AN INVESTIGATION INTO THE EFFECTIVENESS OF MANAGERIAL

INTERVENTIONS ON SUBSTANCE ABUSING EMPLOYEES

A CASE OF SELECTED INSTITUTIONS WITHIN KUMASI

METROPOLIS

BY

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DECLARATION

I hereby declare that this submission is my own work towards the Masters of Business Administration and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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DEDICATION

I dedicate this piece of academic excellence to my father JACOB ASUAMAH YEBOAH and mother; Md. EMMA AMOABENG KODUAH whose training and encouragement has brought me this far. I also wish to dedicate it to my siblings for their love and support in the pursuance of my academic work.

Special dedications to GOD, ALMIGHTY for the Wisdom, Strength and Grace bestowed to me throughout these challenging periods.

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Lastly, I am thankful to all my well-wishers who pushed me harder to complete this work.

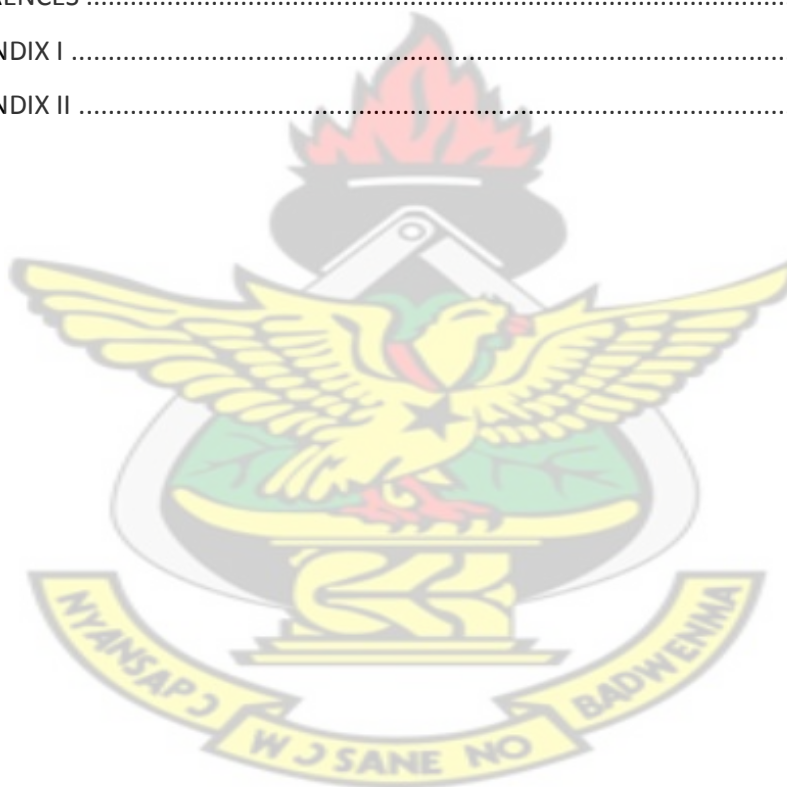I can only say, NYAME NHYIRA MO.

ABSTRACT

The economic impact of substance abuse to businesses in Ghana has been traditionally difficult to measure. In developed countries like the USA, drug abuse in the workplace is reported to cost American Businesses nearly $100 billion a year in lost productivity, high absenteeism and turnover rates, on and off-the-job accidents, excessive use of medical benefits, theft and property damage. Even though there is little statistical information on the effect of substance abuse in the Ghanaian perspective, the Ghana Statistical Service has often hinted of the low trend of productivity in many sectors particularly among public sector workers. This study therefore sought to examine managerial interventions and its effects on substance abusing employees using selected institutions in the Ashanti Region. This study adopted a descriptive research design. The population for the study comprised management and staff of Tafo Government Hospital, Ghana Prisons Service (Kumasi Central) and Zoomlion Ghana Limited, Kumasi. A sample of 275 was chosen from an estimated population of 665. The main sampling techniques included purposive and convenience sampling techniques. Data was drawn from primary and secondary sources. Both questionnaires and interviews were the main instruments used for the data collection. Using regression analysis, the study found that employee outcomes such as performance and productivity are likely to be enhanced if managerial interventions in addressing substance abuse are effective. There was a moderate correlation between employee outcomes (dependent variable) and managerial intervention (independent variable). This was statistically significant at (0.000<0.05). The value was also positive which indicates that when the independent variables increase, employee outcomes (productivity and performance) also increase and vice versa. It is therefore recommended that management give much priority to interventions such as work-life balance policies and further adopt effective ways of managing substance abuse.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

KNUST

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Very often, substances such as drugs, alcohol, and tobacco are abused for varied reasons. There is no doubt society is beginning to pay a significant cost for the manner in which stakeholders have addressed the problem of substance abuse in the past. The toll for this abuse can be seen in some organisations such as the emergency units in hospitals as well as jails and prisons which tally daily reports on the direct connection between substance abuse leading to physical trauma, other connections between crime or violence and drug dependence or abuse (Daly, 2005).

"Substance abuse is an unhealthy pattern of alcohol or drug use that usually leads to frequent, serious problems at home, school or work" (Parker, 2000). This canker is eating into the lives of its victims all over the world. In Ghana, marijuana (Indian hemp or wee) is the cheapest drug, mostly abused and packaged at GH₵ 0.50p per piece, which is very affordable. Heroin and cocaine usage are not very popular among substance abusers due to the high expense incurred to acquiring them. According to the 2007 World Drug Report by the UN Office on Drugs and Crime, 21.5% of Ghanaians, aged from 15 to 64, smoked marijuana or used another cannabis product in 2006. The report continues that the usage of marijuana among Ghanaians is more than five times the world average and as a result, Ghana is the leading African country and third in the world in cannabis or marijuana

consumption. The report explains further that Ghana ranks third in the world on marijuana usage, after Papua New Guinea and Micronesia having (20) twenty percent each; Ghana being the leading country in the usage of marijuana in Africa and the third in the world since 2007, renders the country the unquestionable possibility of rising to be the first in the world, considering the rate of youth indulgence in the consumption of the substance daily (Osabutey, 2011).

Currently, the Tafo Government Hospital is facing challenges such as lack of wards to accommodate more in-patients as well as bungalows for staff. Although, the hospital has a vast land and was seeking for assistance from the Ministry of Health (MOH) and Non-Governmental Organisations (NGOs) towards the construction of residential accommodation for workers of the hospital and the rehabilitation of the psychiatric unit; there is not a single residential accommodation for workers and they have to wait until on-going projects for the provision of accommodation and the rehabilitation center which is in a state of disrepair is complete (Ghana News Agency, 16th June, 2004).

Even though, society accepts the usage of some substance like alcohol yet, it is still abused by some individuals. Other substances abused include tobacco, cola, diet pills, opium, over the counter drugs and prescribed substances such as anti-malaria's and antibiotics. These problems are detrimental to the survival of society, organisations, groups and individuals. The consequence of the health problems ranges from a hang-over or the malfunctioning of the brain cells, distortions in perception, depression, and the body functioning is depressed by excessive alcohol consumption hence, the development of liver disease. Other consequences stifling the economy include high turnover, unemployment, low productivity and performance, retardation of skills, abilities and capabilities, the legal problems

resulting in arrests for drunk driving or drug trafficking. As well, financial hardship or mismanagement, family and relationship problems like broken homes, mental health referrals of a love one, divorce or separation, leisure and spirituality is affected too, even the injection of drugs by some groups is a contributing factor to the spread of HIV infection (Osabutey, 2011).

Moreover, the escalating problem of substance abuse is a high cost for work organisations and everyone involved namely the employee, the employer, managers and colleagues. When an employee is noticed to be abusing a substance due to deteriorating work performance, is best not overlook the situation but salvage it by prescribing the appropriate remedy as quickly as possible in order to promote or maintain high health and safety standards in their industry (Merrick, 2007).

What is more, employers are usually interested and focus solely on recruiting and selecting the right people with the necessary potentials to perform well on the job. Unfortunately not all the methods used by the employer are efficient enough to determine the qualities of potential employees that the employers are looking for. Usually, employers decide not to consider the adoption of drug testing policies because they are confident that they have the ability to spot substance abuse problems in their employees. These problems seldom become evident until it escalates into an addiction case. New users may not always show the typical signs of a "user" but the substance in their system can still impair their ability to function efficiently as employees (Merrick, 2007).

1.2 Problem Statement

The research is being conducted as a result of the rationale behind the irrepressible problem of substance abuse trouncing the Kumasi metropolis which is due to the inability of substance abusing employees to cope with withdrawal therapy and their job performance in their organisations.

Also, there is increasing employee absenteeism due to work stressors (i.e. poor working environment) in which employees try to escape leading to high turnover and subsequently affecting their performance in the long run. Other possible sources of substance abuse on employee performance include the sale of over the counter drugs and activities of drug peddlers' on the sale of drugs to workers on streets (marijuana) further, contributing to low productivity of employees in their respective organisations within the Kumasi metropolis.

Again, the ignorance of individuals about drug usage and the aftermath consequences of taking un-prescribed drugs such as anti-malaria's and antibiotics make them develop high resistance to such drugs thereby affecting the efficacy of such medicines, when prescribed for them by doctors.

Moreover, the scarcity or non-availability of modern infrastructural facilities such as rehabilitation centres or psychiatry hospitals to assist substance abusing individuals with interventions or therapies and health programmes for individuals in the Kumasi metropolis is also contributing to the problem of increasing rate of substance abuse.

1.3 Research objectives

The general objective of the study is to explore the managerial interventions and its effects on substance abusing employees using selected organisations in the Kumasi Metropolis. The specific objectives are as follows;

1. To identify causes of substance abuse among employees in some selected organisations in the Kumasi metropolis.
2. To determine and assess interventions made by managers in helping substance abusing employees overcome their addiction problems.
3. To investigate the effectiveness of managerial interventions on substance abusing employees in some selected organisations in the Kumasi metropolis.
4. To examine the effects of these abuses on individuals and organisational performance using selected organisations within the Kumasi metropolis.

1.4 Research questions

1. What are the root causes of substance abuse among employees of selected organisations in the Kumasi metropolis?
2. What interventions are being made by managers in helping substance abusing employees overcome their addiction problems?
3. How effective are these managerial interventions in addressing substance abuse issues in selected organisations?
4. What are the effects of substance abuse on individuals and organisational performance of selected institutions within the Kumasi metropolis?

1.5 Justification of the study

This research is expected to make three useful contributions. First, it provides an avenue for addressing issues of substance abuse in the country and further improves socioeconomic conditions in the country. For instance, increasing awareness on the effects of substances would help reduce government spiralling expenditure on rehabilitation of victims of substance abuse.

This study also serves as an input for managing cases of substance abuse in organisations since it suggested effective measures or interventions that managers could adopt in promoting health, safety and performance of employees on the job. This study also stirs up discussion on the need to enforce policies on substance use, ensure employees undertake drug / other medical test, and implement Employee Assistance Programs (EAPs) in organisations to help address productivity concerns. Effectively addressing substance abuse cases is likely to result in increased productivity and consequently reduce employee turnover.

Lastly, the research adds to existing empirical literature in the field of Management and Organisational Development as far as managing substance abuse is concerned.

1.6 Overview of methodology

The target population for this research include: management and employees (staff) in the health, sanitation, and security services within selected organisations in the Kumasi metropolis. The target organisations include; Tafo Government Hospital, Ghana Prisons Service (Kumasi Central) and Zoomlion Ghana Limited, Kumasi. Due to time and logistical constraints, a sample of Two hundred and seventy five (275) was drawn from an estimated population of Six hundred and sixty five (665).

6

The research instruments used in gathering primary data were questionnaires and interviews. The sampling technique employed was purposive sampling to select respondents from management positions whiles convenience sampling was used in selecting other employees (line staff) and from the various organisations. Interview sections lasted for approximately fifteen (15) minutes per person and response documented to help them to participate effectively in the research. Secondary sources of data included journals, books, published articles and company reports.

1.7 Scope of the study

This research assessed managerial intervention on substance abusing employees. Due to inadequate resources of which time is part, the research was limited to the Tafo Government Hospital, Ghana Prisons Service (Kumasi Central) and Zoomlion Ghana Limited, Kumasi. Management of the organisations and employees were the target for data collection." The Kumasi metropolis is located in the transitional forest zone and is about 270km north of the national capital, Accra. It is lies between latitude $6.35^{o} - 6.40^{o}$ and longitude $1.30^{o} - 1.35^{o}$, an elevation which ranges between 250 – 300 metres above sea level with an area of about 254 square kilometres. The unique centrality of the city as a traversing point from all parts of the country makes it a special place for many to migrate to. The metropolitan area shares boundaries with Kwabre East District to the north, Atwima District to the west, Ejisu - Juaben Municipal to the east and Bosomtwe to the south. Its beautiful layout and greenery has accorded it the accolade of being the "Garden City of West Africa". The city is a rapidly growing one with an annual growth rate of 5.47 percent "(Regional Statistical Office Report, 2009). It encompasses about 90 suburbs, many of which were absorbed into it as a result of the process of growth

7

and physical expansion. The year 2000 Population Census kept the population at One million, one hundred and seventy thousand, two hundred and seventy (1,170,270). It was however projected to One million, six hundred and ten thousand, eight hundred and sixty seven (1,610,867) in 2006 and has further been projected to be One million, eight hundred and eighty nine thousand, nine hundred and thirty four (1,889,934) by 2009.

1.8 Limitations and Delimitations of the study

This study was not without limitations. Even though the study targeted some institutions within the Kumasi Metropolis, it would have been more appropriate to cover a wider scope. However, the inability to achieve this was due to time and financial constraints. Another daunting challenge was the non-compliance and difficulties encountered in the data collection process. This was however due to the sensitive nature of the research. To some extent, the responses given by respondents may not reflect the true state of substance abuse among employees for fear of being stigmatised.

To ensure the validity and reliability of responses generated, the researcher adopted a more friendly human relations approach to create a less tensed atmosphere for respondents. In some instances, the researcher engaged respondents with social and economic issues in the country. Again, management of the various institutions was assured of the confidentiality of information provided.

1.9 Organisation of the study

The research work is organised into five chapters. Chapter one presents the general introduction, the problem statement, the objectives, the research questions, justification, the scope and limitations of the study. The second chapter reviews existing literature that primarily deals with discussions and review of literature related to the concepts of the research.

Chapter three presents the research procedure. It contains research method selection, case study design, discussion of validity and reliability issues and the method of data analyses. This chapter also presents the profile of the case study metropolitan area. The fourth chapter comprises compilation, analysis and presentation of data collected from the fieldwork. The fifth chapter comprises the summary of findings from the previous chapter, recommendations and conclusion as well as suggested future research areas to consider.
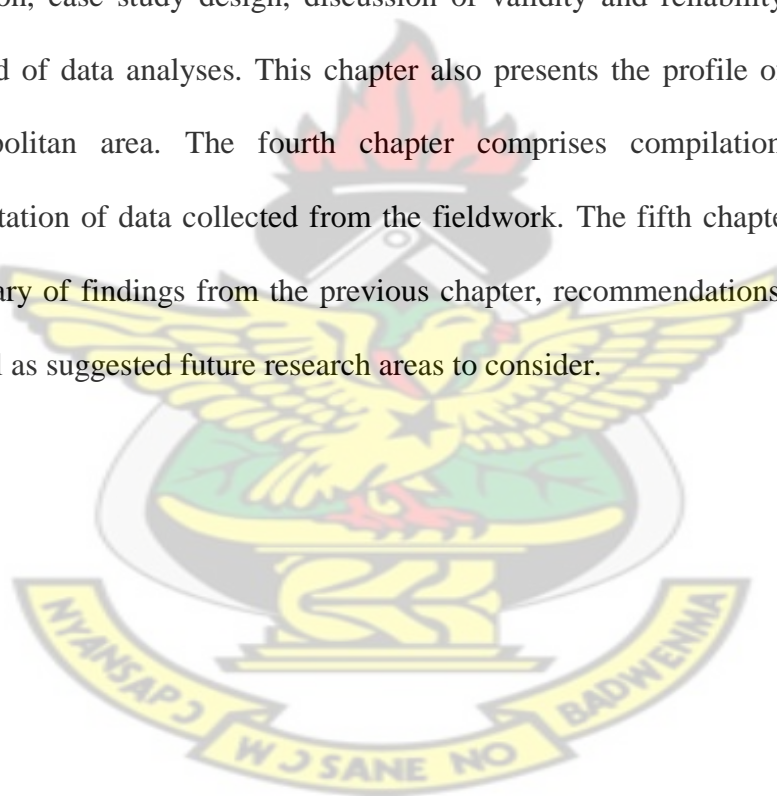
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Whiles the work place presents some employees the opportunity to develop a career path, others become depressed as a result of the work they perform or the consequence of substance abuse. The ability of organisations to detect and manage substance abuse effectively helps to derive benefits such as high quality of work-life balance, higher retention rates, increased productivity and efficient performance by workers.

The focus of this chapter is to review relevant literature in relation to substance abuse and concepts relevant to the management of problems of these abuses.

2.2 Global Problem of Substance Abuse

Substance abuse in society and work environment is a subject of concern to many stakeholders. Oftentimes, the issue is a sensitive one to confront, but business owners and researchers alike agree that if left unchecked, substance abuse has the capacity to cripple or destroy society and productivity of business entities (Zumpano, 2009).Studies have shown that on average, ten to twelve percent (10% - 12%) of the workforce in any given company abuse drugs. According to the World Health Organisation (WHO), the harmful use of substances such as alcohol results in 2.5 million deaths each year. Additionally, about Three hundred and twenty thousand (320,000) young people between the ages of fifteen and twenty-nine (15

and 29) die from substance related causes such as alcohol, resulting in nine percent (9%) of all deaths in that age group. At least 15.3 million persons have drug use disorders (WHO, 2013). Recent estimates are that in 2008, One hundred and fifty-five to Two hundred and fifty (155–250) million people, or 3.5% to 5.7% of the world's population aged fifteen to sixty four (15-64) used other psychoactive substances, such as cannabis, amphetamines, cocaine, opioids, and non-prescribed psychoactive prescription medication. Globally, cannabis is the most commonly used substance by One hundred and twenty nine to One hundred and ninety (129 - 190) million people, followed by amphetamine type stimulants, then cocaine and opioids. The use of psychoactive substances is found to result in significant health and social problems for the people who use them, and also for others in their families and communities. The WHO estimated that 0.7% of the global burden of disease in 2004 was due to cocaine and opioid use, with the social cost of illicit substance use being in the region of two percent (2%) of Gross Domestic Product (GDP) in those countries which have measured it (WHO, 2008).

As the world population hits seven (7) billion people, the United Nations Office on Drugs and Crime estimates that about Two hundred and thirty (230) million use an illegal drug at least once a year. This represents about one in twenty (1 in 20) persons between the ages of fifteen and sixty four (15 and 64), World Drug Report, 2011. In the same age group, approximately one in forty (1 in 40) people use drugs more regularly, at least once a month, and fewer than one in one hundred and sixty (1 in 160) that is, about twenty seven (27) million people, use drugs in a manner that exposes them to very severe health problems (ibid). According to World Drug Report, One hundred and seventy (170) million people consumed the substance at least once a year in the recent period. This is equivalent to some 3.8% of the

world's adult population. Far behind cannabis, the second most commonly used group of illicit substances are the amphetamine-type stimulants (ATS), with some thirty three (33) million adults who used amphetamines, including Methamphetamine, Amphetamine and Methcathinone (MDMA), and about twenty (20) million who used substances sold as "ecstasy" (MDMA).Cocaine and opiates were used by some sixteen (16) million and seventeen (17) million people respectively; most of the opiate users, about twelve (12) to thirteen (13) million consumed heroin. Even if one adds to opiates synthetic opioids (many of which are prescription drugs not under international control), the rate of annual opioid use for non-medical purposes remained below 0.8% of the adult population (World Health Statistics, 2010).

A comparison with consumption rates for legal psychoactive substances suggests that the introduction of international controls has contributed to maintaining lower consumption rates for illicit drugs and other substances. Global estimates show that current tobacco use for instance is twenty five percent (25%) of the population aged fifteen (15) and above is ten (10) times more widespread than current illegal drug use (WHO, 2011). Alcohol, which is legalised in most countries, has an annual prevalence rate of forty two percent (42%), which is eight times larger than that of illicit drug use. Surprisingly, heavy episodic weekly drinking is eight times more prevalent than the problem of drug use. Annual prevalence of alcohol use according to the World Health Organisation is clearly above the global average in Europe which is sixty nine percent (69%), the Americas fifty eight percent (58%) and Western Pacific region is also fifty six percent (56%). Based on WHO regional groupings, average rates of substances such as alcohol use are found in the Eastern Mediterranean (3.5%), in South-East Asia, which includes India eleven percent

(11%) and, to a lesser extent, in Africa twenty nine percent (29%). Average per capita consumption figures reflect this pattern, the highest totals being reported in Europe and the Americas.

Subsequent studies have confirmed that the relative health risks linked to illicit drug use are significantly higher than those linked to alcohol use. A 2008 WHO study for instance found that some 40.5 million people worldwide suffered a moderate or severe disability due to alcohol dependence, compared with some 11.8 million for the far lower number of illicit drug users (one ninth) (WHO, 2008).

2.3 Theoretical Perspectives on Substance Abuse

An anecdotal reason for the use of psychoactive substances by people in Ghana and the world over relate to recreational, socio-cultural, economic, spiritual/religious and medicinal purposes. A psychoactive drug, psycho-pharmaceutical, or psychotropic is a chemical substance that crosses the blood–brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behaviour (Merlin, 2003). Psychoactive substances are characterised by subjective changes in consciousness and mood that the user may find pleasurable (e.g. euphoria) or beneficial (e.g. increased alertness) and are thus reinforcing. The effect is that, many psychoactive substances are abused, or used excessively, despite health risks or negative consequences. With sustained use of some substances, psychological and physical dependence ("addiction") may develop, making the cycle of abuse even more difficult to interrupt (ibid).

A number of theories exist in explaining substance abuse in society and one of such is the social conflict theory. Clayton and Scott (2006) note that from the perspective of social conflict theory, substance abuse is primarily a problem of structural inequality and class conflict. While substance abuse is all pervading throughout society, social conflict theory argues that minorities, the lower class and other marginalised groups are more likely to disproportionally suffer negative consequences as a result of substance abuse. The use of mind-altering substances has been a continual activity throughout human history; the term substance abuse is generally used to describe an unhealthy, debilitating and antisocial dependence on any chemical substance. Generally, this is most often used to refer to illicit or illegal drugs as well as some legal but regulated substances such as alcohol or prescription medications. Substance abuse is generally regarded as personally and socially detrimental, and is usually considered a punishable offense by many state regulatory agencies (Clayton and Scott, 2006).

Even though drug use is common throughout all levels of society, conflict theory (Max, 1883) points out that marginalised groups in society are more likely to be targeted for substance abuse violations than the dominant class or groups. For instance, it is commonly believed that poor communities and racial minorities suffer from higher numbers of drug use, although some studies have shown that substance abuse is just as prolific among the rich, predominantly white communities. Additionally, it is commonly thought that poor and minority youth are more likely to engage in drug dealing as a means of overcoming their economic problems and sense of alienation, thus perpetuating destructive cycles of drug abuse and violence.

The conflict theory argues that the law and the coercive power of the state (which is generally believed to function in the service of the higher class) is commonly targeted and deployed against marginalised groups as a means of reinforcing the social structure (Max, 1883). This is not always intentional, but is oftentimes a consequence of preconceived attitudes and bias against marginalised groups. As a result, marginalised groups are more often assumed to suffer from drug abuse and to be more likely to commit illegal acts. Additionally, they are more likely to be seen as undesirables and thus given harsher punishments than their counterparts from the dominant class which in turn, further perpetuate the cycle of substance abuse.

Conflict theory illustrates how marginalised groups lack the power and representation necessary to better their place in the world, and how the status quo works to preserve and reproduce itself rather than change to accommodate equality. Thus, substance abuse is largely a social structural problem, exacerbated by pre-existing social circumstances. Critics of conflict theory (Lowe, 1994; Heath, 1995) argue that structural inequality is not an excuse for making bad personal decisions, but they fail to realise that what they consider intolerable behaviour in members of marginalised groups they often excuse in members of their own group. Since marginalised groups lack power in society, they also lack the representation and authority necessary to better their situation. Realising this, they often sink further into the plights associated with substance abuse. However, through fighting for more representation and recognition in society, some communities manage to overcome their struggle with substance abuse.

Learning perspective theorists (Taylor, 2008; Knud, 2004; Greenberg, 1987) explain substance related behaviour as principles that can be learned and unlearned.

Learning theory focuses on operant, classical and observational models and they describe substance abuse as a habitual problem and not as symptoms of a disease. This theory also appreciates the fact that biological factors expose individuals to substance abuse problems but, stress on the role of learning in the development and maintenance of these behavioural problems (McCrady, 1994). They are of the view that people with anxiety and depression problems resort to drinking alcohol as a way of soothing their emotions for a while.

Evidence shows that emotional stress, such as anxiety or depression, often sets the stage for the development of substance abuse (Dixit & Crum, 2000; McGue et al. 1999). The usage of drugs becomes a habit as a result of the pleasure (positive reinforcement) or the brief relieve (negative reinforcement) derived from negative emotions such as anxiety and depression that can be produced by drugs. Cocaine has the capability of directly arousing pleasure mechanisms in the brain, the positive reinforcement is direct and powerful (Weiss and Mirin 1987). The use of drugs by people may be for experimentation, social observation or influence (Tomlinson et al., 2006). This is because alcohol is known to produce reinforcing effects such as feelings of ecstasy, and causing a decline in feelings of anxiety and tension as well as reduce behavioural inhibitions. Also, alcohol is reinforcing and is used to combat depression and tension and to derive ecstatic feelings for a while by functioning as a tranquilizer or makes a person unaware of moral rules.

The abuse of substances breeds social reinforcers by allowing drug abusing acquaintances to overcome social shyness by resorting of alcohol and stimulants. Alcohol and Tension Reduction Learning theorists are of the view that one of the primary reinforcing characteristic of alcohol is to alleviate tension or unpleasant

states of arousal. According to this school of thought the more often one drinks to reduce tension or anxiety, the more habitual the practice becomes. Alcohol and other drugs can be thought of as self-remedy for reducing psychological pain at least for a brief time (Bolton et al., 2006; Tomlinson et al., 2006).

Although nicotine, alcohol, and other drugs are short time relieving substance of emotional problems; they are not capable of solving personal and emotional problems and people who resort to using alcohol or other drugs as forms of self-medication often find themselves facing additional substance related problems. The negative reinforcement model explains that when people begin to depend physiologically on drugs, negative reinforcement sets in to maintain the drug habit. This means that people restart the in-take of drugs in order to relieve them of unpleasant withdrawal symptoms. Operant conditioning model's explains that is a negative reinforcement to resume drug use as a result of hostile withdrawal symptoms (Higgins et al. 2004). On the other hand, the classical conditioning model describes drug craving as the need for the body to maintain high blood levels of the substance being abuse and this has a biological basis and is linked to environmental signals with previous use of the substance (Kilts et al., 2004). Environmental signals like the sight or scent of alcoholic beverage or other substances, sight of a syringe and needle, passing by a liquor store or in the company of friends who take alcohol; makes an abuser conditioned to the stimuli such that one elicits a conditioned response which is craving for a drug.

Evidence of this theory displays alcoholic subjects with distinctive changes in brain activity in parts of the brain that regulate emotion, attention, and appetitive behaviour when shown pictures of alcoholic beverages (George et al., 2001). Social

drinkers when compared with "stimulus drinkers" of alcohol do not show this pattern of brain activation. People experiencing anxiety and depression sensations elicit cravings signals when paired with alcohol and drug usage. Others who are "stimulus smokers" yearn for a stick of cigarette when they come into contact with smoking related stimuli or see someone smoking or smelling the scent of smoke in the atmosphere. Smoking is a toughly conditioned habit as it is paired with situational signals such as driving, studying, and socialising with colleagues as well as finishing dinner and sex. Research on the conditioning model of craving reveals that people with alcoholism salivate more than "stimulus drinkers" of alcohol (Monti et al., 1987).

Pavlov's the proponent of classical conditioning model of learning experimented with dogs; which salivates when a sound of bell is paired (conditioned stimulus) with the presentation of food powder (unconditioned stimulus) (Monti et al., 1987). People who have developed alcoholism salivate as a conditioned response to alcohol related signal people with greater saliva response to alcohol signals are mostly prone to have relapse of alcohol. Abusers of alcohol may benefit from conditioning based treatments designed to extinguish alcohol related signals. Mostly, abusers during treatment sessions are exposed to alcohol related signals like alcoholic beverages but prevented from drinking (Dawe et al., 2002). The signal (alcohol bottle) when paired with non-reinforcement helps to prevent drinking and may lead to extinction of the conditioned craving. When people come into contact with their environment, craving can be aroused even after treatment (Collins & Brandon, 2002; Havermans & Jansen, 2003).

The cognitive theorists points to evidence with regards to the role of cognitive factors supporting substance abuse in the area of expectancies. The decision to

resort to using alcohol, other drugs and smoking cigarette is due to the supposed benefits expected to be derived from their usage (Cable & Sacker, 2006; Mitchell et al., 2006; Park, 2004). Many employees experience the effects of substance abuse based on the beliefs and expectation they share with their peers about the drugs. The extent to which employees rate their peers' positive attitude towards substance use is an important factor to consider in terms of substance abuse among workers (Wood et al., 2001). Alcohol and other drug use to enhance one's beliefs and expectation and leave the individual to believe they have the ability to perform a task effectively. Supposedly, people believe they need to have a drink or more and socialise with others, they may tend to depend on alcohol for social purposes. Expectancy accounts for the one drink affect, thus, the tendency of chronic alcoholics to binge once they have access to a drink.

Another perspective in understanding substance abuse is the psychodynamic theory. This theory is of the view that substance abuse reflects an orally dependent personality and also links substance abuse with other oral traits such as depression and dependence and traces the origins of these traits to the fixation state in the oral stage of psychosexual development (Cilente, 2010). Excessive drinking and smoking displays an individual's quest to attain oral gratification. Studies make it evident that people who are alcoholic possess dependent traits but are not certain whether dependence emanate from the problem of drinking or contributes to it. This makes research on psychodynamic concept a mix up. To a large extent excessive drinking tends to be associated with loss of employment and declining of social status which oftentimes causes substance abusing employees to rely on the support of others.

Socio-cognitive theory of substance abuse focuses on the role of human agency in this approach. This approach has self-regulation agency with perceived self-efficacy as its basis (Bandura, 1997). The theory argues that when people believe they are responsible for favourable outcome of their actions, they have less motivation to act or persist in there when there are problems. Efficacy beliefs, goal aspirations, incentives and disincentives rooted in outcome expectations, and apparent disorders and opportunity structures operate as the main cognitive motivators and regulators of behaviour. Apparently self-efficacy establishes a significant factor in human agency because it functions on motivation and action not only in its own right, but through its impact on other determinants as well (Clayton and Scott, 2006). Efficacy beliefs define the goal challenges people set, the efforts they attach in order to achieve the goal, their ability to withstand challenges as well as their perception of any associated impairments to the situation (Bandura, 1997; Elder, 1995).

Interestingly, some researchers from the socio-cultural perspective are of the view that substance abuse is influenced by where an individual lives, his or her religion or denomination and the social and cultural norms that regulates the person's behaviour (Zumpano, 2010). Cultural attitudes may encourage or discourage substance abuse problems. For instance the abuse of alcohol varies across ethnic and religious sects; other socio-cultural factors include church attendance which is generally connected with abstinence from alcohol or is likely to adopt culturally sanctioned prohibitions against excessive drinking. The degree of alcohol utilisation also varies among cultures. The presence of peer pressure and exposure of people to a drug subculture are significant factors in the determination of substance use among adolescents and young adults (Dishion & Owen, 2002; Hu et

al. 2006). Children who engage in drinking before the age of fifteen (15) are fivefold highly prone to developing alcohol dependence in adulthood than adolescents who start drinking at a later age (Kluger, 2001).

2.4 Types of Substances abused by Employees

A substance is a psychoactive drug that is ingested or taken into the human body. The most popular substance used is alcohol (beer, wine, and spirits) which is a central nervous system depressant, meaning that it slows down the functioning of the brain and in turn, the body. Other depressants include tranquillizers (Valium, Xanax), sedative hypnotics (Dalmane, Amytal) and opiate narcotics (heroin, codeine, and methadone) (Arthur, 2009). Psychoactive drugs which have the opposite effect are known as stimulants because they speed up the functioning of the central nervous system. Common drugs in this category are cocaine, crack and amphetamines (diet pills) (Zumpano, 2009). For instance Hallucinogens are known to produce distortions in perception and include drugs such as LSD, PCP and psilocybin (magic mushrooms). Cannabis is classified by itself because it often produces the combined effects of a depressant, stimulant and hallucinogen, depending on strength, amount taken and situation (Merrick, 2010).

Inhalants are often used due their immediate "high" performance, however, are they extremely dangerous in their volatility and the potential long-term effects on the brain and respiratory system. According to Beck et al. (1993) substance abuse refers to the maladaptive pattern of psychoactive substances. Additionally, the National Drug Master Plan of South Africa in 2013 to 2017 explains substance abuse as the demand for all types of dependence forming substances such as alcohol, prescribed and over the counter medication or illicit drugs such as

cannabis, cocaine and heroin. The document further described substance abuse as the progressive utilisation of a psychoactive drug in despite the knowledge that it is causing a social, occupational, psychological, or physical problem; substance abuse is a pattern of regular use that leads to damaging consequences. The consequences may involve the inability to meet one's major obligation (for example as a student, worker, or parent) putting oneself in situations where substance use is physically dangerous (e.g., mixing driving and substance use), facing recurrent problems with the law due to substance use (for example multiple arrests for substance related behaviour), or having repeated social or interpersonal problems because of substance use (for example habitually getting into fights when drinking). When people repeatedly miss school or work because they are drunk or "sleeping it off" their behaviour may fit the definition of substance abuse. This excludes a single incident of excessive drinking at a friend's wedding. Nor would regular in-take of low to moderate amounts of alcohol be considered abusive so long as it is not linked to any impairment in functioning. The focus is not on the type or amount of drug consumed or whether is illicit rather, the determining feature of substance abuse is whether a repeated action of drug use behaviour becomes connected to damaging consequences (Weiss and Mirin, 1987).

Finch (2005) on his part explains substance abuse to mean the misuse of alcohol, illicit or prescribed medications on individual such that they interfere with the person's basic work, family and obligations.

Substances abuse types are generally classified within three major groupings: depressants, such as alcohol and opioids, stimulants such as amphetamines and cocaine and hallucinogens as well as cannabis which fall with the three groupings such as marijuana (Finch, 2005). According to Arthur (2009), numerous substances

22

can be abused by addicts who seek a high performance. Some substances are uppers, while others are downers. Some addicts use one and then the other to bring themselves up or down.

2.4.1 Depressants

A depressant is a drug that slows down or curbs the activity of the central nervous system (Horgan et al., 2005). It reduces feelings of tension and anxiety, slows movement, and impairs cognitive processes. When taken in high doses, depressants can arrest vital functions and cause death. Depressant drugs, also known as "downers", refer to a large number of familiar, widely used chemicals. They are also described as sedative hypnotics or barbiturates. Occasionally, some of these drugs are prescribed for medical purposes but many people use them recreationally to "relax", "mellow-out" or to take off the "edge" felt by using other "upper", energizing drugs like speed or cocaine. Examples of depressants include: alcohol, opioids marijuana (Horgan et al., 2005).

2.4.2 Stimulants

Stimulants are psychoactive substances that increase the activity of the central nervous system, which enhances states of alertness and can produce feelings of pleasure or even euphoric highs. The effects vary with the particular drug. Examples of stimulants include: amphetamines, cocaine and nicotine.

2.4.3 Hallucinogens

Hallucinogens are drugs that cause hallucinations - profound distortions in a person's perceptions of reality, including delusions and false notions. In this state, people see images, hear sounds and feel sensations that seem real but do not exist. Hallucinogens produce rapid, intense mood swings with transitions so fast the user may feel several emotions simultaneously. Hallucinogens cause physiological symptoms such as increased heart rate and blood pressure, and may induce convulsions and seizures when used at high doses. The effects of hallucinogens are more unpredictable than those of other drugs and vary greatly from person to person. The range of effects depends on a variety of factors: the amount ingested; the user's personality, mood and expectations; if the person is alone or with others; and whether more drugs or alcohol are taken (Larson et al., 2007).

There is no evidence that hallucinogens increase creativity or have therapeutic value. Hallucinogens are not generally life threatening, but the user may end up killing herself while under a hallucination. Hallucinogenic drugs have played a role in human life for thousands of years. Various cultures from the tropics to the arctic have used plants to induce states of detachment from reality, to precipitate "visions," to provide mystical insight, as medicines, and during social and religious rituals. Included in these naturally occurring substances are: mescaline from the peyote cactus plant, as well as ibogaine, psilocybin or psilocin found in certain mushrooms, known as magic mushrooms. These plants contain chemical compounds that are structurally similar to serotonin, and they produce their effects by disrupting normal functioning of the serotonin system. After the development of LSD, a synthetic compound that can be manufactured anywhere, abuse of

hallucinogens became more widespread, and from the 1960s on, it increased dramatically (http://www.psychologytoday.com). Examples include: ecstasy drugs and cannabis.

2.5 Causes of Substance Abuse among Employees

Victims of substance abuse are likely to assign different excuses for the use of drugs. As some may attribute their experiences to the influences of peers, others more often blame it on economic and family circumstances. According to Hall (1996), varieties of substances are used in order to reduce stress. A popular phrase often used in Ghana is "Thank God it's Friday" an occasion where people especially workers arrive home late because they have to spend time at local joints for merry-making and football matches.

Copious studies indicate that people consume alcohol for what is perceived as benefits to quality of work-life balance such as relaxation, sociability, stress reduction, and greater sense of psychological wellbeing (Leigh and Stacy, 1994). Substance abuse can also occur when the individual perceives a need to escape family problems and finds that the numbing effects of chemicals provide this avenue. Thus, substances that serve to lessen either physical or emotional pain can rapidly become part of daily routine leading to substance abuse. The need to remove feelings of loneliness, anxiety, or depression can cause one to seek a chemical solution to the problem that is often easier than working on the real issues involved. Social and peer pressures are particularly problematic for the young and the "upwardly mobile". Either of these can be associated with relief of loneliness and dealing with lack of self-confidence. While Caudill and Marlatt (1975) pointed out that social drinking can function as a means of regulating alcohol consumption,

Pernanen (1991) indicates that social drinking can also be related to higher levels of intoxication. These pressures can result in patterns of substance usage that define where, when, and how much of the chemical is used. According to Heath (1995), alcohol usage has been specifically related to sociability in a variety of cultures. Associated with social settings, the use of chemical substances can lower inhibitions and result in what is perceived as closer contact with others. Unfortunately, this is part of the reasons why some infectious diseases have spread dramatically and why the individual can develop the attitude that he/she is incapable of functioning socially without this chemical support (Cilente, 2009).

Various and numerous personal and social factors can play a major role. In general, however, some work related factors can include: high stress, low job satisfaction, long hours or irregular shifts, fatigue, repetitious duties, periods of inactivity or boredom, isolation, remote or irregular supervision and, easy access to substances (Finch, 2005).

2.5.1 The Link between Stress and Substance Abuse

Stress is a normal and inevitable part of life. We all experience situations or emotions that activate stress responses. Sometimes stress is relatively mild, such as becoming tangled in traffic before an appointment. Other times it is severe and prolonged, such as the stress experienced by victims of ongoing emotional, physical, or sexual abuse. While we all feel the strain of stress, we react to it in different ways. Some are able to "roll with the punches" better than others, or find ways to effectively manage their stress, such as with regular exercise. Others, however, feel overwhelmed or defeated. Their inability to cope with significant

and unrelenting stress can lead to alcohol or drug addiction (Horgan, et al., 2005; Larson et al., 2007).

Numerous studies (Horgan, et al., 2005; Larson et al., 2007; Cilente, 2009) have linked stress to alcohol and drug addiction. In fact, chronic stress is a well-known substance abuse risk factor. Researchers believe that stress causes brain changes with the potential to lead to addiction. For example, stress early in life, such as childhood trauma, or stress that is prolonged and repeated affects development of the prefrontal lobe (Frone, 2003). This is the part of the brain that deals with higher level thinking and impulse control.

In addition, certain mental health disorders, such as depression and Post-Traumatic Stress Disorder (PTSD), are strongly linked to alcohol and drug abuse. PTSD can develop in anyone who has experienced severe trauma, from car accident victims to combat veterans. Other anxiety disorders are also connected to higher rates of addiction. Researchers have also found that stress levels can play a role in predicting which addicts stay in treatment. Recovering addicts were tested for a specific stress hormone before and after completing a stress inducing task. The researchers found that patients who later left rehab before their treatment was complete showed post-task stress levels 3.5 times higher than those of patients who completed the rehab program (http://www.elementsbehavioralhealth.com).

Studies (Larson et al., 2007; Cilente, 2009) suggest that stress levels also contribute to the success of substance abuse recovery. This is likely because the cravings and compulsions of a person in recovery can manifest themselves as stress, thus becoming a trigger for relapse.

2.6 Effect of Substance Abuse on Employee Outcomes

The fact that some people use substances such as alcohol or illicit drugs, or that some people misuse prescription drugs is not new. The awareness that the abuse of substances may affect the workplace just as the workplace may affect substance abuse is, however, increasing in acceptance. Many aspects of the workplace today require alertness, and accurate and quick reflexes. This section looks at the effects of substance abuse on employee outcomes.

2.6.1 Effects of Substance Abuse on Employee performance

Research shows that more than 60% of adults know someone who has reported for work under the influence of alcohol or other drugs (Horgan et al., 2005). Very often employees share experiences of superiors who sleep or dose off on duty. Drug abuse in the workplace costs American Businesses nearly $100 billion a year in lost productivity, high absenteeism and turnover rates, on and off-the-job accidents, excessive use of medical benefits, theft and property damage. They also lose 37 billion due to premature death and $44 billion due to illness. Alcoholism is estimated to cause 500 million lost workdays annually (WHO, 2011). Experts say that 10% to 15% of all employees are dependent on drugs and or alcohol (Frone, 2003). Substance abuse could also have negative impact on families, delay in decision-making, imbalances in resource distribution and distortion of family routine (Ohene, 2008).

Injury is one of many adverse consequences of substance use and misuse, and substance use and misuse are therefore often suspected to contribute to occupational injuries. A significant share of fulltime workers report heavy alcohol use or illegal drug use and meet criteria for substance-use disorders, which make

these conjectures even more salient. For instance, according to the 2002, 2003, and 2004 National Surveys on Drug Use and Health in the U.S, approximately 9% of 18-64 year old fulltime workers met criteria for heavy alcohol use and 9% met criteria for past year alcohol dependence or abuse. With respect to drug use, 8% of 18-64 year old workers reported any illicit drug use in the past month, and 3 percent met criteria for past year drug dependence or abuse (Larson et al., 2007). Almost half of all fatal occupational injuries are transportation incidents, and the remainders are generally grouped into being struck by an object, falling to a lower level, or being the victim of a homicide (CDC, 2007). In many of these instances, findings from experimental studies on the impact of substance use, particularly alcohol and sedative use, on impairments in reaction time, reasoning, coordination, care, and judgment may explain why even minimal amounts of substance use while working may increase a worker's risk of being injured on the job (Normand et al. 1994). On the other hand, laboratory studies have indicated that moderate levels of drug use may not affect a worker's ability to perform certain work related tasks, particularly those that are simple and repetitive (Holcom et al. 1993).

2.6.2 Effects of substance abuse on employee turnover

The economic impacts of substance abuse in Ghana to businesses or industry have been traditionally difficult to measure. Many costs are hidden by general absenteeism or illnesses, "unnoticed" lack of productivity, or inability or reluctance to link substance abuse directly with causes of accidents. In other jurisdictions, substance abuse is reported to cost the Canadian economy more than $39.8 billion in 2002. This figure includes costs for tobacco, alcohol and illegal drugs (Canadian Centre on Substance Abuse (CCSA), 2002).

As such, costs to a business may be both direct and indirect. The impact of substance abuse that have been reported often focus on four major issues: premature death/fatal accidents; injuries/accident rates; absenteeism/extra sick leave, and loss of production. Additional costs can include: tardiness/sleeping on the job, theft, poor decision making, loss of efficiency, lower morale of co-workers, increased likelihood of having trouble with co-workers/supervisors or tasks, higher turnover, training of new employees, disciplinary procedures, drug testing programs, medical/rehabilitation/employee assistance programs.

2.7 Managerial interventions in addressing substance abuse among employees

Managerial interventions are important when dealing with substance abuse in the workplace. Here are some interventions proposed by Beryl and Hafer (1998):

2.7.1 A Formal Written Policy on Substance use

The best way to signal that substance abuse prevention and employee health are an important company priority is to have an official, written company policy.

Experience shows that an effective policy includes:

1. A rationale that explains the policy's justification, purpose, and goals.

2. A clear statement of exactly what behaviours you expect from employees (e.g., doing their work free from any negative effects of substance use) and what behaviours you prohibit (e.g., drinking, smoking, or drug use at work, or in ways that negatively affect work).

3. Explicitly stated consequences for violating the policy, including procedures for determining if a violation has occurred, and methods by which an employee can appeal.

4. Assurances that you will protect confidentiality; administer the policy fairly, impartially, and consistently; and try to help employees gain access to resources that provide needed help.

Such efforts can range from offering information about locally available organisations to providing an EAP or a health plan that covers counselling and treatment programs.

Management needs to make sure employees know about and understand the policy. Ways of publicising it might include informational meetings (on company time), email messages, newsletters, posters, and payroll inserts. Each employee should receive a personal copy of the policy. Many employers find it useful to have each individual sign a statement acknowledging that the policy has been read and understood, and that any questions have been answered.

2.7.2 A Corporate Culture with a Focus on Wellness (Stress management)

Substance abuse that affects the workplace does not happen in a vacuum. The way employees behave in regard to alcohol, tobacco, and other drugs is part of both their personal way of life and your organisation's corporate culture. It is important to examine the company's culture to see whether it currently encourages or discourages use of alcohol, illicit drugs, or tobacco, even tacitly. Remember that the examples set by management often have a major impact on the choices made by other members of the organisation. Employees should be encouraged to make lifestyle changes that reduce the anxiety and stress causing problems in their everyday life. If an employee is struggling with stress and alcohol or drug addiction, it is critical to find professional treatment that includes stress management components (Larson et al., 2007; Cilente, 2009).

2.7.3 Awareness and Education Programs

A key part of management's focus on the health and wellbeing of their employees and a safe productive workplace is to provide drug, alcohol, and smoking awareness information to all employees. Besides reducing substance use, abuse, and addiction that affect the workplace, such prevention efforts improve morale and benefit employees' families and the broader community. Management must ensure all employees are informed about: the company's policy on drugs, alcohol, and smoking; the health risks and other problems caused by substance abuse and addiction; where to go for help, including information on using the Company's Employee Assistance Program, if one exists; Encourage employees to share the information with family members (Cilente, 2009).

2.7.4 Smoking Cessation Programs

Smoking generally does not impair employees' performance the way alcohol and illicit drugs may, but it can adversely affect health and cost employers money in higher health insurance prices and time lost to illness (Beryl and Hafer, 1998). An overall emphasis on wellness in the company should pay considerable attention to smoking. Management can help employees quit by such steps as: banning or limiting smoking on company grounds, including smoking in the company's educational program on substance abuse and addiction, including smoking cessation programs in the firm's health insurance or Employee Assistance Program, encouraging a lunchtime or after-work smoking cessation club, or giving employees cash incentives to quit.

2.7.5 Supervisory Training

It is important for employers to provide the training supervisors may need to support the company's policy on alcohol, smoking, and other drugs; to recognize employees who may have difficulties with these substances, through observation of specific performance and/or behavioural problems; to intervene; and to refer employees for assistance (Inadequate supervisor training and awareness is one of the major culprits when policies and programs fail to get results). Supervisors should know and understand your company's policy, what it prohibits, what it permits, what sanctions would be imposed for violations, and how the policy will work and be able to answer questions (Kluger, 2000).

Again, management should know how to evaluate and document job performance, inform workers of any work related problems, and help them make improvements where necessary. Supervisors should not be expected to act as drug or alcohol counsellors or to diagnose employees; but they can refer an employee to sources of help and information for possible problems that are tied to specific performance related observations. For instance, a supervisor can quite properly suggest that an employee consult the Employee Assistance Program if he or she is having personal problems (Merrick, 2007).

2.7.6 Helping the Employee with a Recover Problem

If an employee cannot reduce or eliminate use of alcohol or drugs that is causing workplace problems, he or she may need counselling or other treatment. Addiction has been medically recognised as a disease for some time, and effective treatment is available. It is normally much more cost effective to help addicted employees deal with their problem than to terminate and replace them (Beryl and Hafer, 1998). The threat of losing a job is a strong motivator for an addicted person to take

treatment and recovery seriously, so chances are good that a treated employee will return to being a valued and loyal member of the organisation. And helping an employee recover and keep a job demonstrates commitment, concern and benefits morale.

Employers can help an employee who needs to get treatment by doing any or all of the following: Providing an EAP that can refer employees to treatment; making treatment and recovery an alternative to or parallel to disciplinary action if the employee violates the company's drug and alcohol policy or has job performance problems related to substance abuse; providing health benefits with good coverage for substance; abuse treatment and aftercare (Tumwine, 2008).

2.7.7 Alcohol and Other Drug Testing

Probably no aspect of establishing a workplace program raises as many questions and emotions as drug testing. Like all other aspects of the firm's program, whether management decides to use testing and under what circumstances should reflect a particular need and the labour laws of the country. Testing is generally used in one or more of five different ways: pre-employment screening (the most common use); after accidents or for cause; as a scheduled part of routine physicals; randomly (especially in jobs affecting public safety or security); after treatment (to assure that a worker remains substance free). Employees should however be given advance warning that a drug testing program will be implemented. (However, as in the case of random testing, employees do not necessarily need to be warned about each occasion of testing) (Chris, 2009).

2.8 Effectiveness of Managerial Interventions in addressing Substance Abuse at Workplaces

Designing programmes to prevent or address substance abuse is important for companies to effectively deal with drug and alcohol as a matter of safety, health, and performance. Very often companies do not engage mental health professionals on a retainer bases. In addition, privacy and human rights provisions create a minefield of potential liabilities for companies who wish to take direct action with an employee. Therefore, the diagnosis and treatment of employees that show symptoms of drug or alcohol problems is often left to families and others (Kazan, 2006).

Professionals and friends of alcoholics are showing a growing interest in setting up appropriate types of support systems, which could benefit Ghanaians who have gone through detoxification, medical treatment and counselling (Chris, 2009). Clinicians in Ghana and other developing countries must build a database on smoking, alcohol and substance abuse through research to enable them to inform and advise policy makers on the appropriate strategy required to curb the menace (Tumwine, 2008). It is essential that employers understand addiction, the prevalence of substance abuse among working adults, and the costs related to substance abuse. Substance abuse is treatable, particularly when it is addressed as a chronic disease. Reducing employee substance abuse can help employers improve productivity, reduce workplace injuries, and decrease health care costs (Gfroerer, 2007). According to Gfroerer (2007), this guide offers practical solutions for addressing substance abuse. First, organisations need to implement drug free workplace and other written substance abuse policies. Again there is the need to

offer health benefits that provide comprehensive coverage for substance use disorders, including aftercare and counselling. By this provision, the role of counselling is seen as very important to addressing substance abuse disorders. The author also argued for the need to educate employees about the health and productivity hazards of substance abuse through company wellness programs, Employee Assistance Programs (EAPs) and Work/Life programs. For instance ensuring employee work-life balance to reduce the over reliance on work related activities is crucial. It is also important to utilise Employee Assistance Programs services to help employees with substance abuse. Not many employers respect the privacy of workers. This is seen in how work processes are programmed. Gfroerer (2007) argued for the need to respect employee privacy and to further reduce stigma in the workplace.

Similarly, Cilente (2009) notes that chronic and relapsing condition of drug and alcohol abuse presents significant challenges for intervention. Abstinence and relapse prevention are dependent upon the client's ability and willingness to change attitudes, behaviours, and values. Again patients must be able to develop the skills necessary to be aware of what has led to the use of a substance and to identify the warning signs heralding a potential relapse. Once aware, the patient must then learn new, more effective ways of coping which allow a choice not to use the substance.

The use of cognitive therapy is directed at identifying and modifying maladaptive beliefs that cause discomfort and dysfunctional behaviours. The purpose when dealing with addictive behaviours is to help the client identify and avoid stimuli which promotes the use of the substance, find the means to cope with those stimuli when they cannot be avoided, and to recognize the difference between those situations where coping skills are effective and where avoiding the situation is

necessary (Peele, 1985). The importance of cognitive processes in addiction is well argued by Ludwig (1989). In dealing with the topics of craving and relapse, cognitive distortions contribute greatly to obtaining and maintaining abstinence. Treatment can be directed at assisting the patient in learning how to predict the occurrence of and resist the craving for alcohol. When these methods are put into practice, the alcoholic is able to correct thinking patterns and to abstain. Ludwig promotes such cognitive manipulations as 'distraction', 'substitution', 'thought-ignoring', and 'thought-stopping as cognitive-behavioural methods which serve the recovering alcoholic well. The implications for applying cognitive therapies in the treatment of substance abuse are clearly indicated by health research (Taylor et al., 2000). Cognitively based concepts such as optimism, personal control, meaning in life, self-worth, and others have been found to contribute positively when an individual is faced with the stress of illness.

However, distortions of these concepts, such as would be found when expectations are not based on reality, did not impact the health of the individual. In terms of the positive outcomes attributed to positive beliefs, it is held that positive beliefs may affect emotional states and physiological functioning. Taylor, et al. (2000) indicates that positive beliefs contribute to enhanced sense of self-worth, level of control, and optimism, can encourage the individual to participate in health promoting activities. Additionally, the positive emotional states may well contribute to enhanced social interactions and therefore affect support systems. All of these serve to provide the individual with greater resources for responding to stress. Relapse Prevention Therapy (RPT) is a cognitive behavioural therapy that has been used in treatment of alcohol and cocaine abuse with positive results (Parks & Marlatt, 1999). Based upon the premise that maladaptive behavioural patterns are a function

of the learning processes, relapse prevention uses several cognitive-behavioural techniques to obtain abstinence and for intervention with relapse. These methods are used to enhance the individual's level of awareness of the costs of addictive behaviours. Additionally, the individual's self-control is increased by preparing the person to deal with potential problems before they become real problems.

The National Institute of Drug Abuse (NIDA) (1999) reports that, cognitive therapy is an effective intervention for drug addiction treatment. The report described the cognitive therapy as versatile enough to be applicable in long-term or short-term residential settings as well as non-residential treatment programs. This is particularly important within the current social mandates to minimise the cost of intervention without reducing the quality of care.

Instituting awareness programme and drug testing will help in avoiding drug abuse at the workplace. Increased awareness is key to drug free environment, which makes employees understand the magnitude of destruction caused due to drug abuse at the workplace. Periodic drug abuse testing increases awareness levels. Drug tests detect the drug abusers and filter them from other employees. They also discourage and deter employees from drug abuse (Hernandez, 2009).

2.9 Conceptual framework

Figure 2.1 provides a framework for analysing substance abuse among employees and its adverse effects on employee outcome. Three main segments were identified. First is substance abusing employees, which serves as an independent variable; the framework explains substance abuse among employees to emanate from two main sources; primary and secondary. Primary causes of substance abuse reveals that some employees abuse substances due to learned traits and experiences over time.

38

By this explanation, the framework indicates that exposure to drugs and other substances in the past may be main causes of substance abuse among employees. Secondary causes in this case refer to acquired traits either due to working environmental conditions and other conditions close to employees (family, workplace, frustration or depression).

Mediating factors used in the framework refers to approaches and commitment of management. Here, the effectiveness of managerial intervention is likely to improve or further worsen employee outcomes. In other words, where managerial interventions are useful, organisational performance is more likely to improve. In the same vein, employee turnover or churn would be minimised if management of organisations institute measures to reduce the menace. For instance, introducing substance abuse test in the recruitment process is likely to ward off people who already have traces of drug or other substance use. Again, collaborating with other health agencies would help address existing cases of substance abuse among employees. Introducing deterring and punitive actions would also be appropriate in discouraging substance abuse.

The overall effect is that, employee outcomes in terms of productivity and turnover would be determined by the level of managerial intervention.

Figure 2.1: Conceptual framework on substance abuse and managerial intervention
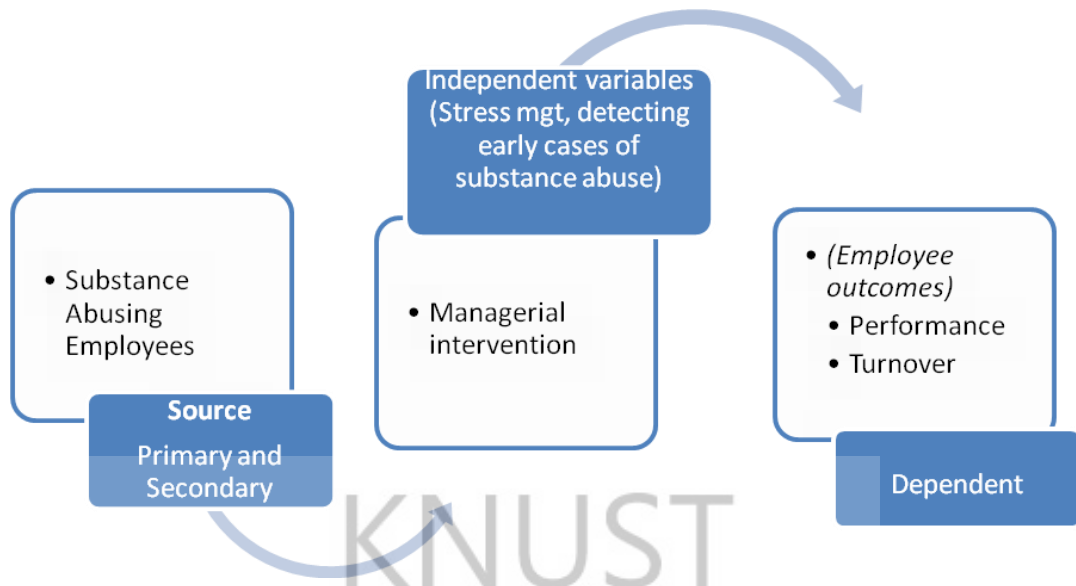
Source: Author's construct, 2014

2.10 Conclusion

In this chapter, the researcher presented an overview of substance abuse and trend across the globe. It also tackled causes and types of substances often abused by employees as well as managerial interventions necessary to prevent these abuses. A number of theories were reviewed to understand why people abuse substances. Among these theories include; the learning theory psychodynamic theory, socio-cognitive and the socio-cultural perspective. Three main types of substances abused are grouped into: depressants, stimulants and hallucinogens. The next chapter deals with the methodology and profile of the case study area.

CHAPTER THREE

RESEARCH METHODOLOGY AND PROFILE OF ORGANISATIONS

3.1 Introduction

The first two chapters dealt with the general introduction (chapter 1) and literature review (chapter 2) respectively. The focus of this chapter is to provide discussion on the methodology used for the research. It covers the research paradigm, research design, population and sampling procedures, data collection methods and analytical tools. It also provides information regarding ethical issues and how they were tackled.

3.2 Research Paradigm

It is important that every research is anchored around a paradigm. A paradigm is simply a belief system (or theory) that guides the way the study was carried out and more formally establishes a set of practices adhered to. Four main types of research paradigms were identified: positivism, post positivism, critical theory and constructivism. According to Guba (1990), paradigms can be characterized through: Ontology referring to what is real, epistemology – How to know or understand a situation and methodology – How to go about finding out knowledge and carrying out a research. More specifically, positivism emphasises objectivist approach to studying social phenomena and gives credence to research methods focusing on quantitative analysis, surveys and experiments. Similarly, anti-positivism which stresses on subjectivist approach to studying social phenomena attaches importance to a range of research techniques focusing on qualitative

analysis, e.g. personal interviews, participant observations, account of individuals, personal constructs. Critical theory on the other hand suggests ideology critique and action research as research methods to explore the existing phenomena.

In relation to this research, the study adopts a positivist approach. This approach allows the researcher to understand circumstances leading to certain events (Determinism) the casual links necessary for prediction and control. The positivist approach also enables the researcher to collect verifiable empirical evidences in support of theories or hypotheses (empiricism). The researcher finds this approach most appropriate to examining managerial interventions in addressing substance abuse among employees (Conen et al., 2000).

3.3 Research Design

In line with the objectives of the research, the study adopts a descriptive research design. A descriptive study is one in which information is collected without changing the environment (example, nothing is manipulated). This design provides information about the naturally occurring health status, behaviour, attitudes or other characteristics of workers in relation to substance abuse. This design provides a multifaceted approach for data collection. In the current case for instance, the researcher can collect both qualitative and quantitative data.

Even though descriptive research design provides several advantages, it has some shortcomings. First, confidentiality is the primary weakness of descriptive research. Often subjects may not be truthful as they feel the need to tell the researcher what they think the researcher wants to hear. This is particularly difficult during interviews. Participants may also refuse to provide answers to questions they view to be too personal. Descriptive research also presents the possibility for error and

subjectivity. Furthermore, the study may contain errors, as the researcher may record what she wants to hear and ignore data that does not conform to the research project's hypothesis. To address some of these challenges, interview guides were used to complement weaknesses of questionnaires.

3.4 Types of data and sources

Two main data types were used for this research: qualitative and quantitative. Qualitative data is a categorical measurement expressed not in terms of numbers, but rather by means of a natural language description. Quantitative data is a numerical measurement expressed not by means of a natural language description, but rather in terms of numbers (Conen et al. 2000). However, not all numbers are continuous and measurable.

Both qualitative and quantitative data were sourced from secondary and primary means. Secondary sources include data from journals, books, articles and other records on substance abuse whiles primary data was collected through the use questionnaires and interview guides.

3.5 Research Population

A research population is generally a large collection of individuals or objects that is the main focus of a scientific query. For the purpose of this study, the research population includes employees of Tafo Government Hospital, Ghana Prisons Service (Kumasi Central) and Zoomlion Ghana Limited, Kumasi. The population for this study is estimated at Six hundred and sixty five (665).

Table 3.1 Population distribution

Institution	Management	Staff	Total
Zoomlion Gh. Ltd.	20	135	215
Gh. Prisons Service (central)	14	186	200
Tafo Gov't Hospital	10	240	250
Total	44	561	665

Source: Zoomlion, Prisons and Tafo Hospital – Kumasi (2014)

However, due to the large size of the population, it was difficult for the researcher to contact every individual in the population considering the fact that it is too expensive and time consuming.

3.6 Sample size and Sampling technique

A sample is simply a subset of the population. The concept of sample arises from the inability of the researchers to test all the individuals in a given population. The main function of the sample is to allow the researcher to conduct the study to individuals from the population so that the results of their study can be used to derive conclusions that will apply to the entire population. Using 90 percent confidence level and 5 percent margin of error, the sample size chosen was 275. This comprised 260 staff and 15 management members from the three (3) institutions.

Table 3.2: Sample size distribution

Institution	Management	Staff	Total
Zoomlion Gh. Ltd.	5	80	85
Gh. Prisons Service (central)	5	86	91
Tafo Gov't Hospital	5	94	99
Total	15	260	275

Source: Researcher's construction, 2014.

3.6.1 Sampling technique

The main sampling techniques employed include purposive and convenience sampling. The use of purposive sampling was to enable the researcher contact respondents who were capable of giving information in support of this study. People in this category include management of the various institutions. The use of convenience sampling was to help select people who were willing and ready to participate in the study. This is because the issue of substance abuse is a sensitive one and that not many people were willing to participate.

3.7 Data collection instruments and Analysis

The main instruments used for data collection include questionnaires and interview guides. Questionnaires were personally administered in some instances where respondents could not read and write. Interview guides were used for management. The purpose was to enable the researcher to probe further in understanding managerial interventions available to address the effects of substance abuse on employees and organisational productivity.

Analyses were based on the objectives of the study. First, by identifying the level of substance abuse among employees of the various institutions and the underlining causes of these abuses. Next, was to examine managerial interventions available to ameliorate the effects of these abuses. Descriptive statistical tools such as tables, frequencies, percentages were used. Linked questions were analysed through cross-tabulation. Questions with likert scales were analysed by means of standard deviation and mean calculations. Qualitative data was presented by means of NVIVO and was summarised into a report form.

3.8 Validity and Reliability of Data Collected

For every research, the ability to determine the validity and reliability of data used is important. Validity is the extent to which a test measures what it is supposed to measure. The question of validity is raised in the context of the three points, the form of the test, the purpose of the test and the population for whom it is intended (Cronbach, 1990). Reliability is the degree to which a test consistently measures whatever it measures. According to Cronbach (1990), to the question "what is a good validity coefficient?" the best answer is "the best you can get", and it is unusual for a validity coefficient to rise above 0.60, though that is far from perfect prediction. In view of this research, the cronbach alpha is 0.689 confirming the errors are at minimum and that there is internal consistency in the variables used.

3.9 Ethical Considerations

Ethical practices have gained a lot of discussions in recent times calling for researchers to adhere to appropriate conducts when collecting data. For instance, respondents' consents were sought before involving them. Where respondents decline to participate, their privacy was respected. Respondents were also assured

of the confidentiality of the information volunteered. To this effect, all questionnaires were structured to include statement of confidentiality.

3.9 Profile of Organisations

Three main institutions (Zoomlion Ghana Limited- Kumasi, Ghana Prisons Service, Kumasi Central and Tafo Government Hospital, Kumasi) were selected for this study.

3.9.1 Ghana Prisons Service

The main responsibility of Ghana Prisons Service (GPS) is the safe custody of prisoners as well as their welfare, reformation and rehabilitation. It is under the authority of the Ministry of Interior. There are forty five (45) prison establishments in Ghana including twelve (12) major male prisons and seven (7) major female prisons located in Kumasi, Secondi, Tamale, Nsawam, Ho, Sunyani, Navorongo, Wa, Winneba, Ankaful, Tarkwa, Akuse and other local ones. The Ghana Prisons Service houses eleven thousand (11,000) to fourteen thousand (14,000) inmates. Prisons in Ghana are classified based on their level of security, and on activities undertaken at the various establishments: the Central Prisons provides trade training facilities to equip prisoners with employable skills for effective reintegration into society, and take custody of long sentenced prisoners except condemned prisoners (Ghana Police Service, 2014: available at www.prisonsministry.org).

3.9.2 Zoomlion Ghana Limited

Zoomlion Ghana Limited (ZGL) is a waste management and an environmental sanitation business in Ghana and Africa. The business was formed under the

company's Act in 2006 with a few numbers of staff. Currently, ZGL has a core staff of three thousand (3,000) and manages over eighty-five thousand (85,000) workers under various forms of Public Private Partnerships (PPP). The company has branches in all the regions in Ghana and in other African countries such as Togo, Angola, Zambia, Equatorial Guinea and Liberia and about to operate in countries such as Sierra Leone and Southern Sudan. The company offers services such as janitorial service, landfill site management, refuse containers fabrication, beautification services, water tanker services, cesspit emptier services, street sweeping, drain de-silting and environmental sanitation services.

The mission of the company is to be at the forefront of the environmental sanitation services industry, by the introduction and utilisation of simple but modern technologies and methods of waste management at affordable and competitive rates. The vision is to develop and grow as the leading fully integrated private waste management company in Ghana by 2015, relying on its cooperation with strategic partners in the industry, associates and joint venture partners, both national and international, now and in the future.

Also, the company is committed to the provision of services which prevent environmental pollution and safeguarding public health. Zoomlion Ghana Limited develops systems and practices to revolutionise the waste management services. The strategy of the company focuses on the use of simple but technologically innovative solutions in services delivery is often guided by the following objectives:-

1. The use of brand new waste management vehicles and equipment;

2. Full implementation of the "TRICYCLE CONCEPT" in waste management;

3. Development of capacity in the fabrication and assembling of waste equipment and recycling of waste components;

4. Provision of total waste management services, effective and efficient.

ZGL believes in integrity, fair dealing with our customers, fair competition in the environmental sanitation sector, is committed to achieving a safe working environment, where their people are valued and respected, tries to ensure that their suppliers and clients share their values, aims to be good corporate citizens, aims to obey the law and respect the social structures and cultures of communities where it conducts business, compete vigorously but lawfully for new business, seeks to conform to corporate governance, guidelines relevant to publicly quoted companies (Zoomlion Ghana Limited, 2014: available at: www.zoomlionghana.com)

3.9.3 Tafo Government Hospital

Tafo Hospital was established in 1976. It was formerly Tafo Urban Centre which was later upgraded to the status of a hospital in the year 2000. The hospital is located in the Manhyia North Sub-metro within the Kumasi Metropolis. It is bounded on the North by Kwabre, on the South by Subin, on the East by Manhyia South and on the West by Bantama. The goal of the hospital is to improve the health status of the people living in Manhyia North. The mission is to improve the health status of the people through the provision of quality health services that is accessible and affordable, delivered by well-motivated staff with involvement of stakeholders.

The hospital serves about 279, 674 people from Pankrono, Kronum, Bremang, Suame, Tafo Nhyiaeso, Krofrom, Tafo Ahenbrono, Anomangye and Maakro. The hospital provides the following range of services: Out Patient Services, In Patient Services, Laboratory Services, X-ray Services, Ultrasound Services, Family Planning Services, Ante natal Services, Psychiatry Services, Eye care Services, Ear, Nose and Throat Services (ENT), Specialist Consulting (Obstetric & Gynaecological and Skin Diseases) and Paediatric services (Tafo Hospital, 2014).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents analyses and discussions on the field data. The study primarily investigated the effectiveness of managerial interventions on substance abusing employees. For the purpose of this study, a total of 300 questionnaires were distributed out of which 260 was retrieved giving a recovery rate of 86.7 percent. The sampling frame included staff and management of Ghana Prisons Service, Kumasi Central, Tafo Government Hospital and Zoomlion Ghana Limited, Kumasi. For each institution, 5 interviews were conducted (N=15). To ensure a comprehensive analysis, statistical methods such as regression analysis, cross-tabulation, standard and mean calculations were used. The main analytical tool used was Statistical Package for Social Scientists (SPSS).

4.2 Background information

The importance of background information as provided in this section is to put into perspective where respondents were drawn from. The section looks at the age, marital status, period of service and positions occupied by respondents.

Table 4.1 indicates that out of the total number of 260 respondents contacted, approximately 62% were junior staff workers whilst the remaining 38% came from senior management. The breakdown with respect to the various institutions is as follows: for Ghana Prisons Service, Kumasi Central out of 86 people contacted, approximately 63% (n=54) were junior staff members. Tafo Government Hospital

also recorded 65% junior staff workers out of a total of 94 respondents. Zoomlion

Ghana Limited on the other hand recorded approximately 43% senior staff workers

from the 80 respondents chosen.

Table 4.1 Name of institution and Position Cross-tabulation

			Position		Total
			Junior staff	Senior staff	Total
Name of institution	Prisons	Count	54	32	86
		% within Name of institution	62.8%	37.2%	100.0%
	Tafo Hospital	Count	61	33	94
		% within Name of institution	64.9%	35.1%	100.0%
	Zoomlion	Count	46	34	80
		% within Name of institution	57.5%	42.5%	100.0%
Total		Count	161	99	260
		% within Name of institution	61.9%	38.1%	100.0%

Source: Field work, 2014.

Additionally, the study found that the majority of respondents have been in

employment for a period between 5 to 10 years. Only 24% have spent less than 5

years with their respective employers. The essence of this information is to ensure

that the analysis factors this demographic information into the discussion.

Table 4.1: Period of employment

		Frequency	Percent	Valid Percent
Valid	Less 5yrs	63	24.2	24.2
	b/n 5-10yrs	125	48.1	48.1
	b/n 10-15yrs	40	15.4	15.4
	b/n 15-20yrs	18	6.9	6.9
	More than 20yrs	14	5.4	5.4
	Total	260	100.0	100.0

Source: Field work, 2014.

The ages of respondents and their marital status are presented in table 4.3

Table 4.3; Age and Marital status of respondents

Responses		N	Percent
Marital status	Single	98	37.7
	Married	142	54.6
	Divorced	13	5.0
	Widowed	6	2.3
	Total	259	99.6
	System	1	.4
Total		260	100.0
Age	18-25yrs	14	5.4
	25-32yrs	95	36.5
	b/n 32-40yrs	102	39.2
	b/n 40-47yrs	26	10.0
	above 47yrs	23	8.8
	Total	260	100.0

Source: Field work, 2014.

4.3 Sources of substance abuse among employees

Research shows that victims of substance abuse often assign different reasons for using them. As some may attribute their experiences to the influences of peers, others more often blame it on economic and family conditions. According to Hall (1996), varieties of substances are used in order to reduce stress. For instance, people consume alcohol for what is perceived as benefits to quality of work-life balance such as relaxation, sociability, stress reduction, and greater sense of psychological wellbeing (Leigh and Stacy, 1994). In line with the above, the study looked at the working conditions of respondents and the tendency of it paving way for substance abuse among employees.

Table 4.4 revealed that many workers were exposed to risky and hazardous working environments thereby endangering their lives. This disclosure was made known by 49% of workers contacted. The study also found that many respondents were frustrated about their jobs coupled with the fact that jobs were characterised by stress and depression.

Table 4.4: Conditions at work

		Frequency	Percent	Valid Percent
Valid	Depression	22	8.5	8.5
	Exposed to risk and danger	128	49.2	49.6
	Frustration and pressure	48	18.5	18.6
	Poor and unhygienic working environment	4	1.5	1.6
	Stress	56	21.5	21.7
	Total	258	99.2	100.0
Missing	System	2	.8	
Total		260	100.0	

Source: Field work, 2014.

Having examined the working conditions of respondents, the researcher also investigated the possibility of these conditions forcing employees to use certain substances. Approximately 73% did not think these working conditions necessitated their use of drugs and other substances. Only 24% agreed that they had to fall on certain substance to cope with the demands of their job.

Table 4.5: The potential of these conditions exposing workers to substance use

		Frequency	Percent	Valid Percent
Valid	Yes	66	25.4	25.8
	No	190	73.1	74.2
	Total	256	98.5	100.0
Missing	System	4	1.5	
Total		260	100.0	

Source: Field work, 2014.

The study also looked in more detail substances often used among workers. Figure 4.1 revealed that depressants were the most abused substances among workers. This was followed by stimulants.
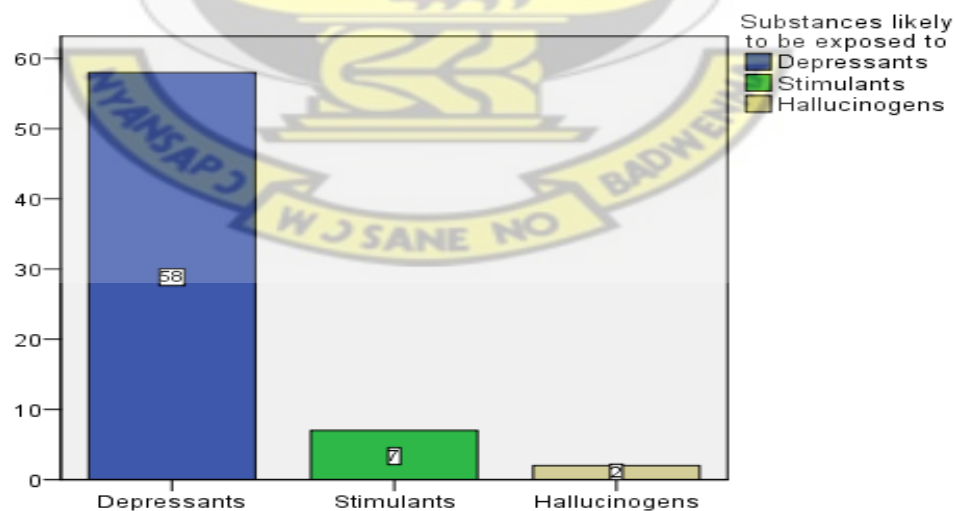
Figure 4.1: Substances that workers are exposed to

Source: Fieldwork, 2014.

As discussed in the literature review, different theories sought to explain fundamental causes of substance abuse. The learning perspective theorists (Taylor, 2008; Knud, 2004; Greenberg, 1987) explain substance related behaviour as principles that can be learned and unlearned. Learning theory focuses on operant, classical and observational models and they describe substance abuse as a habitual problem and not as symptoms of a disease. This theory also appreciates the fact that biological factors expose individuals to substance abuse problems but, stress on the role of learning in the development and maintenance of these behavioural problems. In pursuit of this therefore, respondents were asked questions regarding any childhood experiences of substance use.

Table 4.6: Nature of the abuse and Experiences with substance abuse Cross-tabulation

			Nature of the abuse					Total
			Cigarette smoking	Alcohol	Stimulants	Marijuana	Others	
Experiences with substance abuse	Yes	Count	15	13	1	2	1	32
		% within Experiences with substance abuse	46.9%	40.6%	3.1%	6.2%	3.1%	100.0%
	No	Count	1	0	0	0	0	1
		% within Experiences with substance abuse	100.0%	.0%	.0%	.0%	.0%	100.0%
Total		Count	16	13	1	2	1	33
		% within Experiences with substance abuse	48.5%	39.4%	3.0%	6.1%	3.0%	100.0%

Source: Field work, 2014.

Table 4.6 revealed that out of 32 respondents who disclosed having some childhood experiences with substance use, approximately 47% used cigarette whilst 41% used alcohol. From the learning theory, employees with substance abuse background are more likely to continue with such practices even in their adult years due to the fact that they would have developed addictive habits that are difficult to control. Linked to employees who use drugs and other substance, this might be the genesis.

The main causes of these childhood experiences include peer influences especially during Senior High School days (see figure 2.2). Others also picked up such habits from parents and other relations. Very often, children who had parents using drugs and other substances have a higher chance of trying such drugs.
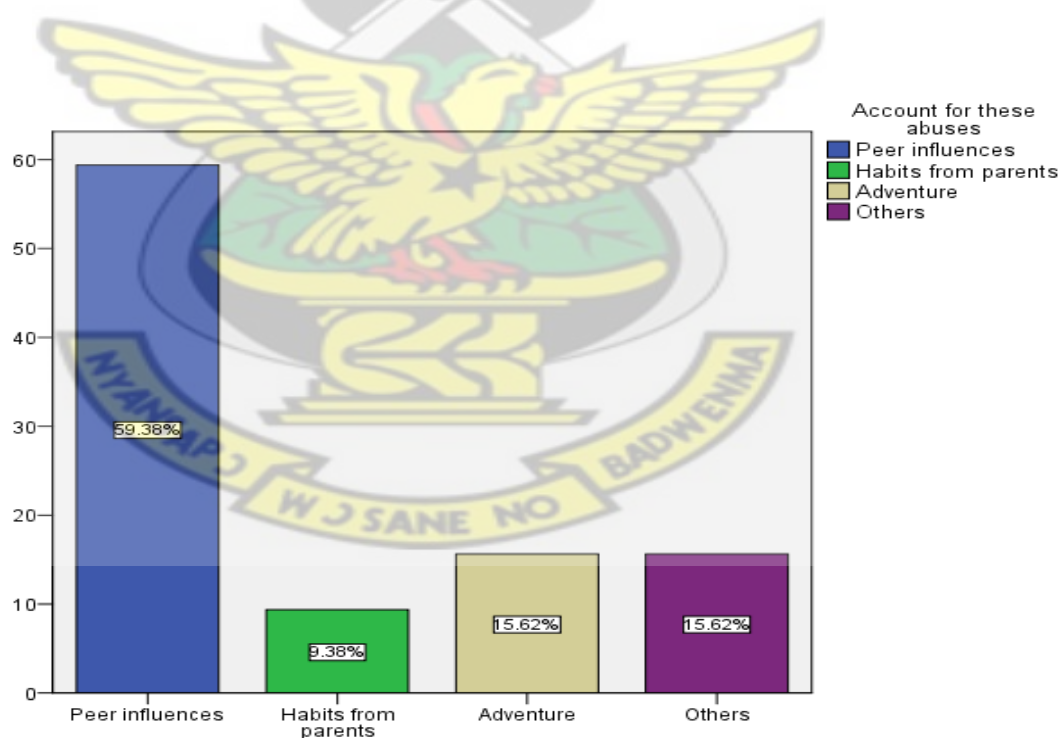
Figure 2.2: Causes of childhood substance abuse experiences

Source: Field work, 2014.

The study also looked at other conditions that made substance abuse more fluid among employees. Table 4.7 provides information on the mean and standard deviation in examining substance use among workers. The mean of a series of variables is the arithmetical average of those numbers. It is determined by summing the numbers, then dividing that sum by the number of variables (count) included in that sum.

The higher the value of the mean, the higher the agreement with the statement: the key is as follows; 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree

For all seven items used, the study found respondent disagreeing with all dimensions. The mean for these items were approximately 2 (disagree). It could be inferred that due to the sensitive nature of the subject matter, most respondents did not provide a true state of affairs as may relate to substance abuse. For instance, it is common to find citizens buying drugs based on self-medications. However, the findings point to the contrary. Even though the response given by respondents was not in doubt, it was strange to find that respondents disagreed with the use of ecstasy drugs which is very common in Ghana.

Table 4.7: Other sources of substance abuse among employees

Statement	N	Mean	Std. Deviation
I use substances to enable me manage my fears	260	1.4154	.64317
I drink because of pressure from colleagues at work	260	1.4462	.74628
I take drugs to enable me sleep/rest	259	1.5753	.79065
The nature of my work warrant the use of certain substances	258	1.6357	.82224
I use ecstasy drugs sometimes with my partner	257	1.6926	1.46671
I take in alcohol sometimes after working hours	259	1.7954	1.16165
I use drugs without doctor's prescription	259	2.1197	1.37994
Valid N (listwise)	252		

Source: Field work, 2014.

4.4 Effect of substance abuse on employee outcomes

Research shows that more than 60% of workers know colleagues who have reported to work under the influence of alcohol or other substances (Horgan et al. 2005). In other jurisdictions substance use in the workplace costs American Businesses nearly $100 billion a year in lost productivity, high absenteeism and turnover rates, on and off-the job accidents, excessive use of medical benefits, theft and property damage.

In a developing context however, the researcher examined the likely effects of substance abuse on employees. First, the analysis, looked at respondents as individuals and then as employees of organisations chosen.

Table 4.8: Effect of substance abuse on employees

Variables	N	Mean	Std. Deviation
Users of substances are likely to feel uncomfortable in public due to substance use	260	4.2923	.89137
Users of substances are likely to be embarrassed anytime they pass out	260	4.4038	.75745
Employees are likely to experience addiction problems due to the use of some drugs	258	4.5155	.67310
Substance abuse exposes workers to danger at work	256	4.5352	.55194
Employees are likely to lose concentration due to substance abuse	260	4.6038	.60307
Employees are likely to suffer health problems due to substance abuse	259	4.6371	.52785
Using substances can affect employees concentration at work	259	4.6873	.53435
Valid N (listwise)	252		

Source: Field work, 2014.

The study found that employees who suffer from substance abuse often have low self-esteem and are often embarrassed due to the fact that they very often pass out. Many employees also suffer addiction problems thereby affecting their health in the long run. For instance, users of ecstasy drugs have to continuously use these substances if they need to keep up with their partners. These substances according to health scientists have adverse effects with prolonged use.

4.4.1 Substance abuse and Employee Performance and Turnover

In relation to the workplace and employee outcomes, the researcher asked employees to state the level of their agreement or disagreement with a set of statements. Table 4.9 captures the views expressed by respondents. The study

found that there would be low employee productivity following substance abuse especially with drugs that have the tendency to weaken the health of workers.

Table 4.9: Substance abuse and employee outcomes

Statements	N	Mean	Std. Deviation
Employees who abuse substances are often isolated and stigmatised against by colleagues	259	4.0193	1.19900
There is often low employee productivity due to drug use	258	4.4070	.67837
There is high employee turnover due to substance abuse	258	4.4109	.93036
Substance use affects the quality of human resource skills	260	4.4769	.63629
There is often low employee productivity due to drug use	259	4.5097	.61859
Employees would be unable to give out their best at work due to substance abuse	259	4.5405	.71616
Employees are likely to be absent from post due to the effects of some substances	258	4.6628	2.53049
Valid N (listwise)	251		

Source: Field work, 2014.

Table 4.9 further revealed that organisations with high level of substance abuse among employees are more likely to experience high employee turnover. The use of substances also comes with stigmatisation and other gross insubordination among workers. The mean for all items were approximately 4 (agree).

4.5 Managerial interventions in addressing substance abuse

Managing substance related issues among employees must commence at the recruitment stage. For instance, management needs to ensure that workers prior to joining the organisation are made to go through some rigorous examination. The study therefore sought from respondents if they were taken through any substance or drug tests. The responses are captured using a cross-tabulation.

Table 4.10: Name of institution * Were you taken through drug test as part of the organisations recruitment process? Cross tabulation

			Were you taken through drug test as part of the organisations recruitment process?		Total
			Yes	No	
Name of institution	Prisons	Count	8	78	86
		% within Name of institution	9.3%	90.7%	100.0%
	Tafo Hospital	Count	10	84	94
		% within Name of institution	10.6%	89.4%	100.0%
	Zoomlion	Count	5	74	79
		% within Name of institution	6.3%	93.7%	100.0%
Total		Count	23	236	259
		% within Name of institution	8.9%	91.1%	100.0%

Source: Field work, 2014.

As shown in table 4.10, approximately 91% of respondents from the Ghana Prisons Service, Kumasi Central were not taken through any substance or drug related tests prior to employment. Again for Tafo Government Hospital, 89.4% of workers never went through any tests. Approximately 93.7% of respondents from Zoomlion Ghana Limited, Kumasi never went through any drug tests. What is worrying is the fact that the custodians of health, safety and security services did not take candidates through drug tests before engagement. The question is; are there policies on substances in organisations and how effective is its enforcement?

On the issue of whether respondents were taken through any other examinations either than drug tests, the study found that very few respondents were taken

through other medical tests as well. The implication is that management did not place much priority on medical fitness of respondents.

Table 4.11: Other medical exams either than drug test

| | | | Were you taken through any other medical examinations aside drug test? | | Total |
			Yes	No	
Name of institution	Prisons	Count	24	62	86
		% within Name of institution	27.9%	72.1%	100.0%
	Tafo Hospital	Count	30	64	94
		% within Name of institution	31.9%	68.1%	100.0%
	Zoomlion	Count	23	54	77
		% within Name of institution	29.9%	70.1%	100.0%
Total		Count	77	180	257
		% within Name of institution	30.0%	70.0%	100.0%

Source: Field work, 2014.

Contrary to the findings in table 4.10 below, the study found that all three institutions had a policy on drug and substance usage. when the question of does your organisation have a drug policy was posed, respondents affirmed by 74% of respondents from the Ghana Prisons Service, Kumasi Central, 64% from Tafo Government Hospital and approximately 74% from Zoomlion Ghana Limited, Kumasi (please note that percentages (%) relate to individual responses of the three institutions). The questions to be asked is how come respondents were not taken through drug test prior to assigning job roles.

Table 4.12: Name of institution * Does your organisation have a drug policy/

Cross tabulation

			Does your organisation have a drug policy/		
			Yes	No	Total
Name of institution	Prisons	Count	63	22	85
		% within Name of institution	74.1%	25.9%	100.0%
	Tafo Hospital	Count	59	33	92
		% within Name of institution	64.1%	35.9%	100.0%
	Zoomlion	Count	59	21	80
		% within Name of institution	73.8%	26.2%	100.0%
Total		Count	181	76	257
		% within Name of institution	70.4%	29.6%	100.0%

Source: Field work, 2014.

Another major cause of substance abuse among employees is the issue of stress. The demands of jobs roles and the tendency to meet set targets continue to seriously affect the health of workers. One very instrumental intervention is how well stress management initiatives contribute to reducing stress related illnesses such as depression among others. To assess management intervention in relation to this dimension, respondents were asked to assess management's commitment to stress management in their institutions.

The study found that employees were not impressed with stress management practices within these three institutions. For Ghana Prisons Service, Kumasi Central only 21% of the 82 respondents were impressed with stress management

practices of the organisation. Tafo Government Hospital had only 16% out of 92 respondents being impressed with the way management handled stress issues within the facility. Zoomlion Ghana Limited, Kumasi recorded approximately 42% being impressed with the way management dealt with stress issues.

Table 4.13: Assessment of stress management practices

| | | | How would you assess management's commitment to stress management among employees? | | | |
			Not at all impressive	Somehow impressive	Very impressive	Total
Name of instituti on	Prisons	Count	26	39	17	82
		% within Name of institution	31.7%	47.6%	20.7%	100.0%
	Tafo Hospital	Count	25	52	15	92
		% within Name of institution	27.2%	56.5%	16.3%	100.0%
	Zoomlion	Count	13	30	31	74
		% within Name of institution	17.6%	40.5%	41.9%	100.0%
Total		Count	64	121	63	248
		% within Name of institution	25.8%	48.8%	25.4%	100.0%

Source: Field work, 2014.

4.6 Effectiveness of Managerial Interventions in addressing Substance Abuse Problems among workers

Dealing with substance abuse requires a holistic input of all stakeholders. One such key stakeholder is the management of the individual institutions. The effectiveness of interventions adopted by management can go a long way to curb the rising trend substance abuse among workers.

In this vein, the study sought to examine actions taken by management when cases of substance abuse are identified among employees. Table 4.14 gives a list of actions disclosed by respondents.

The study found that actions taken by management of Ghana Prisons Service, Kumasi Central include dismissal, query and counselling. Out of 83 respondents contacted from the Ghana Prisons Service, Kumasi Central the study found that approximately 45% of decisions rested on dismissal. For Tafo Government Hospital, queries were the most profound action taken. Zoomlion Ghana Limited, Kumasi recorded 54% for queries and 40% for dismissal.

In tackling substance abuse among employees, it is important to begin by helping victims to change from such habits. Queries and dismissal very often do not have the object of helping victims. It is also crucial that collaborations are developed with other health institutions to assist workers. Dismissal should be the last resort when dealing with substance abuse among employees (see table 4.14).

Table 4.14: Actions are likely to be taken by management/ Cross tabulation

			Where employees are found to have used substances that hinder their productivity at the workplace, what actions are likely to be taken by management/				
			Query	Dismissal	Counseling for employees	Others	Total
Name of institution	Prisons	Count	30	37	12	4	83
		% within Name of institution	36.1%	44.6%	14.5%	4.8%	100.0%
	Tafo Hospital	Count	42	27	24	1	94
		% within Name of institution	44.7%	28.7%	25.5%	1.1%	100.0%
	Zoomlion	Count	43	32	5	0	80
		% within Name of institution	53.8%	40.0%	6.2%	.0%	100.0%
Total		Count	115	96	41	5	257
		% within Name of institution	44.7%	37.4%	16.0%	1.9%	100.0%

Source: Field work, 2014.

The overall assessment of management interventions are captured in table 4.15. Zoomlion Ghana Limited, Kumasi and Tafo Government Hospital scored high points on the effectiveness of management interventions. Approximately 65 % of respondents from Zoomlion Ghana Limited, Kumasi thought management interventions were adequate. Again 42% out of 92 respondents from Tafo Government Hospital saw management's intervention as adequate.

Table 4.15: Assessment of management's intervention in addressing substance abuse problems Cross tabulation

| | | | How would you assess management's intervention in addressing substance abuse problems? | | | | | |
			Woefully inadequate	Inadequate	Neutral	Adequate	Highly adequate	Total
Name of institution	Prisons	Count	1	8	21	31	22	83
		% within Name of institution	1.2%	9.6%	25.3%	37.3%	26.5%	100.0%
	Tafo Hospital	Count	3	12	17	39	21	92
		% within Name of institution	3.3%	13.0%	18.5%	42.4%	22.8%	100.0%
	Zoomlion	Count	2	1	13	52	12	80
		% within Name of institution	2.5%	1.2%	16.2%	65.0%	15.0%	100.0%
Total		Count	6	21	51	122	55	255
		% within Name of institution	2.4%	8.2%	20.0%	47.8%	21.6%	100.0%

Source: Field work, 2014.

4.6.1 Regression Analysis on the effect of managerial intervention on employees' outcomes

The introduction of regression analysis in this stage is to explore the relationship between one continuous dependent variable (performance and productivity) and a number of independent variables or predictors (managerial intervention).

The independent variables used in this case include: Stress management practices, Commitment to detecting early cases of substance abuse, Actions against substance abusing employees.

The Dependent variable was Employee outcomes (productivity, performance and employee turnover).

R represents the correlation or relationship between the dependent and the independent variables

R^2 represents how much of the dependent variable can be explained by the independent variables.

β represents the coefficients of the independent variables.

Sig. represents the statistical significance level of the model (the acceptable level of significance for this research was 0.05).

Table 4.16 Regression Analysis on the effect of managerial intervention on employees' outcomes

Independent variable (Stress management, Commitment to detecting early cases of substance abuse, Actions against substance abusing employees)	Dependent variable (Employee outcomes)			
	R	R^2	B	Sig.
(Constant) (a)	.375	.141	4.101	.000
Stress management (X_1)			.318	.039
Commitment to detecting cases of substance abuse (X_2)			.134	.001
Actions against substance abusing employees (X_3)			-.153	.000

Source: Survey, 2014

The output in the table 4.16 above represents the multiple regressions to establish the effect of managerial interventions on employee outcomes (substance abusing employees). The regression equation was therefore $y = a + b_1X_1 + b_2X_2 + b_3X_3$. When the values from the table are introduced, the equation becomes;   **y =**

4.101+ .318 (X_1) + .134 (X_2) + -.153(X_3).

From the analysis above, it was found that the independent variables had a moderate relationship on employee outcomes (substance abusing employees). The correlation value was .375 (when the correlation value falls between 0.3 and 0.6, it is considered a moderate correlation). The value was also positive which indicates that when the independent variables increase, employee outcomes (productivity and performance) also increase and vice versa. The reason for the moderate relationship is also due to the fact that employees 'performance could also be influenced by other factors such as motivation. This explains why employees who do history of substance abuse may still be less productive. The R^2 value indicates that there is approximately 14% (0.141) tendency of employee outcome (dependent variable) being influenced by the independent variables (Stress management, Commitment to detecting early cases of substance abuse, Actions against substance abusing employees).

From Table 4.16, it was realised that the coefficient value for stress management was 0.318. This means that all other things being equal, employees' outcomes in terms of productivity and performance would increase by 32% if there is a 100% improvement in stress management practices by the various institutions. This was statistically significant (.039< .05). With respect to management's commitment to detecting early cases of substance abuse, the coefficient value was 0.134. This means that, holding other independent variables constant, employees' outcomes would improve by approximately 13% if there is a 100% management commitment to observation, screening and other medical examinations. This was also statistically significant (.001< .05). The analysis also found that the coefficient value for "actions against substance abusing employees" was -0.153. This means that introducing more deterrent or punitive actions against substance abusing

employees is likely to increase employee outcomes by 15 percent. These findings explain why managements of these institutions have often resorted to punitive measures to discourage substance abuse among employees.

4.7 Discussions

The analysis gives credence to the conceptual framework used for the study. Independent factors used in the framework referred to managerial interventions. The study found that the effectiveness or otherwise of managerial intervention is likely to improve or worsen employee outcomes. In other words, where managerial interventions are strong, there would be reduction in substance abuse among employees thereby resulting in increased employee performance. In the same vein, employee turnover or churn would be minimized if management of the various organisations institute measures to reduce the menace of substance abuse among employees. For instance, introducing substance abuse test in the recruitment process is likely to ward off people who already have traces of drug or other substances. The overall effect is that, employee outcomes in terms of productivity and turnover would be determined by the level of managerial intervention.

Reference is made to figure 2.1: Conceptual framework on substance abuse and managerial intervention .
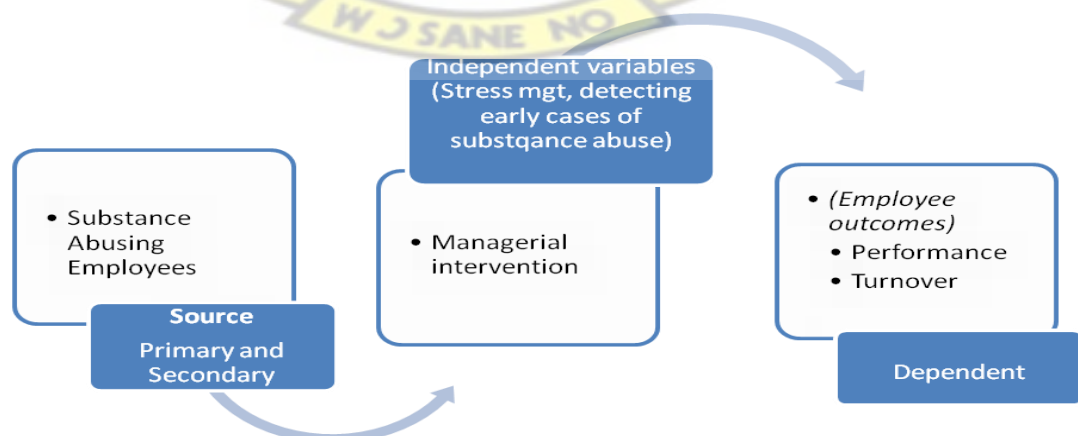
Source: Author's construct, 2014

4.8 Interview report

As part of measures towards examining the effects of managerial interventions on employee outcomes, interviews were conducted for 5 management members each from the three institutions. The essence was to get first-hand information on managerial interventions in dealing with cases of substance abuse.

First, managers were asked if they have recorded any cases of substance abuse among employees. The interview revealed that only few cases were detected. The most common case related to the use of alcoholic substances. The underlying causes according to some officers included financial hardship and family related problems. On the issue of how management handled cases of substance abuse, the study found that depending on the severity of the case, employees were either taken through counselling or dismissed outright.

With regards to stress management practices available within these institutions, the study discovered that annual leaves and sporting activities were the most used platforms for dealing with stress related problems. In finding out how effective these platforms were in dealing with stress management, interviewees opined that these strategies have yielded positive results. There were also some collaboration between these institutions and other agencies to deal with substance abuse problems. As a matter of concern, managers disclosed that there were constrained by the extent to which they could monitor employees. This is due to the fact that workers upon leaving the work premises have absolute control of their lives and therefore have the choice to decide whether to take substance or not.

4.9 Conclusion

This chapter dealt with data analyses and findings. The study found that the independent variables had a moderate relationship on employee outcomes (substance abusing employees). The correlation value was 0.375. The value was also positive which indicates that when the independent variables increase, employee outcomes (productivity and performance) also increase and vice versa. The R^2 value indicates that there is approximately 14% (0.141) tendency of employee outcome (dependent variable) being explained using the independent variables (Stress management, Commitment to detecting early cases of substance abuse, Actions against substance abusing employees).
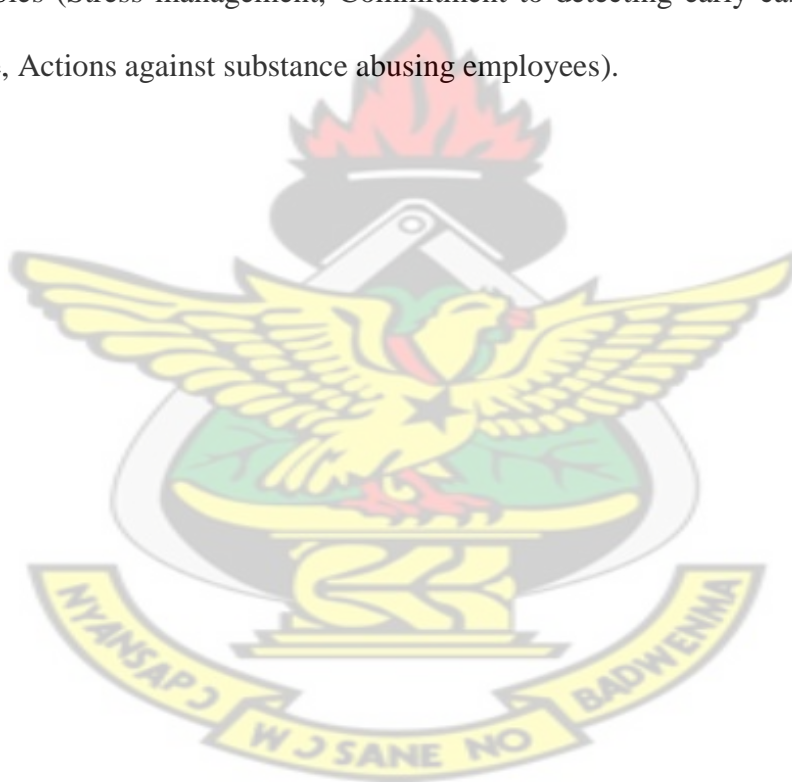
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the major findings regarding the effect of managerial interventions on the performance substance abusing employees. The chapter also makes some interesting recommendations aimed at addressing substance abuse issues among employees. The final part of the chapter provides conclusion well as some suggested areas for future research.

5.2 Summary of Findings

This part deals with a summary of findings from the previous chapter.

5.2.1 Sources of substance abuse among employees

The study found that many workers were exposed to risky and hazardous working environments thereby endangering their lives. This disclosure was made known by 49% of workers contacted. The study also found that many respondents were frustrated about their jobs coupled with the fact that jobs were characterised by stress and depression. Having examined the working conditions of respondents, the researcher also investigated the possibility of these conditions forcing employees to use certain substances. Approximately 73% did not think these working conditions necessitated their use of drugs and other substances. Only 24% agreed that they had to fall on certain substance to cope with the demands of their job.

The study also looked in more detail substances often used among workers. The research found that depressants were the most abused substances among workers. This was followed by stimulants. Again, out of 32 respondents who disclosed having some childhood experiences with substance use, approximately 47% used cigarette whilst 41% used alcohol. The main causes of these childhood experiences included peer influences, especially during Senior High School days (see figure 2.2) and poor parenting.

5.2.2 Effect of substance abuse on employee outcomes

The study found that employees who suffer from substance abuse often have low self-esteem and are embarrassed due to the fact that they very often pass out. Many employees also suffer addiction problems thereby affecting their health in the long run. For instance, users of ecstasy drugs have to continuously use these substances if they need to keep up with their partners. These substances according to health scientists have adverse effects with prolonged use.

In relation to the workplace and employee outcomes, the researcher asked employees to state the level of their agreement or disagreement with a set of statements. The study found that there would be low employee productivity following substance abuse especially with drugs that have the tendency to weaken the nervous system.

The findings further revealed that organisations with high level of substance abuse among employees are more likely to experience high employee turnover. The use of substances also comes with stigmatisation and other gross insubordination on the part of workers.

5.2.3 Managerial interventions in addressing substance abuse

As shown in table 4.10 (chapter 4), approximately 91% of respondents from the Ghana Prisons Service, Kumasi Central were not taken through any substance or drug related tests prior to employment. Again for Tafo Government Hospital, 89.4% of workers never went through any tests. Approximately 93.7% of respondents from Zoomlion Ghana Limited, Kumasi never went through any medical or drug tests.

Contrary to the findings in table 4.10, the study found that all three institutions had a policy on drug and substance usage. This was affirmed by 74% of respondents from the Ghana Prisons Service, Kumasi Central 64% from Tafo Government Hospital and approximately 74% from Zoomlion Ghana Limited, Kumasi (please note that percentages relate to individual responses of the three institutions). The questions to be asked is how come respondents were not taken through drug test prior to assigning job roles.

Another major cause of substance abuse among employees was the issue of stress. To assess management intervention in relation to this dimension, respondents were asked to assess management's commitment to stress management in their institutions. The study found that employees were not impressed with stress management practices within these three institutions. For Ghana Prisons Service, Kumasi Central only 21% of the 82 respondents were impressed with stress management practices of the organisation. Tafo Government Hospital had only 16% out of 92 respondents being impressed with the way management handled stress issues within the facility. Zoomlion Ghana Limited, Kumasi recorded

approximately 42% being impressed with the way management dealt with stress issues.

5.2.4 Effectiveness of Managerial Interventions in addressing Substance Abuse Problems among Workers

The study found that actions taken by management of Ghana Prisons Service, Kumasi Central include dismissal, query and counselling. Out of 83 respondents contacted from the Ghana Prisons Service, Kumasi Central the study found that approximately 45% of decisions hovered around dismissal. For Tafo Government Hospital, queries were the most profound action taken. Zoomlion Ghana Limited, Kumasi recorded 54% for queries and 40% for dismissal.

The overall assessment of management interventions are captured table 4.15. Zoomlion Ghana Limited, Kumasi and Tafo Government Hospital scored high points on the effectiveness of management interventions. Approximately 65% of respondents from Zoomlion Ghana Limited, Kumasi thought management interventions were adequate. Again 42% out of 92 respondents from Tafo Government Hospital saw management's intervention as adequate.

Using regression analysis, the study found that the independent variables had a moderate relationship on employee outcomes (dependent variable). The correlation value was .375. The value was also positive which indicates that when the independent variables increase, employee outcomes (productivity and performance) also increase and vice versa. The R^2 value indicates that there is approximately 14% (0.141) tendency of employee outcome (dependent variable) being influenced

by the independent variables (Stress management, Commitment to detecting early cases of substance abuse, Actions against substance abusing employees).

5.3 Conclusion

This study has provided a rich discourse on the subject of substance abuse which is very often neglected by society. In direct link to organisations, the study found a moderate relationship between employee outcomes (dependent variables) and independent variables (stress management, actions taken against substance abusing employees and early detection of substance use). This was significant at (0.000<0.05). The value was also positive which indicates that when managerial interventions improve, employee outcomes (productivity and performance) would also increase and vice versa. The R^2 value indicates that there is approximately 14% (0.141) tendency of employee outcome (dependent variable) being explained using the independent variables.

5.4 Recommendations

In addressing the above, the researcher makes the following recommendations geared toward improving managerial interventions in dealing with substance abuse among employees.

5.4.1 Stakeholder involvement in the management of Sources of substance

The findings revealed that many workers are exposed to risky and hazardous working environments thereby endangering their lives. The research also found that depressants were the most abused substances among workers.   It is therefore

important to build a consensus on how to deal with substance abuse among employees (policy). This is because dealing with substance abuse requires a holistic input of all stakeholders such as health ministry, management of institutions, NGOs and individual employees and even parents).

5.4.2 Collaboration with Health Institutions

On the effects of substance abuse, the study found that employees who suffer from substance abuse often have low self-esteem and are embarrassed due to the fact that they very often pass out. Many employees also suffer addiction problems thereby affecting their health in the long run. To tackle substance abuse problems, it is important to begin by helping victims change from such habits. Dismissals very often do not have the objective of rehabilitating victims. It is also crucial that collaborations are developed with other health institutions to assist workers. Snap checks for substance abuse on workers is recommended.

5.4.3 Drug testing for successful applicants

The findings revealed that approximately 91 percent of respondents from the Central Prisons Service, Kumasi were not taken through any substance or drug related tests prior to employment. Again for Tafo Government Hospital, 68 percent of workers never went through tests. Approximately 70 percent of respondents from Zoomlion Ghana Limited, Kumasi never went through any medical or drug tests. To bridge this gap, management and other public institutions must make it a priority of ensuring that all applicants go through relevant test to allow for early detection of substance abuse cases.

5.4.4 Encouraging Informal Interactions

The study found that actions taken by management of Prisons include dismissal, query and counselling. It is therefore recommended that management continually observes their employees to pick up early signs and changes in their behaviours. As part of measures toward improving the wellbeing of employees, end of year programmes should encourage workers to attend in the company of their spouses. This gives management the opportunity to interact with relations and partners of their employees.

Last but not least is the need for management to pay attention to employee work-life balance. The constant and weighing demands of job roles have been a major cause of depression among workers.

5.5 Areas for future research

The researcher believes researching into the following areas would be useful: first would be to examine the role of senior and junior staff members in stress management practices. Again, consideration should be given to promoting employee work-life balance, with focus on managerial interventions. Another area of interest for future researchers should be to assess the effect of motivational strategies on the performance of Health Workers in Ghana.

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KNUST

QUESTIONNAIRE

Dear Sir/ Madam,

This survey seeks to examine the effects of substance abuse on employees and the performance of selected organisations within the Kumasi Metropolis. The research is being undertaken as part of the requirements for the award of an MBA in Organisational Development at the KNUST. The study is strictly for academic purpose hence information volunteered would be held in high confidence. I shall be grateful if you could take few minutes of your time to answer the following questions.

Instruction: Please select the appropriate answer by ticking where applicable. You may also be required to complete open ended questions in the spaces provided. Thank you.

PART A: BACKGROUND INFORMATION

1. Name of institution …………………………………………………………
2. Department …………………………………………………………………
3. Position   a. Junior staff [ ]   b Senior Staff [ ]
4. Marital status: a Single [ ]   b. Married [ ]   c. Divorced [ ]   d. Widowed
5. Age: a. 18-25yrs [ ] b. b/n 25-32yrs[ ] c. b/n 32-40yrs [ ] d. b/n 40-47yrs [ ] e. above 47yrs [ ]
6. How long have you worked with this organization?
    a. Less 5yrs [ ] b. b/n 5-10yrs [ ] c. b/n 10-15yrs [ ] d. b/n 15-20yrs [ ] e. more than 20yrs [ ]
7. Kindly provide a brief description of your job roles……………………...
    …………………………………………………………………………………
    …………………………………………………………………………………
    ……………………………………………………………………………......

PARTB: IDENTIFYING CAUSES/SOURCES OF SUBSTANCE ABUSE AMONG EMPLOYEES

1. Which of the following conditions are more characteristic of your job roles?
    a. Depression [ ]
    b. Exposed to risk and danger [ ]
    c. Frustration and pressure[ ]
    d. Poor and unhygienic working environment [ ]
    e. Stress [ ]

2. Do you think these conditions have the potential of exposing you the use of certain substance in order to cope with current conditions?
   a. Yes [ ]   b. No [ ]
3. If **yes**, which of the following substances are you likely to be exposed to?
   a. Depressants [ ]   b. Stimulants [ ]   c. Hallucinogens [ ]
   i.   Alcohol   [ ]   i. Nicotine [ ]   i. Ecstasy
   ii.   Heroin [ ]   ii. Cocaine [ ]   ii. Cannabis
4. Studies show that many adults or workers have once abused substances when growing up. Have you had any such experiences when growing up?
   a. Yes [ ]   b. No
4.1 If yes, what was the nature of these abuses?
   a. Cigarette smoking [ ] b. Alcohol [ ] c. Stimulants [ ] d. Marijuana [ ] e. others ………
4.2 What would you say accounted for these abuses?
   a. Peer influences [ ] b. Habits from parents [ ] c. Adventure [ ] d. others, specify……
4.3 Have you suffered any addiction problems following the use these substances?
   a. Yes [ ]   b. No [ ]
5. To what extent do you agree or disagree with the following? Use the scale 1=strongly disagree, 2= disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

N	Statement	1	2	3	4	5
1	I use drugs without doctor's prescription					
2	I take drugs to enable me sleep/ rest					
3	I use ecstasy drugs sometimes with my partner					
4	The nature of my work warrants the use of certain substances					
5	I take in alcohol sometimes after working hours					
6	I use substances to enable me manage my fears					
7	I drink because of pressure from colleagues at work					

8.   Does your job require meeting targets?
   a.   Yes, sometimes [ ]   b. No, not really [ ]
9.   If yes to **Q1**, how would you assess the feasibility of targets set?
   a.   Not realistic [ ] b. Somehow realistic [ ] c. Very realistic [ ]

PART C: EFFECTS OF SUBSTANCE ABUSE ON EMPLOYEE PERFORMANCE

This section seeks to examine the effect of substance abuse on employees and the organization as a whole. Your honest response would be most appreciated.

Effects on employees

1. Use the scale 1=strongly disagree, 2= disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

N	Statement	1	2	3	4	5
1	Using substances affect my concentration at work					
2	Substance abuse exposes workers to danger					
3	I have suffered health problems due to substance abuse					
4	I have addiction problems currently due to some drugs					
5	I feel embarrassed anytime a pass out due to substance abuse					
6	I feel uncomfortable in public due to substance use					
7	I easily lose concentration due to substance abuse					

Effects on employee performance and turnover

N	Statement	1	2	3	4	5
1	I'm unable to give out my best at work					
2	I have been absent from post due to the effects of some substances					
3	I'm often isolated and stigmatized against by colleagues					
4	There's often improper filing and documentation due to substance abuse on the part on employees					
5	There is often low employee productivity due to drug use					
6	Substance use affects the quality of human resource skills					
7	There is often high employee turnover due to substance abuse					

PART D: MANAGERIAL INTERVENTION IN SUBSTANCE ABUSE

1. Were you taken through drug test as part of the organisation's recruitment process?
    a. Yes [ ] b. No [ ]
2. Were you taken through any other medical examinations aside drug test?
    a. Yes [ ] b. No [ ]
2.1 If yes, what was the focus of the medical exams?...
3. Does your organization have a drug policy?
    a. Yes [ ] b. No [ ]
4. Have you participated in any workshop or forum on substance abuse?
    a. Yes [ ]   b. No [ ]
5. Have you ever been queried for drug or substance abuse offences?
    a. Yes [ ] b. No [ ]
6. Does your organisation provide training to support your job roles?
    a. No, not all [ ] b. Yes, sometimes [ ] c. Yes, always [ ]
7. How would you assess management's commitment to stress management among employees?
    a. Not all impressive [ ] b. Somehow impressive [ ] c. Very impressive [ ]
8. Please list some stress management programmes often undertaken within your organisation.
    ....
    ....
    ....

PART E: EFFECTIVENESS OF MANAGERIAL INTERVENTION IN ADDRESSING SUBSTANCE ABUSE

1. How would you assess management's intervention in detecting cases of substance abuse?
    a. Highly ineffective [ ]
    b. Ineffective [ ]
    c. Neutral [ ]
    d. Effective [ ]
    e. Very ineffective [ ]
2. Where employees are found to have used substances that hinder their productivity at the workplace, what actions are likely to be taken by management?
    a. Query [ ] b. Dismissal [ ] c. Counseling for employees [ ] d. others
    …………………………………..

3.   Does your organisation have any alliances with other health institutions to provide education and counseling on drug and other substances abuses?
   a. Yes [ ]   b. No [ ]
4.   How would you assess management's intervention in addressing substance abuse problems?
   a. Woefully inadequate [ ]
   b. Inadequate [ ]
   c. Neutral [ ]
   d. Adequate [ ]
   e. Highly adequate [ ]
5.   What suggestions would you make towards improving managerial intervention in addressing substance abuse among employees?
   ……………………………………………………………………………
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INTERVIEW GUIDE (MANAGEMENT)

This survey seeks to assess the effectiveness of managerial intervention in addressing substance abuse among employees and its impact on organizational performance using selected organisations within the Kumasi Metropolis. The research is being undertaken as part of the requirements for the award of an MBA in Organisational Development at the KNUST. The study is strictly for academic purpose hence information volunteered would be held in high confidence.

1. Has your organization recorded any incidents of substance abuse among employees in recent times? If yes, what do you think are the underlining causes of these abuses?

2. How does your organization handle cases of substance abuse among employees (managerial intervention)?

3. Please provide some stress management interventions available to address stress related issues in your organisation.

4. Have these interventions produced any positive outcomes in addressing the effects of substance abuse on employee outcomes?

5. Does the organization collaborate with other health institutions to provide counseling for employees? If NO, is management considering this as an option going forward?

6. How would you assess the working condition of workers in your organisation? Do you think current working conditions have the tendency of exposing workers to drug and other substance related offences?

7. What challenges confront management in its quest to address substance abuse among employees?

Thank you.