the qualitative phase of the study, anonymity could not be guaranteed because interviews were held on a face to face basis. Despite this, participants were fully assured of privacy and confidentiality because codes were used to identify them rather than names. The information that they provided was only therefore know by the researcher. All raw data will be stored in a safe place for two years if this research report is published and for five years if it is not published.

3.8.2   <u>Informed Consent</u>

Magoba (2001) highlights the principle of informed consent as an important aspect of research. Informed consent involves ensuring that the participant has full and comprehensive knowledge about the exact nature of the research study, as well as their rights as a participant. In both the qualitative and quantitative part of the study the main aims that the study hoped to achieve were fully explained to them. All participants were clearly informed about the exact nature and what was required of them. They were clearly made aware of their right to privacy and confidentiality as well as their right to withdraw from the research study at any point, without fear of prejudice. All participants were informed about the time it would take them to complete the questionnaire and the duration of the interview.

3.8.3   <u>Avoidance of harm/ Non-maleficence</u>

According to Schuklenk (2004), researchers have a duty to ensure that their participants are protected from harm, be it physical or psychological or simple exploitation. In this study, this principle was adhered to by making sure that all participants were aware that they were required to divulge information concerning the perceived effectiveness of the company's drug and alcohol policy. Upholding the principles of confidentiality, anonymity, privacy, and storing all raw data in a safe place away from the company ensured that participants were able to provide information without fear of prejudice in the workplace. They were also informed regarding the possible outcomes of the study, such as the results possibly influencing BSI Steel's company drug policy and how it would be implemented and monitored. Finally, participants were provided with information on who and where they could go to for free counselling if they felt the need to do so as a result of having participated in the study.

3.8.4   Coercion and Perverse Incentive/ Voluntary Participation

Rosnow and Rosenthal (1996) highlight that all research participants should participate on a completely voluntary basis. They argue that it is ethically incorrect for researcher to lure participants for a study by offering incentives such as money or other forms of benefits for being a part of the study. In this study all participants volunteered to be a part of the study once they were fully informed about what it entailed. No participant was coerced or offered any form of incentive. Participants were made aware of their right to withdraw from the study at any point of the study if they wished to do so.

3.8.5 Researcher Competence

According to Babbie (2008), it is vital that the researcher is competent to carry out the research study in question. This means that the researcher should possess the skills and qualification to conduct the study. In order to adhere to this ethical principle, the researcher read widely on substance abuse in the workplace and furthered her insight on the theories that concern addiction. Through this, the researcher was able to approach the subject with sensitivity and respect. She was also able to identify themes that were relevant to the study as a result.

3.9 <u>CONCLUSION</u>

This chapter provided an outline of the methodology that was used in this research study. It gave a full description of the type of research method that was used as well as the tools that were used to gather information. It presented the method in which participants were obtained for the study and what criteria were used to obtain a sample. Lastly this chapter discussed the method of data analysis that was used in this study, the ethical considerations and the limitations that were encountered during the research study.

CHAPTER 4

DATA ANALYSIS

4.1 INTRODUCTION

According to Adèr and Mellenbergh (2008), data analysis is one of the most vital aspects of research. They define data analysis as a process whereby collected data is modelled and inspected in order to highlight useful information. The main aim of this chapter is to present the findings of the research project. The data is analysed by arranging it and highlighting information that is relevant to the initial aims, secondary objectives and research questions of the research project. The data which relates to the main themes of the research will be displayed through the use of pictorial representations such as Tables and charts.

4.2 DEMOGRAPHIC INFORMATION

In total 50 participants participated in the overall research project (N=50). Their demographic information is represented by Table 1. All 50 of these participants were involved in the quantitative part of the research study, which required them to complete a structured self-administered questionnaire. This questionnaire aimed to obtain information regarding the employees' degree of knowledge about BSISteel's drug and alcohol policy, how accessible they perceived the policy to be, as well as the perceived effectiveness of the policy. From the 50 participants that completed the self-administered questionnaire 15 participants went on to participate in semi-structured interviews.

The aim of the interviews was to obtain more detailed information on the perceptions of employees about the effectiveness of the company's drug and alcohol policy as well as obtaining recommendations on ways in which they felt the policy could be rendered more

effective. The demographic information pertaining to those participants that were involved in the interview have been presented separately in Table 2.

Table 1: Demographic profile of all participants (N=50)

Demographic Factor	Sub-Category	Number of participants			Percentage
Gender of participants	Male	42			82%
	Female	8			16%
Average Age of participants		**Male**	**Female**	**Total**	
	20 years or less	1	0	**1**	2%
	21-25 years	4	2	**6**	12%
	26-30 years	17	0	**18**	32%
	31-35 years	11	1	**11**	22%
	36-40 years	3	3	**6**	12%
	41 years and over	6	2	**8**	16%
Race of Participants	Indian	3			6%
	Coloured	1			2%
	Black	39			78%
	White	6			12%
	Other	1			2%
Number of Yearsat BSI Steel	1	18			36%
	2	10			20%
	3	5			10%
	4	4			8%
	5 and above	13			26%
Section/Position of Participants in Company	Warehouse	40			80%
	Management	5			10%
	Human Resources	5			10%

Figure 1: Age in relation to gender of all participants (N=50)
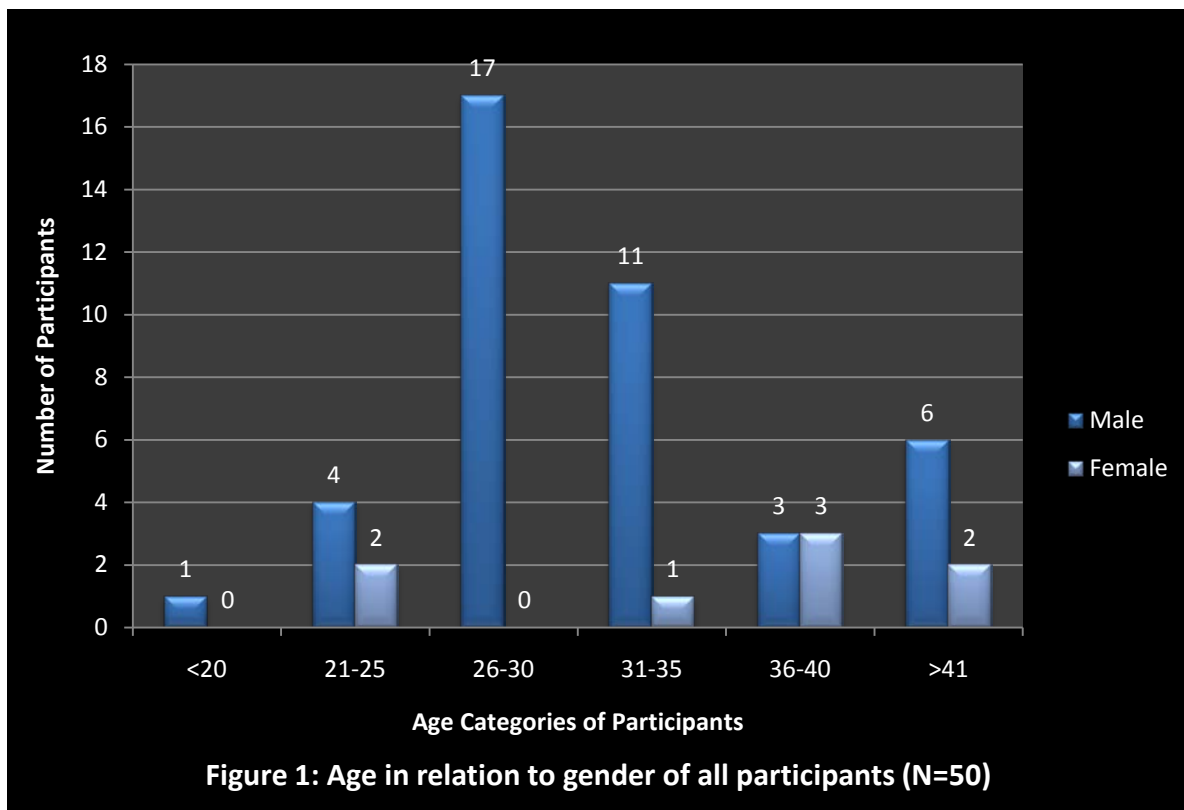
Figure 1 illustrates the age in relation to gender of the participants that took place in this research study. From the demographic information provided, one ascertains that the category with the largest representation of participants was comprised of males under the age of 35. These participants made up 32 out of 50 (64%) of the employees that were involved in the study. According to SACENDU (2009) the average age of all the people that were admitted to rehabilitation centres in South Africa ranged between 18 and 35. Of these individuals, 80% were male, making them the most at risk group in relation to substance abuse.

In addition to this, Batts et al. (2004), argue that research conducted in various states in the USA revealed that employees that were most likely to have a substance abuse habit were young male blue collar workers. One participant in the human resources division, who appeared to agree with Batts et al. (2004), quotes;

"I think we (HR team) need to do more there, especially for the guys in the warehouse because they are all from different backgrounds, some from very poor communities with a culture of substance abuse."

These researchers attributed these findings to the intense nature of work done by blue collar workers, as well as what they term "the rite of passage" (Batts et. al., 2004, p.2). The rite of passage is described at the process through which an individual leaves home and the safety provided by parents and starts out a life in which one is responsible for one's wellbeing, which can be a difficult and emotionally challenging experience. This participant sample reflected that the majority of employees at BSI Steel fell into the at risk group category. One could argue that having a comprehensive company drug and alcohol policy at BSI Steel is essential in this case in order to curb the issue of substance abuse among employees and provide assistance to those that require it.

Figure 2: Racial Profile Of Participants (N=50)
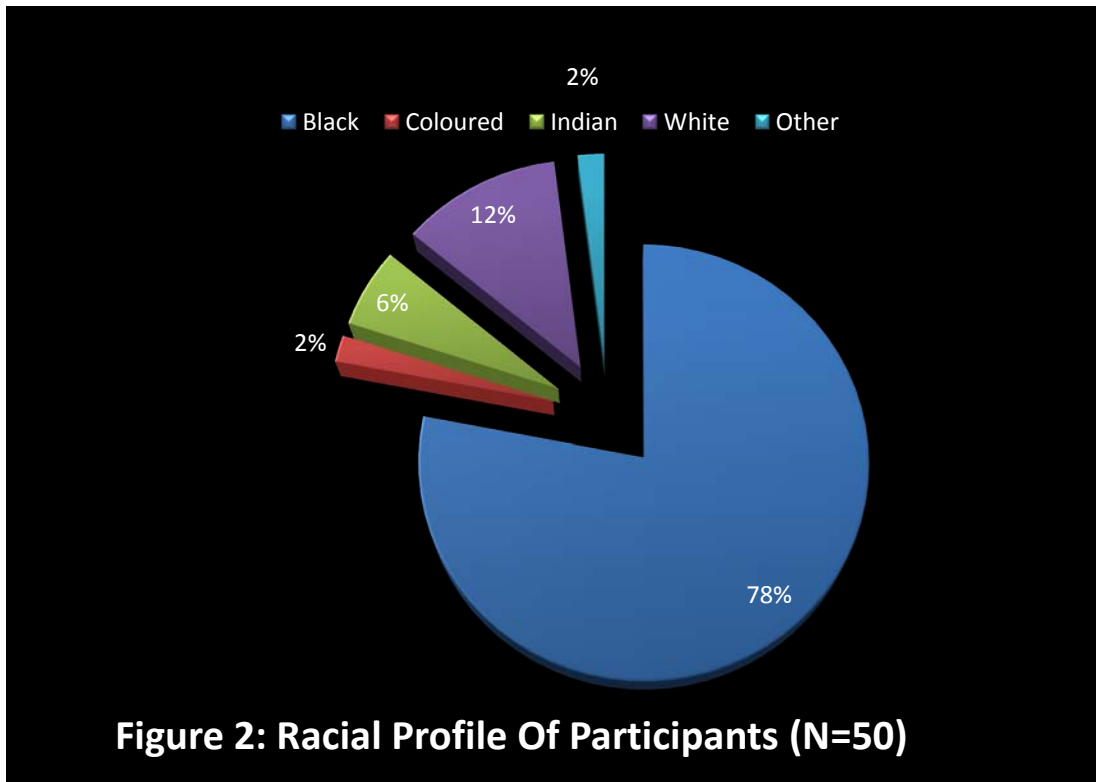
Table 2: Demographic profile of interview participants (N=15)

Demographic Factor	Sub-Category	Number of participants			Percentage
Gender of participants	Male	9			60%
	Female	6			40%
Average Age of participants		**Male**	**Female**	**Total**	
	20 years or less	1	0	**1**	7%
	21-25 years	1	1	**2**	13%
	26-30 years	3	0	**3**	20%
	31-35 years	1	1	**2**	13%
	36-40 years	1	2	**3**	20%
	41 years and over	2	2	**4**	27%
Race of Participants	Indian	2			6%
	Coloured	0			0%
	Black	6			40%
	White	6			40%
	Other	1			7%
Number of Years at BSI Steel	1	5			36%
	2	2			20%
	3	2			10%
	4	0			8%
	5 and above	6			40%
Section/Position of Participants in Company	Warehouse	5			33.3%
	Management	5			33.3%
	Human Resources	5			33.3%

4.3 Employees Within BSI Steel That Are Most Aware Of The Company Drug And Alcohol Policy

According to the WHB (2006), in order for a company drug and alcohol policy to be deemed effective, it is essential that employees have sufficient awareness of the policy, what it states, whether assistance is offered, and the consequences that an individual may face if he/she does not abide by the drug and alcohol policy. For this reason, one of the research questions that this research study sought to explore was whether there was general awareness of BSI Steel's drug and alcohol policy among all employees, or there were particular groupings of people within BSI Steel Gauteng division who appeared to be more aware of the company's drug and alcohol policy. In order to ascertain this information, all participants were asked whether they knew if BSI Steel had a drug and alcohol policy.

Figure 3: Employees who were aware of company drug and alcohol policy (N=50 0
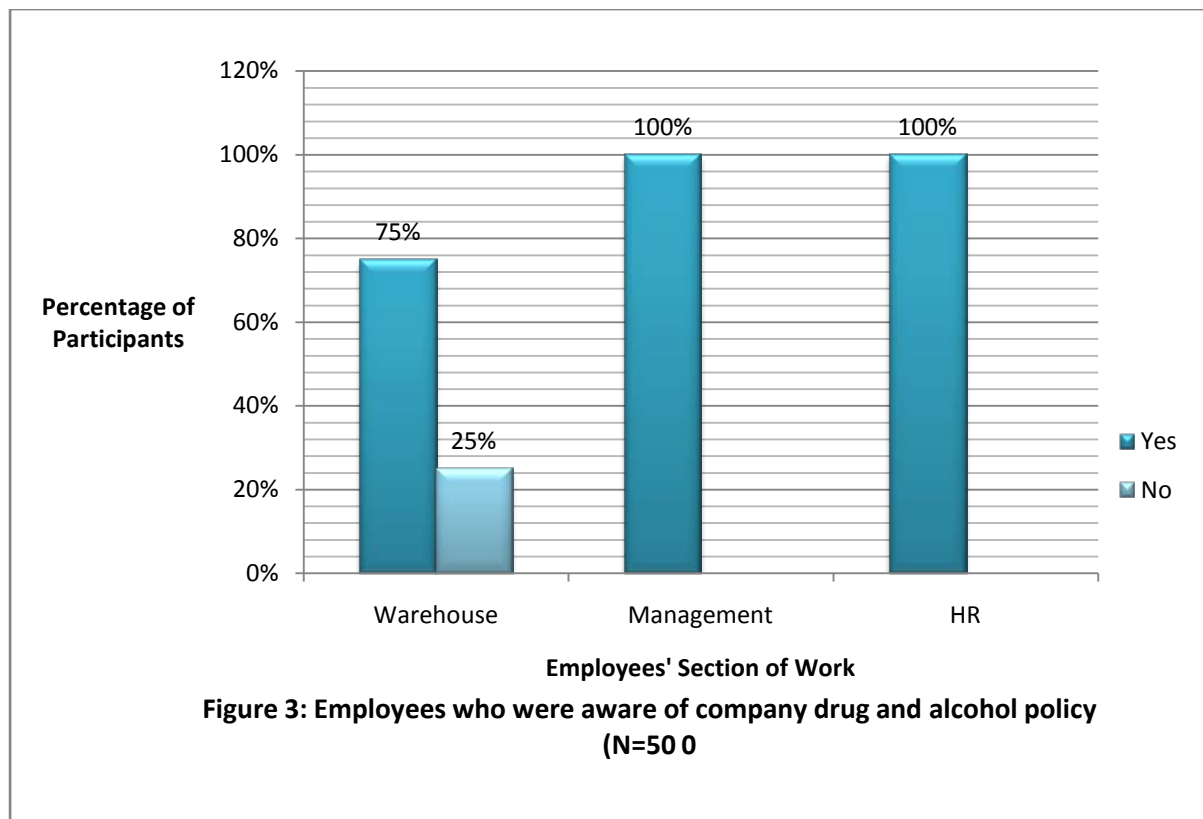
The answers of participants which are illustrated in Figure3, displays that 40 participants, which constituted 80% of the total number of respondents, indicated that they knew about the company's substance abuse policy. This Figure also displays that of the respondents, all 10 participants (100%) that held HR or management positions indicated knowing about the policy, while all the respondents that indicated *not* knowing about the company's drug and alcohol policy were warehouse employees.

Participants were also asked to rate their knowledge of the contents of the company drug and alcohol policy. For this question, a five-point Likert scale was used with 1 indicating very little knowledge of the policy, while 5 indicated a comprehensive understanding of the policy. Figure 4 illustrates the responses that participants provided.

Figure 4: Participants knowledge of contents of BSI Steel's drug and alcohol policy (N=50)
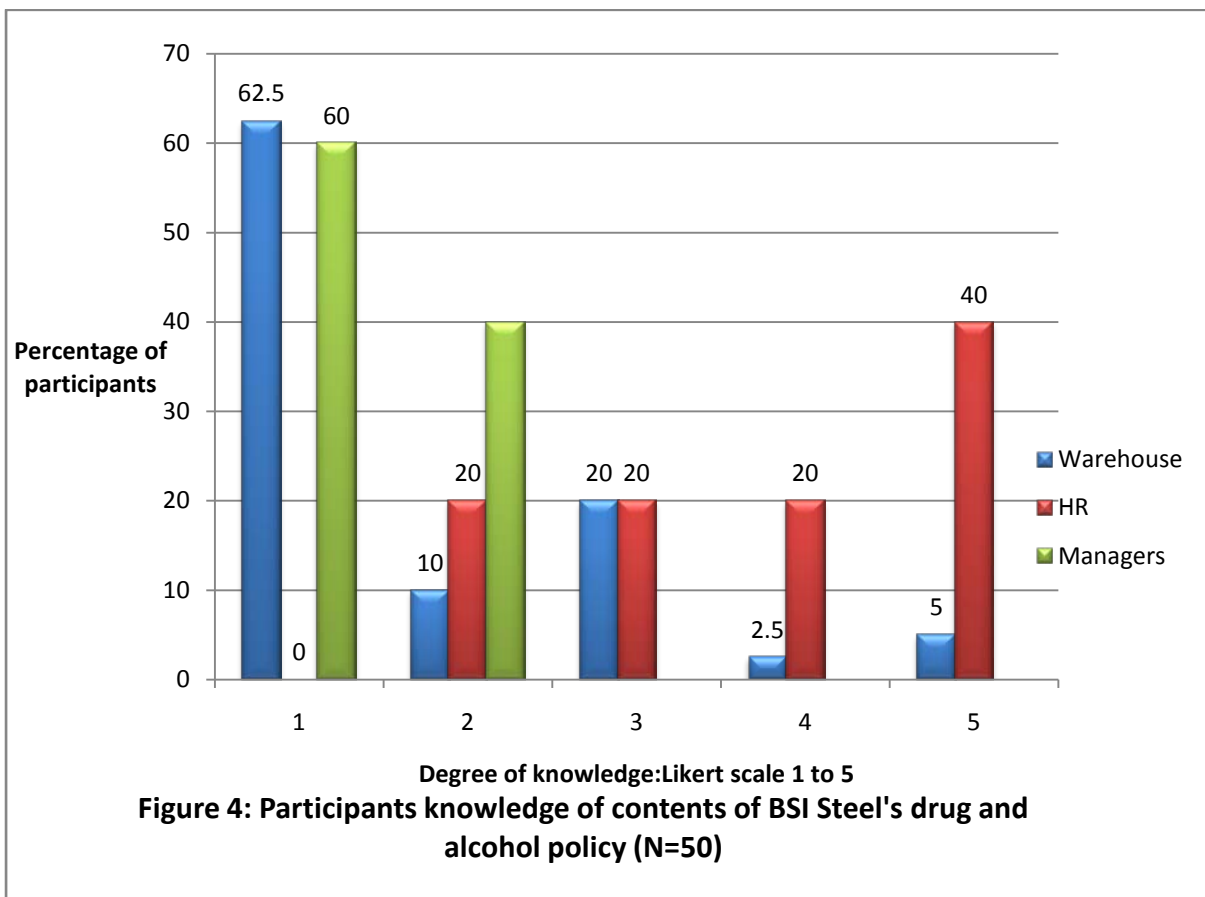
Although 40 participants (80%) indicated knowing that the company had a drug and alcohol policy as illustrated in Figure 3, one is able to deduce from Figure 4 that 35 of the 50 participant (70%)indicated having very little to, or no knowledge about the contents of the company's drug and alcohol policy. Of those who rated their knowledge of the policy under 2, n = 35, 29 (58%) were warehouse workers. In the interview process, one participant from the warehouse division, who has been a employee with the company for 3 years quotes;

> *"I've never heard about or seen the policy. There is just a sign by the gate saying drugs and alcohol are not allowed here."*

Another finding that came out of responses provided was the fact that all of the participants in operations management positions rated their knowledge of the policy to be very little (2 on the five-point Likert scale). During the interviews, one participant in the operations management division explained,

> *"I have been here a long time (15 years) and I have never seen the policy document, or never received any form of awareness programme or campaign on substance abuse. We had discovery over last year for a wellness day but they only talked about HIV/AIDS".*

As operational managers form the link between HR and the warehouse staff, this may impact on the accuracy of policy related information that is passed onto warehouse staff. Participants that were in the human resources division (40%) were found to have the most knowledge of the company's substance abuse policy as they deal with enforcing the policy, as well as participating in substance abuse related disciplinary cases.

A participant form the HR division explained this during an interview and quotes;

> *"My knowledge about the company drug and alcohol policy is better than average because I was involved in formulation of the policy, and also sit in disciplinary hearings. But we have never had any sort of awareness programme and I feel there is a great need for that because we do offer help for substance abuse."*

These finding supports evidence by the Wood (2005) who argues that involving people in the formulation of a policy can increase the knowledge they have of that policy, and in turn increase the effectiveness of that policy.

Participants were also asked to indicate how they came to be aware of the company's drug and alcohol policy. Participants were asked to select all the options that they felt applied to them. Figure 5 illustrate the responses that were given by participants.

How participants came to be aware of the company drug and alcohol policy

Figure 5: How participants became aware of company drug and alcohol policy (n=40)
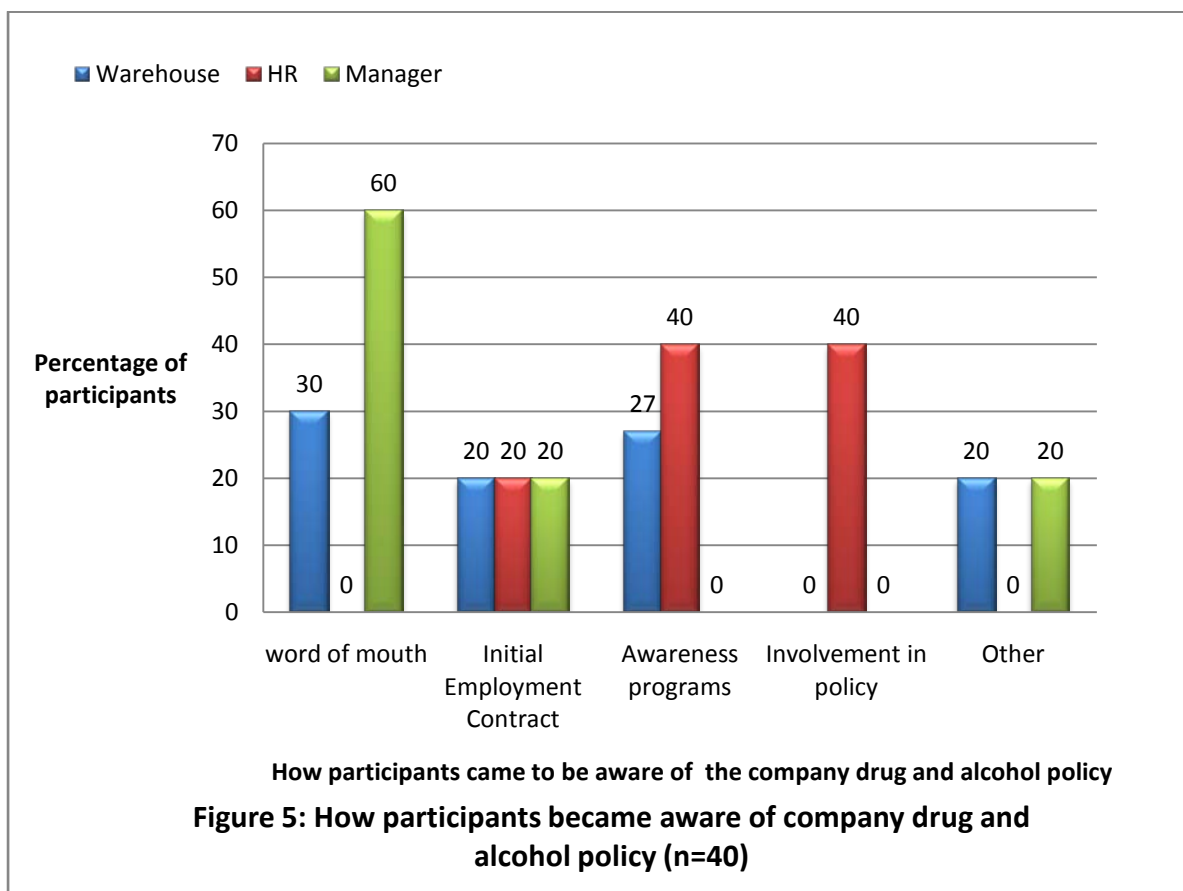
According to Figure 5, the option that was most selected by participants from the warehouse section of the company with (12 participants, 30%) as their source of information about the company's drug and alcohol policy was word of mouth. Employees in management positions, (3 participants, 60%) also indicated having known about the drug and alcohol policy from word of mouth. This can be linked with the findings in Figure 4, which showed that the majority of warehouse participants (3 participants, 60%), who depend on operations managers for information, indicated having little to no knowledge about the contents of BSI Steel's drug and alcohol policy.

No participants from the warehouse, or management division indicated being aware of the drug and alcohol policy through involvement in policy formulation or implementation. As previously discussed, Wood (2005) argues that it is essential that all persons affected by a policy are involved in the way of input and suggestions, or reaching for feedback before implementing that policy. The author argues that this creates general awareness about the policy and what it entails, and also encourages compliance with the policy.

Although some participants who completed the self-administered questionnaire indicated knowing about the policy as a result of awareness programmes in, all interview participants who were from the HR, management, and warehouse divisions indicated that they had never received awareness programmes on substance abuse or what the policy contained. In addition to this, all the participants from the warehouse section indicated that they were aware of the policy through a sign at the main gate prohibiting drugs and alcohol on the premises. Table 3 below illustrates some of the responses provided by interview participants.

Table 3: Interview participants' responses: Substance abuse awareness at BSI Steel (N=15)

Participant Section	Number of Participants	Quote
Warehouse	**5**	*"These guys (BSI Steel) don't teach us anything on drugs and alcohol. We have never had an awareness campaign."* *"I know there is a policy but I don't know if they do. Maybe because I'm new. I've been here less than a year but there is a sign by the gate".* *"Not that I know of...We have safety talks in the mornings but it's more on operating machines."* *"No I don't think they do, but they should because we work with heavy machinery"* *"They definitely need to create awareness on drugs and alcohol abuse but so far we haven't had any talks. There is just a sign by the gate."*
Operations Management	**5**	*"I have been here a long time and I have never seen the policy document, or never received any form of awareness programme or campaign on substance abuse. We had discovery over last year for a wellness day but they only talked about HIV/AIDS".* *"I know that there is a policy. We have a policy drive but it is left up to us to check it and familiarise ourselves with it. I guess that's where it is. Nothing has been done here on drugs and alcohol but I don't think there is a problem"* *"I've never seen the policy document so I don't know what it says. It's just an obvious fact that we are not allowed to come to work drunk."* *"I've never been told anything about the policy or seen it. Maybe they'll do some awareness and education after this (the research study)."* *"The staff know they are not supposed to use drugs or alcohol here so they don't... but no awareness programmes have been done."*

Human Resources	5	*"I know there is a policy and I've seen it because I am part of disciplinary meetings but we have never had an awareness programme. I think it's needed."*
		"My knowledge about the company drug and alcohol policy is better than average because I was involved in formulation of the policy, and also sit in disciplinary hearings. But we have never had any sort of awareness programme and I feel there is a great need for that because we do offer help for substance abuse."
		"To my knowledge there has never been any awareness programmes on the policy or substance abuse but I feel it's an important factor that needs to be integrated".
		"There are no awareness programmes but we do have a policy drive on our intranet...at least for the people in the office. If you have a computer, you have access to all the policies of the company. The guys in the warehouse rely on mangers to communicate these things with them."
		"I don't think there is enough awareness. I think we (HR team) need to do more there, especially for the guys in the warehouse because they are all from different backgrounds, some from communities with a culture of substance abuse"

Lastly, participants were asked whether they felt that the company's drug and alcohol policy was easily accessible and readily available to all employees. According to Figure 6 which illustrates the answers provided by participants, 32 participants (64%) felt that it was, while 18 participants (36%) felt that the policy was not easily available to employees. An interesting finding was the fact that all participants in the HR division indicated that the policy was not easily accessible to all employees due to the fact that only office based employees with computers had access to the policy. In order to elaborate her views, one of the participants in the HR division said;

"There are no awareness programmes but we do have a policy drive on our intranet...at least for the people in the office. If you have a computer, you have access to all the policies of the company. The guys in the warehouse rely on mangers to communicate these things with them."

Figure 6: Is the company drug and alcohol policy accesible to employees? (N=50)
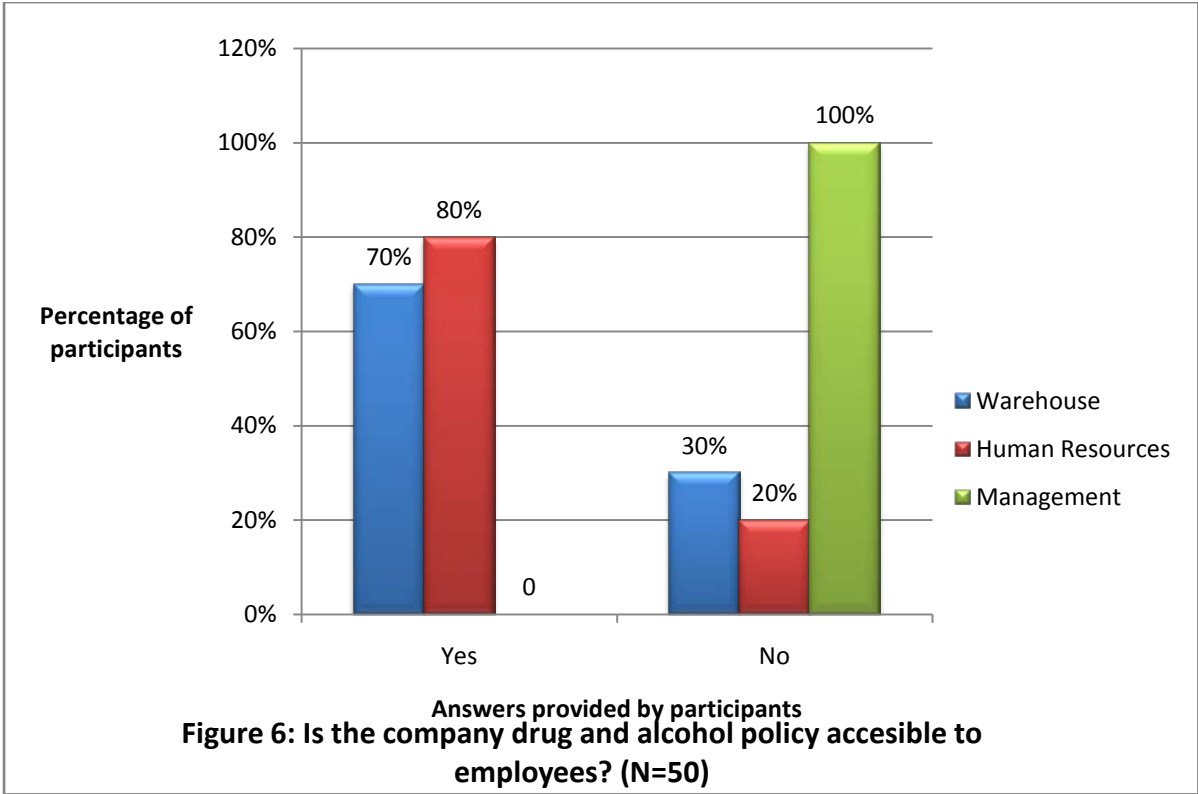
The findings for this research aim that awareness of the company drug and alcohol policy, as well as general awareness on the effects of drug and alcohol abuse by employees is not at a level where it should be. The fact that operations management participants displayed a lack of knowledge of the policy, and felt it was not accessible is of concern as management form the link between employers and the warehouse workers, and is responsible for communicating information to them.

4.4 <mark>**Factors which influence employees' compliance or non compliance towards the company drug and alcohol policy**</mark>

One of the research questions that this study aimed to explore was whether there were factors that influenced participants to comply with the company drug and alcohol policy. In order to address this research question, participants were asked several questions in both the structured self-administered questionnaire, and the semi structured interview

schedule. Participants were first asked to indicate whether they were aware of the consequences that an employee would face if they did not comply with the company's drug and alcohol policy. Figure7 illustrates the responses given by participants.

Figure 7: Participants' awareness of consequences (N=50)
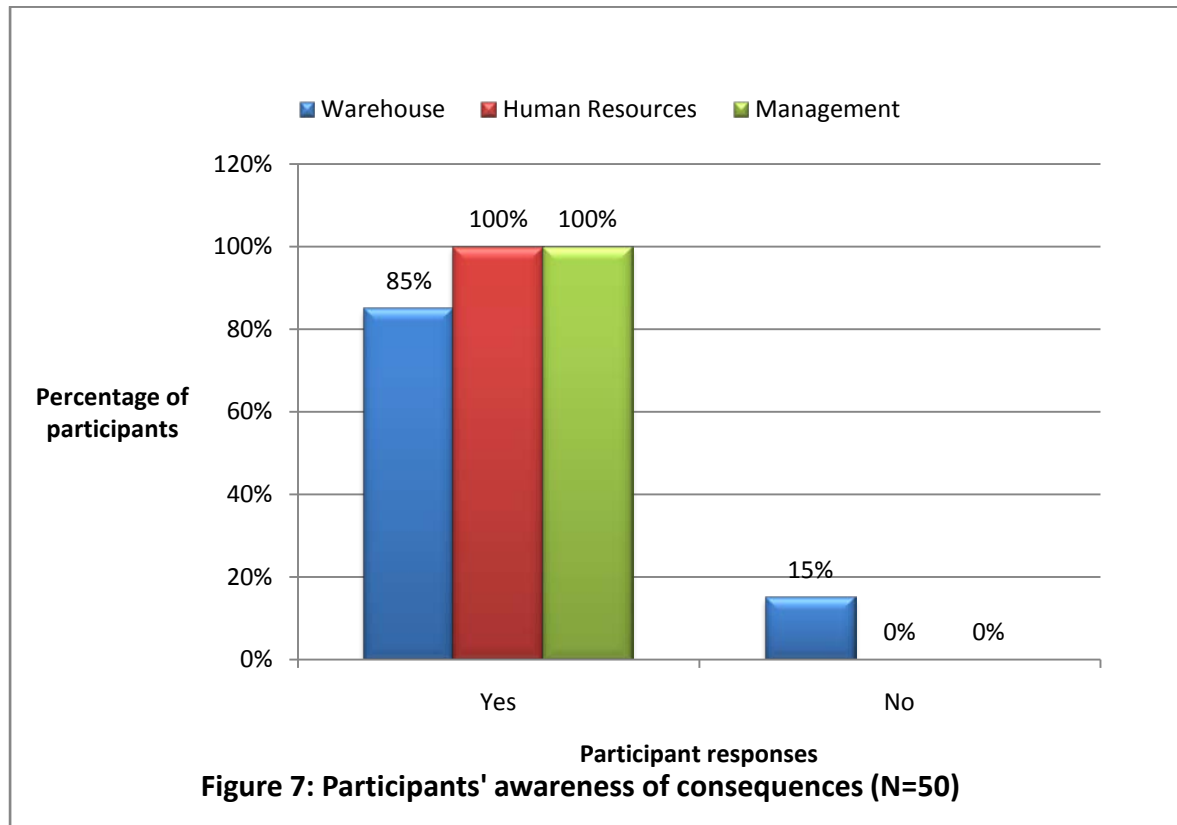
According to Figure 7,44 participants (88%) indicated that they knew the consequences that employees would face if they did not comply with BSI Steel's drug and alcohol policy. The remaining 6 participants (12%) who indicated that they had no knowledge of the possible consequences that employees would face if they did not comply with the company drug and alcohol policy were all warehouse employees. The 44 participants that responded that they knew about the consequences of not complying with the drug and alcohol policy were then asked to indicate how they came about the knowledge (n=44). Participants were asked to tick all the answers that were appropriate to them. The responses that were provided by participants are illustrated in Figure 8.

Figure 8: How participants know about consequences (n=44)
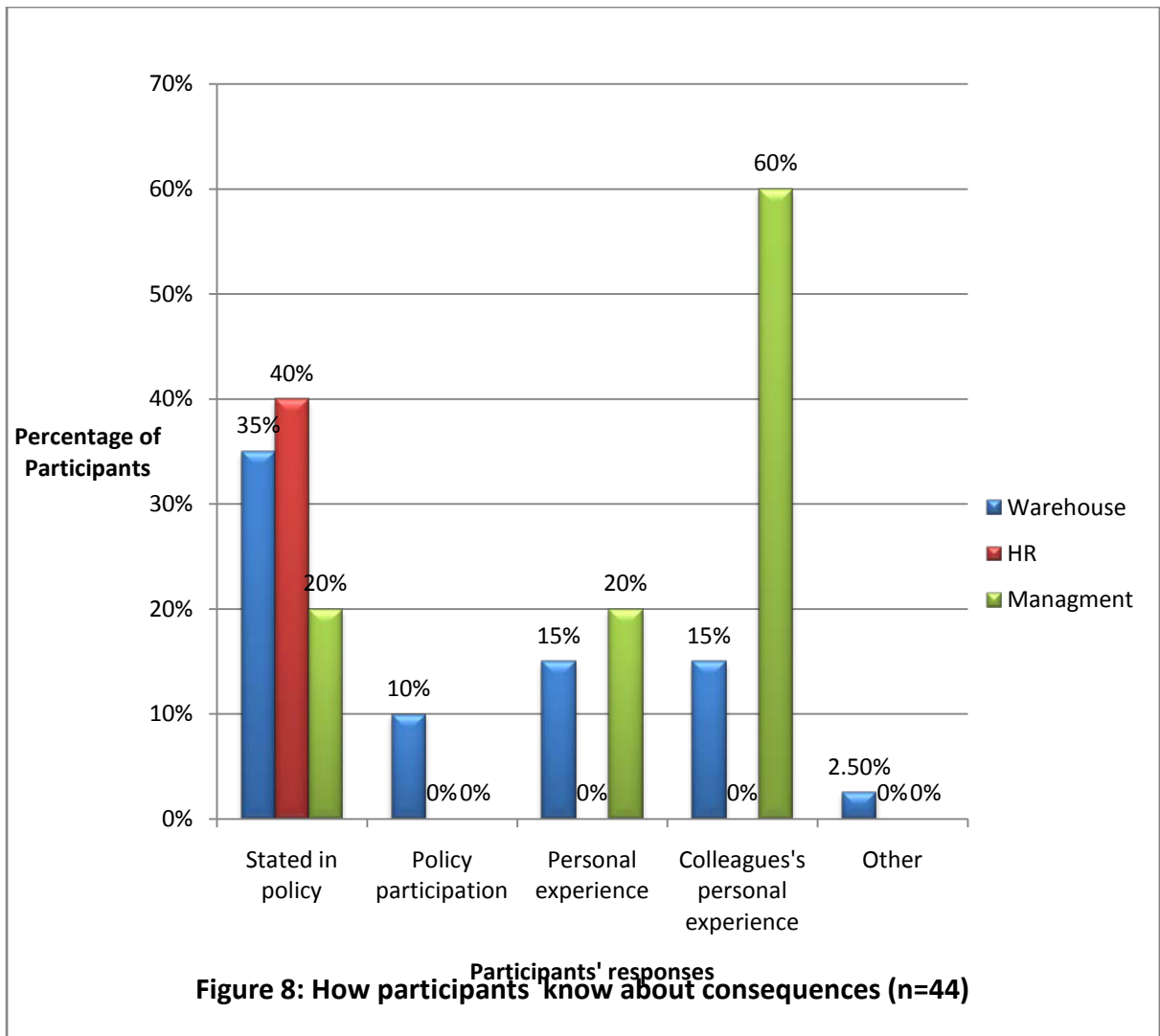
Out of the categories that were provided, the category most selected by participants was that the consequences for employees who did not comply with the company drug and alcohol policy, were stated in the policy document. This was despite the majority warehouse and management participants acknowledging previously that they had never received or read a copy of the policy. The human resource participants' responses however stayed consistent. Some participants, (60% of HR and 15% of warehouse) indicated that they were aware of the consequences one could face for not complying with the policy due to other colleagues' experiences. In addition to this, 15% of warehouse participants and 20% of HR participants attributed their awareness regarding consequences to personal experience. This indicated that there are cases of employee substance abuse that occurs within the company.

Figure 9: Factors that influence policy compliance (n=15)
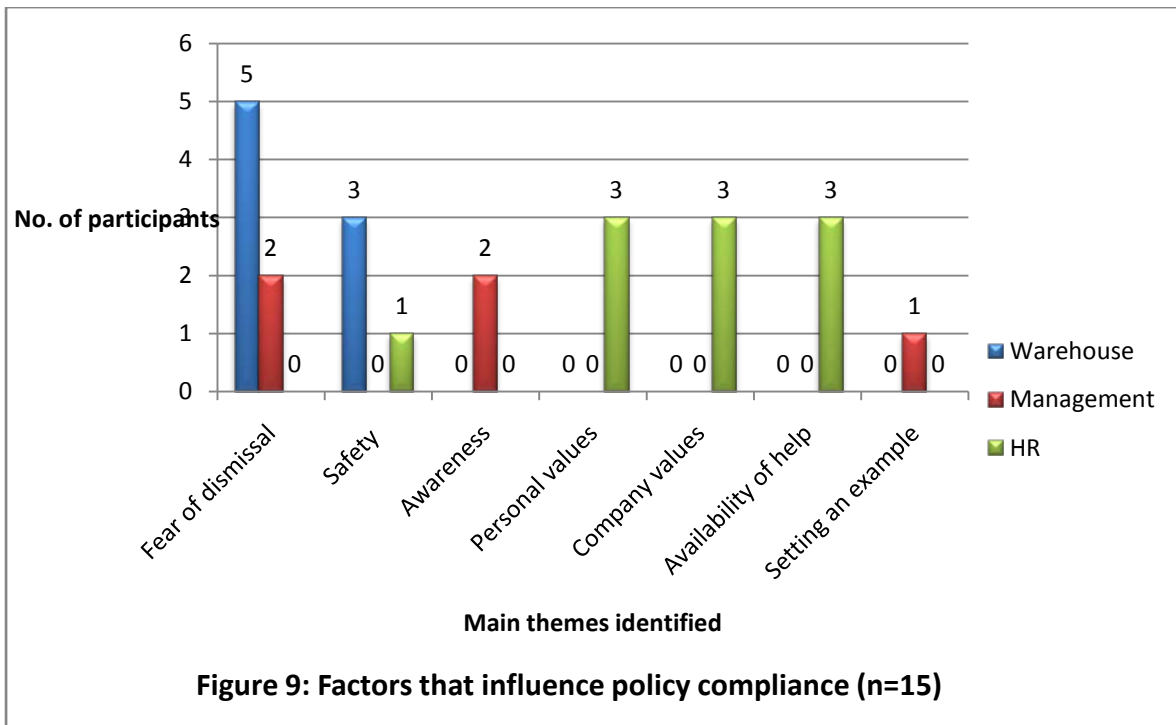
To gain more insight into the reasons employees complied with the drug and alcohol policy, all 15 interview participants (n=15) were asked to identify factors that they felt encouraged them or would encourage them to comply with the company's drug and alcohol policy. Because this was an open ended question, participants were free to mention any factors they felt were relevant, therefore most participants mentioned more than one reason.

Figure 9 illustrates the main themes that employees identified. All interview participants from the warehouse section, as well as two (40%) of management indicated that they complied with the company drug and alcohol policy to avoid being dismissed. Safety of self and others was another main theme that was identified by participants as it was discussed by three (60%) of warehouse participants. No participants from the warehouse section mentioned issues such as personal values, availability of assistance, or subscribing to company values/culture, which Wood (2005) identifies as factors that contribute towards the success of drug and alcohol

policies if well understood. Table 4 illustrates the responses of interview participants as well as the themes that were deduced from those responses.

Table 4: Participants' responses: Factors that would encourage employees to comply with company drug and alcohol policy (n=15)

Theme	No. of Participants	Section	Quote
Fear of dismissal	*5*	*Warehouse*	*"When they smell alcohol on you, you get fired."* *"I'm scared of losing my job."* *"If you are caught you get fired"* *"I don't wanna get fired."* *"You can lose your job when you are caught."*
	2	*Management*	*"Obviously no one wants to get a warning or get fired."* *"Getting fired."*
	1	*HR*	*"I'm aware of the risks to myself and others."*
Safety	*3*	*Warehouse*	*"We also deal with heavy machinery here and you have to be sober otherwise you can cause accidents."* *"If you come to work drunk you can end up getting injured."* *"You might injure yourself or other workers because of the type of equipment we use."*
	1	*HR*	*"The safety of workers and clients that come on site are very important. It also protects the company from injuries on site."*
Awareness	*2*	*Management*	*I think if they provided us with awareness programmes and campaigns that would help."* *"I don't know...maybe more awareness on substance abuse? Especially for the guys at the warehouse."*

Personal values	*3*	*HR*	*"I don't drink or use drugs. I've never felt the need to and so this doesn't really affect me."* *"My own personal values. I understand I'm here to do work and that's what I'll do."* *"It's my own values...part of my work ethic. It's just wrong to abuse drugs or alcohol at work so I don't."*
Company values	*3*	*HR*	*"I subscribe to BSI Steel and what it stands for. It's a young growing company and it's up to the workers to keep it going. I wouldn't do anything to affect its image."* *"There is a zero tolerance policy here for alcohol abuse on site and I need to abide by those rules."* *"Well it's the rules of the company. I don't think any business wants employees abusing alcohol."*
Availability of help	*3*	*HR*	*"I think if those that have a problem know that there is help given they can approach us (HR) for help. We try to find the root causes and help the person if we can."* *"Knowing that you can get assistance and support if you need it, and that you won't be dismissed immediately."* *"If someone has a problem and needs help they need to be able to tell their manager so they can be referred to HR for help. No one wants to get fired and if they are scared they won't come."*
Setting an example	*1*	*Management*	*"I need to set an example. I can't do one thing and expect the guys (warehouse workers) to do something different."*

From the responses in Table 4, one understands that participants from HR who are involved with employee disciplinary cases and handling referrals appear to have a comprehensive grasp of the drug and alcohol policy. The majority (60%) of HR participants displayed awareness that one of the factors that encourage employees to comply with the policy is if support and assistance is provided to employees with a substance abuse problem that require it. One participant from HR mentioned that it was vital that employees know that help is rendered and they will not be dismissed immediately if they approach management for assistance.

"If someone has a problem and needs help they need to be able to tell their manager so they can be referred to HR for help. No one wants to get fired and if they are scared they won't come."

From the responses provided by participants from the warehouse, there was no indication that they knew that help was available and they would not be immediately dismissed. According to Wood (2006), a large part of having a successful company drug and alcohol policy is education and awareness of what the policy states, and the assistance programmes that are offered to employees that may require it.

4.5 ==**Employees perceptions on the organisational culture of the company to influence employees' likelihood to comply or not comply with BSI Steel's drug and alcohol policy**==

One of the main objectives of this research study was to explore participants' perceptions on organisational culture as contributing factor to employee substance abuse. All 50 participants that completed the self-administered questionnaire were asked whether they felt that BSI Steel's organisational culture could influenced employee's likelihood to comply or not comply with the company's drug and alcohol policy. The responses that were obtained from the completed questions are illustrated in Figure 10.

Figure 10. Participants that felt that organisational culture influences compliance (N=50)
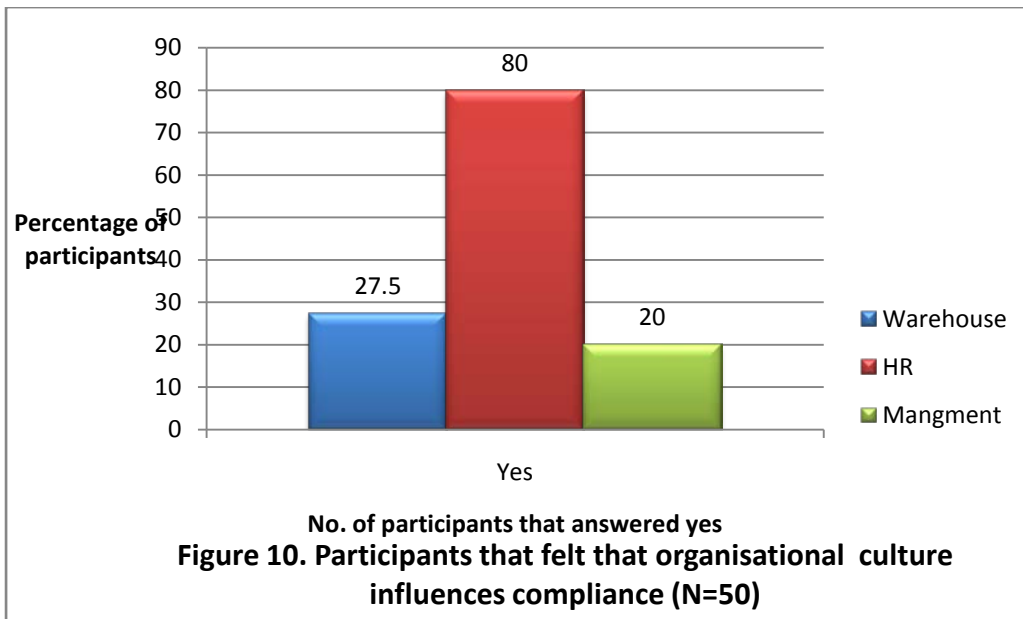
The responses represented in Figure 10 indicates that only 10 (27.5%) of the warehouse participants and 1 (20%) of the management participant felt that the organisational culture of BSI steel was a possible influence on how employees complied with the drug and alcohol policy. Out of the participants from HR, 4 (80%) indicated the organisational culture at BSI Steel was an influencing factor.

This question was also posed to participants that took part in the semi-structured interview schedule to gain more insight into the role organisational culture played in influencing employees' degree of compliance with the company drug and alcohol policy. As with most of the interview questions, this was an open ended question giving participants the opportunity to mention various factors they felt were relevant. All interview participants indicated that there were various aspects of the organisational culture that influenced the way employees responded to the company drug and alcohol policy. The detailed responses that were obtained from interview participants and the themes that were deduced are presented in Table 5.

Table 5: Participants' perceptions: Factors of BSI Steel's organisational culture that influence employee compliance or non-compliance n=15

Theme	No. of Participants	Section	Quote
Leniency	*3*	*Warehouse*	*"I know some of the guys here use drugs, especially on night shift. The security is supposed to check us at the gate but no one checks."* *"They don't do any tests since I've been here so if someone is drinking at work they won't know."* *"It's not strict here like other companies. They only send you for disciplinary if they smell alcohol on you but they never check us."*
Safety	*1*	*Warehouse*	*"Safety is very important here so we have safety talks every week so we don't cause accidents. It's more on wearing the correct gear and stuff but if you are not sober you will probably cause accidents."*
	2	*Management*	*"The nature of industry we are in is a big factor in this. Substance abuse compromises safety of workers and I think we are all aware of that."*
	2	*HR*	*"There seems to be good general awareness of safety among all the staff. Substance abuse will compromise safety."*
Nature of work	*1*	*Management*	*"I'm aware that some of the warehouse workers work double shifts without taking breaks. It should be regulated but I don't think they are. I think the long hours, physical and emotional exhausting can drive them to substance abuse."*
Strict disciplinary code	*2*	*Management*	*"BSI Steel has a zero-tolerance policy on substance abuse. The workers are aware that they will face disciplinary procedure is they don't follow the rules."* *"We have a very strict disciplinary code here. Everyone knows the rules and they know the results if they break them."*
	1	*HR*	*"We have a whistle-blower policy here. Those that know of any workers using drugs or alcohol are encouraged to report them. We have good disciplinary standards."*
Open door policy	*1*	*Management*	*"We have an open door policy here which allows employees to report substance abuse cases or approach their managers for help."*

3	HR	*"There is an open door policy so that people feel to come in for assistance. We try and establish the possible causes and offer help if we can."*
		"The company has an open door policy. Workers can approach their managers if there is a problem and they know they will get help."
		"The open door policy helps because people with substance abuse problems can come forward and get support depending on the case."

Once more, there were particular responses that indicated that whilst participants from HR appeared to know the contents of the policy and how it was implemented, participants from the warehouse appeared unaware of things such as the open door policy, or that help was offered to employees with substance abuse problems. Similarly, participants from HR and management mentioned that the company had a good disciplinary code which acted as a deterrent against employee substance abuse. These responses were contradicted by 24 (60%) of the warehouse participants who felt that the company was too casual about employee substance abuse and was not doing enough to effectively monitor trends. One warehouse participant quotes;

"I know some of the guys here use drugs, especially on night shift. The security is supposed to check us at the gate but no one checks."

According to Ravasi and Schults (2006), organisational culture can play a role in the degree of employee substance abuse in a company. The authors argue that good organisational culture reflects factors such as alignment within the company. Batts, Grabill, Galvin, and Schlenger (2004) substantiate this argument by noting the fact that employed adults spend the majority of their time within the workplace. As a result the workplace can have a substantial influence in their daily lives and behaviour. These findings which display contradictions in the responses provided by employees from BSI

Steel reflect that there is a lack of alignment between warehouse staff, operational management staff, and the human resources staff.

It appears that the HR department is expected to draft and implement policies, operations management to monitor the policy, and employees to comply with it without any form of communication or consultation. This lack of alignment appears to have impacted on the degree to which the drug and alcohol policy is implemented and monitored and resulted in the company still experiencing employee substance abuse related issues. In addition to this, although BSI Steel has a substance abuse policy in compliance with safety legislation, the leniency or lack of monitoring of employee substance abuse reflects the company's stance on substance abuse as an issue that employees could be faced with is not as pre-emptive as it should be.

4.6 <mark>Monitoring and Implementation of BSI Steel's Existing Drug and Alcohol Policy</mark>

In order to address the main aim of exploring the perceived effectiveness of the company drug and alcohol policy at BSI Steel, the research study sought to learn about the company's existing drug and alcohol policy, as how it was implemented and monitored. Participants were asked several questions that aimed to establish how well the implementation and monitoring of the policy faired against the prescribed ideal company drug and alcohol policy which was discussed in the literature chapter. Firstly all of the management and HR participants were asked whether they received any training on the implementation and monitoring of the company's drug and alcohol policy. None of these participants responded that they had received training.

One of the questions this study posed to participants was whether they were involved in the formulation of the company's drug and alcohol policy. This could be in the form being asked for feedback on the policy draft, or being part of the formulation committee.

Figure 11: Participants involved in policy formulation process (N=50)
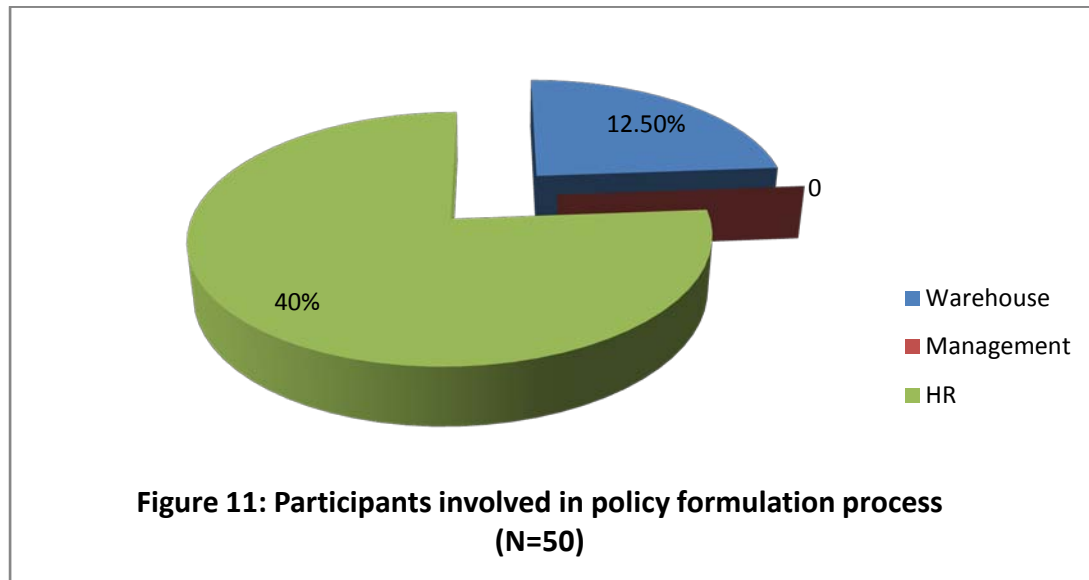
Of the 50 participants that were asked this question, only seven participants (14%) indicated that they were part of the policy formulation process. The seven participants that said yes consisted of five of the 40 warehouse employees (12.5%) and two of the five human resources employees (40%). None of the management employees, who are part of the policy monitoring team, played a part in the policy formulation process. The researcher also later discovered, from the interview process, that in fact no warehouse workers, who form the majority of the organisation's employees, were included or consulted in the policy formulation process. This essentially meant that only two HR employees were involved in drafting up a drug and alcohol policy that would be used to govern a significant number of workers.

Kirst-Ashman (2007) argues that it is vital that the people that are affected by a policy have a degree of input in the formulation process and this ensures that the needs of these

people are factored in, and brings about a sense of ownership of the policy as this positively influences policy compliance.

In addition to this, because the majority of employees were not consulted before or after the development of the company's drug and alcohol policy, factors that may be influencing employee substance abuse trends and safety of employees such as working long hours and taking double shifts (16 hours) are not addressed or included in the company's substance abuse policy. A participant from the operations management division, who works closely with employees in the warehouse, expressed this concern and said;

> *"I'm aware that some of the warehouse workers work double shifts without taking breaks. It should be regulated but I don't think they are. I think the long hours, physical and emotional exhausting can drive them to substance abuse."*

This is valuable information that is specific to this particular organisation which operates 24 hours a day, and which could greatly have an impact in reducing employee substance abuse in the company, since it addresses a potential underlying cause.

The research participants were also asked if they played a role in the implementation and monitoring of the company's drug and alcohol policy. This was based on the suggestion by the WHB, (2006) that involving employees in the implementation and monitoring of a company's drug and alcohol policy is essential, as employees can play a key role in identifying colleagues who may have drug or alcohol abuse problems for referrals so they can receive the necessary intervention. In response to this question, 11 of the 50 participants indicated that they played a role in the implementation and monitoring process through the means of referrals and involvement in disciplinary cases. Of these

respondents, 5 were warehouse employees, 3 were operations management employees, and 3 were HR employees.

Once more, these findings displayed a lack of involvement workers in the implementation and monitoring process of the company's drug and alcohol policy and this may be resulting in cases of employee substance abuse going undetected by the employer. This is also substantiated by the responses participants provided when asked if they were aware of any colleagues that used drugs or alcohol while at work without having been detected and faced the consequences as stipulated by the policy.

Although all HR and operations management indicated having no knowledge of such cases, 20% of warehouse employees responded that they knew of such occurrences. One participant quotes,

> *"I know some of the guys here use drugs, especially on night shift. The security is supposed to check us at the gate but no one checks."*

Wood (2005) argues that an effective policy should be standardised meaning that it applies to all employees within the company and consequences are the same. The WHB (2006) adds that rather than a company drug and alcohol policy only serving to reprimand employees with substance abuse problems, it should seek to promote the general wellbeing of employees. In line with these guidelines, all 50 participants were asked to whether they felt the company drug and alcohol policy was a) standardised and b) holistic and factors in general well-being of employees. All the interview participants indicated that they felt the policy was standardised and the same rules applied to all employees from blue collar workers to persons in directorial positions.

In response to how holistic BSI Steel's drug and alcohol policy was participants provided a varying degree of responses. These responses, as well as the main themes underlying them are presented in the Table below.

Table 6: Perceptions on how holistic the policy is (N=50)

Participant Response	Participant Section	No. of Participants	Theme	Quote
Yes the policy is holistic	Warehouse	2	Safety of employees	"I think it is. Drugs and alcohol are bad for you anyway and it avoids accidents here at work".
	Operations Management	1		"I think so. I don't know anything about the policy but it's important for us at the warehouse, especially the machine operators."
				"Yes, it also takes into account the type of work done here. You need to have safety measure in any manufacturing industry and this is one of the ways we do that here."
	Operations Management	2	Health And wellbeing	"I think it does because it takes our health into account. It's good for the company but we also benefit health wise.
				"Definitely. I think some kind of assistance is given if you have a drug and alcohol problem I know it's a disease so they probably admit you for help."
	Human Resources	4	Provision of assistance	Yeah, those that need help get it. Obviously we check what type of case it is. If it is gross negligence or a repeat offence they might be fired but in most part some sort of assistance like counselling or rehab will be offered.
				"I think you get some sort of help or support. And there is a procedure we follow. You don't just get dismissed. You may get a warning and maybe sent for some counselling."
				"Yeah I would say so. We do referrals and also offer help to the person depending on the case. and then especially with the warehouse guys it ensures safety."
				We are not directly affiliated with any particular EAP companies Careways and them but we do try and offer some on-site counselling and also refer the person for professional help. The company assists financially with that. Sometimes it may be some time off work so the person can recuperate."
No, policy is not holistic	Warehouse	3	Lack of awareness	"These guys just need us to sober and do the job. If you are drinking and they find out you will be fired. They are not doing anything to help us."
				"I don't think so. I've never seen them doing programmes or anything like that on drugs and alcohol."
				"I'm not sure because I have never seen it or heard anything."

	Operations Management	2		"I don't think so. We've had many cases of accidents in the past and we suspected that substance abuse was the cause, there is a policy but there is no real drive to address the issue."
				"I think HR can answer that. I've never see the policy but I wouldn't say it is. If it promoted general well-being we would all know about it and there would be some campaigns or pamphlets or something."
	Human Resources	1		"To be frank, the policy document itself is very comprehensive and tries to cover all areas. In practice, we haven't yet got around to actively creating awareness on the policy. People can't use it if they don't know what it offers. A lot more needs to be done there."

One can argue that the participant responses presented in Table 6 display that although the BSI Steel drug and alcohol policy includes factors such as the provision of support and assistance to employees with substance abuse problems, a significant number of employees are not aware of this. As one participant responded, *"People can't use it if they don't know what it offers"*. This finding ties in with the suggestion made by Wood (2005) that to some degree the effectiveness of a drug and alcohol policy relies not only on the content it presents and how relevant this content is, but also involves establishing a degree of awareness among those affected by it.

Such factors include providing fact-based substance abuse education to employees, as well as creating awareness regarding the various programmes that the organisation offers that can assist those with a substance abuse problem, which this organisation does not do. Because of this lack of awareness, those that are abusing drugs or alcohol at BSI Steel are not making use of the assistance outlined in the company's drug and alcohol policy as a result, the company continues to experience cases of employee substance abuse.

4.7 <mark>Factors of BSI Steel's drug and alcohol policy perceived by employees to be successful in decreasing employee alcohol and drug related problems</mark>

The final aim of this research study was to explore what aspects of the company drug and alcohol policy participants felt were effective in decreasing employee substance abuse within the organisation. Kirst-Ashman (2007) argues that establishing effectiveness of a policy involves the process of evaluating the policy against the specific goals that the policy aimed to achieve, or the problem it aimed to address as well as attempting to find alternative policies that best address the problem. For this reason this research study sought to gain some insight into of the evaluation process of the policy.

The researcher found that participants that work in operations management and human resources are responsible for the evaluation of the company policies at BSI Steel. For this reason, participants in the HR and operations management divisions were interviewed in order to establish factors that had been identified as being effective in decreasing employee substance abuse through evaluation process of the policy. The questions also sought to find out how often evaluation was conducted, who was included in the evaluation process, and the factors that the evaluation process was based on. The researcher however found (from all participants) that the company's drug and alcohol policy had never been reviewed or evaluated, and as a result participants could not identify which aspects of the policy were effective in reducing employee substance abuse.

A participant, who holds a senior position in the human resources division, responded;

> "*This policy is quite new. We only drafted it and implemented it in 2010 so we haven't yet reviewed it. We usually put a review date on our policies so it should be annually,*

or once every two years. If we do (review/evaluate the company drug and alcohol policy), we will probably look at trends and the number of substance abuse cases that we've had over the year and work from there. But like a said, it (the policy) is very thorough so I don't think there is a need to review it."

Despite this respondent's perception that the company drug and alcohol policy does not need to be evaluated, some of the findings that have already been discussed indicated that there are cases of employee substance abuse within the organisation that are going undetected by HR and management. One can argue that even if the policy was reviewed using the reported cases of substance abuse to establish if there was a decrease in employee substance abuse trends, these cases would not be a true reflection of the degree of employee substance abuse within the company. This is due to the fact that the workers, who appear to be valuable sources of information regarding the employee substance abuse cases, are not included in the evaluation process. It perhaps for this reason, and not the fact that this is an organisation which is free of substance abuse-free, that some participants in management and HR feel that there is no need to review the policy.

Also as part of the aim to explore which aspects of the policy participants felt were successful in reducing employee substance abuse at BSI Steel, all of the participants that took place in this study were asked questions regarding their perceptions the effectiveness of the policy implementation, and, the effectiveness of the manner in which the policy is monitored. Participants were asked to explain the reason for their responses in line with how successful the implementation and monitoring of the policy assisted with reducing cases of employee substance abuse. Figure 11 and 12 illustrates their responses. Tables 7 and 8 also presents some of the quotes made by participant on why they felt the implementation and monitoring of the policy was effective in addressing employee substance abuse related problems.

Figure 11: Effectiveness of policy implementation (N= 50)
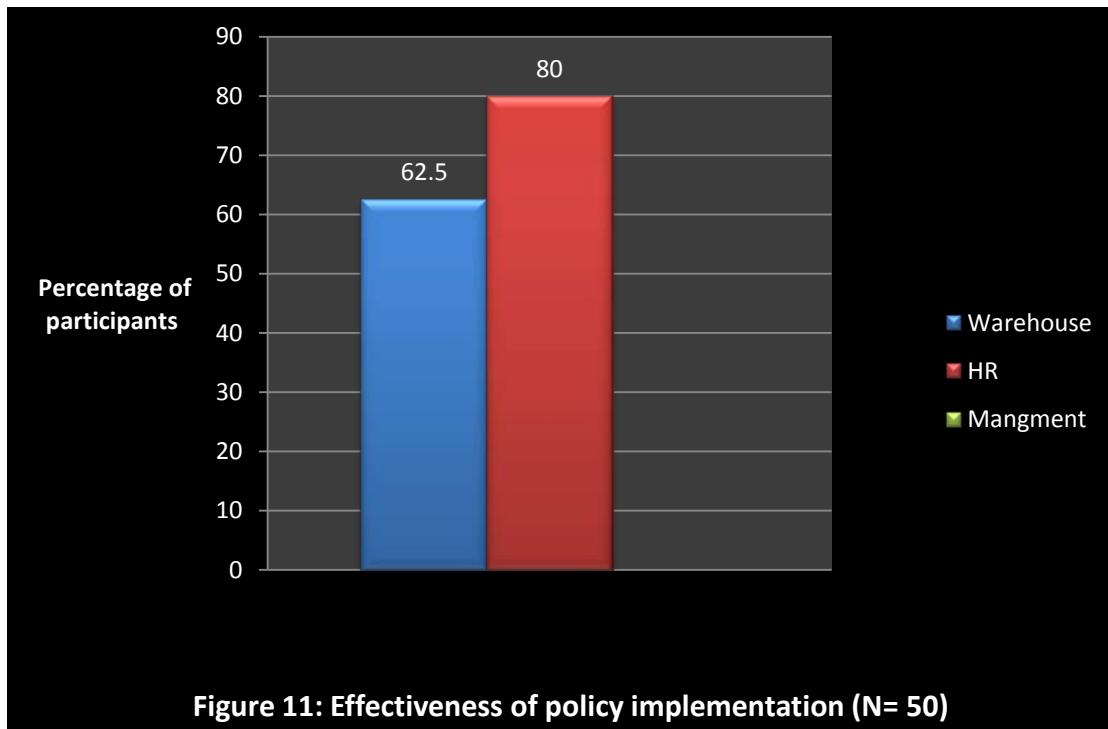
According to Figure 11, 62.5% of warehouse workers felt that the implementation of BSI Steel's drug and alcohol policy was effective in addressing employee substance abuse, while 80% of human resources workers felt it was. All participants in operations management responded that the manner in which the policy was being implemented was not effective in addressing employee substance abuse. In justifying why he felt that the policy implementation had been successful in decreasing employee substance abuse problems, one warehouse participant responded;

> *"I think it is because people are not coming to work drunk. We also know that you could lose your job if you are caught drinking here at work so yeah, I would say it is."*

One of the HR participants, who also felt that the policy had been successfully implemented, quotes;

> *"We don't have many cases of substance abuse and all the employees seem to know that it is against company rules and company culture."*

Despite the majority of participants expressing that the policy was well implemented, it was found that 37.5% of warehouse staff and 100% of operations management, felt that the policy was not well implemented. Responses from three warehouse participants, two management participant, and one HR participant on why they felt that the policy had *not* been effectively implemented are presented in Table 7.

Table 7: Perceptions on effectiveness of policy implementation in decreasing substance abuse among employees

Participant Response	No. of Participants	Participant Section	Theme	Quote
No, policy is not effectively implemented	3	Warehouse	*Ineffective teaching method*	"I don't think it is because we have never had any talks. Most of us here working in the warehouse are not good at English. That sign by the gate is in English and some of the guys here can't even read. They need to teach us on these things."
			Lack of awareness	"No, because have never seen the policy. We know drugs are not allowed here but no one actually told us. Maybe if they did some awareness programmes or something because some of the guys here actually need it."
				"I have never seen or heard anything. Even the managers and team leaders have never spoken about it."
	2	Operations Management		"Until now I hadn't even heard about the policy. I still don't know much about it and that in itself is a problem because if I don't know the first thing about it I can't manage it properly."
				"I can't answer that because I have never seen the policy. There needs to be awareness about this topic in general."
	1	Human Resources	*No implementation strategy*	"Yes we do have a policy document, and I do feel all the rights things are covered in it, but, there has been no implementation as such. We have not even got an implementation strategy or team. I'm looking forward to your findings so we know what needs to be done when we implement."

Some of the themes that were identified from participants responses included; the lack of a solid implementation strategy, the lack of awareness about the policy and its contents, and ineffective teaching method. These findings are in line with literature by Wood (2005) and

Kisrt-Ashman (2007). According to Kisrt- Ashman (2007), the implementation of a policy should be aligned with the aims it sets out to achieve or the problem it seeks to resolve. In this instance, since BSI Steel's drugs and alcohol policy seeks to prevent employee substance abuse, and ensure the safety of employees in compliance with occupational safety legislation, it is critical that specific programmes or approaches are designed around the implementation of the policy.

Secondly, the themes of ineffective education methods and the lack of awareness among employees can be backed by Wood (2005) who highlights appropriate teaching methods as critical in her drug and alcohol policy analysis approach. The author argues that simply providing individuals with information may not be as effective as using a research based interactive approach. This essentially means that having a policy that is comprehensive is not the only means of preventing employee substance abuse. A large part of it involves using a teaching approach that encourages active participation and a willingness to be involved in the programme by being able to link the policy to the everyday wellbeing of employees. Although the author looks at taking the developmental age of people into account, and does not speak about use of language specifically, one can argue that taking language into account is crucial. In a company where the majority of workers do not use English as a first language, translating prohibition signs and conducting awareness programmes in vernacular languages could play a significant role in the prevention of employee substance abuse.

Figure 12: Effectiveness of monitoring (N=50)
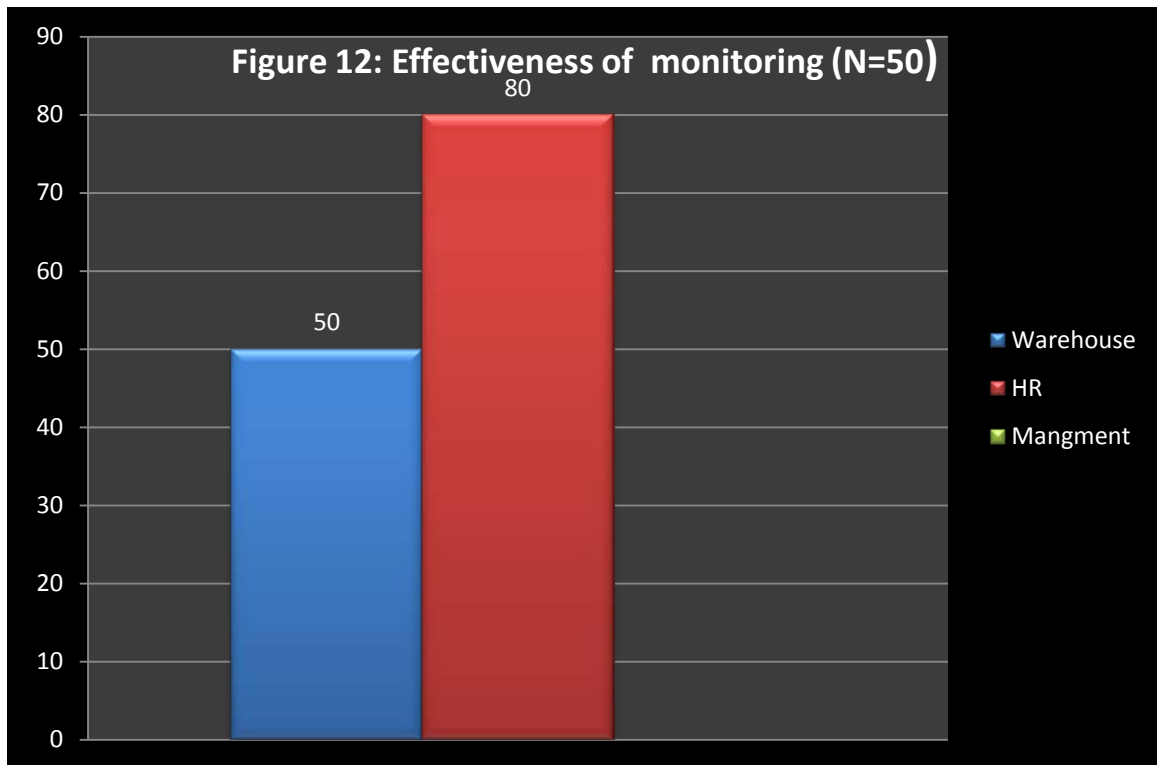
Participants' responses about the effectiveness of the manner in which the company policy was monitored showed some variation in responses. Figure 12 indicates that for most part, responses from participants within the HR and management section of the company stayed consistent with answers they provided with regards to perceptions on how effectively implemented the policy was. What was interesting however was the fact that, although 25 (62.5%) participants that were warehouse employees perceived the implementation of the policy to be a success, only 20 (5)0% of them felt that the policy was effectively monitored. Some of the reasons participants from the different sections based their responses on are displayed in Table 8.

Table 8: Perceptions on effectiveness of policy monitoring on decreasing employee substance abuse

Participant Response	No. of Participants	Participant Section	Theme	Quote
Yes the policy effectively monitored	2	Warehouse	*Strict disciplinary code*	*"Yeah. People have been fired from here because of that (substance abuse)". If you are found you go to disciplinary (hearing)"*
				"I think so. No one will do it because they know what will happen if they get caught. They'll fire you."
No, policy is not effectively monitored	3	Warehouse	*Lack of monitoring standards*	*"There are some people here who use alcohol. I don't think people know. The managers will only report you if they smell you but if they don't' then you won't be caught".*
				"We never get checked so if anything is going on they won't know."
				"The security are supposed to check us when we come in but they never do."
	2	Operations Management		*"I don't think there is a particular person monitoring it. It hasn't been communicated to anyone so we are not sure whose job that is."*
			Reactive monitoring *Reactive monitoring*	*"These policies only come into play when something goes wrong. There is no monitoring system."*
	1	Human Resources		*"We only use the policy when we are dealing with a case. It's more a point of reference. We need to be more proactive because currently it's more of a reactive approach, not enough focus on prevention."*

4.8 <u>Participants' Recommendations</u>

The responses from participants with regards to the monitoring of the company's drug and alcohol policy were based on three main themes. The first theme that the majority of people participants, who felt that the policy was monitored effectively, based their responses on was the fact that the company had a strict disciplinary code. The second theme that the majority of responses were based on was the fact that BSI Steel had no policy monitoring strategy. Lastly, some participants from the HR, and operations management divisions highlighted that BSI steel's drug and alcohol policy monitoring practices were more reactive and that there were no real measure taken to actively monitor employee substance abuse trends. One participant quotes;

> *"We only use the policy when we are dealing with a case. It's more a point of reference. We need to be more proactive because currently it's more of a reactive approach, not enough focus on prevention. "*

According to the Occupational Health and Safety Act of 1993 of South Africa, it is the duty of an employer to protect employees from any occupational hazards that can cause harm to employees. From this view point, one could argue that in an industry which is as dangerous as steel manufacturing, and which requires workers to operate heavy duty machinery, the employer is mandated to have solid employee substance abuse monitoring measures in place in compliance with South Africa's Occupational Health and Safety Act of 1993. This would involve active precautions against employee substance abuse such as random testing.

Figure 13: Recommendations made by participants (n=15)
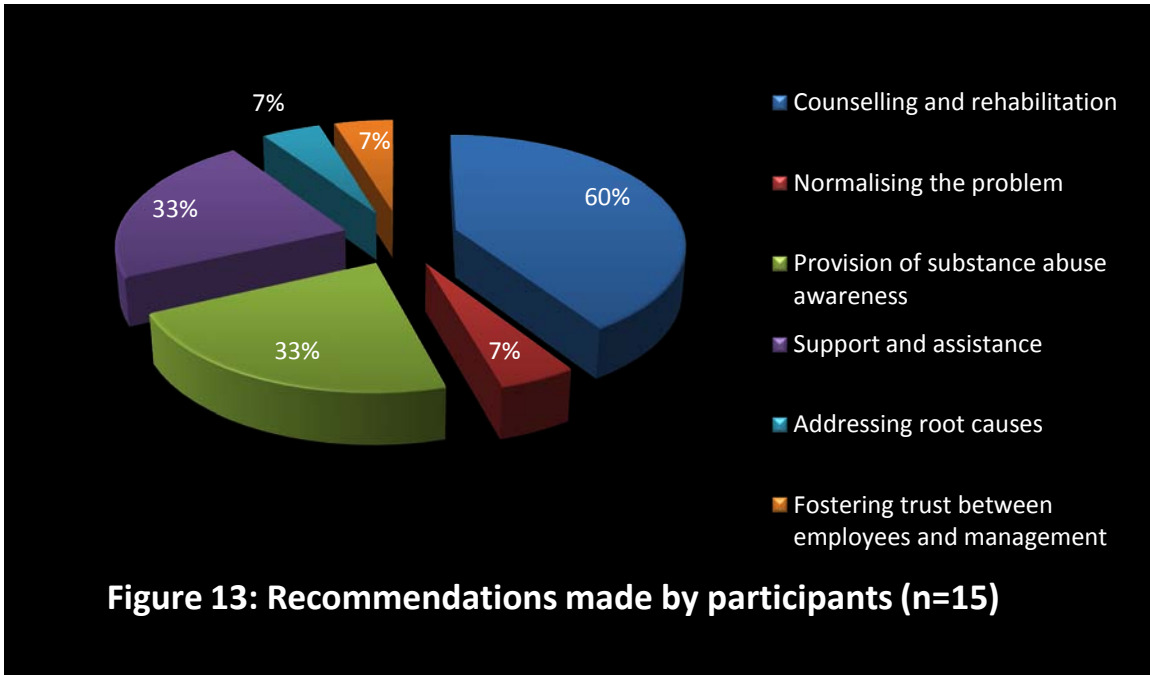
At the end of each interview participants were asked to make recommendations on how best they felt the company could decrease cases of employee substance abuse, and offer assistance employees with substance abuse problems. All participant responses were categorised into themes, which have been illustrated in Figure 13. Some participant quotes will also be highlighted to display how the researcher came about the main themes presented.

Some of the main themes that emerged such as the provision of counselling and rehabilitation which was discussed by 9 interview participants (60%), and support and assistance are already included in the company's substance abuse policy document. However, few people expressed knowledge about the assistance the company offers for employees with substance abuse problems and so it is essential that more awareness is made around this. Some interesting responses that were inferred from participant responses included normalising substance abuse as a problem, addressing the root causes of substance abuse, and fostering trust between employees and management.

As a recommendation, on of the participants in the operations management division who had been with the company for 15 years spoke about the need to normalise substance abuse. She quotes;

> *"We need to normalise substance abuse. I think a lot of the employees are scared to come forward about their problem because they think they will be fired...well that is often the case, but it is a real issue. Like I said before, most of these guys come from very poor communities where substance abuse is a huge problem. And it's clearly happening because we have had a lot of accidents in the past. I think if the problem is normalised, people will start coming forward for help."*

This participant's recommendation is highlighted by Bandura (1977) and (Peel, 1998), who argue that chemical dependency is a learnt behaviour. The authors suggest that the manner in which individuals are socialised and exposed to alcohol or drug use as a coping mechanism can influence the individual's own behaviour as an adult.

Another participant who felt that addressing root causes of substance abuse was the best way to address substance abuse said;

> *"I'd say we need to start from the root causes. It could be things like work stress financial problems or even marital problems. Some people also come from a culture of substance abuse. Sometimes we find that giving an employee some time off work to work through personal issues helps and they come back to work refreshed."*

This participant's recommendation is also highlighted by Peele (1998) from the reinforcement theory on addiction. Peel (1998) claims that many substance abusers tend to elevate their levels of drug use or alcohol intake in perceived stressful situations. From this angle, employees with stressors at work or in their personal lives can be identified as high

risk groups where substance abuse in concerned. Addressing root causes of the problem on all levels of intervention and reducing anxiety experienced by the individual can serve to decrease chemical dependency.

Another interesting theme that was identified from participant's recommendations was the need to foster trust between employees and management. This participant explained;

> *"We need to work on fostering some form of trust between the managers and the workers. The managers are the first port of call. They are always in contact with the workers. The workers need to know that they can trust their managers enough to approach them if they have a substance abuse problem and that the manager will support them and refer them for assistance otherwise no one will come forward."*

4.9 <u>CONCLUSION</u>

According to McInnis-Dittrich (1994), establishing the effectiveness of a policy requires one to evaluate the policy based on the initial gaols that the policy aimed to achieve. Because BSI Steel has not yet conducted a policy evaluation on their substance abuse policy. As a result, although this study aimed to explore the perceived effectiveness of the policy, this chapter has focused primarily on the implementation and monitoring process of the policy. This chapter presented the findings of the research study through the use of graphs and also attempted to give the reader an insight into the worldview of the participants by including some of the direct responses participants gave during the study. Furthermore, this chapter has attempted to deduce the main themes that influenced the finding, and discussed these themes by linking them to literature on employee substance abuse, as well as the formulation, implementation and monitoring of substance abuse policies.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapters have provided an overview of the research study. They have discussed literature on substance abuse, the effects of employee substance abuse on both the employee and the employer, and formulating and evaluating substance abuse policies. The previous chapters also looked at the methodology that was followed and analysed the data that was collected, as well as the limitations of the study. This chapter will summarise the research report by discussing the main findings of the overall research study.

In addition to the primary aim of the study, there were five secondary objectives that the study set out to investigate. A summary will be provided with reference to each of these secondary objectives and will be informed by information gathered from both the quantitative and qualitative phases of the study. It will also discuss the conclusions that were reached as a result of the findings of the study which were discussed in chapter four. Lastly, this chapter will discuss recommendations for practice, theory and any future research on a similar topic, based on the findings of the study.

5.2 MAIN FINDINGS OF STUDY

The overall aim of this research study was to explore how effective employees at BSI Steel perceived their company substance abuse policy to be. It aimed to investigate whether employees who worked at BSI Steel in 2012 perceived the company substance abuse policy to be effective in changing employee attitudes towards substance abuse and reducing substance abuse trends in the organisation. Factors such as organisational culture, and involvement of employees in the implementation and monitoring process were all discussed.

The main findings that emerged from this study were as follows: BSI Steel appears to have progressive policies which aim to uphold the wellbeing of its employees. This was evident through the fact that the company already had a substance abuse policy which was very comprehensive, as is discussed by Neat et al. (2008). This policy explains what substance abuse is, and clearly states the consequences that an employee who is found to be incompliant with the policy will face, including the steps taken in a substance abuse related disciplinary hearing.

The policy also has a section which clearly highlights the assistance offered to employees with substance abuse problems. The HR director displayed particular interest in this study and requested for a copy of the research report in order to determine where improvements can be made with regards to decreasing employee substance abuse in the company. From these factors, it is evident that the company is attempting to address psychosocial concerns in the workplace. However, there were several findings that showed that the policy requires improvement, particularly in the way it is implemented and monitored. These will be elaborated on further in the following section.

An objective of this study was to determine whether there was general knowledge about the company's substance abuse policy among employees, or whether employees in particular sections (human resource division, operational management, and the warehouse division) had more awareness of the company drug and alcohol policy. In this study, the employees that had the greatest knowledge of the company's substance abuse were the human resources employees with 4 participants (80%) of the HR participants displaying thorough knowledge of the policy's content. The main reasons for this, was the fact that HR employees were part of the formulation of the substance abuse policy, and were responsible for the implementation and monitoring process through referrals for EAP services, and taking part in employee substance abuse related disciplinary hearings.

It was also found that although the employees in operations management were seen as the main policy enforcers, none of them indicated having seen the employee substance abuse policy document, or knowing the contents of the policy. Because employees from the warehouse rely extensively on their operations managers to communicate information to them, very few (27.5%) of the employees at the warehouse were aware that a substance abuse policy existed, or what it comprised of. There was however general awareness among employees that using drugs and alcohol at the company was prohibited due to a sign at the company's main entrance.

Another objective of this research study was to explore the factors which influenced employees' compliance or non-compliance towards the company drug and alcohol policy. Findings revealed some variation from employees from different sections in the company. The main theme that emerged from employees within the warehouse division of the company was fear of being dismissed with all five (100%) of the warehouse interview

participants speaking in line with this theme. Responses from warehouse participants indicated that because they knew that company had a zero tolerance attitude towards employee substance abuse, those that were caught under the influence of drugs or alcohol while at work were most likely to be permanently dismissed from work. Another theme that emerged from this aim was safety, with three (60%) of the warehouse participants identifying safety of themselves and other workers as one of the reasons they complied with the substance abuse policy. No mention was made about the personal dangers associated with substance abuse.

Most of the participants from the human resources and management division (80%), who had more knowledge of the company's substance abuse policy provided responses that in which themes such as personal values, company culture, and ability to seek help through the company's employee assistance and wellness programmes. One can question the responses provided by warehouse participants as they appear to indicate that there is little knowledge of the impact of substance abuse in an individual's life, and how it compromises personal wellbeing, which forms a crucial aspect of any substance abuse prevention programme (Wood, 2005). It is important that the policy implementation approach seeks to educate employees about the potential impact of substance abuse on all spheres of an individual's life, and not simply as a company safety policy or rule. This is also substantiated by Neate et al. (2008), who argue that substance abuse prevention in the workplace should be based on on-going workplace and managed care programs, including substance abuse prevention workplace programs, employee assistance programmes, general health promotion and wellness programs, occupational health and safety programs, and workers compensation, disability, disease management, and compensation benefits programs.

Because organisational culture has been identified as an influence in employee substance abuse (Ravasi and Schults, 2006), one of the research objectives was to identify the main factors that influenced employees' compliance, or non-compliance with the company's substance abuse policy. It was found that all the participants found organisational culture to influence employee substance abuse in some way. Once more participant responses varied across employees from the different sections within the company. Most (80%) of the employees in the human resources and operations management division felt that the company's open door policy, which allowed employees to interact freely with their superiors, served as a way of preventing substance abuse by allowing employees to approach the relevant faculties for assistance. Contrary to this, the employees felt that the organisation was too lenient in its approach to substance abuse prevention and lacked a strict monitoring code and as a result substance abuse cases existed and were going undetected.

One can conclude from these findings that although factors such as a strict disciplinary code or an open door policy are influential in the prevention of employee substance abuse, they need to be coupled with strategic monitoring techniques. In a company such as BSI Steel, which deals with steel manufacturing and requires employees to operate heavy machinery, monitoring of employee substance abuse is essential as a safety measure.

The manner in which a policy is implemented and monitored is crucial to the effectiveness of the policy (McInnis-Dittrich, 1994). For this reason, this research study sought to explore how BSI Steel's drug and alcohol policy was implemented and what

monitoring strategy the company used. Findings indicated that although the company had a comprehensive company substance abuse policy which incorporated employee wellbeing, there were many shortcomings in the way it was implemented. Firstly, it was found that the company had not sufficiently notified employees of the fact that the policy document existed, or what implementation consisted of.

Findings also revealed that none or the employees in management positions or even in the human resources division had received any training on implementing the policy. The employees indicated that no awareness programmes had been held on the effects of substance abuse, or where to seek help. As such, even though the policy document was drafted, and active, there was no real implementation of it. The study also found that the employees were not included in the formulation or implementation of the policy and relied on hearsay to guide their compliance with the policy.

Similarly, findings showed that all (100%) of the participants in the operations management division felt there was no monitoring strategy for employee substance abuse within the company. The monitoring of the policy appeared to be reactive and only came into play if a manager became aware of an employee with a substance abuse problem. The manager would then refer that person to HR to attend a disciplinary hearing. Participants explained that there was no team or individual who had been tasked with monitoring employee substance abuse within BSI Steel. No employees had undergone random testing, or had their bags inspected for prohibited substances by the security personnel, as is stated by the company's policy.

As a result of this monitoring system which 3 (60%) of the interview participants from the warehouse section felt was not sufficient, participant responses showed that there were incidences of substance abuse within the company especially during the night shift. Some of the participants (20%) from the warehouse section explained that because the majority of managers are only work during the day, management had no knowledge of these cases of substance abuse by employees and therefore were not addressing. The lack of strategic monitoring of the policy not only impacts on employee wellbeing but also results in substance abuse related accidents which compromises safety standards in the organisation, and is costly to the organisation due to the loss of productivity, damage to expensive equipment, and disability pay-outs.

5.3 **CONCLUSIONS**

From the findings discussed above, it can be concluded that although BSI Steel has a comprehensive substance abuse policy, little is known about the policy, what it states, and the help offered to employees with substance abuse problems. This finding can be attributed to the fact that the policy is relatively new and only came into effect in 2010. More needs to be done to ensure that the policy actually addresses the issues it intends on addressing employee substance abuse. The policy needs to be implemented and monitored in a manner that prevents substance abuse among employees rather reacting only when a problem is identified. This can play a vital role in preventing financial losses and declining productivity. Factors such as addressing the root causes of substance abuse, creating awareness about the problem, and ensuring that employees are aware of the employee assistance programmes that are available for employees who may require it are all essential for the policy to be effective.

5.4 **RECOMMENDATIONS**

5.4.1 **Recommendations for Practice**

Although many companies have a substance abuse policy there are many factors that need to be considered in order for the policy to be effective in reducing substance abuse among employees. One of these factors is the need to include all members of the organisation in the formulation, implementation and monitoring of the policy. Because managers are often in close contact with employees, there is a need to ensure that they have a full understanding of the policy so that they are readily able to assist employees if need be. Employees are also a valuable source of information and should be included in the monitoring of substance abuse in the workplace. This allows the policy to be holistic and tailored to that organisation's culture and specific needs.

There needs to be a shift towards normalising substance abuse in the workplace along with developing rapport between employees and their superiors so that individuals can reach out for assistance without fear of dismissal or prejudice. Substance abuse intervention rendered to employees needs to go beyond the individual and attempt to address the root causes of the problem. Occupational social work can play an integral part in working with organisations to promote general employee health and wellness services to the organisation. This can be done through extending assistance to immediate family, as well as intervening at a macro level through the use of awareness and information giving campaigns that are aimed at curbing substance abuse in the communities employees are from.

5.4.2   Recommendations for Theory

Existent theory on addiction such as social learning theory and the disease model of addiction, needs to be included in the formulation of substance abuse policies, as well how best to implement and monitor the policy, which current literature advocates. These findings also display how crucial the literature on prevention of substance abuse in the workplace as there appears to be a real need for these policies. Current literature on implementation of substance abuse policies highlights using language that in appropriate to the developmental age of the focus group in question. However, there appears to be a paucity of literature addressing implementing policies for diverse cultural groups of people.

In a diverse country such as South Africa which has eleven official languages, language needs to be factored into the manner in which a policy is implemented and how awareness around substance abuse is conducted. Translating the policy document and prohibition signs, as well as conducted awareness campaigns in languages that can be understood by employees can play a role in reducing substance abuse among employees. This can increase accessibility of the policy and awareness on substance abuse by reaching more people.

5.4.3   Recommendations for Future Research

As, previously discussed, the findings of the study revealed that factoring in cultural diversity and language in the implementation of substance abuse prevention programmes and policies within the and workplace may increase the degree of

awareness among employees. It would therefore be interesting to conduct a research study which would investigate whether substance abuse policies that were implemented in different languages have an impact in reducing cases of substance abuse among employees.

One of the recommendations made by a participant was the need for fostering relationships with management and employees so that employees are more comfortable about approaching management for assistance for substance abuse related problem. From this viewpoint, it would be interesting to conduct future research which explores the link between promoting awareness among management on the disease aspects of addiction, and how this contributes towards the decline of substance abuse among employees.

The WHB, (2006) argues that in the bid to address employee substance abuse, companies need to have holistic wellness programmes in place that promote the general wellbeing of the workforce. For this reason, another area of research that is recommended is how the provision of wellness programmes to employees influences employee substance abuse trends within an organisation.

5.5 <u>CONCLUDING COMMENT</u>

Substance abuse has become an acknowledged problem in modern day society. It is however often associate with the unemployed and employers tend to assume it does not exist among employed adults. Although some companies have substance abuse policies, as is required by South African occupation health and safety legislation, simply having

the policy document is not sufficient. There is need for these companies to play a larger role in the active prevention of substance abuse among employees through creating awareness about the problem and assisting employees that may require assistance.

"Employee health and wellness should be a priority in South Africa as the contribution to the collective responsibility to build human capacity and meet the needs of people in South Africa (Harrison, 2009, p.371)."

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APPENDICES

Consent Form for participation

I have been informed on the research study that Gifty Nyarko is conducting on employee perceptions of the effectiveness of the company drug and alcohol policy at BSI Steel.

I hereby confirm that:

- I understand what participation in this research will involve.
- I understand that my participation is entirely voluntary.
- I understand that I have the right not to answer any questions that I do not feel comfortable with.
- I understand that I have the right to withdraw my participation in this research project, at any time, without fear of prejudice.
- I understand that any information I share will be confidential and that the researcher will not use any of my personal identification details in the research report.

Name of the participant:……………………….

Date: ....………........

Signature: ..…………….....................

Participant Information Sheet for Persons Completing Questionnaire

Good day,

My name is Gifty Nyarko and I am a post graduate student registered for the degree Masters in Occupational Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting a research study which aims to explore the perceptions of employees of the effectiveness of the company drug and alcohol policy at BSI Steel. The study also aims to explore what the company drug and alcohol policy comprises of, how the policy is implemented and monitored, and whether employees perceive the organisational culture at BSI Steel to influence the effectiveness of the company drug and alcohol policy. It is hoped that the findings of this research study could enhance the manner in which alcohol and drug policies for companies are formulated and implemented. I therefore wish to invite you to participate in my study.

You have been randomly selected from a list of all the employees at BSI Steel. Participation in this study is entirely on a voluntary basis and refusal to participate will not be held against you in anyway. If you agree to take part in this study, you will be required to fill in a 5 page questionnaire pertaining to your knowledge about the company drug and alcohol policy as well as your perceptions regarding the effectiveness of these policies. You may withdraw from the study at any time. Please be assured that this questionnaire is anonymous as you are not required to provide your name anywhere on it. An opaque box will also be provided for you to submit the questionnaire upon completion. This page will be there for two weeks and removed on (date to be inserted)

Your name and personal details will therefore be kept confidential and no identifying information will be included in the final report. You will not be identified through your responses. As the questionnaire will include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the completion of the questionnaire, I have arranged for this service to be provided free of charge by Sandra Pohl at SANCA Phoenix House in Martindale. Sandra from Phoenix House may be contacted

on 011734 422 or 011 673 0400 or emailed at sanca@sanca-jhb.org.za. Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability.

The researcher's supervisor, Mrs. Francine Masson, may be contacted on: 011 717 4480. Should you wish to receive a summary of the results of the study an abstract will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours sincerely:

Gifty Nyarko

RESEARCHER

Participant Information Sheet For Persons Participating In Interview (HR and Management)

Good day,

My name is Gifty Nyarko and I am a post graduate student registered for the degree Masters in Occupational Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting a research study which aims to explore the perceptions of employees of the effectiveness of the company drug and alcohol policy at BSI Steel. The study also aims to explore what the company drug and alcohol policy comprises of, how the policy is implemented and monitored, and whether employees perceive the organisational culture at BSI Steel to influence the effectiveness of the company drug and alcohol policy. It is hoped that the findings of this research study could enhance the manner in which alcohol and drug policies for companies are formulated and implemented. I therefore wish to invite you to participate in an interview for my study.

Because the study seeks to explore how BSI Steel's drug and alcohol policy is implemented and monitored, purposive sampling was used to obtain participants in human resource and operational management positions. Participation in this study is entirely on a voluntary basis and refusal to participate will not be held against you in anyway. The interview for this project will last approximately 30 minutes and will entail you answering questions pertaining to your perceptions of the effectiveness of the alcohol and drug policy within your work place. The interview will be held at a time and a place that is suitable to you. You may refrain from answering any question that you do not wish to answer and you may withdraw from the research project at any time during the research interview if you so wish to do so. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview may include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the completion of the questionnaire, I have arranged for this service to be provided free of charge by Sandra Pohl at SANCA Phoenix House in Martindale. Sandra from Phoenix House may be contacted on 011734 422 or 011 673 0400 or emailed at sanca@sanca-jhb.org.za. Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability.

The researcher's supervisor, Mrs. Francine Masson, may be contacted on: <u>011 717 4480</u>. Should you wish to receive a summary of the results of the study an abstract will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours sincerely:

Gifty Nyarko

RESEARCHER

Participant Information Sheet For Persons Participating In Interview (Employees)

Good day,

 My name is Gifty Nyarko and I am a post graduate student registered for the degree Masters in Occupational Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting a research study which aims to explore the perceptions of employees of the effectiveness of the company drug and alcohol policy at BSI Steel. The study also aims to explore what the company drug and alcohol policy comprises of, how the policy is implemented and monitored, and whether employees perceive the organisational culture at BSI Steel to influence the effectiveness of the company drug and alcohol policy. It is hoped that the findings of this research study could enhance the manner in which alcohol and drug policies for companies are formulated and implemented. I therefore wish to invite you to participate in an interview for my study.

Participation in this study is entirely on a voluntary basis and refusal to participate will not be held against you in anyway. The interview for this project will last approximately 30 minutes and will require you answering questions pertaining to your perceptions of the effectiveness of the alcohol and drug policy within your work place. The interview will be held at a time and a place that is suitable to you. You may refrain from answering any question that you do not wish to answer and you may withdraw from the research project at any time during the research interview if you so wish to do so. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the questions asked may include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the completion of the questionnaire, I have arranged for this service to be provided free of charge by Sandra Pohl at SANCA Phoenix House in Martindale. Sandra from Phoenix House may be contacted on 011734 422 or 011 673 0400 or emailed at sanca@sanca-jhb.org.za. Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability.

The researcher's supervisor, Mrs. Francine Masson, may be contacted on: <u>011 717 4480</u>. Should you wish to receive a summary of the results of the study an abstract will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours sincerely:

Gifty Nyarko

RESEARCHER

Consent Form for Audio Taping of Interviews

I hereby confirm that:

I have been informed about the research study that Gifty Nyarko is conducting on the perceived effectiveness of the drug and alcohol policy within my workplace.

- I understand what participation in this research study will involve.
- I understand that this interview will be audio taped.
- I give the researcher my full consent to audio tape this interview.
- I understand that my participation is entirely voluntary.
- I understand that I have the right not to answer any questions that I do not feel comfortable with.
- I understand that I have the right to withdraw my participation in this research project, at any time, without fear of prejudice.
- I understand that any information I share will be confidential and that the researcher will not use any of my personal identification details in the research report.

Name of the participant:………………………….

Date: ....………........

Signature: ..……………….....................

QUESTIONNAIRE ON THE PERCEPTIONS OF EMPLOYEES AT BSI STEEL ABOUT THE EFFECTIVENESS OF THE COMPANY'S DRUG AND ALCOHOL POLICY

SECTION A: DEMOGRAPHICS

Please complete all relevant information.

AGE: ....

GENDER: Male..

Female.......................................

RACE: Black.....................................

White.....................................

Coloured................................

Indian ....

Other................................. If "other", please specify: ....

JOB TITLE: ....

SECTION eg HR, Management, Finance, etc:**: ....**

POSITION/ RANK/ GRADE IN COMPANY..

SECTION B: WORK HISTORY

1. How many years have you worked for BSI Steel Gauteng Division?

    1.1 Year
    ....

    1-2 years
    ....

     2-3 years
    ....

    3-4 years
    ....

    4-5 years
    ....

    5 years and above
    ....

2. If you answered more than 5 years please specify the number of years please specify the number of years: …………………………………………….

SECTION C: BSI STEEL DRUG AND ALCOHOL POLICY

Please tick __all__ the answers that are relevant to you.

3a. Do you know whether this company has a drug and alcohol policy?

    Yes
    ....

    No
    ....

3b. If yes, how did you come to know of the policy? (***Please tick all appropriate answers.)***

Word of mouth

....

Initial employment contract

....

Awareness programmes/ workshops

....

Involvement in policy formulation

....

Other

....

If you ticked "other" please specify reason:

4. If you are aware that your company has a drug and alcohol policy, how well do you know the contents of the policy on a scale of 1 to 5 (with 1 being very little knowledge, and 5 being very good knowledge)?

1

....

2

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3

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4

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5

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Please briefly summarise what the company's drug and alcohol policy states.

……………………………………………………………………………………....…………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………………………………………………………...
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……………………...
....

5a. Where you involved in the formulation of the company's drug and alcohol policy?

Yes

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No

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5b. If you answered yes, please specify the role you played in the policy formulation process.

………………………………………………………………...…………

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6a. Are you involved in the implementation and monitoring of the company's drug and alcohol policy?

Yes

....

No

....

6b. If you answered yes, please specify the role you played in the monitoring and implementation process.

Referrals

....

Disciplinary procedure

....

Other

....

If you ticked "other" please specify the role you play

………

………………………………………………………………………………………………..………

……………...

…………………..

.............……………………..

7. Do you feel the company's drug and alcohol policy is easily accessible or available to all employees (in a place where it can be viewed by all employees?)

Yes

....

No

....

8a. Are you aware of the consequences for employees if they do not comply with the company's drug and alcohol   policy?

Yes
....

No
....

8b. If yes, how did you come to be aware of these consequences? (***Please tick all appropriate answers.***)

It was stated in the Policy

....

Participation in policy formulation/implementation

....

Personal experience

....

Other colleague's personal experiences

....

Other

....

If you ticked "other", please explain

………

………

…………………………………………………………………………...............……………………...............

....……………….........

....……………………....

....

9. Do you know of any colleagues that have not complied with the company's drug and alcohol policy and have **NOT** faced consequences?

Yes

....

No

....

10. Do you feel that the organisational culture (traditions, events, ethics, and values) of your company can influence an employee's likelihood to comply or not comply with the drug and alcohol policy in your work place?

Yes

....

No

....

If you answered yes, please elaborate.

……………………….……………………………...……………………………………….......…………

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……………………………………………………………

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...................................………

11. Do you think the implementation of your company's drug and alcohol policy is successful?

Yes

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No

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Please explain your answer to question 14 below.

………………………………………………………………………………………………………

………………………………………………………………………………………………………

……………………………………………………...

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……………………..

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12. Do you feel that the company's drug and alcohol policy is effectively monitored?

Yes

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No

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Please explain your answer to question 15 below.

………………………………………………………………………………………………………

………………………………………………………………………………………………………

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Please detach this page and place it in the box separately

13. The researcher would like to gain more insight into the company drug and alcohol policy and how it is implemented and monitored by interviewing some people. Would you be interested in taking part in an interview? This interview will be private and confidential. You will be allocated a code name and will not be identified through your responses. Please indicate your answer below.

YES   I am interested in taking part in participating in an interview.

Contact Number/ Email Address:………………………………………………

NO   I am not interested in taking part in the interview

THANK YOU FOR YOUR PARTICIPATION!

INTERVIEW ON THE PERCEPTIONS OF EMPLOYEES AT BSI STEEL ABOUT THE EFFECTIVENESS OF THE COMPANY'S DRUG AND ALCOHOL POLICY

SECTION A: DEMOGRAPHICS

Please complete all relevant information.

AGE: ....

GENDER: Male...

Female..

RACE: Black.....................................

White.....................................

Coloured................................

Indian ....

Other................................

If "other", please specify: ....

Number Of Years At BSI Steel Guateng Division: ....

JOB TITLE eg HR, Management, Finance, etc:**: ....**

POSITION/ RANK/ GRADE IN COMPANY..

3. Please briefly speak to your knowledge of the company drug and alcohol policy. (Is there a need for it?)

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4. What factors do you feel would encourage you to adhere to the company drug and alcohol policy?

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5. Please briefly speak to whether you feel the current drug and alcohol policy (what it states, how it is applied, and how it is evaluated) is relevant to this particular work environment.

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6. Do you feel there is a strong overall awareness regarding substance abuse among the employees of BSI Steel? (Please elaborate further)

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7. How best do you feel the company could assist employees with substance abuse issues?

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8. Do you feel that the way the drug and alcohol policy is structured takes into account the needs of employees? (Please substantiate)

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9. Which factors of the company's organisational culture would you say influences one's likelihood to comply or not comply with the drug and alcohol policy? (Please elaborate further.)

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10. Did you or other employees receive any substance abuse prevention education as part of the policy implementation process?

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11. Do you feel this policy is standardised? (applies to everyone from senior management to employees)

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12. Do you feel that the policy is holistic? (promotes general employee wellbeing)

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13. Please discuss some of the ways in which the company drug and alcohol policy addresses the causes of employee substance abuse in the company.

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14. What recommendations would you make for the improvement of the current company drug and alcohol policy?

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The following questions are specific to HR and management staff of BSI Steel.

15. To your knowledge, does BSI Steel provide management and the HR division with training on the implementation of the company drug and alcohol policy?

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(B) If yes, how often is this training provided?

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16. On what aspects was the policy formulation based?

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17. Does BSI Steel have any employee wellness programmes or employee assistance programmes that you feel are compatible with the aims of the drug and alcohol policy? (Please elaborate).

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18. Do you feel that the company drug and alcohol policy is effectively monitored?(Please explain further.)

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19. To your knowledge, how often the company drug and alcohol policy get reviewed or evaluated?

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20. What aspects are evaluations based on?

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21. What recommendations would you make for the improvement of the company's drug and alcohol policy? (Please elaborate)

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THANK YOU!