

SUBSTANCE DEPENDENCY AND ABUSE WITHIN THE WORKPLACE:  
A CASE STUDY EXPLORING SUPERVISORS' EXPERIENCES AND PERCEPTIONS  
OF EMPLOYEE SUBSTANCE DEPENDENCE AND ABUSE

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## DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Master of Social Science (Psychology) in the Graduate Programme in the Faculty of Humanities, Development, and Social Sciences, University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was not used. It is being submitted for the degree of Masters of Social Science (Psychology) in the Faculty of Humanities, Development, and Social Sciences, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Signature

18 November 2009

Date

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## **ABSTRACT**

This study explores supervisor's experiences and perceptions of substance dependency and abuse within an organisation, the strategies used by these supervisors in dealing with substance-related incidents and their perceived effectiveness of the employee assistance programs utilised. Qualitative methodology was employed and semi-structured interviews were conducted. A non-probability sampling technique was used and a convenience sample comprising of 9 participants was selected from a single organisation in central Durban. The data obtained was then qualitatively analysed using thematic analysis. The findings indicate that substance abuse and dependency were present within the organisation but not a prevalent problem. Supervisors were well versed in company policies and responsive to employee substance related issues. Furthermore, supervisors perceived the organisations employee assistance program utilised as highly effective.

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# CHAPTER ONE

## INTRODUCTION

### **1.1. Introduction**

Drugs and alcohol are a widely researched topic and the vast literature spans prevention, abuse, dependency and treatment (Daugherty & Leukefeld, 1998; Maisto, Galizio, & Connors, 2004; Ray, 2004; Schuckit, 2000; Stark & Payne-James, 2003). Drug and alcohol use is a prevalent social problem throughout the world and to a certain degree affects us all (Schuckit, 2000). It pervades all aspects of our lives affecting school, work, recreation and personal relationships. This chapter presents the principal aims and objectives of the research, the research questions, rationale, context of the research problem, and the limitations of the research study.

### **1.2. Background and Outline of Research Problem**

Substance abuse and dependency negatively affect an individual's ability to function on an interpersonal, social, emotional and occupational level. In addition, substance abuse also causes detrimental health effects. Societal crises, whether they be crime, fraud, poverty, pollution, depression, suicide, or substance dependency and abuse, inevitably affect the workplace. This research has narrowed its focus to substance dependency and abuse within the workplace. Substance dependence within the workplace is commonly associated with high levels of absenteeism, and lower levels of employee performance and productivity. This research aims to focus on substance dependency and abuse from a supervisory perspective rather than from the perspective of the employees. The research explored supervisors' perceptions about employee substance dependency and abuse within a single organisation. In addition, this research aimed to explore the strategies used by these supervisors in dealing with substance-related incidents.

### **1.3. Rationale**

Much of the literature on drugs and alcohol is based on western countries and subsequently comprises a white middle-class bias. Within the South African context, research on the topic area is insufficient. In addition, most research has focused on the effects of drug dependency but has failed to explore supervisors' perceptions of such effects as it is the supervisors who have to deal with these problems. Since substance dependence is commonly associated with high levels of absenteeism, and lower levels of employee performance and productivity



(Gumede, 1995), it is the supervisor's responsibility to identify and address performance-related issues. Thus, supervisors need to be well versed with organisational policies and procedures and equipped to effectively deal with drug and alcohol related issues. Therefore there is a need to undertake research regarding substance dependency and abuse within a South African workplace, from a supervisory perspective.

#### **1.4. Aims**

The aim of this research is to explore supervisors' experiences and perceptions of substance dependency and abuse within an organisation. This research also aims to explore the strategies used by these supervisors in dealing with substance-related incidents. Finally, this research will evaluate the supervisor's perceived effectiveness of the employee assistance programmes utilised.

#### **1.5. Research Questions**

How do supervisors perceive patterns of substance dependence and abuse within the workplace?

How do supervisors manage such patterns?

How do supervisors perceive the effectiveness of the employee assistance programmes utilised?

#### **1.6. Research Problems and Objectives: Broader Issues to be Investigated**

Substance dependency and abuse are by no means limited to the workplace. Substance abuse has plagued human societies for several centuries (Gumede, 1995). Within the South African context, substance abuse is a prevalent public health problem and has contributed to the disintegration and degradation of society (Gumede, 1995). It negatively affects an individual's ability to function on an interpersonal, social, emotional and occupational level.

Substance abuse also has serious implications on one's health as it affects the nervous system, digestive system, circulatory system, liver, and kidneys. Caffeine, tobacco and alcohol are the most widely used form of drugs (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003), all of which are easily accessible and socially acceptable. The World Health Organisation (WHO) estimates that worldwide there are approximately 1.1 thousand million smokers (Lakhanpal & Agnihotri, 2007). It is estimated that if smoking trends continue at the current rate, by the year 2020 tobacco will be responsible for over 10 million

deaths per annum (Lakhanpal & Agnihotri, 2007). Substance dependency and abuse is not only a dilemma for youth; it affects people of all ages across the lifespan (Daugherty & Leukefeld, 1998).

Within the workplace, the consequences of substance abuse and dependency reach far beyond the detrimental health effects faced by employees. Management and employers also have to deal with negative consequences related to high levels of absenteeism, lower levels of employee performance and productivity, and higher rates of workplace accidents. These negative consequences ultimately increase organisational costs. In South Africa, commerce and industry lose approximately one quarter of their income from inefficiency, absenteeism, low productivity levels, and various other substance related incidents (Gumede, 1995). Thus it is apparent that employee substance dependency and abuse has a detrimental impact on the South African economy.

As mentioned earlier, the objective of this study was to explore supervisor perceptions of substance dependency, based on information obtained from supervisors, and to investigate the perceived effectiveness of employee assistance programmes utilised. The significance of this inquiry is to uncover how employee substance dependency is perceived by the people who have to diagnose and deal with the problem within the organisational setting i.e. supervisors.

### **1.7. Limitations of the Study**

The research design is limited in its generalisability to the greater population as it is based on a small, convenience sample and therefore all members of the potential population are not given an equal opportunity to participate in the study (Heiman, 2001). A convenience sample was selected on the basis of the availability of supervisors; thus there are discrepancies with regard to the number of participants representing the different age, gender, and racial categories. The results of this study must therefore be interpreted with caution. Another possible limitation of this study is the fact that I am a first time qualitative researcher. However, it is important to note that this research project was conducted in partial fulfilment of a master's degree.

### **1.8. Structure of Dissertation**

*Chapter One: Introduction*

Chapter One presents the outline and background of the study as well as the context within which the study was situated. It focuses on the motivation, purpose, significance, aims, objectives as well as limitations of the study.

#### *Chapter Two: Literature Review and Theoretical Framework*

Chapter Two comprises a comprehensive literature review, focusing on the nature of substance abuse within the workplace, employee assistance programmes, and the role of the supervisor. Furthermore, this review draws on significant past and current research on the topic, highlighting their strengths and weaknesses. In addition, this chapter presents the principal theories upon which the research project was based. These are social learning theory and the contingency approach to leadership. The applicability and appropriateness of these theories to answering the research problem are also discussed

#### *Chapter Three: Research Methodology*

Chapter Three highlights the research design, sampling, data collection method, research procedure, and the type of data analysis utilised for this research. The strengths and weaknesses of these techniques and their appropriateness for this study are outlined.

#### *Chapter Four: Results and Discussion*

Chapter Four comprises of the presentation of results after analysis, as well as the discussion of the findings.

#### *Chapter Five: Summary and Conclusions*

Chapter Five includes a summary of the results of the research, and recommendations and suggestions for further research.

### **1.9. Conclusion**

Substance dependency and abuse is a prevalent social problem that pervades all aspects of our lives, affecting our social and work lives. In this introductory chapter, the principal aims and objectives, research questions, rationale, and context of the research problem were discussed. Furthermore, the limitations of the research study were presented in order to contextualise the findings. The following chapter presents a review of literature in relation to the research objectives and questions outlined above.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1. Introduction

This chapter presents a comprehensive literature review, focusing on the nature of substance abuse within the workplace, employee assistance programmes, and the role of the supervisor in dealing with substance related incidents. Several past and current research studies are drawn upon to substantiate my discussion. Thereafter, the theoretical framework, comprising of the principal theories upon which the research project was constructed, is presented, drawing attention to the applicability and appropriateness of these theories to answering the research problem.

#### 2.2. Overview of Substance Dependency and Abuse

The term *drug* is a broad concept covering a multitude of chemical substances including both legally prescribed medications and illegal substances that are potentially abused (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). Drugs by definition refer to any substance, which as a result of intake or administration, adjusts one's neurological functioning, frame of mind and perception (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). The term drug not only refers to hardcore drugs but also includes caffeine, tobacco and alcohol (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). These are the most widely used forms of drugs (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003), all of which are easily accessible and socially acceptable. The most prevalent illegal drug used within the workplace is marijuana, followed by cocaine (Gibs, 2006). According to Parry and Bennetts (1998), South Africa is ranked amongst the highest alcohol consumers in the world. It is apparent that these high consumption patterns have remained largely unchanged over the years.

Substance use or consumption refers to the taking of any substance including tobacco, drugs and alcohol (Parry & Bennetts, 1998). Thus substance abuse and dependence refers to the dependency on and abuse of both alcohol and drugs. The terms dependency and abuse are similarly defined and occasionally used interchangeably but can be differentiated. As stated in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), substance dependence indicates the "... central role that the substance has come to play in an individual's life, evidence of problems relating to controlling intake, and the development of

difficulties (especially physical and psychological problems) despite which the individual continues to return to the substance” (in Schuckit, 2000, p. 5). On the other hand, as stated by the *World Health Organisation* (WHO), substance abuse refers to “... persistent or sporadic excessive use inconsistent with or unrelated to acceptable medical practice” (in Ghodse, 1989). It is important to note that dependence may occur without the actual abuse of the substance, conversely abuse may occur without causing psychological and physical dependence of the substance (Ghodse, 1989).

Related to substance abuse and dependency is the concept of tolerance. The intake of drugs leads to a chemical imbalance in the brain, and in response, the nervous system attempts to reduce such effects (Johns, 1990). Thus the continuous and repeated consumption of most psychoactive substances results in the body becoming tolerant of their effects (Madden, 1990). Consequently, if the substance user wants to maintain the intoxicating effects of drugs they would have to increase the dosage (Ghodse, 1989). Tolerance may be useful in explaining how many substance abuse cases remain undetected within organisations. Employees may not appear to be under the influence of drugs and alcohol as they have become tolerant of its effects, thus giving the impression that they can function as normal.

### **2.3. Administration and Classification of Substances**

There are multiple ways through which substances can be administered; these include inhalation, oral consumption, injections, intravenous intake, subcutaneous intake, and intranasal intake (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). After administration, the substances are absorbed into the body and are then distributed through the blood stream, consequently resulting in feelings of intoxication and elation, followed by the elimination of the drug from the body (Maisto et al., 2004).

Drugs may be categorised into *sedatives*, *stimulants*, *hallucinogens*, *depressants* and *narcotics* (Lang, 2001; Madden, 1990), and the different types of drugs have different effects on the individual, some examples of which will be discussed. Sedatives produce a calming and tranquilising effect on the body, and lead to impaired speech, concentration and mobility (Madden, 1990). Stimulants accelerate the body’s heart rate and levels of blood pressure, resulting in improved energy (Lang, 2001). Depressants decelerate the body’s heart rate and levels of blood pressure, resulting in the relaxation of the body (Lang, 2001). Hallucinogens chemically affect neurological functioning and lead to changes in behaviour and perception

(Lang, 2001). Finally, narcotics which are usually found in prescription medication, serve to alleviate psychological pain in addition to physical pain (Lang, 2001). There are many types of drugs, some of which are discussed below:

***Alcohol and alcoholic beverages*** can be classified as sedatives; they are found in liquid form and administered orally (Madden, 1990).

***Prescription drugs such as Rohypnol and Dormicum*** are also classified as sedatives or hypnotics, and these drugs are usually utilised for the treatment of severe insomnia, anxiety and panic attacks (Lakhanpal & Agnihotri, 2007). Both Rohyponol and Dormicum are meant to be used on a short term basis as they may lead to physical and psychic dependence (Lakhanpal & Agnihotri, 2007). These medications are found in tablet form and administered orally.

***Cocaine*** is a stimulant, usually found in the form of white powder; it is extremely addictive and the usual method of administration is intranasal (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). Cocaine is most commonly diluted with a form of sugar (Lang, 2001).

***Ecstasy***, also a stimulant, is usually found in tablet form and administered orally; the resulting effects of this drug, which is popular within dance clubs, include the suppression of appetite and hallucinations (Lang, 2001).

***Lysergic acid diethylamide (LSD)*** is an hallucinogen; it can be found in solid or liquid form, is administered orally or by the use of injections, and the resulting effects are feelings of euphoria followed by insomnia (Lang, 2001).

***Marijuana***, also known as dagga, weed and cannabis, is one of the most commonly used drugs throughout the world and is prevalent in most literature on drug usage (Lang, 2001; Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). Marijuana is a depressant and is found in the form of leaves; the usual method of administration is smoking it as a 'cigarette' (Lang, 2001; Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003). The effects of marijuana use include euphoria and hunger (Lang, 2001; Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003).

***Heroin*** a narcotic, is extremely addictive, and is usually found in a white powdered form, but in some cases in a black solid form (Lang, 2001). Heroin is transformed into a liquid through a cooking method and then administered intravenously through injections (Lang, 2001).

***Prescription drugs such as morphine and codeine*** are also narcotics; they are found in liquid and tablet form, respectively (Lang, 2001). These drugs can be administered orally and

through injection (Lang, 2001). The effect of such prescription medication is the alleviation of pain (Lang, 2001).

## **2.4. Drugs of Abuse in South Africa**

Lakhanpal and Agnihotri (2007) categorise South African drugs of abuse into three groups: extensively used, moderately used, and less frequently used. The most extensively used drug is alcohol, trailed by cannabis and mandrax (Lakhanpal & Agnihotri, 2007). “In addition to these drugs, there is also considerable abuse of over-the-counter and prescription medicines like pain relievers, tranquillizers (including benzodiazepines), cough mixtures (containing codeine), and slimming tablets and solvents (especially glue)” (Lakhanpal & Agnihotri, 2007, p.5).

Wilcocks and Edmonds (1992) state that central controls in regard to the purchase of prescription and over-the-counter medications are insufficient, making it difficult to assess this area of dependency. “While the medical council of South Africa schedules and sets limits on the sale of all psychoactive (as well as other) substances, there is no form of control at the outlet, meaning that people are able to obtain drug supplies with relative ease” (Wilcocks & Edmonds, 1992, pp.66-67). According to Wilcocks and Edmonds (1992), South African society is chemically orientated; thus substance abuse is a prominent issue.

Drugs such as cocaine, LSD, heroin, and ecstasy were categorised as moderately used, and drugs such as Rohypnol (Flunitrazipam), Opium and Ketamine are less frequently used (Lakhanpal & Agnihotri, 2007). “However in terms of pharmacological properties, the substances most abused in South Africa are depressants (e.g. alcohol, white pipes, Mandrax, benzodiazepines) followed by hallucinogens (dagga, LSD, Speed and Ecstasy)” (Lakhanpal & Agnihotri, 2007, p.5).

## **2.5. Management of Substance Dependency and Abuse in the Workplace**

### **2.5.1. *Employee Assistance Programmes***

The vast majority of adults with substance related problems are employed (Merrick, Volpe-Vartanian, Horgan, & McCann, 2007). According to the Substance Abuse and Mental Health Service Administration, between 70 and 75 percent of substance abusers are employed (in Elliott & Shelley, 2006). Thus the “...workplace provides a unique opportunity to address the entire spectrum of substance use problems, both diagnosable abuse or dependence and

other problematic use (Merrick et al., 2007, p. 1262). In order to diminish substance dependency and abuse, the organisation has to adopt a holistic approach, which requires the commitment of the whole organisation (Rawlinson, 1989). This includes workplace policy, drug testing, employee education and awareness programmes, supervisor training, and employee assistance programmes (Parry & Bennetts, 1998).

The 1940's witnessed the emergence of employee assistance programmes (EAPs) as a response to workplace alcoholism (Hopkins, 1997). Originating in the United States of America, EAPs have been tailored and incorporated within organisations worldwide (Maiden, 1992). It was during the 1980's that EAPs first emerged within the South African context (Maiden, 1992). Employee assistance programmes have since evolved into a comprehensive model for dealing with employee issues (Merrick et al., 2007). EAPs offer an employment conservation function, meaning that employees are offered the assistance they require to rehabilitate themselves so that they can continue to do their jobs (Bennett, Blum, & Roman, 1994).

According to Elliott and Shelley (2006), activities performed by EAPs are categorised into two major areas; these are: service maintenance to the organisation and direct service delivery to employees. "Services to clients include (a) crisis intervention, (b) assessment and referral, (c) counselling and support, (d) follow-up counselling, and (e) treatment monitoring" whereas services to the organisation include "...management consultation, training services, health promotion and educational activities, policy consultation, programme evaluation and critical incident debriefing" (Elliott & Shelley, 2006, p.131). EAPs are one of the most cost effective ways to assist employees with their problems (Bennett et al., 1994). "In South Africa, the EAP is viewed by employees for the most part as an agent of change for social conditions in the work environment" (Maiden, 1992, pp.3-4).

### ***2.5.2. Implications of South African Legislation on EAPs***

As alluded to earlier, employee assistance programmes originated in America and these provided the foundation on which the South African programmes were modelled. Legislation has important implications for development and utilisation of employee assistance programmes in South Africa and this is briefly discussed below.

The Skills Development Act 97 of 1998 asserts that employers are compelled to assist



persons with special problems such as alcohol dependency or drug addiction to enter, or re-enter the labour market (SDA, 1998). According to the Occupational Health and Safety Act 85 of 1993, it can be deemed a criminal offence to permit any person who appears to be under the influence of drugs or intoxicated by alcohol to enter or remain at a workplace if his/her presence is deemed a threat to his/her own safety or the safety of others (OHSA, 1993). The Labour Relations Act 66 of 1995 states that with regard to certain kinds of incapacity such as alcohol or drug abuse, employers should consider counselling and rehabilitation of employees (LRA, 1995). It is apparent that South African legislation is in support of employee assistance programmes.

South Africa is faced with a multitude of stressors such as globalisation, rapid change, the current economic crisis, the HIV/AIDS pandemic, crime, fraud, diversity, poverty and an increasing unemployment rate. These factors inevitably pervade the workplace, highlighting the need for EAPs which, if appropriately implemented, can provide the organisation with the assistance it needs. “The research on employee assistance indicates that supervisors are a key factor in whether or not workers use employee assistance programmes” (Hopkins, 1997, p.1220). According to Merrick et al. (2007), there is a need for more research regarding the barriers and facilitators of the use of employee assistance programmes.

### ***2.5.3. Types of EAP***

Employee assistance programmes can operate as an internal programme or in conjunction with the aid of an external specialised agency (Albertyn & McCann, 1993). EAPs can be categorised into two types: these are the specific substance abuse approach, and the broad-brush approach (Albertyn & McCann, 1993). The specific substance abuse approach, which usually emphasises alcohol abuse, is a more traditional approach to EAPs (Albertyn & McCann, 1993; Carroll, 1997). Such programmes are limited to problem employees with job performance issues (Carroll, 1997). Most contemporary EAPs adopt a broad-brush approach (Albertyn & McCann, 1993; Carroll, 1997). “The broad-brush approach to an EAP is designed to include all problems which can impact on an individual employee” (Albertyn & McCann, 1993, p.126). Thus the broad-brush approach incorporates a wide range of familial, marital, legal, emotional, financial and psychological issues in addition to substance abuse (Albertyn & McCann, 1993; Bamberger & Biron, 2006). EAPs employ highly skilled and professionally trained counsellors to deal with such issues (Coles, 2003).

#### **2.5.4. *The Role of Supervisors***

Over the last few decades the role of the supervisor has evolved from a directive function towards a supportive function (Hopkins, 1997). Supervisors are responsible for strengthening employee relations and morale so as to foster a productive working environment (Mazzoni, 1990). Furthermore, supervisors are responsible for the monitoring and evaluation of job performance of employees (Mazzoni, 1990). The contemporary work environment has been plagued with employee personal problems, stress-related illnesses, work overload, depression, and substance abuse (Hopkins, 1997). Consequently, the facilitative and supportive role adopted by supervisors has gained importance within organisations (Hopkins, 1997).

As employee substance abuse and dependency is likely to hinder job performance, supervisors have to be equipped to deal with the problem (Mazzoni, 1990). Hopkins (1997) states that the willingness of supervisors to identify and intervene with employee problems is crucial as this determines the extent to which employees are helped and assisted. “Overall, supervisors are identified as the most critical component to the helping process: they are responsible for identifying, supporting, referring, and following-up troubled workers” (Hopkins, 1997, p. 1220). Consequently a collapse in the supervision process results in a collapse of the assistance process as a whole (Hopkins, 1997). Therefore supervisors need to be adequately trained to deal with employee substance abuse issues.

#### **2.6. Empirical Research**

Throughout the world, and particularly in South Africa, substance abuse has negatively impacted upon public health (Parry & Bennetts, 1999). Furthermore, substance abuse has been a compounding factor in the rise of societal disintegration and degradation (Gumede, 1995). As a result, organisations have had to incorporate substance abuse policies into their workplace agenda. This can be illustrated by a study conducted by the Trade Union Congress in the United Kingdom. The study showed that one out of every eight organisations was conducting random alcohol and drugs tests (Healthcare, 2005). However, literature indicates that the United States of America (USA) has a far superior rate of random drug testing in comparison to other countries. American statistics indicate that approximately 23 million people experience drug and alcohol related addiction (Duda, 2005). From this total, 75 percent of the addicts are employed and merely 20 percent of them seek help for their

problems (Duda, 2005). There is no up to date information available about the current situation in South Africa.

In the USA, an annual National Survey on Drug Use and Health (NSDUH) is conducted in order to gather information related to workplace drug-testing policies and programmes, substance abuse, employment status, particular occupations, and types of industries and businesses (Larson, Eyerman, Foster, & Gfroerer, 2007). Utilising the information gathered from the NSDUHs, substance abuse in the USA can be analysed according to the following variables: demographics, geographic locations, occupations and industry, and workplace programmes utilised (Larson et al., 2007). In a report done by Larson et al. (2007), the NSDUHs conducted between the years 2002 and 2004 were analysed in order to investigate substance use among full-time employees between the ages of 18 and 64. The pertinent findings are presented below.

According to the report, the majority of substance users and abusers were in full-time employment. Males were more likely to report engaging in illicit drug use than females. Heavy alcohol usage was most common among extraction and construction occupational groups, whereas illicit drug use was most common among accommodation and food service industries. Approximately 9.2 percent of full-time employees reported substance abuse and dependence (Larson et al., 2007).

According to Larson et al. (2007), those organizations that had employee assistance programmes and drug and alcohol testing programmes in place were less likely to report high levels of substance abuse and dependence. “Among the nearly 115 million full-time workers aged 18 to 64 years in the United States, 47.7 million (43.8 percent) reported that they had access to educational information about drug and alcohol use in the workplace, 87.0 million (78.7 percent) reported that they were aware of a written policy about drug and alcohol use in the workplace, and 60.9 million (58.4 percent) reported that their employer offered an employee assistance programme (EAP)” (Larson et al., 2007, p.2). Given that EAPs are a relatively new phenomenon in South African, a large proportion of employees do not have the benefit of an assistance programme.

Members of South African Medical Research Council, Charles D.H. Parry and Anna L. Bennetts reviewed a total of 25 studies concerned with alcohol misuse in South Africa (Parry

& Bennetts, 1999). Upon review of these studies a list of groups that were at risk of experiencing alcohol related problems was formulated. These are, "...men in general (though the difference between genders appears to be narrowing), the African population in general (and urbanising sectors in particular), young people and people working in certain occupations (mines and farm workers)" (Parry & Bennetts, 1999, p.142).

Given that South Africa is ranked amongst the highest alcohol consumers in the world, concern over misuse and abuse within the workplace is warranted. The South African Demographic and Health Survey (SADHS) in 1998 reported that 16.9% of women and 44.7% of men indicated that they consumed alcohol which was deemed to be the primary substance of dependence and abuse in the South African context (Parry et al., 2005). Furthermore, approximately one third of alcohol consumers, including males and females, reported risky levels of alcohol intake. In the context of the study, 'risky levels' referred to the consumption of five or more alcoholic drinks a day for men, and three or more for women.

Parry et al. (2005) states that within the South African context, alcohol is deemed to be the primary substance of dependence and abuse. Symptoms of alcohol dependence were present in approximately one-fifth of female and one-third of male drinkers (Parry et al., 2005). It is estimated that between the years 2000 and 2001, alcohol abuse in South Africa cost around R8.7 billion which is equivalent to one percent of the overall gross domestic product (GDP) of the country (Parry, Myers, & Tiede, 2003).

Most of the literature on drugs and alcohol is based in western countries, specifically the United States of America. Furthermore the research pertaining to substance abuse and dependency with the South African workplace has been few and far between. In a study conducted in Israel, the distribution and prevalence of employee substance abuse problems within the workplace, and workplace policies and programmes were examined (Bamberger & Biron, 2006). The research was based on a national sample consisting of 100 enterprises. Despite the limitation of this analysis being confined to a single country, "... it is significant in that it represents one of the first attempts to document the prevalence and distribution of employee substance use and impairment in the workplace outside of the United States and the way in which employers overseas are currently attempting to address such problems" (Bamberger & Biron, 2006, p.758). The findings indicated that 29 percent of companies reported cases of substance abuse among employees with a total of 53 employees which had

substance-related issues warranting managerial attention. A total of 38 cases of alcohol-related problems were reported in 25 enterprises, with supervisors cited as the primary reporting source. Furthermore, a sum of 15 cases of drug use was reported among 10 enterprises and it was co-workers that were cited as the primary reporting source. According to Bamberger and Biron (2006), there are an average 325 employees per enterprise in Israel, suggesting that the workforce prevalence rate for substance-related problems is merely 0.16 percent. From the findings, it can be seen that "...even in countries in which employer and policy maker concerns regarding the workplace implications of employee substance use are grounded upon high workforce prevalence of substance use and abuse, actual workplace data may indicate less basis for concern" (Bamberger & Biron, 2006, p.780). The authors conclude that with a prevalence rate of 0.16 percent, there is significantly less cause for concern for most Israeli enterprises in comparison to the United States.

Much of the literature relating to substance abuse within the workplace has concentrated on its effects on productivity. In a survey conducted in Pennsylvania, it was shown that 64 percent of managers indicated that they were highly concerned with substance abuse problems amongst their employees (Drug Abuse, 2006). The sample comprised 502 employees and 430 employers. The survey indicated that employers cited increased absenteeism, reduced productivity, and increased healthcare costs as the consequences of employee substance abuse. Furthermore, managers from those organisations that had drug-free policies felt that the policies discouraged drug and alcohol use (Drug Abuse, 2006).

According to Williams (2009), most American employers are primed with drug and alcohol policies in order to deal with workplace substance abuse. From a survey of 82 employers which covered a combined workforce of approximately 250,000 employees, it was found that 58 percent had a policy in place or were in the process of developing one (Williams, 2009). Ninety-seven percent cited health and safety issues to be a compounding factor for introducing such policies (Williams, 2009). Other reasons included preservation of company reputation, compliance with legislation, fostering employee wellbeing, reduction of absenteeism, and curbing of poor performance levels. Furthermore the survey cited society's accepting attitude towards the use of recreational drugs and alcohol consumption as major barriers to effective management of substance abuse issues within the workplace. "The report concludes that an effective policy should encourage individuals with alcohol and drug problems to come forward and provide them with advice and support, and clearly explain the

role of disciplinary procedure” (Williams, 2009, p.39).

In a study in the USA, Elliott & Shelley (2006) reviewed the employee records of a major company in order to investigate the work-related effects of drugs and alcohol abuse. The sample consisted of 507 participants. The accident rates of employees who tested positive on drug-tests and those of employees who were self referred to the EAP for substance abuse problems were examined. The results indicated that the number of employees with positive drug screens exceeded the number of employees who were self referred for drug and alcohol issues. Elliot and Shelley (2006) state that this finding “...suggests that businesses have a small number of people who are willing to self disclose about drug/alcohol problems” (p.132). They conclude that this reluctance to divulge substance-related problems is consistent with the fear of job loss and of being stigmatised by co-workers. Critically, this study does have some limitations because it examined only one factor, that is, alcohol/drug use in relation to accident rates and productivity, devoid of other contextual factors such as psychological problems which might have impacted on performance (Elliott & Shelley, 2006).

According to Bennett and Lehman (2002), the concept of supervisor tolerance-responsiveness refers “...to the attitudes and behaviours associated with either ignoring or taking proactive steps with troubled employees...” (p.27). Thus supervisors have these two options at their disposal. Supervisor responsiveness can be facilitated by a positive orientation to the EAP and a climate conducive to discussing problems (Bennett & Lehman, 2002). Hopkins (1997) outlined several psychosocial factors that predict whether supervisors will intervene with troubled employees, including managerial support for helping employees, psychological closeness with workers and beliefs surrounding helping.

In a related study, Bennett and Lehman (2002) investigated supervisor responsiveness to employee substance abuse. Two different samples of supervisors from separate organisations with distinct types of EAPs were examined. The results indicated that, with regard to co-worker substance abuse, supervisors were more likely to have discussed the issue with their own superiors (sample 1= 69 % and sample 2= 82%) than to have ignored the situation (sample 1= 16% and sample 2= 8%). In addition, supervisors were more likely to approach suspected co-workers about substance related issues than to contact the EAP. Thus supervisors attempted to speak to troubled employees prior to enlisting the help of the EAP.

The behaviour most frequently exhibited by supervisors in the sample was encouraging co-workers to seek assistance from EAPs for their personal and substance related issues. Furthermore the findings indicate that supervisors who were less tolerant were more likely to encourage EAP utilisation (Bennett & Lehman, 2002).

Reynolds, Lehman, and Bennett (2008) assert that employees' reluctance to voluntarily seek help with regard to their substance abuse issues poses a major problem for EAPs. They suggest that this can perhaps be attributed to the employees' ignorance of the EAP services available or to the lack of trust of EAPs. Other reasons could include the social stigma of addiction, self-concealment, and denial (Reynolds et al., 2008). According to Malliarakis and Lucey (2007), issues such as substance abuse, dependency and addiction are laden with emotion. They suggest that it is common for individuals to initially react to such issues prior to responding to them cognitively. "Denial is a hallmark of the disease of addiction" (Malliarakis & Lucey, 2007, p.368).

A large proportion of substance abusers do not believe that they have a problem and are consequently unlikely to seek treatment and assistance (Elliott & Shelley, 2006). If treatment is coerced, it is likely that the employee may simply be responding to the underlying pressures rather than addressing the substance-related problem itself (Elliott & Shelley, 2006). However, as suggested by Malliarakis and Lucey (2007), it is not just abusers who are in denial. Despite the significant cost of substance abuse disorders, society continues to tolerate the problem (Malliarakis & Lucey, 2007). Organisations may also have become complacent about drug and alcohol abuse amongst employees (Griffith, 1999). In addition, Malliarakis and Lucey (2007) argue that because health care professionals are in denial about the magnitude of the problem, prevention and treatment of substance problems are insufficient.

As mentioned earlier, social stigma is another reason that may account for employee reluctance to seek assistance. Stigma can be defined as an attribute possessed by individuals, which transmits a social identity that is devalued within particular social contexts (Crocker, Major & Steele 1998). Reynolds et al., (2008) evaluated the perceived stigma of problem drinking in a sample of municipal employees from a mid-sized city (n = 315) and a large-sized city (n = 535). The participants completed questionnaire measures of perceived co-worker stigmatization of problem drinking, drinking levels, substance use policy attitudes,

workgroup stress and interdependence, alcohol-tolerance norms, and demographic variables. Approximately half of the participants from both samples indicated that their co-workers stigmatized alcohol. Perceived workplace stigma on problem drinking was correlated with educational background, alcohol use behaviour, temperance norms and workgroup stress; higher levels of education among employees and higher levels of workgroup stress were associated with greater stigma among substance abusers. Furthermore, the stigma of problem drinking was correlated with weaker alcohol tolerance norms, less frequent drinking of alcohol, and a reduction in alcohol-related incidents (Reynolds et al., 2008). According to Reynolds et al. (2008), the results of this study are in support of the social control theory of stigma, which asserts that "...co-workers stigmatize drinking to promote conformity to a drug-free workplace, which in turn produces norms of abstinence and moderation" (p. 353). In critical terms, given that this study was conducted within a small region in the United States, its generalisability to other organisations and regions is questionable (Reynolds et al., 2008).

Literature has also focused on external determinants of substance abuse and dependency. In a study conducted in Ottawa examining environmental influences on workers' drinking behaviour, Wolfe (2007) found that women were more likely to drink on the job than men. Furthermore, "...if alcohol was easily accessible to the workplace - at work or near work - the social component of people going out for drinks with their co-workers came into play and resulted in an increase in alcohol consumption among employees" (Wolfe, 2007, p.9). Easy accessibility and social acceptance also make caffeine, tobacco and alcohol the most widely used forms of drugs (Maisto et al., 2004; Schuckit, 2000; Stark & Payne-James, 2003).

In a study based on a national sample of 2790 American workers, the relationship between work stressors and employee alcohol and illicit drug use were investigated (Frone, 2008). According to Frone (2008), the results of the study are in support of the relation of work stressors to illicit drug and alcohol use before work, during the workday, and after work. These results provide support for both the concepts of stress-induced and stress-response substance use (Frone, 2008).

Literature indicates that adult males and females differ along numerous factors concerning their drug and substance abuse (Toray, Coughlin, Vuchinich, & Patricelli, 1991). Male substance abusers differ from females in terms of psychological profiles, experience of abuse,



referral for treatment and family substance abuse history (Toray et al., 1991). In a study concerning gender differences associated with substance abuse Toray et al. (1991) found that adolescent abusers shared the same gender differences as the adults. Males were more likely to experiment with drugs than females, although there were no gender differences with regard to regular drug users (Toray et al., 1991). In a similar study concerning gender differences regarding the psychosocial consequences of drug and alcohol abuse, men were found to be more likely to engage in substance abuse than females (Robbins, 1989). Furthermore, men were more likely to experience the negative psychosocial consequences, such as depression, associated with substance abuse (Robbins, 1989).

The National Household Survey on Drug Abuse is a large United States survey of the patterns of drug use across the population (Kandel, 1998). The results of the survey: indicated that there were age, gender and ethnic differences in rates of drug dependence; suggested that there are differences between adults and adolescents with regard to the types of drug dependency; and that there is a difference in the level of susceptibility to dependence between males and females across different types of drugs (Kandel, 1998).

Upon review of the literature, it is evident that substance abuse is associated with a variety of social factors. In an empirical study informed by the theoretical underpinnings of social learning theory, the effectiveness of social approval and facilitation in predicting modelling in alcohol consumption was investigated (Caudill & Kong, 2001). The results of the study suggested that individuals who are heavy social drinkers and those who display high needs for social approval are likely to benefit from "...prevention and/or intervention efforts to reduce risk for substance use by reducing excessive needs for social approval and/or reducing exposure to social contexts where heavy drinking and related risk behaviour is normative" (Caudill & Kong, 2001, p.425).

According to Mazzoni (1990), substance abuse on the job can usually be "...traced to alienated employees who want to escape from the negative aspects of their work, such as stress, low pay, lack of mental stimulation and poor morale" (p.36). In addition, drug and substance abuse emanates from persistent familial problems (Mazzoni, 1990). In another study, comprising 1101 participants the relationships between neighbourhood disadvantage, stress, and the probability of substance use were explored (Boardman, Finch, Ellison, Williams, & Jackson, 2001). The results of the study indicated a positive relationship

between drug usage and neighbourhood disadvantage; this means that as the levels of disadvantage increase, the levels of drug use are likely to rise (Boardman et al, 2001). The findings suggest that neighbourhood disadvantage “is moderately associated with drug-related behaviours, indirectly through increased social stressors and higher levels of psychological distress among residents of disadvantaged neighbourhoods (Boardman et al, 2001, p.151). There is a large body of research on prevention of substance abuse and dependency, but it is beyond the scope of the current research study.

In summary, upon review of the literature it is evident that there are a variety of factors which contribute to substance abuse and dependency within the workplace. These are environmental factors such as availability, disadvantage, advertising, and affordability; social factors such as acceptability and approval; individual factors such as personality; cultural factors; and occupational factors such as stress (Parry & Bennetts, 1998).

## **2.7. Theoretical Framework**

### **2.7.1. *Social Learning Theory***

Social learning theory has become a significant theoretical paradigm according to which organisational behaviour can be explained (Ballantine & Nunns, 1998). According to social learning theory, there is a reciprocal relationship between one’s cognitive factors, behaviour and environment and this interaction provides the platform for understanding human behaviour (Bandura, 1977). Within the workplace, this reciprocal relationship integrates the actual behaviour of the person, the environment and individual organisational participants (Ballantine & Nunns, 1998). Social learning theory emphasises the self-regulating nature of people, as they do not merely react to environmental stimuli but rather select and transform the external stimuli imposed on them (Bandura, 1977).

According to Bandura (1977), we learn through observation of others; thus we can imitate others and model our values and behaviour on them. This is referred to as observational learning or modelling effects (Bandura, 1977). Bandura (1977) also argues that we can learn vicariously, that is, through the experiences of others, without actually engaging in the behaviour. “The basic premise of the theory is that events and consequences in the learning situation are cognitively processed before they are learned or influence behaviour” (Blanchard & Thacker, 1999, p.111). Thus, behavioural changes and social learning are a

result of the processing of information (Blanchard & Thacker, 1999).

Social learning theory encompasses the cognitive processes of *motivation, attention, retention* and *behavioural or motor reproduction* (Bandura, 1977). Motivation refers to the reasons behind learning and these are determined by the individual learner's needs (Bandura, 1977; Blanchard & Thacker, 1999). The individual's motivation will ascertain what information they should pay attention to and later retain (Bandura, 1977). Attention refers to focusing one's thoughts on environmental stimuli that are important or interesting (Bandura, 1977). The information gained from the process of attention may then be processed for retention (Bandura, 1977). Retention occurs through the phases of *symbolic coding, cognitive organisation and symbolic rehearsal*.

Symbolic coding refers to the transformation of environmental information into meaningful symbols (Bandura, 1977). During cognitive organisation the "...symbols are then organised into the existing cognitive structure through associations with previously stored information" (Blanchard & Thacker, 1999, p.112). Symbolic rehearsal refers to the visualisation of using and practicing the new skills or knowledge obtained (Bandura, 1977; Blanchard & Thacker, 1999). Finally, behavioural reproduction refers to repeatedly practising the new skills, knowledge or behaviour (Blanchard & Thacker, 1999).

Social learning theory has been well established in the area of substance abuse and has provided a theoretical base for most research on the topic. According to Schinke, Botvin and Orlandi (1999), substance use and abuse are socially learned behaviours. Observational learning is considered to be a major contributing factor in the maintenance and development of addictive behaviours (Caudill & Kong, 2001). Thus this theory is appropriate for this research. Social learning theory can be useful in explaining what types of attitudes affect the employee's susceptibility or vulnerability to particular social influences that promote drug and alcohol abuse (Schinke et al., 1999). Furthermore social learning theory can help us explain the effect of environmental influences on employee substance abuse and dependency.

### **2.7.2. *The Contingency/ Situational Approach***

The theoretical underpinnings of the contingency approach to leadership will be used to explain and understand supervisor behaviour. Unlike the behavioural and trait approaches, the contingency approach takes into consideration the influence of situational factors

(Muchinsky, 2003; Robbins, Odendaal & Roodt, 2001). This approach views effective leadership as the “...result of a fit between the leader, the followers and the situation” (Werner, 2003, p.190). Thus the situation determines how effective a particular leadership style or behaviour will be (Burne, 2004).

The Path-goal model, developed by Robert House, is a highly respected approach of contingency leadership theory. “The Path-goal theory has its roots in expectancy theories which postulate that motivation is the product of two interrelated factors: the degree to which an individual believes that his or her behaviour will lead to various outcomes (expectancy) and the degree to which these individuals value these outcomes” (Werner, 2003, p.192). In essence, path-goal theory posits that leaders should assist followers in attaining their goals by clearing their path of obstacles and directing and supporting followers to ensure that their goals are compatible with organisational objectives (Muchinsky, 2003; Robbins et al., 2001). Thus leadership plays a central part in understanding group behaviour as the team leader usually provides the direction towards achieving goals (French & Bell, 1999).

Four leadership styles were identified by the theory which should be utilised once certain contingency or situational factors are considered (Werner, 2003). These situational factors include environmental factors such as task structure, as well as follower characteristics such as skills, personality, self efficacy and experience (Burne, 2004; Werner, 2003). The four types of leadership behaviour are outlined below.

*Directive leaders* notify subordinates of what is expected of them and give guidance as to how tasks should be done. *Supportive leaders* show concern for the subordinates’ needs and general wellbeing. *Participative leaders* engage and consult with subordinates and utilise their suggestions when making decisions. *Achievement-oriented leaders* set goals that are challenging and subordinates are required to perform at the highest level. Depending on the specific situation, the same leader may exhibit some or all of these behaviours; however, effective leaders are able to manifest all four behaviours (Muchinsky, 2003; Robbins et al., 2001; Werner, 2003).

## **2.8. Conclusion**

In conclusion, this chapter presented a literature review and theoretical framework upon which this research was based. As argued in this chapter, most adults with substance-related

problems are employed. Therefore the workplace provides the platform for much research. Factors which contribute to substance abuse and dependency within the workplace include availability, disadvantage, acceptability, personality and stress. Upon review of the literature, it is evident that supervisors have an important role to play with regard to addressing problem employees, substance-related incidents, and the utilisation of EAPs by the staff. Thus this research, exploring supervisor's perceptions and experiences of employee substance abuse, seems warranted. The theoretical framework included Bandura's social learning theory and the Contingency/ Situational approach of leadership.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1. Introduction**

The links with regard to the methodological principles are presented in this chapter, primarily focusing on the tools and techniques utilised in the research process. The type of research design, sampling, data collection method, research procedure, and data analysis are discussed. Furthermore, the strengths and weaknesses of these techniques and their appropriateness for this study are outlined.

#### **3.2. Research Design**

The aim of research is to uncover answers to a problem or conceptualise a problem using methods, techniques and procedures that are valid, reliable and unbiased within a particular paradigm (Kumar, 1999). For this research, qualitative methodology was employed and semi-structured interviews were conducted. Adopting a qualitative design allows the researcher to uncover rich, quality, in depth information as opposed to merely quantifying the problem (Marshall & Rossman, 2006). In addition, utilising a qualitative design allows us to understand the broader social, cultural, psychological, economic and political contexts within which the research questions are embedded (Ulin, Robinson, Tolley, & McNeill, 2002).

For this research, a case study approach was adopted. The case study approach is advantageous as it allows the researcher to make comparisons across participants within the same organisation. According to Berg (2001), "...the case method is an extremely useful technique for researching relationships, behaviours, attitudes, motivations, and stressors in organisational settings" (p.233). While qualitative research provides an in-depth understanding about a particular phenomenon based on a relatively small sample, generalisability and reliability of the findings are limited (Patton, 1990). The validity of qualitative studies is to a large extent dependent on the competence, integrity and methodological skill of the researcher (Patton, 1990).

#### **3.3. Type of Sampling**

Sampling refers to the calculation or measurement of a part of the total population (Larson & Faber, 2000). For the purposes of this study, a non-probability sampling technique was employed and a convenience sample was selected from a single organisation. The

convenience sampling method entails the selection of a sample based on availability of participants. The sample of supervisors for this research was selected from an organisation based on their availability. This sampling method was used due to time and financial constraints. It is important to note, that convenience samples are likely to be biased and therefore the results of this study should be cautiously interpreted (Antonius, 2003; Bryman & Cramer, 1994; Heiman, 2001; Larson & Faber, 2000).

### **3.4. Research Participants**

This study comprised 9 participants. The criterion for selection was that all participants were supervisors (referred to as team leaders) within the selected organisation.

### **3.5. Sample Site**

This research was conducted at a major financial institution located in Durban. The organisation is ranked amongst Africa's leading financial institutions focusing on emerging local and global markets. The organisation delivers services through approximately a thousand points of representation in South Africa, in addition to operating within several countries worldwide.

### **3.6. Data Collection**

Semi-structured interviews were conducted, using a self-developed interview schedule (Appendix A). In essence, an interview schedule is a compilation of open-ended questions that the researcher intends to ask the respondents (Huysamen, 2001). The use of semi-structured interviews allowed the researcher to access information from the perspective of the individual interviewee (Patton, 1990). A set of predetermined questions were asked to all interviewees as per the interview schedule. The researcher asked the questions in a systematic way. Through the permitted use of unscheduled probing, the researcher was able to access a deeper level of understanding of each participant's experiences (Berg, 2001; Huysamen, 2001).

“The types of questions an interviewer asks, and the way they listen to and interpret the answers they are given, undoubtedly shape the nature of the knowledge produced” (Mason, 2002, p.231). The open-ended nature of the questions allowed respondents to express their views and explain their responses in their own words (Foster & Parker, 1995). The aim of the research was to explore supervisor perceptions of employee substance dependency; therefore

semi-structured interviews were the most appropriate method for eliciting this information. Semi-structured interviews and an interview schedule were used so that each participant could be guided through the same procedure (Patton, 1990). This reduced the possibility of bias and kept the data more organised thus making data analysis easier (Patton, 1990). Semi-structured interviews are also advantageous as their adaptability and flexibility help to maintain the naturalness of the interview (Patton, 1990).

### **3.7. Equipment / Instruments used**

There are various ways in which an interview can be recorded (Blaxter, Hughes & Tight, 1998). For the purposes of this research, the interviews were audio recorded using a tape recorder. Tape recording is considered to be the most efficient and effective method as the researcher focuses her attention on the participant rather than rapidly taking notes which can be distracting (Blaxter et.al., 1998; Marshall & Rossman, 2006). However, recording the interview may make participants feel anxious leading to a reluctance to talk about confidential and contentious issues (Blaxter et al., 1998).

### **3.8. Procedure**

Special permission was obtained from the management of the organisation for access to the site and sample to conduct research (Appendix B). Due to the fact that I was a first time qualitative researcher, a pilot study was undertaken to assess the workability of the interview schedule and other possible difficulties that might be experienced during the interview process. This was undertaken in an attempt to improve the efficiency and effectiveness of the actual interview. Subsequently, appointments were made with the participants in advance, subject to their availability for the interview. All the interviews were conducted over a two week period in August 2008. The interviews were conducted in each participant's office. The rationale for this choice of venue is that participants would be more comfortable and willing to participate in a familiar environment.

Instructions were clearly outlined by the researcher before the interview session began. Each participant was required to fill out an informed consent form prior to the interview (Appendix C). The interviews were approximately 45 minutes long and were audio recorded using a tape recorder. The participants were assured that the recordings were confidential and would be available only to myself and my supervisor. After the interviews were completed, the



recordings were transferred onto a recordable compact disk. This was done to enhance the quality of the recording for simple and accurate retrieval of information.

### **3.9. Data Analysis**

The analysis of data essentially entails the recording, transcribing, and organisation of raw data into manageable and meaningful units for efficient interpretation (Marshall & Rossman, 2006). Data collected during the interview were transcribed verbatim and pseudonyms were used to protect the anonymity of the participants. Data analysis relies primarily on the context in which the data are relayed (Marshall & Rossman, 2006). The data were reviewed within a week after collection to ensure that important inferences were easily remembered and recalled.

The data were analysed using the seven step analytic procedure outlined by Marshall and Rossman (2006). Within each step, the data were reduced into more manageable and coherent meanings or interpretations. The first step involved organising the data, with the assistance of a computer, into logical and manageable findings including all observations about the process. The second phase involved immersion in the data. This process entailed the constant reading and re-reading of the transcript in an attempt to familiarise myself with the findings of the study, thus facilitating meaningful interpretation. As highlighted by Marshall and Rossman (2006) the analytic process requires the researcher's active involvement, understanding, and attention to the data, as well as an acceptance of the apparent diversity in social conditions.

The third phase involved moulding categories and themes, whereby similar ideas and beliefs in the study were grouped together (Marshall & Rossman, 2006). The fourth phase involved the coding of the data, whereby data are demarcated according to specific codes. The coding process was facilitated by the use of colour coded highlighters. Key words such as 'prevalent' and 'productivity' were highlighted to aid easier interpretation. The fifth phase comprised writing analytic notes. According to Marshall and Rossman (2006), it is important to note that this step should be conducted throughout the research study as it assists with the researcher's general understanding of the data in addition to offering a reflection on the findings. The sixth step entailed offering interpretations, thereby bringing meaning, structure, coherence and significance to the study by forming patterns of relationships between themes (Marshall

& Rossman, 2006). Finally the seventh step involved validation and comparison of the data found to previous research studies. Plausible explanations and evidence of the findings were offered. Through the referral to other studies, the researcher has a more in-depth understanding of the transcript.

### **3.10. Ethical Considerations**

Due to the sensitive nature of the topic, anonymity of participants was assured and pseudonyms were used during the data analysis and report writing. The data collected from the study were confidential and only available to myself and my supervisor. The participants were informed that the transcript would be recorded onto a compact disk and safely stored at my private residence. Informed consent was obtained from each participant, as well as written permission from the organisation to conduct the study on their premises. Participation in this research was on a purely voluntary basis and participants were free to withdraw from the study whenever they wished, without reprehension by the researcher. As the researcher is currently a student, the supervisors would not be pressured by any relationship of authority, which might have coerced them to participate.

### **3.11. Conclusion**

This chapter highlighted the manner in which this research was conducted. Qualitative methodology was employed and semi-structured interviews were conducted. A non-probability convenience sample, comprising nine participants, was selected from a single organisation. Thematic analysis was used to analyse the data. The results and discussion of the findings are presented in the next chapter.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.1. Introduction

The aim of this research was to explore supervisors' experiences and perceptions of substance dependency and abuse within an organisation. Another aim was to explore the strategies used by these supervisors in dealing with substance-related incidents. Finally, this study evaluates the supervisors' perceived effectiveness of the employee assistance programmes utilised. Qualitative methodology was employed and semi-structured interviews were conducted. The data obtained were then qualitatively analysed using thematic analysis. The findings of the study are presented below in accordance with the questions outlined in the interview schedule (refer to Appendix A). This chapter provides a detailed presentation of results, which are integrated with a discussion of the most salient findings.

#### 4.2. Prevalence of Substance Abuse within the Organisation

From the nine interviews conducted, the responses regarding the prevalence of substance abuse varied. Two participants indicated that, to their knowledge, substance abuse was virtually non-existent within this particular organisation.

*P 3: There's none that I know of; so no cases that I know of; none that look likely, nothing that's given me the impression that there may be a staff member at the branch who's actually got a substance abuse problem.*

Five participants indicated that although substance dependency and abuse was not a prevalent problem within the organisation, there were a few notable cases. In contrast, two participants indicated that they perceived substance abuse to be a prevalent issue within the organisation.

*P7: I think it's very prevalent, especially in the current situation or current economic climate that we're in.... I think that there is a definite increase; well, I'm seeing that there's an increase, that's for sure.*

*P9: I would probably think, on a scale of one to ten, it will be, maybe, an eight because of the stress levels and the stressful environment that we're working in. So, addictions are something that people turn to in order to relieve some form of stress, because*

*there's no time, basically, to relieve your stress any other way. So, I would say, on a scale of one to ten, it would be, probably, an eight.*

Overall the results suggest that substance abuse and dependency is not perceived as a prevalent problem within the organisation. These findings are similar to those of Bamberger and Biron (2006) who found a prevalence rate of 0.16% in their Israeli study and concluded that, compared to the high prevalence levels in the United States, where much of the research on substance dependence and abuse has been done, there may not be too much cause for concern. Nonetheless, it is clear from the current study that the problem does exist.

### **4.3. Types of Substances utilised**

#### **4.3.1. Cigarettes and Tobacco**

All nine participants agreed that cigarettes were the most commonly used drug within the organisation. Cigarette smoking is the most common form of tobacco consumption. Tobacco, which can be classified as a depressant, decelerates the body's heart rate and blood pressure levels, resulting in relaxation (Lang, 2001).

*SA: What types of substances are commonly used by employees?*

*P4: Tobacco tobacco, tobacco! ...smoking is the most common one*

*P5: I do know that a lot of staff members do smoke. In my opinion they smoke too much and too often*

According to estimates by the World Health Organisation (WHO) there are approximately 1.1 thousand million smokers around the world (Lakhanpal & Agnihotri, 2007). It is not surprising then, that the supervisors named tobacco as the most commonly used drug within the organisation.

#### **4.3.2. Alcohol**

There was general agreement among all participants that alcohol was regularly used by employees. As argued by Parry and Bennetts (1998), South Africa has been ranked amongst the highest alcohol consumers worldwide. Thus the findings within this organisation are somewhat consistent with the patterns of alcohol consumption within the country in its entirety. As noted earlier, alcohol is considered as a drug, and more specifically it is a

sedative and tends to produce a calming effect on the body.

*P9: Alcohol is a big one because that also takes you into another reality and kind of, escapism, you know, somewhere where you basically forget the now and you're going into another place, another dimension, so you're happier and you're more at peace, solely because of your drug, because your drug, at the end, dictates your life.*

The results of the study indicate that alcohol was one of the primary substances used by employees. This is consistent with the findings of the South African Demographic and Health Survey (SADHS) which indicated that 16.9% of women and 44.7% of men consumed alcohol (Parry et al., 2005). Furthermore, it was found that approximately one third of alcohol consumers, including males and females, reported risky levels of alcohol intake; that is, the consumption of five or more alcoholic drinks a day for men and three or more for women (Parry et al., 2005).

*P5: We had one staff member that... you could see that he was abusing alcohol...we know that he has a problem with alcohol and the one day when we had a function at work he refused to leave after the party was over. So, we said, "Okay, you can stay", and we took all the alcohol and we locked it away.*

SADHS reports also indicated symptoms of alcohol dependence were present in approximately one-fifth of female and one-third of male drinkers (Parry et al., 2005). Thus the consumption of alcohol by employees merits concern for employers, particularly so with a stressful work environment.

#### **4.3.3. Prescription Medication and Over-the-Counter Drugs**

Four participants indicated that prescription drugs and over-the-counter pain killers were another drug of choice likely to be abused by their employees.

*P9: Prescription drugs, tranquillisers, sleeping pills, things that basically take you into another reality, I would say, and out of the stressful conditions that you're currently working under....when you stressed you can't sleep. So, you basically turn to using, initial stages it would probably be like tranquillisers, mild sedatives, mild schedule 2,*

*3, drugs, and then you go on to your Rohypnol and Dormicums and whatever, just to rest, because you get to a point where it becomes so stressful, it's almost as you, you become another person. So, it is quite prevalent.*

These findings confirm the assertion of Lakhanpal and Agnihotri (2007) that there is significant abuse of over-the-counter and prescription medicines including sedatives and hypnotics such as Rohypnol and Dormicum. These drugs are usually utilised for the treatment of severe insomnia, anxiety and panic attacks and continued use may lead to physical and psychic dependence (Lakhanpal & Agnihotri, 2007).

Prescription pain medication usually contains codeine which is considered a narcotic and is highly addictive. Standard painkillers are usually composed of paracetamol, which is a widely-used analgesic and antipyretic medication (Prescott, 1996). Although it has been argued that the substance paracetamol does not pose a high risk of addiction, its potential for abuse is high (Prescott, 1996).

*P4: It's out there but unless you pinpoint it then do you realise. Like other people here that actually pop a pill now and again, let's say it's a pain pill and whatever, but you could see that people can't actually go on work, having taken that tablet as such...it's quite evident*

*P7: I think pain killers, your prescription drug. I'm not too sure in terms of hard core drugs or illegal substances, I think that we're not too sure of, I mean, nothing that I can confirm or numbers that I can confirm. But I know definitely the lighter stuff, like I mentioned, painkillers, that's for definite, I've seen the use of it and on a daily basis.*

There was a general consensus among all the participants that illegal substance abuse and dependence amongst employees was unlikely. The findings indicate that employees within this organisation were more likely to abuse legal substances such as prescription medication and over-the-counter drugs. Perhaps this related to its relative accessibility, availability, and social acceptability in comparison to illegal drugs. This is illustrated in the quote below.

*P9: It's something that we use to cope. And it's so freely available it's shocking. You can go to any pharmacy and you can pick up any schedule 2, 3, drug and take that and you'll be fine.*

This comment corroborates Wilcocks & Edmonds' (1992) assertion that there is little control regarding the purchase of prescription and over-the-counter medications, and that psychoactive drugs can be obtained with relative ease.

#### **4.3.4. Caffeine and Energy Supplements**

Two participants indicated that they have often noticed employees utilising caffeine and energy drinks in order to maintain their energy levels through the day. Caffeine is a psychoactive drug which causes dependence (Pickworth, 1995).

*P4: I know of two people that are totally, totally, dependent on Red Bull, which just kicks-in for them... it would be like 6, 7 cans a day.*

### **4.4. Perceived Variations of Substance Abuse and Dependency within the Organisation**

#### **4.4.1. Variation of Incidents across Occupational Positions, Race Groups, Age Groups and Gender**

The supervisors/ team leaders did not perceive race, gender, or occupational position to be a compounding factor in substance related incidents within the workplace. They perceived substance as a general problem that could affect any staff member.

*P 7: I think it's very difficult for us to pinpoint a race or a gender in that regard. I think it's something that's going to affect everybody; I think it just basically boils down to stress tolerance and where you're at personally, in terms of how you would handle something like that.*

Although participants did not perceive substance dependency and abuse as gender-bound, they did indicate that there was a slight variance with regard to the types of substances utilised by males and females.

P 4: *I would say, predominantly females with the pill popping, you know, the pain tablets as such.*

P 9: *...the substances that they use will be different from a male to a female, in the sense that a male will probably turn more to alcohol and experimental drugs...whereas females would go more down the route of painkillers, prescription drugs, anti-depressants and tranquillisers, things like that.*

The perception that males are more likely to abuse alcohol than females is echoed by other research studies. Parry and Bennetts (1999) in their review of 25 studies concluded that men were at particular risk for developing alcohol-related problems but that gender differences with regard to substance abuse appeared to be narrowing.

Four of the supervisors perceived patterns of substance abuse to vary according to age groups. Two such patterns emerged: the first suggested that substance dependency and abuse was more prevalent among the younger employees in the organisation.

P 6: *I find it more so in the younger group, our baby boomers.... I think the age group is getting younger and younger each, I won't say year, but all the time. And the older generation seem to be, well, they weren't allowed to do things, so it's, society has changed and that so much, I think the focus is moving away a bit from values, the way we should behave, and things like that.*

The second pattern suggested that substance abuse and dependency was more prevalent among middle-aged employees.

P 9: *I would say they would differ, ages, age factor is very important. For example, if you get a person that's in their early twenties or late twenties that's living with their parents, the stress wouldn't be as great as the main breadwinner of a family. So, if you're forty-something, with two children and you're the main breadwinner, your stress levels are going to be much higher because your income is not there, whereas if you compare that to a late-twenties staying at home with mom and dad, he doesn't really have to worry about having an income as such, so he can cruise through the*



*day and wouldn't really turn to any kind of substance to help him cope.*

*P 4: From what I see, I would say employees, maybe females from thirty to forty-five years that's actually doing it more often.*

#### **4.4.2. Social and Environmental Influences**

Although participants unanimously agreed that substance abuse was an individual choice, eight participants indicated that the social environment was a major contributing factor to the patterns of substance abuse and dependency among employees.

*P 2: I think it's more over the company you keep and also in terms of the environment you are in, and also in the circumstances that the person could be in...I mean peer pressure, the company you keep is peer pressure.*

*P 5: If you come from a home where there's alcoholism, you're prone to it, you're probably going to go there... Drugs, on the other hand, I think it stems from society, the social circles that you are in.*

The degree of external influences on employee drug dependency can be analysed using Bandura's social learning theory. Social learning theory postulates that an individual's attitude, beliefs and knowledge, affect their susceptibility or vulnerability to particular social influences that promote drug and alcohol abuse (Schinke et al., 1999). According to Schinke et al. (1999), substance use and abuse are socially learned behaviours. Therefore if employees are surrounded by social conditions within which substance abuse is widespread they will be more susceptible to engage in such abuse.

*P 6: I think it's just basically peer pressure mainly*

According to Bandura (1977), we learn through observation of others and we model and imitate our values and behaviour on others. Observational learning is considered to be a major contributing factor in the maintenance and development of addictive behaviours (Caudill & Kong, 2001) Bandura (1977) also asserts that we can learn vicariously, that is through the experiences of others, without actually engaging in the behaviour. Furthermore,

social learning theory asserts that there is a reciprocal relationship between one's cognitive factors, behaviour and environment (Bandura, 1977).

*P 2: Your environment also plays a big factor because it depends where you live. If the area where you living there a lot of, although its an individual decision, but if you living in an area where it's a disadvantaged neighbourhood, people are dependent on drugs, there's alcohol, there's shebeens, there's cocaine going around, its more likely or not that you get caught up in the situation*

In a related study, Boardman et al. (2001) found that as the levels of disadvantage increase, the levels of drug use are likely to rise.

#### **4.4.3. Stress Levels**

All of the participants indicated that the work environment within the organisation was highly stressful. South African workplaces are faced with a multitude of stressors such as globalisation, rapid change, the current economic crisis, the HIV/AIDS pandemic, crime, fraud, diversity, poverty and an increasing unemployment rate.

*P 5: This environment is extremely stressful because you're working with other people's money and at this point in time, with the economy being what it is, nothing is more important than money. So, you get stressors from all angles and one wrong word can set a whole, have a domino effect on all concerned. So, it is very stressful.*

*P 4: ...every job's got its stress because now the way the current economic situation is, you have to try to do more with less.*

*P 7: Currently yes, we're going through restructuring and the staff are being asked to take on more responsibilities and changing or restructuring of their roles and economically as well.*

Hopkins (1997) argues that the contemporary work environment has been plagued with employee personal problems, stress-related illnesses, work overload, depression, and substance abuse. Furthermore, the majority of the participants agreed that work-related stress

could be a compounding factor in employee substance abuse.

*P 5: Definitely, a lot of people smoke because of their stress at work, a lot of people go home and have a drink as a result of stress.*

*P 7: So it's actually, it's a stressful time...it's putting undue strain on people right now, so, there's definitely going to be some sort of abuse involved.*

*P 9: It's just the stresses that we live in right now currently and economically, socially, politically, that people tend to look for something, or a way to escape from that reality. It's sad but it's how we tend to cope in this current century.*

These findings are similar to those of Frone (2008) who also found a relationship between work stressors and illicit drug and alcohol use before work, during the workday, and after work. He concluded that substance abuse within the workplace can be both induced by stress as well as a response to stress (Frone, 2008).

#### **4.5. Prevailing Attitudes towards Substance Dependency and Usage**

##### **4.5.1. Encouragement and Responsiveness from Supervisors**

Supervisors encouraged their staff to seek assistance for their personal problems. If considered according to Bennett and Lehman's (2002) concept of supervisor tolerance-responsiveness, the supervisors were responsive instead of just tolerating abusive behaviour.

*P 3: But if I have to think generally, I would think there would be sort of a stigma attached to it, but I think, fortunately this organisation actually encourages that...you look at a staff member holistically.*

*P 3: ...and if they're having a problem, like say, for example, substance abuse, then it's not something that can just be switched off at eight o'clock when they come to work. This organisation actually understands that people do have problems from time to time and we encourage our staff to seek help. There seems to be quite a camaraderie, if you can put it that way, amongst the staff, that if someone's experiencing a problem*

*or a substance abuse, their employers are there to help them, rather than push them aside or ridicule them, so that's a good thing.*

Rather than stigmatising problem employees, supervisors dealt with employee issues in a positive and supportive manner. This was facilitated by the organisation which supported supervisor responsiveness with a positive orientation to the EAP and a climate conducive to discussing problems, as suggested by Bennett and Lehman (2002). There also appeared to be psychological closeness between supervisors and workers (Hopkins, 1997).

#### **4.5.2. Denial of a Substance Abuse Problem**

Another emerging theme was that of denial. According to Elliot and Shelley (2006) only a small number of people are willing to self disclose about drug/alcohol problems. Denial has been deemed the hallmark of the disease of addiction (Malliarakis & Lucey, 2007).

*P 7: Denial, think denial. No one really sees you taking a Grandpa headache powder every day as substance abuse but, I mean, the minute it's not there you already see the person's mood altering, and you see their whole way that they come across being changed, or they come across more aggressively in that regard... no one really thinks that, you know, it affects their life until it does affect them, until it starts affecting their jobs, and managers need to get involved and, I mean, it starts affecting performance, and then we have to make the necessary referrals and all those things. So, ja, it's denial up until that point, it's true.*

*P 8: Total denial, because if you don't see it as being a problem it's not a problem, you're using that as a coping mechanism and it's not a problem to you because you don't have a problem*

*P 9: But most of the time, I find its denial, most people are in constant denial because everybody uses tranquillisers, everybody takes a painkiller, I mean, that's fact. But not many people know where the limit is and, to you, maybe taking two painkillers a day is normal, but to the next person, taking ten painkillers a day is normal. So, they don't have a problem, that's how it is in the work environment; you don't have a problem.*

According to Malliarakis and Lucey (2007) issues such as substance abuse, dependency and addiction are laden with emotion and it is common for individuals to initially react to such issues prior to responding to them cognitively. Thus a large proportion of substance abusers do not believe that they have a problem and are unlikely to seek treatment and assistance (Elliott & Shelley, 2006).

#### **4.5.3. Norms and Acceptance**

In tandem with denial and a lack of acknowledgement of the existence of a substance abuse problem, another theme that emerged was the level of acceptance of substance-related cases within the organisation.

*P 6: I don't think there's enough focus on it, it's almost becoming like a norm... I think it almost becomes like an accepted behaviour from that person, so, well, in my case, one of the staff members that I had, the staff used to actually make excuses as to why the person would be late coming to work or – I don't know, they tend to feel sorry, I suppose, for the person; which doesn't really help them most of the time.*

*P 4: Some people, you see them doing it all the time, this has been over my fifteen years with the company now, and you accept it, you know, this person is so used to that person actually having that Red Bull in their hands, if you're looking at that issue now, you just accept it. You just kind of get used to it, it's not - I mean, unless that person is in your, or reports you, then you are supposedly, the senior person, and address it with that person.*

*P 4: When you see the person popping pain pills you know this kind of person, that if you've got a headache occasionally, you know you can go - they call them the walking chemist because they've got everything. I mean, there was a lady in Gauteng everybody knew. She used to just carry a bag full of pills, but everybody used to go to her whenever they had a headache and stuff and I would say, go to her for, you know, your pills. You get used to this, it's like a way of life.*

*P 4: It seems to be accepted because a person, according to the company, is performing their duties normally, you know, it's not like they're getting out of control or*

*something at work, they're like normal. I suppose having these, in the case of pain tablets, it keeps them calm or relaxed or whatever the story may be there.*

The level of acceptance of substance-related cases within the organisation can be linked to the concept of substance tolerance. Drug usage leads to a chemical imbalance in the brain, in response the nervous system attempts to reduce such effects (Johns, 1990). The continuous and repeated consumption of most psychoactive substances results in the body becoming tolerant of their effects (Madden, 1990). Consequently, if the substance user wants to maintain the intoxicating effects of drugs they would have to increase the dosage (Ghodse, 1989). The concept of tolerance can be used to explain how many cases of substance abuse remain undetected or are accepted within the organisations. Employees may not appear to be under the influence of drugs and alcohol as they have become tolerant of its effects, thus appear to function as normal. Furthermore it seems that society, of which the workplace is a microcosm, are more likely to accept substance abuse when the abuser does not overtly manifest the effects of the substance.

#### **4.6. Perceived Effect of Substance Abuse and Dependency on Personal and Social Relationships**

Six participants indicated that substance dependency and abuse negatively impacted on both social and personal relationships.

*P 5: It is negative because it affects your personality, you're no longer the person you used to be. It affects your decision-making because you won't make the decision that you would normally make.*

*P 3: It could most definitely cause a problem and an impact on your colleagues because if a staff member does have substance abuse, you know, depending on the seriousness of it and as time goes by, it will definitely spill over to affect their work performance... if a situation like that is allowed to continue it can actually become frustrating for the colleagues, who are always there, to have to pick up the pieces and, you know, make sure things keep going in the absence of the staff member. So, from that aspect, I think it will definitely affect social relations.*

*P 2: On your social front as well as personal, I mean your family, it depends whether you are married or not, its going to affect them as well.*

The supervisors maintained that substance abusers manifest two behavioural trends: on the one hand some employees become highly sociable; in contrast others become rather isolated and withdrawn from the team.

*P 9: There are two types. So, the one with multiple personality disorder can fake a work personality, where you come to work and you've got this work thing going and you're very social, you're very on a high...so, you can interact with people in the work environment on a normal level and no one would know that there's a problem after work. Then you get the kind of normal, so-called normal person, that would have difficulty in establishing social relations at work simply because there's underlying pressures, because the person goes home, has a couple of drinks, doesn't have a family life, doesn't have a social life, and there's no balance. So, when they get to work they find it difficult to interact with others because they don't have any social skills.*

*P 7: I think if you're looking at someone's using whatever substance to cope, obviously it's helping you to have a better relationship or helping you with the team dynamics and those things. So definitely, if you're taking it away abruptly, it's going to affect that relationship. I've seen it affect where you come across very aggressively to the team or, on the flip side of that, you become a recluse and you don't basically assimilate anyone's support, you just stay away from everybody and you're one very unhappy person. And the team can shy away from you, and doesn't want to incorporate you in the greater team. It becomes quite difficult to work with a person like that.*

*P 5: They won't interact, they keep their distance. If it's at a social gathering, you'll find that people would rather move away and don't include you in their conversation if you're an abuser of substance because they don't want to experience you at your lowest. And it also kind of breaks the team spirit because you're leaving one out.*

*P 2: Well, most people that suffer from substance abuse, from what I've seen, what I've*

*heard, what I've experienced and what I've read, are loners, are loners. They're anti-social because they just don't know how to interact with others; it's difficult interacting with others.*

As mentioned above substance abuse and dependency have implications for both social relations at work as well as personal relationships within the home environment.

*P 7: I mean we see it all the time, where you have a personal issue or you have something that happens at home and it transfers all round. It's very difficult for you to leave that baggage or that issue at home. And likewise, I mean, work issues could also transfer into the personal situation. I mean, it's very difficult that we just leave all our work issues at work and go home, I mean, it often is the start of many arguments in a personal life.*

In terms of the effect of substance dependence and abuse on personal relationships, the majority of participants cited marital problems as a prevalent issue.

*P 9: You'll find not many people that suffer from substance abuse can maintain personal relationships because it's really very difficult because they're so caught up with what's going on within themselves that it's difficult for them to empathise, and in a relationship you need to compromise and the person just doesn't know how to do that.*

*P 3: If you're looking at the family set-up, more so if you're a parent, again, with something like substance abuse, ja, you could physically be there but yet be absent, you know. So, it could lead to problems in marriages, it could lead to neglect in terms of your children because you're less involved in their lives and their activities and school and stuff like that.*

*P 6: He is a married, young, guy and he was having personal problems at home as well...I just know him and his wife were up and down, going through things, sorting it out. It was just like a roller-coaster ride for the two of them as well, which I don't know if it might have been the cause or not, to his substance abuse.*



#### **4.7. Work-related effects of Employee Substance Dependency and Abuse**

Participants indicated that substance abuse and dependency had negative implications with regard to attendance, punctuality, performance, productivity, and health and safety in the workplace. These findings concur with the Pennsylvania survey (Drug Abuse, 2006) in which employers cited increased absenteeism, reduced productivity, and increased healthcare costs as consequences of employee substance abuse.

##### **4.7.1. Attendance and Punctuality**

Several participants agreed that substance dependency and abuse would hinder the levels of attendance and punctuality among staff members.

*P 8: I mean, that's the first thing that you would actually notice, the absenteeism, the irregular, you know, or the punctuality in terms of coming in late or running off early...*

*P 5: Punctuality, performance-related, Monday is a problem, Thursday is a problem, Friday is a problem, Saturday morning is a definite problem. So, I would say at least forty per cent of your working life is affected by substance abuse because the next morning is an issue.*

*P 4: In our arena of work - sales, sales, sales. You're not at work, you're going to miss work, you can't complete your duties daily, you're going to fall behind, your sales are going to fall behind, and that means no increase next year. And then that could also result in performance management, we manage you out of the department, possibly out of the bank eventually, if you're not up to scratch.*

##### **4.7.2. Performance, Ability, and Productivity**

Closely related to issues of attendance and punctuality are the effects of substance dependency and abuse on productivity levels.

*P 7: I think, if I produce a bit of personal experience, I've been party to a disciplinary enquiry where, specifically due to substance abuse, the person was late, which means he took excessive lunch breaks in trying to source whatever substance they were hooked onto. And so, it affected performance, the quality of work was atrocious, and*

*errors, I mean, it amounted to a substantial amount of money being lost as well.*

*P 2: if you are addicted then the substance obviously creates an instability in your mind, its going to affect, because its going to affect the way you work because you cant think logically, reasonably, you would do things that's out of the norm if I may say so because I mean in terms of your work, look at the risk involved because you wont be able to treat your peers correctly, you wont be able to treat your customers if you are dealing with customers, you could open yourself in terms of not accurately doing your work the way you suppose to, you could create losses to the bank, you could obviously have your job at jeopardy because obviously you could lose your job.*

*P 6: The quality of work was becoming an issue, customer complaints...I was getting complaints from the departments as well because I think they were getting tired of just keep on fixing up and doing things that he should have been doing. So, he really wasn't pulling his weight and it was affecting the staff morale.*

Furthermore the loss in productivity due to substance related tardiness or incapacity of a single employee has serious consequences for the team as a whole.

*P 5: So, it affects productivity, it affects team spirit and the morale in the team because the rest of the team have got to pick up....So, although each one of them might be performing, if they haven't made the team budget your team hasn't performed and your team might not get an increase at the end of the year because the team hasn't made its budget. So, yes, it affects the entire team, its productivity, it affects remuneration, it affects team spirit.*

*P 6: Especially in that environment, if you're working with a team of people and you all need to achieve a particular target, obviously somebody who's not pulling their weight, then somebody else is going to have to make up for that or else the whole team's targets and that are affected.*

#### **4.7.3. Health and Safety**

*P 3: It'll definitely cause risk in terms of health and safety because if you are intoxicated through whatever substance, you know, it sometimes affects your ability to act in*

*certain ways and you could just do something that can be to the detriment of your own health and that of your colleagues.*

#### **4.8. Awareness of Company Procedures and Policies**

##### **4.8.1. EAP utilised**

The employee assistance service provider utilised at the sample organisation is both locally and internationally renowned for their assistance and wellbeing programmes, critical incident support and behavioural risk management services. The EAP utilised by the research sample can be classified as broad-brush as the programme is inclusive of, but not specifically devoted to, substance abuse issues. The broad-brush approach incorporates a wide range of familial, marital, legal, emotional, financial and psychological issues (Albertyn & McCann, 1993; Bamberger & Biron, 2006).

##### **4.8.2. Supervisor Awareness**

All participants indicated that they, within their positions as supervisors or team leaders, were well versed on company procedures and policies. In support of this, Hopkins (1997) argues that supervisors are the most critical component to the helping process as they are responsible for identifying, supporting, referring, and following-up troubled workers. The general sequence of events narrated by each of the participants in regard to policies and procedures were consistent. This sequence is presented below.

The participants reported that at the outset, the supervisor/team leader would have to be made aware that the employee is experiencing a problem of some sort. Substance related issues are often manifested in behavioural changes on the job. In the event that the employee approaches the team leader on their own accord, they are advised to make use of the employee assistance programme. A private telephone line is made available for employees to make contact with the EAP if necessary. In cases where the employee is clearly experiencing a substance related problem and does not heed the advice of supervisors to seek help, a formal referral occurs. In a formal referral the employee is obligated to seek assistance for their problems.

Participants further stated that staff members are given time off to participate in counselling sessions. After a period of three months, the situation is reviewed. If performance issues persist, the employee is then put onto performance management. This is a three month

process whereby supervisors have a minimum of one formal discussion per week with the employee. In cases where there is still no improvement from the employee, a disciplinary enquiry is set up. As witnesses to performance-related issues and the effects on staff morale, supervisors and team leaders are then required to give evidence at a disciplinary hearing.

#### **4.8.3. Employee Awareness of EAPs**

All participants were positive that employees were aware of the programme in place.

*P 3: Yes, all employees are aware of that, we have a system called the intranet system, where policies are readily available to all staff. We also have employee well-being champions that actually speak to the staff and give workshops, and staff know who those individuals are, so if there is a problem, they know who to approach.*

*P 7: The staff is definitely aware, it's on our intranet site.*

*P 6: We've got notices all over, we've got posters in the toilets, and they have to actually sign.*

*P 8: Yes, yes, when they join the company, we have contracts in place, we have things that they need to sign to say that they know the various procedures, disciplinary procedures, and everything else. They do sign for it as well, they know, they're very well aware of it and we make sure that they are aware of it.*

### **4.9. Perceived Effectiveness of Company Policies, Procedures, and the Employee Assistance Programme.**

#### **4.9.1. Training**

Participants indicated that although they did not receive any formal training for dealing with substance related incidents *per se*, they had received people management training which equipped them to effectively deal with incidents in conjunction with the EAP.

#### **4.9.2. Employee Assistance Programme**

Eight participants indicated that the employee assistance programme was effective.

P 2: *Absolutely! Absolutely! Provided people use it...*

P 3: *I would say it's very effective... it does come back to the individual, but if the systems that are put in place are used, they can be very effective and achieve the aim, which is to obviously assist the individual to work through their problems so that they can perform in the workplace, you know. And I've seen it happen, so it does work.*

P 5: *If you use it, yes, if you use it, but unfortunately, I don't think people actually do, a lot of people don't.*

P 9: *I would say, definitely effective. They're effective in the sense that, firstly, you don't really need to discuss this with any other person within the organisation. Secondly, it's very confidential, and if you're wanting to remain anonymous you can remain anonymous. If you just need to pick up the phone and have a chat to someone, well, it's an outside person, other than the people that you work with who may become judgmental.*

#### **4.10. Leadership Styles and Perceived Effectiveness**

The participants of the study exhibited similar leadership styles, the most common thread being the participative style.

P 7: *Participative, definitely... overall call is mine and I need to exercise that, but I want to get your input or your agreement first, rather than just giving you an authoritative style of leadership.*

P 2: *But my leadership style I would say is basically to work with my people. You know we had in the past a leadership style where if the leader says you do. I don't think that's a very effective leadership style.*

As identified by the path-goal theory, participative leaders engage and consult with subordinates and utilise their suggestions during the decision making process (Muchinsky, 2003; Robbins et al., 2001; Werner, 2003). However leaders are not bound to a single leadership style.

*P 9: It depends on the circumstance... I would say I am flexible, but it depends on the situation. If it calls for something that I've got to delegate and dictate, then I will use that kind of dictatorship kind of rule. If it calls for something that there's a decision to be made in some kind of brain-storming session, then I look at some kind of democratic, kind of, outcome. If it's more getting personal with people and getting to know them and what's happening in their personal lives, to bring out the best in them, then I'll become personal with you. So, it just depends on the circumstance of each event, on which leadership style I will adopt.*

Supervisor behaviour, as illustrated in the paragraph above, can be conceptualised using the theoretical underpinnings of the contingency approach to leadership. The contingency approach takes into consideration the influence of situational factors (Muchinsky, 2003; Robbins et al., 2001). The contingency approach views effective leadership as the "...result of a fit between the leader, the followers and the situation" (Werner, 2003, p.190). Thus the situation determines how effective a particular leadership style or behaviour will be (Burne, 2004).

#### **4.11. Conclusion**

To conclude, this chapter presented the findings of this study, as well as a discussion of the salient findings. Substance abuse and dependency was not perceived as a prevalent problem; however, there were notable cases within the organisation. The drugs most commonly used within the organisation were cigarettes, alcohol and prescription medication. Substance dependency was perceived to have negative effects on personal relationships, productivity, punctuality, attendance, health and safety. While substance abuse was viewed as an individual choice, the social environment was identified as a major contributing factor to the patterns of substance abuse and dependency among employees. Supervisors were well versed with regard to company policy and were responsive to employee substance-related issues. Furthermore it was found that the employee assistance programme utilised within the organisation was perceived as highly effective. Based on these findings, recommendations are made in the following chapter.

## **CHAPTER FIVE**

### **SUMMARY, RECOMMENDATIONS AND CONCLUSIONS**

#### **5.1. Introduction**

This chapter provides a summary of and the conclusions from the results of this study. In addition, recommendations and suggestions for further research are outlined.

#### **5.2. Summary**

In summary, the aim of this research was to explore supervisors' experiences and perceptions of substance dependency and abuse within an organisation. This research also aimed to explore the strategies used by these supervisors in dealing with substance-related incidents. Finally, this research evaluated the supervisors' perceived effectiveness of the employee assistance programmes utilised. To achieve these goals, a qualitative methodology was employed and semi-structured interviews were conducted. A non-probability sampling technique was used and a convenience sample comprising nine participants was selected from a single organisation in central Durban. The data obtained were then qualitatively analysed using thematic analysis.

The main findings of this research suggest that although substance abuse and dependency was not perceived as a prevalent problem by supervisors, there were cases within the organisation. Cigarettes, alcohol and prescription medications were the drugs most commonly used by employees. The majority of participants indicated that substance dependency had negative effects on employees' personal and familial relationships. Furthermore, negative effects with regard to productivity, punctuality, attendance, health and safety were cited. Although participants unanimously agreed that substance abuse was an individual choice, there was general consensus that the social environment was a major contributing factor to the patterns of substance abuse and dependency among employees. The findings indicated that supervisors were well versed with regard to company policy and were responsive to employee substance-related issues. Furthermore, the employee assistance programme utilised within the organisation was perceived as highly effective.

#### **5.3. Recommendations**

Although substance dependency has been a widely researched topic, further research is required, especially within the South African context, as much of the literature on drugs is

based in the West, resulting in a white middle class bias. A review of literature revealed that most research endeavours in this regard were quantitatively based. Qualitative studies on this particular topic would be fruitful as more meaningful and valuable in-depth information can be obtained.

#### **5.4. Conclusion**

Substance dependency indicates the uncontrollable intake of certain substances, resulting in the development of physical and psychological problems, despite which the individual continually uses the substance (Schuckit, 2000). Substance abuse refers to the excessive use of substances (Ghodse, 1989). Substance dependence within the workplace is commonly associated with high levels of absenteeism, and lower levels of employee performance and productivity. In conclusion, this research adopted a case study approach whereby supervisors' experiences and perceptions of employee substance dependency and abuse were explored. The findings suggest that substance abuse and dependency was not perceived as a prevalent problem. Substance dependency was perceived to have negative effects on personal relationships, productivity, punctuality, attendance, health and safety. Supervisors were well versed in company policies and responsive to employee substance related issues. Furthermore, it was found that the employee assistance programme utilised within the organisation was perceived to be highly effective.



## References

- Albertyn, C., & McCann, M. (1993). *Alcohol, Employment and Fair Labour Practice*. Cape Town: Juta & Co, Ltd.
- Antonius, R. (2003). *Interpreting Quantitative Data with SPSS*. London: Sage Publications Ltd.
- Ballantine, K., Nunns, C. G. (1998). The moderating effect of supervisory support on the self-efficacy work-performance relationship. *South African Journal of Psychology*, 28(3), 164-173.
- Bamberger, P., & Biron, M. (2006). The prevalence and distribution of employee substance-related problems and programmes in the Israeli workforce. *Journal of Drug Issues*, 36(4), 755- 787. Retrieved August 16, 2009, from <http://proquest.umi.com.ezproxy.ukzn.ac.za:2048/pqdweb?index=33&did=1231479261&SrchMode=1&sid=12&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250450336&clientId=30060>
- Bandura, A. (1977). *Social Learning Theory*. New Jersey: Prentice-Hall, Inc.
- Bennett, N., Blum, T. C., & Roman, P. M. (1994). Presence of drug screening and employee assistance programmes: Exclusive and inclusive human resource management practices. *Journal of Organizational Behaviour*. 15(6), 549-560. Retrieved March 30, 2008, from <http://links.jstor.org/sici?sici=0894-3796%28199411%2915%3A6%28>
- Bennett, J. B., & Lehman, W. E. K. (2002). Supervisor tolerance-responsiveness to substance abuse and workplace prevention training: use of cognitive mapping tool. *Health Education Research*, 17(1), 27-42. Retrieved August 16, 2009, from <http://proquest.umi.com.ezproxy.ukzn.ac.za:2048/pqdweb?index=100&did=323673471&SrchMode=1&sid=12&Fmt=10&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250452076&clientId=30060>
- Berg, B. L. (2001). *Qualitative Research Methods for the Social Sciences* (4<sup>th</sup> ed.). Boston: Allyn and Bacon.

- Blanchard, P. N., & Thacker, J. W. (1999). *Effective Training: Systems, Strategies and Practices*. New Jersey: Prentice Hall.
- Blaxter, L., Hughes, C., & Tight, M. (1998). *How to Research*. Buckingham: Open University Press.
- Boardman, J. D, Finch, B. K., Ellison, C. G., Williams, D. R., & Jackson, J. S. (2001). Neighbourhood disadvantage, stress, and drug use among adults. *Journal of Health and Social Behaviour*, 42(2), 151-165. Retrieved October 12, 2007, from <http://links.jstor.org/sici?sici=0022-1465%28200106%2942%3A2%3C151%3ANDSADU%3E2.0.CO%3B2-83C549%3APODSAE%3E2.0.CO%3B2-3>
- Bryman, A., & Cramer, D. (1994). *Quantitative Data Analysis for Social Scientists*. London: Routledge.
- Burne, S. M. (2004). *Groups: Theory and Practice*. Australia: Thomson/Wadsworth
- Carroll, M. (1997). *Workplace Counselling: A Systematic Approach to Employee Care*. London: Sage Publications.
- Caudill, B. D., & Kong, F. H. (2001). Social approval and facilitation in predicting modelling effects in alcohol consumption. *Journal of Substance Abuse*, 13, 425–441.
- Coles, A. (2003). *Counselling in the Workplace*. Berkshire: Open University Press.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *Handbook of Social Psychology* (4th ed., Vol. 2, pp. 504–558). Boston: McGraw-Hill.
- Daugherty, R. P., & Leukefeld, C. L. (1998). *Reducing the Risks for Substance Abuse: A Lifespan Approach*. New York: Plenum Press.

“Drug Abuse: Survey shows one in five Pennsylvania workers knows colleague using drugs, alcohol at work”. (2006). *Aging & Elder Health Week*, 43-44. Atlanta. Retrieved March 7, 2008, from <http://proquest.umi.com/pqdweb?did=995889471&sid=1&Fmt=3&clientId=57186&RQT=309&VName=PQD>

Duda, M. (2005). Drug abuse's costly toll on workers. *Behavioural Health Management*, 25(6), 49-50. Retrieved March 20, 2008, from <http://proquest.umi.com/pqdweb?index=2&did=958988771&SrchMode=1&sid=8&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1206010253&clientId=57186>

Elliott, K., & Shelley, K. (2006). Effects of drugs and alcohol on behaviour, job performance and workplace safety. *Journal of Employment Counselling*, 43(3), 130-131. Retrieved August 16, 2009, from <http://proquest.umi.com.ezproxy.ukzn.ac.za:2048/pqdweb?index=34&did=1131191491&SrchMode=1&sid=12&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250450670&clientId=30060>

Foster, J. J., & Parker, I. (1995). *Carrying Out Investigations in Psychology*. Leicester: BPS Books.

French, W.L. & Bell, C.G. (1999). *Organisational Development and Change (6<sup>th</sup> ed)*. New York: South Western College Publishers.

Frone, M. R. (2008). Are work stressors related to employee substance use? The importance of temporal context assessments of alcohol and illicit drug use. *Journal of Applied Psychology*, 93(1), 199-219. Retrieved August 16, 2009, from <http://proquest.umi.com/pqdweb?did=1419575821&sid=1&Fmt=7&clientId=57186&RQT=309&VName=PQD>


Ghodse, H. (1989). *Drugs and Addictive Behaviour: A Guide to Treatment*. Oxford: Blackwell Scientific Publications.

Gibs, M. A. (2006). High on the job. *Security Management*, 50(2), 50-57. Retrieved March 20, 2008, from <http://proquest.umi.com/pqdweb?did=1005036001&sid=8&Fmt=3&clientId=57186&RQT=309&VName=PQD>

- Griffith, V. (1999, November 3). In denial over hard drinking. *Financial Times*, p.18.  
Retrieved August 16, 2009, from <http://proquest.umi.com/pqdweb?did=46007949&sid=25&Fmt=3&clientId=30060&RQT=309&VName=PQD>
- Gumede, M. V. (1995). *Alcohol Use and Abuse in South Africa: A Socio-Medical Problem*. Pietermaritzberg: Reach Out Publishers.
- “Healthcare: Smoking out drug use”. (2005). *Employee Benefits*, 19-20. London. Retrieved March 20, 2008, from <http://proquest.umi.com/pqdweb?did=820444151&sid=12&Fmt=3&clientId=57186&RQT=309&VName=PQD>
- Heiman, G. W. (2001). *Understanding Research Methods and Statistics: An Integrated Introduction for Psychology* (2<sup>nd</sup> ed.). Boston: Houghton Mifflin Company.
- Hopkins, K. M. (1997). Supervisor intervention with troubled workers: A social identity perspective. *Human Relations*, 50(10), 1215-1238. Retrieved March 30, 2008, from <http://proquest.umi.com/pqdweb?did=21244935&sid=20&Fmt=3&clientId=57186&RQT=309&VName=PQD>
- Huysamen, G. K. (2001). *Methodology for the Social and Behavioural Sciences*. Cape Town: Oxford University Press.
- Johns, A. (1990). What is Dependence?. In H. Ghodse & D. Maxwell. (Eds.), *Substance Abuse and Dependence: An Introduction for the Caring Professions* (pp. 1-28). Houndmills: Macmillan Press.
- Kandel, D. B. (1998). Persistent Themes and New Perspectives on Adolescent Substance Use: A Lifespan Perspective. In R. Jessor (Ed.), *New Perspective on Adolescent Risk Behaviour* (pp. 43-90). New York: Cambridge University Press.
- Kumar, R. (1999). *Research Methodology: A Step By Step for Beginners*. London: Sage

Labour Relations Act (No. 66 of 1995). Retrieved August 14, 2009, from <http://www.info.gov.za/view/DownloadFileAction?id=70985>

Lakhanpal, P., & Agnihotri, A. K. (2007). Drug abuse an international problem: A short review with special reference to African continent. *Indian Journal of Forensic Medicine & Toxicology* 1(1), 1-11. Retrieved August 21, 2008, from [http://www. Inmedica.com/journals.php?journalid=11&issueid=98&articleid=1318&action=article](http://www.Inmedica.com/journals.php?journalid=11&issueid=98&articleid=1318&action=article)

Lang, J. M. (2001). *A Parent's Guide to Street Drugs*. Toronto: Stone Fox. 

Larson, S. L., Eyerman, J., Foster, M. S., & Gfroerer, J. C. (2007). *Worker Substance Use and Workplace Policies and Programmes* (DHHS Publication No. SMA 07-4273, Analytic Series A-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Retrieved August 21, 2008 from <http://www.centralvalleybusinesstimes.com/links/work.pdf>

Larson, R., & Faber, B. (2000). *Statistics: Picturing the World*. New Jersey: Prentice Hall.

Madden, S. (1990). Effects of Drugs of Dependence. In H. Ghodse & D. Maxwell (Eds.), *Substance Abuse and Dependence: An Introduction for the Caring Professions*. (pp. 30-51). Houndmills: Macmillan Press.

Maiden, R. P. (1992). First World EAPs Serving Third World Clients: A U.S. Perspective of South African Experience. In R. P. Maiden (Ed). *Employee Assistance Programmes in South Africa* (pp.1-15). New York: The Haworth Press, Inc.

Maisto, S. A., Galizio, M., & Connors G. J. (2004). *Drug Use and Abuse* (4<sup>th</sup> ed.). Australia: Thomson Wadsworth.

Malliarakis, K. D., & Lucey, P. (2007). Social determinates of health: Focus on substance use and abuse. *Nursing Economics*. 25(6), 368-371. Retrieved August 16, 2009, from <http://proquest.umi.com/pqdwweb?did=1423222001&sid=25&Fmt=3&clientId=30060&RQT=309&VName=PQD>

- Marshall, C. & Rossman, G. B. (2006). *Designing Qualitative Research*. London: Sage Publications.
- Mason, J. (2002). Qualitative Interviewing: Asking, Listening and Interpreting. In T. May (Ed.), *Qualitative Research in Action* (pp. 225-241). London: Sage Publications Ltd.
- Mazzoni, J. (1990). A supervisor's role in workplace drug abuse. *The Health Care Supervisor*, 8(2), 35-40. Retrieved March 20, 2008, from <http://proquest.umi.com/pqdweb?index=11&did=483327&SrchMode=1&sid=22&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1206012342&clientId=57186>
- Merrick, E. S. L., Volpe-Vartanian, J., Horgan, C. M., & McCann, B. (2007). Alcohol & drug abuse: Revisiting Employee Assistance Programmes and substance use problems in the workplace: Key issues and a research agenda. *Psychiatric services*, 58(10), 1262- 1267. Retrieved March 7, 2008, from <http://proquest.umi.com/pqdweb?did=1363496941&sid=1&Fmt=3&clientId=57186&RQT=309&VName=PQD>
- Muchinsky, P.M. (2003). *Psychology Applied To Work*. California: Cole Publishing Company.
- Occupational Health and Safety Act (No. 85 of 1993). Retrieved August 14, 2009, from <http://www.hpcsa.co.za/hpcsa/UserFiles/File/Health%20Related%20Acts/Occupational%20Health%20and%20Safety%20Act.pdf>
- Parry, C. D. H., & Bennetts, A. L. (1998). *Alcohol Policy and Public Health in South Africa*. Cape Town: Oxford University Press.
- Parry, C. D. H., & Bennetts, A. L. (1999). Country profile on alcohol in South Africa. In L. Riley, & M. Marshall (Eds). *Alcohol and Public Health in 8 Developing Countries* (pp. 135-157). Geneva: World Health Organisation.

- Parry, C. D. H., Myers, B., & Thiede, M. (2003). The case for an increased tax on alcohol in South Africa. *The South African Journal of Economics*, 7(1), 265–281. Retrieved August 21, 2008, from [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6VJX-4K7WJ3J1&\\_user=2822922&\\_rdoc=1&\\_fmt=&\\_orig=search&sort=d&view=c&\\_version=1&\\_urlVersion=0&\\_userid=2822922&md5=3465bcb9d8d4daec9c2c2d3ac11bb9b7](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VJX-4K7WJ3J1&_user=2822922&_rdoc=1&_fmt=&_orig=search&sort=d&view=c&_version=1&_urlVersion=0&_userid=2822922&md5=3465bcb9d8d4daec9c2c2d3ac11bb9b7)
- Parry, C. D. H., Plüddemann, A., Steyn, K., Bradshaw, D., Norman, R., & Laubscher, R. (2005). Alcohol use in South Africa: Findings from the first demographic and health survey 1998. *Journal of Studies on Alcohol*, 6(6), 91–97. Retrieved August 21, 2008, from [http://www.sciencedirect.com/science?\\_ob=ArticleURL&\\_udi=B6VJX4K7WJ3J1&\\_user=2822922&\\_rdoc=1&\\_fmt=&\\_orig=search&\\_sort=d&view=c&\\_version=1&\\_urlVersion=0&\\_userid=2822922&md5=3465bcb9d8d4daec9c2c2d3ac11bb9b7](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VJX4K7WJ3J1&_user=2822922&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_version=1&_urlVersion=0&_userid=2822922&md5=3465bcb9d8d4daec9c2c2d3ac11bb9b7)
- Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2<sup>nd</sup> ed.). California: Sage Publications Inc.
- Pickworth, W. B. (1995). Caffeine Dependence. *The Lancet*, 345(8957), 1066. Retrieved August 16, 2009, from <http://proquest.umi.com.ezproxy.ukzn.ac.za:2048/pqdweb?index=35&did=1699498&SrchMode=1&sid=25&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250453683&clientId=30060>
- Rawlinson, H. (1989). Substance Abuse. *Small Business Reports*. 14(5), 79- 86. Retrieved March 20, 2008, from <http://proquest.umi.com/pqdweb?index=>
- Prescott, L. F. (1996). The Metabolism of Paracetamol. In L. F. Prescott (Ed.). *Paracetamol (Acetaminophen): A Critical Bibliographic Review (pp.67-102)*. London: Taylor and Francis.
- Ray, O. (2004). *Drugs, Society and Human Behaviour*. Boston: McGraw-Hill.

- Reynolds, G. S., Lehman, W. E. K., & Bennett, J. B. (2008). Psychosocial correlates of the perceived stigma of problem drinking in the workplace. *Journal of Primary Prevention*, 29(4), 341-357. Retrieved August 16, 2009, from <http://proquest.umi.com.ezproxy.ukzn.ac.za:2048/pqdweb?index=9&did=1517362291&SrchMode=1&sid=11&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250449867&clientId=30060>
- Robbins, C. (1989). Sex differences in psychosocial consequences of alcohol and drug abuse. *Journal of Health and Social Behaviour*, 30(1), 117-130. Retrieved October 12, 2007, from <http://links.jstor.org/sici?sici=0022-1465%28198903%2930%3A1%3C117%3ASDIPCO%3E2.0.CO%3B2-O>
- Robbins, S.P., Odendaal, A., & Roodt, G. (2001). *Organisational Behaviour: Global and SA Perspectives*. Cape Town: Pearson Education SA.
- Schinke, S. P., Botvin, G.J., & Orlandi, M. A. (1999). *Substance Abuse in Children and Adolescents*. London: SAGE.
- Schuckit, M. A. (2000). *Drug and Alcohol Abuse* (5<sup>th</sup> ed.). New York: Kluwer Academic/ Plenum Publishers.
- Skills Development Act (No. 97 of 1998). Retrieved August 14, 2009, from <http://www.info.gov.za/view/DownloadFileAction?id=70755>
- Stark, M. M., & Payne-James, J. (2003). *Symptoms and Signs of Substance Misuse* (2<sup>nd</sup> ed.). London: The Cromwell Press.
- Toray, T., Coughlin, C., Vuchinich, S., Patricelli, P. (1991). Gender differences associated with adolescent substance abuse: Comparisons and implications for treatment. *Family Relations*, 40(3), 338-344. Retrieved October 12, 2007, from <http://links.jstor.org/sici?sici=0197-6664%28199107%2940%3A3%3C338%3AGDAWAS%3E2.0.CO%3B2-6>



- Ulin, P. R., Robinson, E. T., Tolley, E. E., & McNeill, E. T. (2002). *Qualitative Methods: A field guide for applied research in sexual and reproductive health*. North Carolina: Family Health International
- Werner, A. (2003). Contemporary Developments in Leadership and Fellowship. In H. Schultz, J. Bagraim, T. Potgieter, C. Viedge, & A. Werner (Eds). *Organisational Behaviour: A Contemporary SA Perspective*. Pretoria: Van Schaik Publishers.
- Wilcocks, L., & Edmonds, L. (1992). Alcohol and Drug Abuse: Treatment Alternative in South Africa. In R. P. Maiden (Ed). *Employee Assistance Programmes in South Africa* (pp.65-77). New York: The Haworth Press, Inc.
- Williams, N. (2009, January 27). Controlling impact of drugs and alcohol at work. *Personnel Today*, p. 39. Retrieved August 16, 2009, from <http://proquest.umi.com/ezproxy.ukzn.ac.za:2048/pqdweb?index=5&did=1642853261&SrchMode=1&sid=7&Fmt=6&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1250449621&clientId=30060>
- Wolfe, K. (2007). Environment influences workers' drinking: study. *Canadian HR Reporter*. 20(9), 9-11. Retrieved March 7, 2008, from <http://proquest.umi.com/pqdweb?did=1379139881&sid=1&Fmt=3&client=57186&RQT=309&VName=PQD>

## **APPENDIX A**

### **Interview Schedule**

1. How prevalent is substance dependency in your organisation?
2. What types of substances are commonly used by employees?
3. Do the incidents vary across age, gender, race, and occupational position?
4. What are the prevailing attitudes towards substance dependency and usage?
5. How does substance abuse and dependency affect social relations at work?
6. How does substance abuse and dependency affect personal relationships?
7. What are the effects of employee substance dependency on attendance, performance, punctuality, ability, health, safety and productivity?
8. How aware are you of company policies and the EAP?
9. How effective are company policies and the EAP in dealing with substance-related incidents?
10. How would you describe your leadership style?
11. How effective is this leadership style for you?

## APPENDIX B

### Letter for Access to Site and Sample

26 Skylark Rd  
Bayview  
Chatsworth  
4092

To: Management

### **RE: Access to site for Masters Research Project**

I am a student currently pursuing a Masters Degree in Industrial Psychology at the University of KwaZulu-Natal, Howard College Campus. I am conducting research on substance abuse and dependency within the workplace as partial fulfilment of my degree. For the purposes of my study, I request your consent to gain access to the supervisors of your organisation to conduct an interview.

Participation in this research is voluntary and participants are free to withdraw from the study at any time without reprehension. Participants are assured that all information is confidential and anonymity is guaranteed. Participants will not be harmed in any way throughout the research process.

Yours sincerely

S. Ally (Miss)

Contact details: 0837922860 or (031) 4000343

Dr T. Magojo (Supervisor)

(031) 2601034

## APPENDIX C

### Letter of Informed Consent

I am currently conducting a research project for my Masters Degree in Industrial Psychology. The aim of my research is to explore the perceptions of substance dependency amongst supervisors within an organisation, and to investigate the perceived effects of employee substance dependency. I request your participation in an interview which will be audio recorded using a tape recorder. Participation in this research is voluntary. Participants are free to withdraw from the study at any time without reprehension. Participants are assured that all information is confidential and anonymity is guaranteed throughout the research process. Your participation will be highly appreciated

If further information is needed regarding the research procedure, please feel free to contact my supervisor Thandi Magojo or myself. Our contact details are reflected below.

Yours sincerely

S. Ally (Miss)

Contact details: 0837922860 or (031) 4000343

204507569@ukzn.ac.za

Dr T. Magojo

(031) 2601034

magojo@ukzn.ac.za

I..... hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire

Signature.....

Date ..... / ..... / .....