Evaluating processes for curbing workplace substance abuse within the City of Cape Town. Case Study: Safety and Security Directorate.

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Submitted to the School of Government, University of the Western Cape, in partial fulfillment of the requirement for MA Degree in Public Administration.

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DECLARATION

Submission in partial fulfilment for the degree of Masters in Public Administration (MPA).

I declare that "Evaluating processes for curbing workplace substance abuse within the City of Cape Town. Case Study: Safety and Security Directorate" is my own work and that it has not been submitted to any other university previously. All sources I have used or quoted have been indicated and acknowledged as complete references.

Aldred Charles

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Signed

14 October 2013

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ABSTRACT

The City of Cape Town Municipality is the implementing agent of service delivery and developmental programmes. The importance and impact of the services and programmes are imperative to the citizens it serves; thus, the standard of work and efficiency provided by public officials is instrumental in achieving set priorities.

Workplace substance abuse hampers service delivery and can cause damage to the employee, the public as well as the Municipality. Accidents, injuries or inability to perform functions by employees may have tremendous legal, financial and social repercussions for the City of Cape Town.

This study seeks to evaluate efficacy of processes that seek to curb the existence of workplace substance abuse in the City of Cape Town, specifically within the Safety and Security Directorate.

A qualitative and quantitative research methodology was applied. A combination of quantitative questionnaires, qualitative semi-structured interviews and focus group discussions were employed with employees in the Safety and Security Directorate. A purposeful sample was selected.

The study results indicate that there is a prevalence of employees reporting for duty with a 'hangover'. This is accepted as the norm, and staff are protected by their colleagues. The participating departments, Fire and Rescue Service and Metro Police, have highly stressful and traumatic working environments for staff to work in. There is a lack of debriefing and regular counselling after call-outs. Staff feel that management does not care and are tardy in

providing support to them. A lack of trust between management and staff and among staff exists. The paper concludes with recommendations for each of the research findings.

Keywords

Substance abuse, alcohol and other drugs, workplace substance abuse, City of Cape Town, Safety and Security Directorate, public administration; efficacy, processes, policy, qualitative study, service delivery and prevention.

ACRONYMS

Aids	Acquired immune deficiency syndrome
BAC	Blood alcohol concentration
CCT	City of Cape Town Municipality
CO^2	Carbon Dioxide
F&RS	Cape Town Fire & Rescue Service Department
GBH	Grievous bodily harm
GPA	Global Plan of Action
GVA	Gross Value Added
HiAP	Health in All Policies
HIV	Human Immunno-deficiency virus
HSRC	Human Science Research Council
IDP	Integrated Development Plan
IMR	Infant mortality rate
LRA	Labour Relations Act
Metro	Cape Town Metropolitan Police Department
MRC	Medical Research Council
OHS	Occupational Health and Safety Act
Province	Provincial Government of the Western Cape
S&S	Safety and Security Directorate

SA	South Africa
SAB	South African Breweries
SANCA	South African National Council on Alcohol
SAPS	South African Police Service
SME	Small and medium enterprises
SOE	State-owned enterprise
TB	Tuberculosis
UNODCCP	United Nations Office for Drug Control and Crime Prevention
VPUU	Violence prevention through urban upgrading
WHO	World Health Organisation

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Chapter 1

1.1 Introduction

Workers' health, safety and well-being are vital concerns to hundreds of millions of working people worldwide and extend even further beyond individuals and their families. It is of paramount importance to the productivity, competitiveness and sustainability of enterprises, communities, and to national and regional economies (World Health Organisation, 2010: 01). According to Levy Merrick, Volpe-Vartanian, Horgan, and McCann (2007: 01), the workplace provides a unique opportunity to address the entire spectrum of substance use problems, both diagnosable abuse or dependence and other problematic use. Most adults with substance use problems are employed. An estimated 29% of full-time workers engage in "binge drinking", while 8% engage in heavy drinking and 8% have used illicit drugs in the past month. Substance use problems contribute to reduced productivity, absenteeism, occupational injuries, increased healthcare costs, worksite disruption, and potential liability as well as other personal and societal harms (Levy Merrick et al., 2007: 01).

The aim of this research is to empirically assess the existence of workplace substance abuse in the City of Cape Town Municipality, Safety and Security Directorate. Public administration and behavioural theories will provide a framework within which to examine this phenomenon. A mixed methods qualitative and quantitative research methodology will be applied in the study. The research is aimed to improve understanding and responses to workplace substance abuse. Recommendations will be provided which could ultimately

enhance service delivery through decreased substance abuse and increased employee responsiveness.

In the following sections, the background of the problem, the theoretical and conceptual framework of the study as well as the research design and methodology will be presented.

1.2 Background

1.2.1 International

Currently, an estimated two million people die each year as a result of occupational accidents and work-related illnesses or injuries. Another 268 million non-fatal workplace accidents result in an average of three lost workdays per casualty, as well as 160 million new cases of work-related illness each year. In addition to these, 8% of the global burden of disease from depression is currently attributed to occupational risks (World Health Organisation, 2010: 01).

The data, collected by the International Labour Organisation and the World Health Organisation, only reflect the injuries and illnesses that occur in formally registered workplaces. The World Health Organisation (2010: 01) states that in many counties, most workers are employed informally in factories and businesses, where there are no records of work-related injuries or illnesses, let alone any programmes to prevent injuries or illnesses. Addressing this huge burden of disease, economic costs and long-term loss of human resources, resulting from unhealthy workplaces, is a formidable challenge for national governments, economic sectors, and policy-makers and practitioners of healthcare. In 2007, the World Health Assembly of the World Health Organisation endorsed the *Workers' health:*

global plan of action (GPA) to provide new impetus for action by member states. This is based upon the 1996 World Health Assembly *Global Strategy for Occupational Health for all*. The 2006 *Stresa Declaration on Workers' Health*, the 2006 Promotional Framework for Occupational Health and Safety Convention and the 2005 *Bangkok Charter for Health Promotion in a Globalized World* also provide important points of orientation (World Health Organisation, 2010: 01).

The Global Plan of Action sets out five objectives: (1) to devise and implement policy instruments on workers' health; (2) to protect and promote health at the workplace; (3) to promote the performance of, and access to, occupational health services; (4) to provide and communicate evidence for action and practice; and (5) to incorporate workers' health into other policies.

In line with the Global Plan of Action, the WHO model *Healthy workplaces: A model for action* provides a framework for the development of healthy workplace initiatives adaptable to diverse countries, workplaces and cultures (World Health Organisation, 2010: 01). The World Health Organisation's (2010: 90) definition of health is: "A state of complete physical, mental and social well-being, and not merely the absence of disease." A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering personal health resources and ways of participating in the community to improve the health of workers, their families and other members of the community, based on identified needs within the physical and psychosocial work environment (World Health Organisation, 2010: 90).

1.2.2 South Africa

According to Parry and Burnhams (2009: 32), while less than half the adult population in South Africa consume alcohol, South Africa still has one of the highest annual levels of alcohol consumption in the world, just below the UK and the Ukraine. Approximately one fifth to a quarter of alcohol consumers drink alcohol at risky levels over weekends. Drinking alcohol to intoxication is common. Alcohol ranks third in terms of factors causing death and disability in the country. It contributes to homicide and violence, mental disorders, road traffic injuries, foetal alcohol syndrome, drowning and liver cirrhosis. This does not include alcohol's impact on Human Immune Deficiency Virus/Acquired immune deficiency syndrome (HIV/Aids) and Tuberculosis (TB) which is becoming increasingly recognised (Parry & Burnhams, 2009: 32).

Research has found that problem alcohol drinkers are twice as likely to be HIV positive as non-drinkers. Alcohol abuse is also a major cause of loss of revenue. It affects the South African economy as a whole. Substance abuse by employees on or off site inevitably impedes the work performance of each employee, resulting in decreased productivity, work errors, wasted materials, tardiness and absenteeism, all of which translates into massive productivity losses annually (Parry & Burnhams, 2009:32).

The South African Police Service (2010/2011: 6) reveals that social contact crimes, which comprise all contact crime except aggravated robbery and common robbery, mainly occur between people knowing one another (relatives, friends, acquaintances, colleagues, neighbours, etc.). Such crimes frequently result from arguments about money or property, sex, work-related issues and/or other matters. The arguments often become physical and then

lead to assault with grievous bodily harm (GBH) or common assault. The latter could easily escalate to murder, attempted murder or culpable homicide. In a majority of cases, this development from underlying conflict or tension to arguments resulting in assaults and eventually giving rise to attempted murder, culpable homicide or murder is caused by impaired judgement linked to alcohol and drug abuse (The South African Police Service, 2010/2011: 6).

Parry, Plüddemann, Steyn, Bradshaw, Norman, and Laubscher (2005: 2) argue that in many developing countries, the levels of alcohol consumption have increased in recent years, due in part to changes in drinking patterns from traditional use of low-alcohol-content home-brews to the more frequent, recreational use of commercial alcoholic beverages. A sustainable pattern of heavy drinking that was previously not possible has occurred in many developing societies as a result of increased availability of and accessibility to commercial alcoholic beverages, new affluence, and the introduction of high-alcohol-content industrial brews (Room et al., 2000, in Parry et al., 2005: 2).

Alcohol has played a pivotal role in the history of South Africa, being directly linked to the oppression of the black majority and also to efforts aimed at resisting such oppression (Parry & Bennetts, 1998, in Parry et al., 2005: 2). With the normalisation of political conditions in this country, alcohol has continued to be a product that plays a controversial role in society, on the one hand being hailed as stimulating employment for emerging, black entrepreneurs, while at the same time causing misery to many and placing an enormous burden on the country (Parry et al.,).

1.2.3 Western Cape

Herrick (2012: 1046) states that in Cape Town, the capital of the Western Cape, the high prevalence of alcohol-related crimes is layered over abject poverty. The Provincial Government and CCT have long struggled with the need to develop an effective alcohol control strategy, and only in April 2012 was the provincial liquor bill made law, after a decade of contestation, debate and delay (Herrick, 2012: 1046).

In South Africa, 'poverty, gender inequalities, crime and violence play a major role in exacerbating the health problems of the country's population.' As a result, 'efforts to improve health will have to extend to the very core of society and cultures, with refurbishment of (the) social fabric and comprehensive strategies to reduce poverty' (Bradshaw et al., 2003, in Herrick 2012: 1046).

With these aspirations in mind, political ecological approaches to the study of alcohol are of extensive value given their concern with

> the need to set a problem or phenomenon into its broader social and economic context, and the need to relate both the phenomenon and its socioeconomic context to a variety of scales ranging from the local to the global (Meyer, 1996, in Herrick, 2012: 1046).

According to Herrick (2012), an additional root cause of alcohol-as-disaster is the compartmentalised and disaggregated nature of governmental departments. Herrick (2012: 1049) mentions that the Cape Town *Drug and Alcohol Strategy* indicates that 'historically … there has been little interaction between Health, Law Enforcement and Welfare; departments have worked in silos, thus causing fragmentation and often duplication of services'. This not only causes institutional inefficiency but may also reinforce the compartmentalised

problematisation of alcohol, where, for example, the Department of Trade and Industry's concern with tax revenues may be diametrically opposed to the Department of Social Development's remit of poverty reduction and social integration. However, collective working will be needed to meet the latest objectives of the World Health Organisation's (WHO) Health in All Policies (HiAP) strategy, which argues that 'government objectives are best achieved when all sectors include health and well-being as a key component of policy development, because the causes of health and well-being lie outside the health sector and are socially and economically formed' (Herrick, 2012: 1050).

1.3. Theoretical Framework

This section will provide an overview of research and theories that will provide conceptual clarity and understanding on the topic.

According to Bennett, Lehman, and Reynolds (2000: 159), various findings suggest that psychosocial factors in the workplace influence alcohol and drug use by employees, which has a negative effect on co-workers and on the employees' response to policies. Psychosocial factors include (a) workplace environment, (b) group processes, (c) perceptions and tolerance of co-workers who use alcohol or drugs, and (d) attitudes toward policy (Bennett, Lehman, & Reynolds, 2000: 159).

Work environment research can be framed in terms of two risk factors and two protective factors. Risks include occupational subcultures that develop around safety and a work climate that may support the use of alcohol ('drinking climate'). Protective factors are social integration and organisational wellness (Bennett, Lehman, & Reynolds, 2000: 159).

Employee abuse of alcohol or drugs either during or before work is reportedly high in occupations involving safety risk and shift work. Safety characteristics also combine with work culture in influencing susceptibility to problem drinking. Evidence points to the formation of occupational subcultures, where employees either bend rules or view certain behaviours as normal rather than as being deviant (Bennett, Lehman, & Reynolds, 2000: 159).

A theory can be described as representing a set of related ideas and assumptions that are drawn upon to help explain a particular phenomenon, and there are many theories which attempt to explain alcohol dependence and related problems. The most prominent theories focus on socio-cultural factors, psychological characteristics, behavioural indicators, physiological criteria, and genetic and innate personality factors. In addition, ethnic and cultural factors must be considered.

Historically, the most prevalent theories relating to alcohol dependence have been the moral theory, the medical theory, the behavioural theory, the genetic theory and the alcohol-dependence syndrome theory. The focus of this paper is on the behavioural and social learning theories.

1.3.1 Behavioural theory

According to McCann and Harker Burnhams (2011: 7), the behavioural theory is based on the belief that substance abuse is learned and that abnormal drinking is created by a combination of problematic behaviour and external influences. Changing the environment will thus enable a change in alcohol or drug consumption.

The behavioural perspective of substance abuse posits that consumption of alcohol and drugs provide temporary relief from harsh realities, which further motivates consumption thereof (McCann & Harker Burnhams, 2011: 7). A link is made between individuals working in high risk and stress environments and alcohol and drug consumption in the workplace (McCann & Harker Burnhams, 2011: 7).

1.3.2 Social learning theory

According to Louw and Edwards (1997: 261), social learning is learning that takes place as a direct result of social interaction, as well as learning the behaviour of others through observation. People learn many technical and social skills during their lives by observing others and imitating them.

Social learning theory, as an approach to learning, incorporates the integration of cognitive and conditioning principles into an encompassing social learning theory. Although conditioning and cognitive principles are embraced, the emphasis on the social aspect led to Bandura's (1977) theory becoming known as social learning theory.

Four elements in the social learning process include (1) attention to, and observation of, the relevant aspects of others' behaviour, (2) memories of the behaviour in words and/or visual images, (3) translation of the behaviour from memory into action, and (4) motivation to carry out the observed behaviour.

The role of modelling is a kind of observational learning in which a person learns to reproduce or copy behaviour exhibited by a model. This results in the 'acquisition' effect of modelling, which is the result of acquiring a new behaviour based on the observed behaviour.

The social-learning model proposes that individuals and groups provide a social environment in which exposure to alcohol or other substances provides an atmosphere conducive to imitation. Individuals are then exposed to people whose behaviour they imitate (model on) and who act as social reinforcers for use of the substance: the act of drinking is seen as socially desirable by the group with whom the individual associates (McCann & Harker Burnhams, 2011: 8).

1.4 Contextualisation

1.4.1 Substance abuse

Louw and Edwards (1997: 195) draw on the American Psychiatric Association's definition of *substance abuse, which* refers to repeated use of drugs in a way that is dangerous or damaging to oneself or others. Examples are a man who behaves violently towards his wife and children when intoxicated by alcohol or a student who misses classes because of the after-effects of taking substances the day before. Dependence and tolerance are two terms that are able to assist in understanding why drugs can be harmful.

1.4.2 Physical dependence

According to Louw and Edwards (1997: 194), **physical dependence** presupposes a biochemical relationship between the drug and physiological functioning. If the drug is taken continuously, it becomes necessary to the body's homeostasis. In other words, the body cannot do without it. When the drug is no longer taken, the person will have physical withdrawal symptoms. These can include diarrhoea, vomiting, hot and cold flushes, muscle

pains and spasms, increase in body temperature and acceleration in breathing. These symptoms can be so severe that they can result in death.

1.4.3 Psychological dependence

In **psychological dependence**, people have a strong need for the drug. They find it difficult to function without it. The drugs are used to produce a feeling of general euphoria or well-being. When the person stops using the drug, there are no physical withdrawal symptoms but the person can experience strong urges to resume the habit. In the past, the term *addiction* was loosely used to refer to psychological and/or physical dependence (Louw & Edwards, 1997: 195).

1.4.4 Tolerance

Tolerance for a drug means that, with regular use, people need to take larger and larger doses to achieve the same effect. As doses become larger, they may prove fatal. Many drug users have died from an overdose (Louw & Edwards, 1997: 195).

1.4.5 Effects of alcohol

Louw and Edwards (1997: 204) identify the following effects of alcohol intoxication: (a) anxiety and social inhibitions are reduced, and people become more talkative and sociable, (b) people may become aggressive and violent, (c) sexual behaviour may become uninhibited, or people may lose interest in sex, (d) people may feel a wide range of emotions ranging from euphoria to depression, and (e) memory, sensation, perception and sensory-motor co-ordination are impaired. Alcohol intoxication or drunkenness affects most areas of human psychological and physiological functioning.

Louw and Edwards (1997: 204) clarify the dangers of alcohol abuse and state that long-term alcohol abuse results in serious psychological and physical dependence. Withdrawal symptoms are characterised by trembling hands, sleeplessness, nausea or vomiting, headache, signs of anxiety, such as excessive perspiration and accelerated heartbeat, depression and even hallucinations and epileptic seizures (American Psychiatric Association, 1994, in Louw & Edwards, 1997: 204).

Alcohol abuse also causes physical damage. These health risks included cirrhosis (hardening) of the liver, gastrointestinal problems, damage to the heart muscle, decreased immunity and impaired muscle functioning. These medical problems can shorten life expectancy by up to 15 years. Excessive alcohol use can cause a deficiency of vitamin B2, which results in brain damage. Too little vitamin B2 also causes a condition known as Korsakoff's syndrome (Carson et al., 1996, in Louw & Edwards, 1997: 205). Korsakoff's syndrome is also known as *alcohol-induced amnesic disorder*. People with this disorder find it difficult to recall the past and cannot learn new things. Other symptoms include confusion, disorientation, poor judgement, impaired abstract thought processes, diminished self-control, and personality changes (Doweiko, 1993, in Louw & Edwards, 1997: 205).

1.4.6 Impact on business

According to Parry and Bennetts (1998: 72), alcohol has been shown to have a negative effect on the business community through absenteeism from work, increased use of medical benefits and workers' compensation claims, poor productivity, high job turnover, interpersonal conflict, work-place injuries, and damage to work-place property (Rice et al., 1991, in Parry & Bennetts, 1998: 72).

Research conducted by Parry and Bennetts (1998: 72) indicates the extent of the negative impact of alcohol in the workplace, these are provided below. A study of sick-leave patterns in a sawmill in the Tsitsikamma area showed that 17% of sick days were alcohol-related (Louw, 1994, in Parry & Bennetts, 1998: 72).

Of Free State Province gold miners involved in occupational injuries 20% were found to have elevated blood alcohol concentrations (BAC) (McDonald, in Parry & Bennetts, 1998: 72). This study had a low inclusion rate and small sample size so this result should be viewed with caution.

Preliminary results from research undertaken by the Medical Research Council, measuring blood alcohol levels in persons admitted to a large mine hospital in South Africa, suggest that patients with BACs over 0.08 g/100 ml. had significantly higher injury severity scores than those patients whose blood showed no signs of alcohol. Roughly one quarter (26%) of patients had BAC levels higher that 0.08 g/100 ml. the percentage of cases of occupational injuries with BACs over 0.08 g /100 ml. was 5%, with rates significantly higher in the case of persons with motor vehicle injuries (36%) or injuries resulting from violent assault (67%). In another case, the proportion of alcohol-related trauma was shown to be 30%, in a study of occupational trauma in a Zambian copper mine (Buchanan, 1987, in Parry & Bennetts, 1998: 73).

Albertyn and McCann, in Parry and Bennetts, 1998: 73) found that 18% of injuries on duty, presented in a sample of patients at a South African company clinic over a period of two months in 1985, tested positive for blood alcohol. Workforce implications of alcohol use in

the United States reveal that the total cost of alcohol use to the country in 1988 was estimated to be 86 billion dollars (Rice et al., 1991, in Parry & Bennetts, 1998: 73).

The misuse of alcohol also affects other sectors, such as the insurance industry (Walsh, in Parry & Bennetts, 1998: 73). Insurance companies must bear the cost of alcohol-related crime such as theft and damage to property.

1.4.7 Factors contributing to misuse

At the individual level, alcohol misuse is likely to be associated with factors such as personality, gender, anxiety, stress, power needs, age, intelligence, psychological health, life events, a predisposition to take risks, hedonism, self-destructiveness, and curiosity (Plant & Plant, in Parry & Bennetts, 1998: 79). While some of these factors (e.g. personality and intelligence) are less amendable to intervention, others (e.g. age, life events, and predisposition to take risks) are amenable to either direct or indirect intervention by focusing on the population at large or on specific sub-populations (Parry & Bennetts, 1998: 79).

1.4.7.1 Psychological reasons

Parry and Bennetts (1998: 80) state that many people drink alcohol to escape from reality or to help them to deal with problems. Poverty of the scale existing in South Africa in less developed communities will encourage those who drink to escape from reality or to deal with the problems associated with poverty. Regardless of socio-economic status, alcohol can also become an instrument for managing ones social life and dealing with psychological tensions **(**Partanen, 1993, in Parry & Bennetts, 1998: 80) state that in many countries, including South Africa, there is a tendency towards ‘heroic drinking’ and alcohol is used to strengthen the

bonds of male solidarity and provide a context for people's search for identity (e.g. peer acceptability and 'affirmation' of adulthood or maturity).

1.4.7.2 Access to knowledge

Ignorance of the effects of certain quantities and different kinds of alcohol may also contribute to misuse (Scinke et al. 1991, in Parry & Bennetts, 1998: 80). In a country like South Africa, such ignorance is likely to be supported by the lack of educational materials on alcohol consumption in general and on the adverse consequences of misuse. It is only in the last few years that such materials have begun to be distributed to a larger audience through, for example, the 'I'm addicted to life' programme in the schools and 'Soul City', a local television programme. Common myths, such as, 'it is macho to drink and get drunk', still abound and need to be debunked. Importantly though, the latter attitude can only be successfully addressed within a context of a new national cultural education that addresses issues of gender imbalances and the effects of a patriarchal society on the roles, choices, and behaviours of South African men and women (Parry & Bennetts, 1998: 81).

1.4.7.3 Environmental factors

Environmental factors have a major impact on drinking practices in South Africa. Such factors include socio-economic status, poverty, urbanisation, delinquency, family background, peer pressure, religion, ideology, educational disturbance. Further factors include truancy, availability, price, unemployment, job opportunities, anomie and alienation, tradition, legal arrangements and the enforcement of existing legislation (e.g. drinking and driving laws), as well as historical factors (Plant & Plant, in Parry & Bennetts, 1998: 81).

1.4.7.4 Community attitudes

The aggregate level of alcohol intake in any community often correlates with the degree to which drinking, particularly drunkenness, is approved of (Frankel, in Parry & Bennetts, 1998: 81). There seems to be a high level of approval of heavy drinking (for example, among men) and very little disapproval of it among South Africans of all races. There seems to be a general perception that drinking is a part of life. A fair proportion of members of various communities sampled, approved of drunkenness during weekday dinners at home, while persons are with friends on a weekend, and on holidays. Other research has shown that a substantial number of members of poor communities are aware of the hazards of misusing alcohol and believe that shebeens have a negative influence on the community (Markinor survey results, in Parry & Bennetts, 1998: 82). In most communities, attitudes to alcohol use are therefore likely to be ambivalent. Attitudes may well harden in line with the degree of negative consequences perceived as people become increasingly aware of the issues surrounding alcohol use in South Africa (Parry & Bennetts, 1998: 82).

1.4.7.5 Cultural and ethnic factors

South Africa has a multitude and diversity of cultures. This is reflected in the drinking patterns of South Africans which is not uniform, but rather reflects a mix of attitudes and customs which are a product of unique cultural, historical and ecological settings (Van der Burgh, in Parry & Bennetts, 1998: 82). There is some value in a historical analysis of drinking practices among different race groups which demonstrate the diversity of drinking practices. While some cultural factors serve to increase alcohol consumption (and misuse),

cultural factors are also likely to reduce or prohibit the consumption of alcohol (Parry & Bennetts, 1998: 82).

1.4.8 Risks associated with misuse

The misuse of alcohol and drugs presents several risks; not only to the users themselves but also to their co-workers, to the general public and to the organisation itself. To manage alcohol and drug abuse effectively, organisations must understand the serious consequences that could result from failure to do so (McCann, Harker Burnhams, Albertyn & Bhoola, 2011: 64). Emotional or cultural sensitivities, stigma or ignorance can undermine an organisations effort to address problems of substance abuse, a situation made worse by the difficulties associated with identifying and evaluating the extent of an alcohol or drug problem. Despite these challenges it remains vitally important for an organisation to deal with problems of substance misuse (McCann et al. 2011: 64). Intoxication, whether through alcohol or drug consumption, is the cause of many catastrophic events in the workplace, and these events can have extremely serious consequences for the well-being of an organisation (McCann et al., 2011: 64).

The only real difference between alcohol and drugs is that alcohol is a socially accepted and more frequently utilised substance, which makes it significantly more of a hazard in the context of risk assessment (McCann et al., 2011: 64).

Smith and Toft (in McCann et al., 2011: 64) describe how

> it is only in the wake of tragedy that organizations seem to accept the nature of the hazard; unless we have an event to anchor our concerns, it is often difficult to accept that the worst

> could happen and that the probability of one in a million does not mean that the event will not occur tomorrow!

It is important to consider the influence alcohol-related problems can have on the development of risk in an organisation.

McCann et al. (2011: 66) provide some conceptual clarity: *hazard* can refer to some perceptible physical danger. Risk perception can be considered from the viewpoint of the employer, the employees or the public.

Risk assessment is subdivided into risk estimation and risk evaluation. Risk estimation includes the identification of things that may go wrong, estimation of how likely it is that they will and the magnitude of the consequences if they do. Risk evaluation looks at the economic and social impact as well as the public perception of the negative events, which can be very damaging to the organisation.

A crisis is a complex phenomenon and a term that changes meaning according to specific circumstances and contexts. For an organisation, a crisis is something that threatens its integrity and strategic aims. A crisis can lead to a disaster, often with implications extending beyond the organisation itself. It can affect other organisations within its sphere of influence, or have implications for the wider community. The repercussions of the crisis can eventually destroy the organisation (McCann et al., 2011: 64).

However, despite the very real threat a crisis poses to an organisation's viability, it is often something that is left unconsidered by management. There are reasons why this is so.

- First, there is the problem of making sense of a crisis. When something happens that is implausible or out of the ordinary, people may hesitate to report it for fear they will not be believed.

- Second, the fact that drinking alcohol (in moderation) is a widespread socially acceptable phenomenon compromises management's ability to deal with a situation of alcohol abuse amongst employees. Management may be reluctant to confront employees who have a drinking problem in case this antagonises them, which may in turn lead to a worsening of management-employee relations and a possible downturn in productivity.

- Third, denial and complacency characterise many organisations' attitude towards alcohol abuse in the workplace, which often leads to a failure to detect the warning signs. Thus, when a crisis occurs, it is associated with managerial failure, and the need to find a scapegoat arises (McCann et al., 2011: 64).

1.4.9 Risk Assessment at the level of the individual employee and of the organisation

In the process of risk assessment, alcohol-related problems can be examined at two levels. The first level is that of the individual employee and the impact that an alcohol problem can have on his or her health and productivity and on the health and safety of others. The second is the organisational level and the possible impact alcohol problems may have on the viability of the strategic management and even the very survival of the organisation (McCann et al., 2011: 69).

1.4.10 Types of hazards

1.4.10.1 Environmental hazards

When alcohol misuse is wholly or partly responsible for the damage to the environment the damage caused is usually extensive (McCann, Harker Burnhams, Albertyn & Bhoola, 2011: 70-1).

1.4.10.2 Hazards to the general public

Members of the general public, communities and even entire regions can be affected as a result of alcohol misuse by employees. As well as health and safety hazards, the potential for economic loss also arises in these circumstances (McCann et al., 2011: 70-1).

1.4.10.3 Hazards to the employee

Intoxicated or impaired employees are a danger to themselves and to others. The main concern is that an employee under the influence of alcohol may hurt him/herself or another person. An impaired or intoxicated employee usually exhibits slower reaction times, poor eye-hand co-ordination, increased risk-taking behaviour and a reduced decision-making ability. Any of these factors, or a combination of several, could create the necessary conditions for a workplace accident or incident to arise (McCann et al., 2011: 70-1).

It can be noted that certain occupations present more opportunities for alcohol consumption and thus abuse.

1.4.10.4 Hazards to the employer

Productivity suffers in organisations where an alcohol problem exists. In a factory setting, this loss can be measured in terms of delays in production, poorer quality control, an increased incidence of machine breakdown, incorrect order processing, and so on. But financial loss can also be the result of poor decision-making at a higher level, where alcohol-impaired managers mistakenly choose a course of action that destabilises the economic security of the organisation (McCann et al., 2011: 70-1). Employers are often held liable for third-party injury, loss or damage caused by the behaviour of intoxicated or impaired employees. Insuring against this possibility is an option but the cost of doing so can still be regarded as a hazard (McCann et al. 2011: 70-1).

1.5 Public Administration

Constitutionalism requires that all actions by public resources managers should be according to their country's constitution. In a democratic society, the constitution provides for the rights and obligations of citizens, the state and its officials. It attempts to protect human rights, entrench democratic governance and ensure proper practice in public organisations. The constitution is a country's supreme authority and the actions of all parties must comply with its provisions. It also often provides for special courts in which citizens can enforce their rights against the state and its administrative institutions. In this way, citizens have protection against arbitrary, unconstitutional actions of state authorities and public officials (Schwella, Burger, Fox & Müller. 1999: 15).

Public officials who act constitutionally against citizens should realise that they are themselves citizens enjoying the rights provided by their constitution. If a constitution, for

example, confers the rights of employees on citizens, the same rights will normally apply to state employees (Schwella et al.,, 1999: 15).

Public resource managers should therefore acquaint themselves with the constitution of their country and act according to these constitutional principles. These constitutional principles should be applied when dealing with the rights of citizens as public employees and they should respect the rights of citizens as clients of the public organisation. In this regard, constitutionalism is simultaneously a value and a provider of values, all of which have to be considered by public sector managers when performing their duties (Schwella et al., 1999: 15).

Fox, Schwella and Wissink (in du Toit, Knipe, van Niekerk, van der Waldt & Doyle, 2002: 5) define public administration as "that system of structures and processes, operating within a particular society or environment, with the objective of facilitating the formulation of appropriate government policy, and the efficient execution of the formulated policy".

According to Du Toit and Van der Waldt (in du Toit et al., 2002: 7) public administration as an activity has definite origins and has gradually been refined over time. According to them, these origins stem from the needs of people. Du Toit and Van der Waldt (in du Toit et al., 2002: 7) further state that people's needs – the need for increased services and the need for the better distribution of services – is the main factor that contributes towards the development of the activities of public administration and public management.

1.6 Public Policy

Wissink (in Fox et al., 1991: 37-38), distinguishes between the internal and external policy making roles of public managers. The external role involves the functional areas of policy such as environmental, health or transport policies. The internal policy role focuses on inter-organisational coordination and managing aspects of functional policy implementation. The sphere on internal policy is highly relevant to policy making as a public management tool (Schwella et al., 1999: 32).

Policy guidelines may stipulate the ethical and moral conduct required of public employees. Often members of the public expect a higher standard of conduct and integrity from public officials than from the ordinary public. This is justified as public employees are essentially holding the public's resources in trust. Policy guidelines therefore often incorporate codes of conduct to which public employees have to subscribe (Schwella et al., 1999: 32).

Although rigid policies may create problems by stifling initiative and managerial autonomy, Beach provided five reasons why having clear policies on human resources is beneficial (in Schwella et al., 1999: 33-5): (1) Formulating human resource policies forces management to focus deeply on basic organisational needs and those of its employees. Basic convictions and prevailing practices in other organisations are systematically considered. These contribute to the process of reflection and can improve human resources management. (2) Policies contribute to a consistent and considerate treatment of employees. In this way, favouritism or discrimination may be reduced or avoided. (3) When there are leadership or organisational changes, policies provide continuity. Policies promote stability. (4) Policies serve as performance standards. Actual results can be compared with policies to find out how

managers and staff are performing. In this sense, policies are tools in the process of control and evaluation. (5) If policies are fair, just and equitable they contribute to employee motivation and enthusiasm. The likelihood of this happening increases if policies provide growth opportunities within the organisation.

The combined effect of political control, a bureaucratic organisation and rigid written policies may create serious inhibitors for creative human resource management in public sector settings. Policies should therefore provide some flexibility and creative latitude. A failure to provide these could be stifling and counterproductive (in Schwella, Burger, Fox & Müller. 1999: 34-5).

According to Wissink (2006: 79 in Cloete, Wissink & de Coning 2006.) the purpose of public policies are to change, regulate, improve or preserve the conditions of society or the lifestyles of individuals. Policies usually have some effect(s), due to either action or inaction. The difficulty is that one can never be sure that proposed policies will have the intended effect(s), as envisioned by policy makers. Outcome analysis is an approach to policy analysis that assesses what effect policies actually have. Policy outcome analysis has two distinct phases: monitoring policy outcomes and evaluating policy performance (impact assessment).

Cloete (in Cloete, Wissink & de Coning, 2006: 84) states that the level of development in a community is determined by initial starting conditions and later by natural or other events caused by policy decisions and/or actions of decision makers, occurring either within that society or outside the control of the decision makers. The primary task of government is to create optimal conditions for sustainable development. A government's policy objectives

should therefore keep track of changing needs and demands in its society, and adapt to changing levels of development in that society.

Policy innovation as a process happens when an institution involves itself in an activity or service that is completely new to the organisation or institution (Hogwood & Peters, 1983: 26; Meyer & Cloete, in Cloete, Wissink & de Coning, 2006: 293-4).

Public policy innovation is characterised by the establishment of new internal organisational structures and procedures, and a legislative mandate. Public policy innovation is impossible without a mandate from politicians. In addition, policy innovation requires that legislators approve budgetary allocations (Meyer & Cloete in Cloete, Wissink & de Coning, 2006: 293-4).

Hogwood and Peters (1983: 26) point out that policy innovation is a rare phenomenon in government. Rose (1976: 21) concurs with these authors and points out that various high-risk factors prevent governments from moving into completely new policy directions. Bureaucratic theory holds that once governments get involved in something completely new, the chances are that it will grow well beyond its estimated costs. The worldwide trend in public administration is to reduce the size of government through 'downsizing', rationalisation or 'rightsizing', and policy innovation is posing a threat to such transformation goals (Meyer & Cloete, in Cloete, Wissink & de Coning 2006: 293-4).

1.7 Service Delivery

According to Du Toit et al., (2002: 80) public service delivery by government institutions is the result of public administration and management. Before any services can be delivered, the

particular institution responsible must be enabled to do so. The process of enabling government institutions to deliver services and products depends on the execution of a series of functions – the process of public administration, which is a comprehensive process (Du Toit et al., 2002: 81).

According to Fox, Schwella and Wissink (in Du Toit et al., 2002: 82), the process of public administration is more comprehensive in terms of its scope and nature in government institutions than public management, which is only a part of public administration. Du Toit and van der Waldt (in Du Toit et al., 2002: 82) substantiate this with their statement that public management will be impossible if it is not enabled through the process of public administration.

1.8 Workplace

Legislation, regulations, codes and rules form a major part of the internal environment within which government institutions function. Other phenomena in this environment include the office environment itself, for example, ventilation, lighting, interpersonal relations between colleagues and the internal atmosphere. Often, the work of public officials is delayed and obstructed in various ways in an institution's internal environment, for example, through poorly ventilated, cold dark offices (in du Toit et al., 2002: 97).

In the workplace, an internal atmosphere and culture exists in the office. There may be people with different political viewpoints and unacceptable attitudes, and there are also interpersonal relations, good or bad, between colleagues. These phenomena are all part of the specific environment of a public institution (Du Toit et al., 2002: 99).

The internal atmosphere and culture that exist in an office – people with different political viewpoints, unacceptable attitudes and good or bad interpersonal relations in the specific environment, -- will either enhance or inhibit the effectiveness of service delivery. Regarding attitude, McLennan (1992:15) concludes that government officials' attitude in the previous dispensation was one of protecting their own interests. Consequently, they would resist new approaches and ideas. This resulted in poor quality, or even non-existent, service delivery to groups other than their own (in Du Toit, Knipe, van Niekerk, van der Waldt & Doyle, 2002: 99).

The workplace is the place that the institution makes available and where the officials have to perform their work. It is therefore part of the formal internal environment of public administration. Every workplace reflects a certain image, not only to the person working there, but also to the members of the public who come into contact with it. Although public image cannot really be seen as part of the formal internal environment, the effect of how the public sees the institution may well have an influence on officials – and therefore also on efficient and effective public administration and management (Du Toit et al., 2002: 145).

According to the International Labour Organisation Office (1970: 57), the first step in trying to improve productivity is to make sure that the working circumstances of people do not have a negative effect on them. In other words, the workplace must be stimulating to ensure efficiency and effectiveness (in Du Toit et al., 2002: 145).

1.9 Research Problem Statement

The need to establish the existence of substance abuse within the Safety and Security Directorate of the City of Cape Town considering the high risk environment in addition to the

work structure. The resulting empirical findings will enable appropriate response and support mechanisms to be established for employees.

1.9.1 Research Question

The purpose of this research is to provide an answer to the following research question.

RQ1:What is the extent of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town?

RQ2: What mechanisms are in place to mitigate this and to ensure that appropriate services are rendered to employees?

1.9.2 Aim of the research

The aim of this empirical study is to ascertain the existence of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town and to provide recommendations for response and support mechanisms to employees.

1.9.3 Research objectives

The research has four specific objectives which are to (1) develop a solid theoretical framework and literature review on workplace substance abuse, (2) to empirically assess the effectiveness of processes followed in City of Cape Town in terms of addressing substance abuse, (3) to identify the relationship between the literature and empirical findings, and (4) to provide recommendations to the organisation.

1.10 Research Design

The research design is a blue print of how the researcher intends to conduct the research (Babbie & Mouton, 2007: 74). In this study, the overall framework of the research design outlines research methodology, focus area data collection, data collection tools and data analysis.

1.11 Methodology

Scientists use a wide variety of methods and techniques in empirical research. Methods used vary according to tasks they perform: from methods and techniques of sampling, to data collection methods to methods of data analysis. The selection of methods, and their application, is always dependent on the aims and objectives of the study, the nature of the phenomenon being investigated and the underlying theory or expectations of the investigator.

Three broad methodological paradigms have dominated the scene in recent social research: the quantitative, qualitative, and participatory action paradigms (Babbie & Mouton, 2007:49).

For the purpose of this study a combination of quantitative and qualitative methodology will be applied.

The quantitative paradigm (1) places an emphasis on the quantification of constructs; meaning that the best way of measuring the phenomena is through quantitative measurement, (2) identify the relation of variables in describing and analysis a topic and (3) can to control sources of error in the research process (Babbie & Mouton, 2007: 49).

The qualitative paradigm takes its departure point as the insider perspective on social action. Qualitative researchers attempt always to study human action form the insiders' perspective ("emic" perspective). The goal of research is defined as describing and understanding rather than the explanation and prediction of human behaviour (Babbie & Mouton, 2007: 53).

1.11.1 Unit of Analysis

The unit of analysis for the study are staff members within the Fire and Safety Department of the Safety and Security Directorate in the City of Cape Town.

1.11.2 Sampling

Probability sampling technique involves the selection of a "random sample" from a list containing the names of everyone in the population of study. It remains the primary method for selecting large, representative samples for social research (Babbie & Mouton, 2007: 166). Non-probability sampling techniques are used when probability samples cannot be used or is inappropriate for the study (Babbie & Mouton, 2007: 166).

Purposive or judgemental sampling are employed when it is appropriate to select the sample on the basis of your own knowledge of the population, its elements, and the nature of the research aims, in short, based on your judgement and purpose of the study (Babbie & Mouton, 2007: 166).

Non-probable purposeful sampling will be employed to select employees that will provide information in quantity and quality

The purposeful sample will ensure collected data is of qualitative and quantitative nature directly relating to the research topic (Leedy & Ormrod, 2005: 145).

1.11.3 Research Instrument

With the objective of providing an answer to the research question of the study, the collection of field data will focus on the following themes: (1) to develop a solid theoretical framework and literature review on workplace substance abuse, (2) to empirically assess the effectiveness of processes followed in City of Cape Town in terms of addressing substance abuse, (3) to identify the relationship between the literature and empirical findings, and (4) to provide recommendations to the organisation.

1.11.4 Data Collection

A combination of quantitative and qualitative data collection tools will be applied. A quantitative structured questionnaire will be administered to staff members within Metro Police as well as Fire and Rescue Service Departments. Qualitative data collection tools will include, semi-structured interviews guided by semi-structured questionnaire, focus group discussions and observation.

The proposed research study will include both primary (empirical findings: individual interviews, focus group discussions, observations) and secondary (literature review including theoretical and conceptual framework and institutional documents) data sources. The data collection tools are listed below.

1.11.4.1 Quantitative Questionnaire

Surveys may be used for descriptive, explanatory and exploratory purposes. They are chiefly used in studies that have individual people as units of analysis. Careful probability sampling provides a group of respondents whose characteristics may be taken to reflect those of the larger population, and carefully constructed standardised questionnaires provide data in the same form from all respondents. All questions will be clear, singular (avoid double-barrelled questions) and relevant (Babbie & Mouton, 2001:36). The questionnaire will be pre-tested to identify possible errors. The questionnaire will be administered 10 members of staff within each of the four Metro Police Districts as well as 10 members of staff within each of the three Fire and Rescue Service Departments.

1.11.4.2 Qualitative Semi-structured Interviews

The main purpose is to gather information on the processes followed in response to substance abuse identified within the organisation. A sample of 10 staff will be taken from each of the three Fire and Rescue Districts as well as the four Metro Police districts including operational and management staff (Babbie & Mouton, 2001:289).

1.11.4.3 Literature Review

This section will demonstrate that the researcher has placed the research enquiry in the existing body of knowledge as well as addressed the concepts and issues surrounding the topic, and avoided duplication (Mouton, 2001). In addition, it will also ensure that the study has chosen an appropriate theoretical framework.

1.11.4.4 Focus Group Discussions

The aim of focus group discussions in this research is to complement the semi-structured interviews to further enhance reliability as well as ensure the accuracy of the themes and concepts that pertain to this study. Focus group discussion allows the researcher to question several individuals systematically and simultaneously (Babbie & Mouton, 2001:292) and the purpose is to explore rather than describe or explain. The researcher will undertake 2 focus group discussions (1 per department) consisting of 6-8 operational members of staff. This method assists in gathering data that could have been excluded in individual interviews as people come together and discuss issues new information arises that might have been excluded in individual discussions.

1.11.4.5 Observation

The aim of observation in this research is to gather data that is not verbalised, like the surrounding environment, physical characteristics, actions, nonverbal communication. Observation will be undertaken throughout the data collection process. In the context of this research, observation helps to gather data that will provide meaning and depth in understanding the phenomenon being explored (Neuman, 2000: 363).

The data collection tools explained above will enable the researcher to gather the data required in order to compare this to the literature and to make credible recommendations.

1.12 Pilot survey

A pilot study will be conducted to have an initial round of data to assess the correctness of content, and determine if the questions posed are yielding the appropriate data. This will

increase the validity of the data gathered in the main study which will inform sound recommendations.

The data collection tools explained above will enable the researcher to gather the data required to compare to the literature and to make credible recommendations. The following section will demonstrate how the data collected will be analysed and presented.

1.13 Data Analysis

Mouton (1996) argues that analysis of data is done by identifying patterns and themes; then from those to draw conclusions. Data analysis in a case study typically involves the following steps:

1.13.1: Arrange organisational data/information

Organisation of details about the case study organisation and the specific "facts" about the case is arranged in a logical (e.g. chronological) order.

1.13.2: Cluster

Following the categorisation of data, then themes are identified and clustered into meaningful groups.

1.13.3: Examine field notes

During this stage documents are interpreted, occurrences and other data are examined for the specific meanings that they might have in relation to the case.

1.13.4: Analysis

This includes identifying patterns and analysing underlying themes that characterise the case more broadly than a single piece of information.

1.13.5: Synthesise

Synthesis and generalisations which include an overall portrait of the case is constructed.

1.13.6: Conclude

Conclusions will be drawn that may have implications beyond the specific case that has been studied (Creswell, Strake, cited in Leedy & Ormrod, 2005: 136). The researcher will analyse the data during the collection process so as to see the preliminary results which could influence the rest of the information that is to be gathered. This data analysis process will be applied to the qualitative data. Quantitative data will be captured into an excel spread sheet and statistics will be gathered for each question as well as the relationship between variables.

1.14 Conclusion

The study will be concluded by providing a summary on the research problem, the research design and methodology and state the main research findings. Also the limitations to the study will be stated and how the researcher overcomes these.

1.15 Recommendations

The research will provide clarity and thus improve understanding and responses to workplace substance abuse. The researcher will provide recommendations to the City of Cape Town

which could ultimately enhance service delivery through decreased substance abuse and increased employee responsiveness.

1.16 Chapter Outline

The research will be presented in five chapters;

1. Chapter 1 will introduce the study, provide brief background information, and state the research problem, aim, objectives and methodology of the study.
2. Chapter 2 presents a literature review to provide a theoretical base for the empirical research.
3. Chapter 3 describes the case study.
4. Chapter 4 describes the findings of the empirical research and explore the links between the theoretical/conceptual framework and research findings.
5. Chapter 5 provides the conclusion of the study and provides suggestions/recommendations.

1.17 Ethics Statement

This research is will not cause any (physical or emotional) harm to any parties involved. No material benefits were offered for participation. All participants were asked to willingly participate and were free to withdraw at any stage of the research process, and proof of consent was provided. Anonymity and confidentiality was ensured. Permission was requested from the University of the Western Cape Senate before the research was undertaken, as well from all related organisations, stakeholders and participants.

1.18 Plagiarism Declaration

I understand what plagiarism is and that it is the worst academic transgression. I have acknowledged all quotations and ideas of others which I have used in this paper. I have acknowledged and referenced all my sources.

Chapter 2: Theoretical and Conceptual Framework

2.1 Introduction

Workplace substance abuse is a multidimensional issue and has serious consequences for society, business and the individual. Historically, South Africa had an intimate relationship with alcohol and substance abuse where alcohol was used as remuneration for work completed. Furthermore, it was used as a control mechanism of the black masses during apartheid.

This chapter will provide a historical overview of alcohol and drug abuse within South Africa and how political, economic and social changes made the population vulnerable and susceptible to substance use and abuse. Furthermore, the chapter will provide theory on workplace substance abuse, behavioural theory and the risks and hazards that are associated herewith. Finally the chapter will demonstrate the role of policy within the workplace relating to substance abuse.

The chapter therefor aims to provide the reader with an overview of the historical role of alcohol and drugs in South Africa and within the workplace which will allow for closer examination. The background will be presented next.

2.2 Background

At the end of the apartheid era, Rocha-Silva (1992, in Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010: 1) wrote that South African research relating to the nature and extent of use of drugs other than alcohol and tobacco among the general adult population in

South Africa was virtually non-existent. In South Africa, alcohol and drug abuse was signalled by former President Nelson Mandela in his opening address to Parliament in 1994 as a problem among social pathologies that needed to be combated.

By February 1999, the South African Drug Advisory Board hailed an unacceptable increase in substance abuse and its associated problems. This problem has been identified by the National Drug Master Plan, as a fuel for crime, poverty, reduced productivity, unemployment, dysfunctional family life, political instability the escalation of chronic diseases, such as HIV/Aids and TB, injury and premature death (Drug Advisory Board, 1999, in Peltzer et al., 2010: 1).

Historically, as a direct result of the apartheid government, the (native black) African population was segregated into the least desirable areas and kept out of many areas where the dominant whites lived and worked. The apartheid governments built the strongest economic system in Africa, with seaports, transportation, road systems, mining, agriculture, and several resource recovery industries. They also established a range of other health, social, and government services, primarily for whites. The vast majority of black Africans were segregated into remote areas called Bantustans (similar to Native American reservations) and townships (near urban areas) in South Africa. Few South African government resources supported housing, education, health, or social services in black communities. Police and law enforcement resources were employed almost exclusively to maintain control over the blacks and were thoroughly supported after the National Party electoral victory (Peltzer et al., 2010: 2).

Black-on-black crimes and illegal drug use/sale were rarely investigated or prosecuted by the apartheid officials. Although South Africa followed international treaties and instituted statutes that made the use of heroin, cocaine, and cannabis criminal offenses, few resources were devoted to enforcement of such laws. Until 1991, South African law divided the population and labelled persons into four major South African defined racial categories: Blacks, Whites, Coloureds, and Asians. These racial divisions remain deeply entrenched in South African society. According to Statistics South Africa (2006), the 2006 estimated population (42 million) figures are: Black African at 79.5%, White at 9.2%, Coloured at 8.9%, and Indian or Asian at 2.5% (Peltzer et al., 2010: 2).

According to Van Heerden, Grimsrud, Seedat, Myer, Williams, & Stein (2009: 358) South Africa was relatively isolated from the rest of the world during the apartheid years and substance use primarily revolved around locally produced substances, notably alcohol, tobacco and cannabis. During the 1990s and early 2000s South Africa went through major social and political transformation. During this period links and trade with the rest of the world opened. Law enforcement authorities, social services and service providers agree that substance related problems have increased dramatically over the past 10 years. These include road traffic accidents, mental illness and, most worrying, violence and severe crime committed under the influence of substances.

Changes in the political, economic and social structures within South Africa both before and after apartheid make the country more vulnerable to drug use. Drug availability and use, likely correlate with the pressures placed upon social capital by rapid modernisation and a decline in traditional social relationships and forms of family structures. Difficulties of social transformation in South African society are exemplified by the somewhat slower than the

hoped for pace of the redistribution of economic power throughout the society, which has a number of implications for illicit drug availability, use, and treatment (Peltzer et al., 2010: 2).

The factors that reflect increased or changed patterns of use and what society factors would account for facilitating these changes include: availability and easy accessibility within a tolerant or limited enforcement of drug laws within society, age at first use and diversity of available drugs, growing wealth among new populations particularly within the middle class, better infrastructures for transportation, less policing, more tolerance for new ideas and behaviours (Peltzer et al., 2010: 2).

Historically substance abuse data in South Africa have been limited. Until the late 1990s information came mostly from ad hoc cross-sectional studies, often conducted in a single location, and from information on police arrests and drug seizures, mortuaries and school surveys. This has since been supplemented by national surveys. Although there are systems which provide valuable information on substance abuse trends, there has been no systematic data available that is fully representative of the diverse South African population (Van Heerden et al.,, 2009: 358).

Parry and Bennetts (1998: 72) state that alcohol use has been shown to have a negative effect on the business community through absenteeism from work, increased use of medical benefits and workers' compensation claims, poor productivity, high job turnover, interpersonal conflict, work-place injuries, and damage to work-place property.

According to Levy Merrick, Volpe-Vartanian, Horgan and McCann (2007: 1262), the workplace provides a unique opportunity to address the entire spectrum of substance use problems, both diagnosable abuse or dependence and other problematic use. Most adults with

substance use problems are employed, and an estimated 29% of full-time workers engage in binge drinking and 8% engage in heavy drinking; 8% have used illicit drugs. Substance use problems contribute to reduced productivity, absenteeism, occupational injuries, increased healthcare costs, worksite disruption, and potential liability as well as other personal and societal harms. (Levy Merrick et al., 2007: 1262).

Following the historical overview of alcohol and drug abuse in South Africa and its relation to the workplace, empirical case studies will be presented next which will demonstrate the prevalence of workplace substance abuse.

2.3 Conceptual and Theoretical Framework

Historically, South Africa has not had reliable systems in place to facilitate the collection of data relating to substance abuse (Peltzer et al., 2010: 11). To date, much of the available information has come from ad hoc cross-sectional research studies, often conducted in a single location and using easily accessible populations (e.g. students). The best national survey, by Shisana et al. (2005), of the household population was designed to measure HIV/Aids but included several questions about illicit drug use. Most other data come from police arrests and seizures. Such data are greatly influenced by factors such as resources available and particular police policies and initiatives. To date, no longitudinal information is available about the life histories of drug users (Peltzer et al., 2010: 11).

2.3.1 Substance abuse

Louw and Edwards (1997: 195) draws on the American Psychiatric Association's definition of substance abuse. This refers to repeated use of drugs in a way that is dangerous or

damaging to oneself or to others. Examples are a man who behaves violently towards his wife and children when intoxicated by alcohol or a student who misses classes because of the after-effects of taking substances the day before.

According to Parry (1997), the term ‘problem’ or ‘risky’ drinkers or regular heavy drinkers has been used broadly to refer to persons who are periodic binge drinkers or regular heavy drinkers, as well as those who fit into the psychiatric diagnostic categories ‘alcohol abuse’ or ‘alcohol dependence’.

According to the American Psychiatric Association, alcohol abusers experience social, occupational, psychological and/or physical problems associated with alcohol use. They may use alcohol in hazardous situations such as driving. This should have occurred for a minimum of one month. Alcohol dependence is used to refer to the state where someone experiences tolerance to alcohol, withdrawal symptoms, relief drinking, loss of control, and/or compulsive drinking (American Psychiatric Association, 1994, in Parry, 1997).

2.3.2 Alcohol and other drugs

United Nations Office for Drug Control and Crime Prevention (UNODCCP) (1999) suggests that a major sector of South African adults find themselves in a social environment conducive to drug use, i.e., an environment in which there is a fair degree of social support for drug use, exposure to such use and limited discrimination against it. These social factors seem to be generally strengthened by certain psychological factors, namely tolerance towards drug use, a personal need for or attraction to drug intake (Peltzer et al., 2010: 6).

Illicit drugs are used in a fairly uncontrolled environment, namely in privacy, i.e. not in the company of other people (when it occurs in company, friends and/or relatives are mostly the company of choice) and at home. In the general population, public use mostly occurs in metropolitan centres and towns bordering these centres, with clubs/discotheques mostly the places of choice; among offenders. The street (in the case of cannabis) and the place of a drug dealer (illicit drugs other than cannabis) are fairly common places of use (UNODCCP, 1999, in Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010: 6).

Particularly common reasons for using illicit drugs (at least among people of African cultural background) seem to be mood-changing and coping. Among people admitted to drug-related treatment, matters such as habit, lack of energy and sleeping problems seem to particularly motivate their drug use. Solvent users in particular associate their solvent use with getting high and breaking the monotony of their daily life (UNODC, 2006 in Peltzer et al. 2010: 6).

South Africa is the most highly urbanised country in sub-Saharan Africa and the only one with over half its population recorded as urban (55.4% in 1996). Gauteng (96.4%) (Johannesburg/Pretoria) and the Western Cape (Cape Town) are the most highly urbanised provinces and have the highest rates of drug abuse. South African cities are characterised by high rates of urbanisation, limited employment opportunities, expansive informal sector exchange and, an erosion of so-called traditional values and family cohesion. The proportion of female-headed households in urban areas has been rising steadily, and is now estimated at approximately one-third of all urban household. They are overwhelmingly concentrated in the poorest social and economic communities. Parents often return home late, leaving their *latchkey* children with inadequate adult supervision for much time each day. The process of urbanisation leads to higher rates of unemployment in the cities, which exacerbates the social

and economic pressures that underpin both the illicit supply and demand for drugs, all in an informal environment that state authorities are unable to monitor, let alone effectively control (UNODCCP, 1999, in Peltzer et al., 2010: 7-8).

2.3.3 Workplace substance abuse

According to Frone (2012: 1), the issue of *workplace* substance use and impairment may have more direct relevance for employers in terms of workplace safety and productivity than *workforce* substance use. The reported prevalence rates underscore the importance of understanding the predictors and work-related outcomes of workplace substance use and impairment among those individuals who engage in such behaviours. A broader issue that has received much less attention involves workplace climate related to substance use and impairment during the workday. Understanding the workplace substance use climate is an important issue because it may promote substance use outside and inside the workplace. Also, among the majority of employees who do not use alcohol and drugs at work, exposure to a permissive workplace substance use climate is negatively related to perceived safety at work, positively related to work strain, and negatively related to employee morale (Frone, 2012: 1).

Workplace substance use climate can be defined broadly as employees' perceptions of the extent to which their work environment is supportive of alcohol and drug use at work. Ames and colleagues suggested that workplace substance climate is comprised of three dimensions (Ames & Grube, 1999; Ames et al., 2000, in Frone, 2012: 2):

1. The first dimension is the perceived physical availability of alcohol and drugs at work. This dimension represents the ease of obtaining alcohol or other drugs at work

and the ease of bringing them into the workplace or using them during work hours and during breaks.

2. The second dimension represents descriptive norms or the extent to which members of an individual's workplace social network use or work while impaired by alcohol or drugs at work.

3. The third dimension represents injunctive norms or normative approval or disapproval of workplace substance use and impairment by members of one's workplace social network (Frone, 2012: 2).

According to Frone (2012: 6), past research has shown that workplace substance use climate is related to employee substance use outside and inside the workplace. It is also related to lower levels of perceived workplace safety, high work strain, and lower morale among employees who do not use alcohol and drugs at work.

Several general observations can be made on results from a study testing workplace substance use climate (Frone, 2012: 6-7). First, the ability to use and even obtain alcohol and drugs at work is not rare. Second, perceived exposure to co-workers who use alcohol or drugs during the workday or co-workers who are impaired by alcohol or drugs at work is not rare. However, it is interesting to note that the reported rate of exposure to a co-worker using or being impaired by use of an illicit drug during the workday was about half that for alcohol. Finally, the prevalence of exposure to co-workers who approve of using or being under the influence of alcohol or drugs at work (i.e., injunctive norms) showed the lowest prevalence rates (Frone, 2012: 6-7). Professional workers reported less exposure and those working

flexible shifts reported more exposure to a permissive workplace substance use culture (Frone, 2012: 7).

Future research of workplace predictors of exposure to a permissive workplace substance use climate should consider two sets of variables. The first set represents work stress. To the extent that exposure to certain negative psychosocial aspects of the work environment motivate substance use (Frone, 1999), they may also predict exposure to the three dimensions of a permissive workplace substance use culture. The second set of work characteristics that might predict exposure to a permissive workplace substance use culture represents social control at work. Key variables include low levels of commitment or attachment to an organisation, high mobility during work hours, low visibility of work behaviours, working in isolation, low levels of supervision, and a lack of formal and informal policies and disciplinary actions regarding workplace substance use (Frone, 2012: 7).

2.3.4 Behavioural theory

According to McCann and Harker Burnhams (2011: 7) the behavioural theory stresses that substance abuse is a learned behaviour and that problematic or inappropriate behaviour coupled with external influences is the prime consideration in developing an abnormal drinking or drug-abuse state. According to the theory, the individual can be cured if the behaviour problem can be solved or if empowerment can be developed. Changing the environment and the behaviour of the problem drinker or drug user is regarded as significant in altering their substance-abuse pattern. The following are some of the tenets of the behavioural perspective of substance abuse (McCann & Harker Burnhams, 2011: 7):

1. Alcohol and drugs can provide a temporary sense of relief from tension or stress and provide a feeling of wellbeing for individuals who are unable to cope with life's stressors. This temporary relief of symptoms can have a reinforcing effect on the individual which could increase the likelihood that the individual would seek out drinking or drug use again. This behaviour pattern is termed *operant conditioning*—when certain behaviours, such as alcohol and drug use, are seen as a positive reinforcement and not as harmful to one's health (McCann & Harker Burnhams, 2011: 7).

2. Reinforcement theorists believe that individuals take alcohol or drugs to medicate themselves and escape the unpleasantness of their lives when they experience high levels of anxiety, depression or anger. The use of alcohol or drugs to reduce tension and promote a feeling of relaxation is known as the *tension-reduction hypothesis*. This hypothesis possibly explains the association of substance abuse with individuals working in jobs considered to have a higher risk of injury, jobs with a high work demand and jobs with a high stress factor (McCann & Harker Burnhams, 2011: 7).

3. According to the classic conditioning theory, environmental stimuli associated with using a particular substance of abuse becomes linked with the effect that the substance has on the body. For example, the smell, sound, lighting and other familiar objects in the environment can elicit the craving for, or urge an individual to continue seeking, the substance, irrespective of its negative effects (McCann & Harker Burnhams, 2011: 7-8).

4. According to the modelling and various reinforcement perspective, an individual's substance-abuse habits and behaviour are shaped by observing others (such as parents, peers, social groups and partners) in their environment. Thus, an individual learns a drinking or drug-use habit from people around them. Therefore, if individuals perceive their drinking behaviour as being good or acceptable and justified instead of harmful and undesirable, they will be more likely to continue engaging in this behaviour. The major reinforcement for continuation of substance abuse, according to modelling or various reinforcement theorists, is the continued interaction or engagement with people (work colleagues peers, family, partners, spouses and groups) who engage in such behaviours (McCann & Harker Burnhams, 2011: 8).

2.3.5 Risks and hazards of workplace substance abuse

According to McCann et al.,(2011: 64) being intoxicated in the workplace exposes the employee, co-workers and the organisation to potential risk.

In the process of risk assessment, alcohol-related problems can be examined at two levels. The first level is the individual employee and the impact that alcohol can have on his or her health and productivity as well as on the health and safety of others. Secondly, the negative organisational impact it may have on the viability of strategic management and even the survival of the organisation (McCann et al., 2011: 69).

2.3.6 Types of hazards

Environmental hazards arise when alcohol misuse is wholly or partly responsible for the damage to the environment. The damage caused is usually extensive (McCann et al., 2011: 70).

Hazards to the general public are present when members of the general public, communities and even entire regions can be affected as a result of alcohol misuse by employees. As well as health and safety hazards, the potential for economic loss also arises in these circumstances (McCann et al., 2011: 70).

When intoxicated or impaired employees are a danger to themselves and to others they cause *hazards to the employee*. The main concern is that an employee under the influence of alcohol will hurt him/herself or another person. An impaired or intoxicated employee usually exhibits slower reaction times, poor eye-hand co-ordination, increased risk-taking behaviour and a reduced decision-making ability. Any of these factors, or a combination of several, could create the necessary conditions for a workplace accident or incident to arise (McCann et al., 2011: 70-71). Certain occupations present more opportunities for alcohol consumption and thus abuse.

When productivity suffers in organisations where an alcohol problem exists, this constitutes a *hazard to the employer*. In a factory setting, this loss can be measured in terms of delays in production, poorer quality control, an increased incidence of machine breakdown, incorrect order processing, and so on. Financial loss can, however, also be the result of poor decision-making at a higher level, where alcohol-impaired managers mistakenly choose a course of action that destabilises the economic security of the organisation (McCann et al., 2011: 71). Employers are often held liable for third-party injury, loss or damage caused by the behaviour of intoxicated or impaired employees. Insuring against this possibility is an option, but the cost of doing so can still be regarded as a hazard (McCann et al., 2011: 71).

According to Parry and Bennetts (1998: 130), it is likely that most businesses experience some degree of loss due to the abuse of alcohol and other drugs. This loss may be felt in the form of absenteeism from work, injury, increased use of medical benefits, workers' compensation claims, poor productivity, damage to property, interpersonal conflict, and high job turnover. A substance-abuse workplace programme should be considered by businesses thus affected, despite the complexities associated with initiating such a programme (Albertyn & McCann 1993, in Parry & Bennetts, 1998).

2.4 Policy Framework

Legislation and policies that govern the workplace and its relation to substance abuse in South Africa include, among others, the Labour Relations Act (LRA) 66 of 1995, the Occupational Health and Safety Act (OHS Act) 85 of 1993, the Medicine and Related Substances Control Act 101 of 1965, the Hazardous Substances Act 15 of 1973, the Road Traffic Act 93 of 1996, and the Municipal Systems Act, Act No. 32 of 2000.

An understanding of the factors that contribute to and maintain substance abuse is important to any efforts to examine current substance abuse policy in South Africa. It is especially important in guiding new policy formulations (Parry, 1997).

According to Parry and Bennetts (1998), drug and alcohol abuse affects South Africans from all socio-economic backgrounds. It blights individual lives, undermines families, damages whole communities and may distort the economic and democratic transformation of the country.

Parry and Bennetts (1998: 68), with regard to developing countries, stated that

> alcohol-related problems are depleting national endowments of human, material and financial resources; having a negative impact on life expectancy; lowering production and labour productivity by contributing to absenteeism from work, carelessness and, in some cases, premature death; requiring public expenditures for health and other services (e.g. welfare, court, and penal system costs, etc.); and generally interfering with the attainment of national goals. (Curry 1987, in Parry & Bennetts, 1998: 68)

Parry and Bennetts (1998: 13) are of the opinion that alcohol policy in South Africa continues to be influenced by organisations with vested interest. On the one hand, there are organisations with an indirect vested interest in the alcohol trade, who are principally involved in either the prevention, treatment, and rehabilitation of persons with alcohol problems (e.g. SANCA) or in conducting research to understand patterns of alcohol use and misuse so as to inform intervention approaches (such as. the MRC and the HSRC). Conversely, there are groups with a direct vested interest in the alcohol trade, such as bottle store owners, alcohol manufacturers, wine farmers and the advertising industry. Shebeen owners who have been excluded from the policy-making process in the past would also fit into the latter category (Parry & Bennetts, 1998: 13).

Young South Africans are among those most affected by alcohol misuse. Misuse of alcohol by young people has both short- and long-term consequences, including a decrease in learning ability, which has a negative impact on the education system. South Africa's future human resources – today's youth, who comprise tomorrow's workforce – are already being affected. Industry is severely affected in terms of absenteeism from work, loss of productivity, and damage to property at the workplace. The home is affected by alcohol-related violence both from within and outside the family (Parry & Bennetts, 1998: 16).

Specific disadvantaged groups are especially affected by alcohol misuse. Equity will be more difficult to attain if specific problems associated with alcohol use are not identified in the first place. The continued misuse of alcohol by disadvantaged sectors protracts underdevelopment in these sectors and prevents access to social and economic opportunities now available to all South Africans regardless of race (Parry & Bennetts, 1998: 17).

The current policy arena, with regard to both alcohol and other drugs in South Africa, is in a state of transition. On the one hand, this reflects the fact that public officials and others have recognised the need to proactively reassess policy and practice in this area as part of the process of instituting changes in the broader policy arena. On the other hand, it reflects a need to respond to the effects of certain changes that have occurred in recent years which have affected substance use and abuse. Such changes include, for example, reductions in internal controls following the collapse of apartheid and increased air- and land-travel to and from South Africa (Parry, 1997).

With regard to alcohol policy, there seems to be a particular tension between attempts to control the abuse of this product and pressure to ease restrictions on the distribution of alcohol products, which has resulted in certain monopolies and historical imbalances. Concerning drugs, the major emphasis appears to be in addressing supply reduction through improving the capacity of police to pursue drug syndicates and to improve linkages with neighbouring counties and international role players. With regard to treatment and prevention, there has been some activity by the welfare sector and, to a lesser extent, by the health sector (Parry, 1997).

A meaningful strategy to address substance abuse in South Africa will not be achieved until there is a greater realisation of the impact of alcohol and drug use. Possible positive aspects of alcohol use include its ability to enhance sociability and aid in relaxation. A low intake of alcohol (e.g. one glass of wine every two days) amongst males over 35 and post-menopausal women may help to reduce ischaemic heart disease. Alcohol also plays a pivotal role in certain cultural or religious traditions. Furthermore, the alcohol beverage industry is a large provider of both formal and informal employment and provides substantial amounts of tax revenue to the government (over R3.5 billion per year) as well as foreign exchange (Parry, 1997).

2.5 Conclusion

Workplace substance abuse is a challenge many organisations grapple with and which can have a severe impact for business or service delivery. This challenge is influenced by working conditions, personal tolerance of stress, and social behaviours, amongst others, which affect personal lives, families, business and society.

This chapter has outlined the history of South African alcohol and drug abuse and the socio-political influences on the use thereof. A theoretical framework has been presented as well as the role of policy relating to substance use and abuse.

Chapter 2 has provided the reader with an overview of the historical role of alcohol and drugs in South Africa and demonstrated it within the context of the workplace. Chapter 3 will be presented next.

Chapter 3: Case Study: City of Cape Town Municipality: Safety and Security Directorate

3.1 Introduction

The city grew by 40% in developed-land area between 1985 and 2005. More recently, the city has been developing at an average rate of 1 232 hectares per year. Cape Town's geography, with its long coastline and mountains, the airport location and other hazardous, noise-generating activities, limit the amount of land available for development and make it essential that any such development is effective and efficient (City of Cape Town, 2012/13).

According to the Integrated Development Plan 2012-2017 (City of Cape Town, 2012/13), the average population density for the city is low, at 39 persons per hectare. One of the city's challenges is to transform its spatial and social legacy into a more integrated and compact city, with mixed-use zoning areas that bring residents closer to work and offer opportunities to break down the social barriers.

All of these challenges outline the need for a development path for Cape Town that promotes economic growth, reduces poverty and social marginalisation, and builds residents' engagement in making the city more resilient in terms of its economy and its natural and cultural landscapes, at household and community levels and in terms of its ecosystem. This is a highly integrated city, and it requires integrated solutions.

In light of the above, it is clear that the input and engagement of residents, businesses and other stakeholders are crucial in addressing these challenges. A resilient Cape Town cannot be attained without the collaboration of Cape Town's residents, in particular, and engagement

has been shown to flourish in a relationship of trust. The resilience of the city as an integrated whole, therefore, rests on to the ability of Cape Town Municipality to build trust through inclusive social processes that recognise, validate and draw on the experiences and viewpoints of the full cross-section of Cape Town's diverse communities (City of Cape Town, 2012/13).

3.2 Cape Town's Challenges and Opportunities

3.2.1 Global conditions

The world is on the brink of a possible 'double-dip' recession. While this may be avoided, there are numerous stark economic realities that must be faced.

Globally, traditional investors from the developing world do not find themselves in an entirely favourable position to invest. Where there is investment in the developing world, it tends to be directed to developing economies that have built competitive advantages, either through economies of scale in particular industries or through conditions deliberately fostered to aid business rather than restrict it (City of Cape Town, 2012/13). Developing-world investors look for similarly favourable investment climates and are motivated by the logic of financial success rather than social imperatives.

3.2.2 National economic conditions

As a local government, the CCT is responsible for economic development in the region. However, the CCT does not have control over many key levers that affect the economy. In addition, the CCT has no authority over labour legislation, the inflexibility of which can lead to a loss in competitive advantage in the labour market, thereby lessening the scope of the

kind of industries that have a realistic chance of becoming viable in the region (City of Cape Town, 2012/13).

The CCT does not have control over state-owned enterprises (SOEs). This has a double effect: First, rail, as the major transport source for the majority of people, is underserviced and lacks capacity, and the CCT has little power to effect change directly. Second, the CCT has little or no say over key access points in Cape Town. Both the harbour and the airport are controlled by SOEs, and unrealistic tariffs decrease the potential for trying to create a favourable climate for producers looking for a competitive transport hub.

The CCT also has no say in national divisions of revenue or financial policy. Due to current national policy provisions that favour symmetrical development, Cape Town often does not benefit from all of the revenue that it generates (City of Cape Town, 2012/13).

3.2.3 Demographic and social challenges

In 2010, the population of Cape Town was estimated at 3, 7 million people, with an estimated 1 060 964 household units. The population is projected to grow to 4, 25 million by 2030. This growth exacerbates the range of challenges facing Cape Town, including, but not limited to, unemployment, drug abuse, and the incidence of crime (City of Cape Town, 2012/13).

As stated in the Integrated Development Plan 2012-2017, HIV/Aids and tuberculosis (TB) are the key health challenges facing Cape Town residents. Cape Town's HIV/Aids prevalence rate remained largely unchanged between 2004 and 2009, at an average of approximately 18% of the total population. TB incidence, per 100 000 of the CCT's

population, has been fairly stable at below 900 every year between 2003 and 2009 (City of Cape Town, 2012/13).

Cape Town's infant mortality rate (IMR) declined considerably between 2003 and 2009, indicating good overall health as well as improved living and social conditions in the CCT. Cape Town significantly outperforms the national infant mortality rate (48.15 deaths/1,000 live births in 2007), at 20.76 in 2009, a decline from the rate of 21.4 in 2006, but slightly higher than the rate of 19.79 in 2008 (City of Cape Town, 2012/13: 26).

Socially, in 2009, about 5% of the households in Cape Town listed social grants as their main source of income, and for 3% of the total households, it was their sole source of income. In addition to high poverty levels, South African cities are among the most inequitable in the world. Of the South African metros, Cape Town is the least inequitable, with a 2010 Gini coefficient2 of 0.58, which is better than other major South African metros, including Johannesburg and eThekwini (Durban), which had Gini coefficients of 0.62 and higher.

3.2.4 The Economy

Cape Town is the metro with the second-largest economy, and is the second-biggest contributor to South African economic output. In 2010, the CCT contributed 11% of national gross value added (GVA), its contribution to the national economy having grown incrementally from 10.5% in 2001 and 10.9% in 2009. Cape Town's economy has a number of key positives on which to build. It is known to have solid economic infrastructure and a good services base with which to attract international and national industry. The Cape Town economy is progressively shifting towards services industries, with the largest areas of

growth being finance, business services, trade, catering, accommodation, tourism, transport and communication (City of Cape Town, 2012/13).

The envisaged increased availability of bandwidth will benefit Cape Town's growing knowledge-based economy and can help attract foreign investment, which in turn, raises the potential for major economic and social benefits.

Cape Town has a young population, who can drive the demand for consumer goods and services provided they have the ability to earn an income and have the requisite disposable income. The increase in unemployment among economically active youth between 15 and 24 years old – both nationally and in Cape Town – means that poverty among the youth is on the rise, which can often also lead to needs-based criminal activities.

The informal economy in Cape Town is involved in activities – mainly wholesale and retail trade, home-based catering and accommodation, and working in private households – that are not linked to the CCT's main economic activities. In 2010, the Cape Town economy supported only about 11% informal employment opportunities out of the total employment in Cape Town, compared to a national average of 17. 3%. (City of Cape Town, 2012/13).

Up to 75% of businesses in Cape Town are classified as small and medium enterprises (SMEs), and account for 50% of the CCT's economic output. Up to 93% of all small and micro firms are low-tech operations in mature, traditional industries, with very little interaction with large firms.

3.2.5 Natural wealth

The environmental challenges that the City of Cape Town faces include the need for climate change adaptation and mitigation, conservation of unique natural landscapes or ecosystem goods and services, and dealing with resource depletion.

3.2.6 Climate change adaptation and mitigation

Cape Town is vulnerable both to environmental effects of climate change (like rising sea levels and changes in rainfall patterns) and the issue of resource depletion (such as water scarcity and the depletion of oil reserves). One of the social challenges associated with climate change, global warming and resource depletion is the potential rise in fuel and food prices, which may threaten social and economic stability and advancement (City of Cape Town, 2012/13).

Global emission agreements require that the CCT pays more attention to greenhouse gas emissions such as carbon dioxide (CO2). Cape Town's CO2 footprint (measured in tons per capita) has tended to increase in line with energy use and was most recently calculated at approximately 6.7 tons per capita in 2007. One way to reduce CO2 and other harmful emissions from private cars is to encourage larger numbers of residents to use mass public transport and other modal options.

3.2.7Conservation of natural wealth

Cape Town has no fewer than six endemic national vegetation types, which means that these six types can only be conserved within the boundaries of Cape Town, as they occur nowhere else in the world. The CCT's Environmental Agenda 2014 target is to see 60% of the

biodiversity network formally conserved. Currently, approximately 40% of the biodiversity network is under formal conservation management. With development pressures rising, cases in which the CCT and/or the Provincial Government are required to mediate between conflicting property development and environmental interests are increasing (City of Cape Town, 2012/13).

Water quality is another important conservation issue, especially in relation to maintaining the quality of coastal water and inland water bodies. Overall, the greater majority of coastal water points on the False Bay and Atlantic coast comply with coastal water quality guidelines. With respect to inland water, most of the CCT's rivers and water bodies are considered unsafe for recreational use because of rising E Coli levels, largely as a consequence of polluted storm water runoff (from urban, peri-urban and agricultural areas) and breakdowns and spillages in the wastewater system.

3.2.8 Mitigating waste generation and resource depletion

Increased recycling by the CCT's population, along with improvements in solid waste disposal, has the potential to decrease the demand for landfill usage. Voluntary recycling may account for a portion of the dramatic decline in waste disposed at landfills in 2008 and 2009. However, only a small percentage of Cape Town residents currently recycle their waste, and there is enormous scope for improving recycling practices (City of Cape Town, 2012/13).

Per-capita water use in 2009/10 was at its second-lowest since 1996, at 223.4 litres per capita per day in 2010 and has remained more or less at the same level since the 2004 water restrictions. The City of Cape Town has set an organisational target to reduce overall water use.

3.2.9 Challenges of urban growth and form

In terms of population, Cape Town is significantly smaller than most of the world's major cities. However, it faces similar developmental challenges and will require a major focus on physical and economic infrastructure as well as human capital development.

In 2010, there were 1 060 964 households in Cape Town, of whom 72.5% lived in formal housing, 17.1% in informal housing, 10.4% in backyard dwellings, 0.4% in traditional structures, and 0.6% in other types of housing (City of Cape Town, 2012/13).

The poorest households live on the outskirts of the CCT, putting them furthest away from potential employment opportunities and making them least able to afford the costs of urban sprawl. Most often, poorer residents have to commute longer distances for longer times, using public transport modes that are currently not optimally integrated.

3.3 Local Government

According to Du Toit and van der Waldt (2006: 250), a local government in South Africa is an institution that contains four specific elements, (1) an institution that the central government has established by law for the residents of a particular area. (2) an institution that has the jurisdiction to exercise legislative authority in an area that has been demarcated by law by a competent authority, (3) a heteronomous body which, within the limits of legislation by the central and relevant provincial governments, has the powers and authority to provide services and amenities to residents in its area of jurisdiction to maintain and promote their well-being, and (4) a government institution which is at the lowest level in the government hierarchy.

According to Du Toit and van der Waldt (2006: 259), in terms of section 151 of the Constitution, the local level of government consists of municipalities. These municipalities are spread across South Africa in order to administer the affairs of the national and provincial governments locally.

The municipal council of a local government is both the legislative and executive authority of a specific local area. Local governments govern the local affairs of the communities they serve. However, they remain subject to national and provincial government legislation (Du Toit & van der Waldt, 2006: 259). The ability or right of a municipality to perform its functions may not be compromised or impeded by the national or provincial governments (2006: 259).

According to Du Toit, van der Waldt, Bayat & Cheminais (1998: 79), responsible government refers to governments which acknowledge their responsibility to govern. However, those that govern – those elected to legislative and executive institutions – are the representatives of the electorate. Therefore, the government is responsible to its electorate. Regarding this responsibility of a government, Botha's view (in du Toit, van der Waldt, Bayat & Cheminais, 1998: 79) is that a responsible government has a moral, political, legal and an administrative responsibility.

According to Shah (2005). local or municipal governments are directly responsible for a range of public services for many of which fees are not charged. Local streets and roads, street lighting, fire and police protection, and neighbourhood parks are almost always funded from local taxes, grants from senior governments, and other locally generated revenues. In many countries, local or municipal governments are also responsible for services for which

they charge user fees or prices for water, sewers, recreation, public transport, and so on. For all municipal services, local government staff and personnel generally share accounting, auditing, and legal services, municipal employees, and capital equipment. As for governance, local councils are responsible for making policy decisions for all services, including the trade-off between spending on one service rather than another (Shah, 2005: 117).

Shah (2005: 122) posits that transparency is achieved when citizens or taxpayers have access to information and decision-making forums, so that the general public knows what is happening and is able to judge whether it is appropriate. Vehicles or instruments for enhancing transparency should include legislation that requires public sector decision makers to consult with and report to the public annually on planned activities, enforcement of regulations by officers, and purchasing of inputs through contractual arrangements with internal staff or the private sector. This legislation could include the annual publication of local public sector performance measures, thus providing local citizens with information for making inter-municipal efficiency and effectiveness comparisons. All this effort is intended to mitigate the risk of corruption by making information statutorily available and by ensuring that all public policy decisions are made in an open and transparent manner (Shah, 2005: 122).

3.4 Municipality: City of Cape Town

Mandated by the Municipal Systems Act and other legislation, the City of Cape Town's Integrated Development Plan (IDP) 2012-2017 provides the strategic framework that guides a municipality's planning and budgeting over the course of a political term. Given the almost simultaneous occurrences of a political election and organisational processes, some

municipalities in the past experienced a disconnection between the political leadership and the organisation. This means that some IDPs may have been produced without sufficient investigation into the requirements and guidance of the people of Cape Town. This IDP, however, has reversed that trend, and has been produced based on the detailed input of the people whom the City of Cape Town has the privilege of serving (City of Cape Town, 2012/13).

When the new CCT administration was elected, a strong plan of action for Cape Town was developed. This was based on a clear understanding of what needs to be achieved during term of office (2012-2017). A more inclusive society is to be created by working towards greater economic freedom for all people of the CCT. This requires an increase in opportunities by creating an economically enabling environment in which investment can grow and jobs can be created. In order to achieve the objectives, the CCT has established five strategic pillars which guide development.

Pillar 1: Ensure that Cape Town continues to grow as an opportunity city

The aim is to keep Cape Town expanding so as to attract investment, generate growth and create jobs. Prosperity is the key to betterment and progress. The provision and maintenance of the City's economic and social infrastructure are critical for success

Pillar 2: Make Cape Town an increasingly safe city

The metro police and traffic services, together with public-private partnerships will continue to work tirelessly to ensure that every citizen feels safe and secure

Pillar 3: Make Cape Town even more of a caring city

Cape Town should be a city that delivers services to all and free basic services – such as water, electricity, refuse removal, sanitation, housing and primary healthcare – to those most in need. Only once those basic rights are secured, can real opportunities be created.

Pillar 4: Ensure that Cape Town is an inclusive city

Every resident of Cape Town needs to feel at home and know that they have a stake in the future of their city. For this reason, government is a partnership with citizens to make sure that the people have a say in the decisions that affect them. The diversity of people and their mutual respect for one another's cultures constitutes an advantage. The city will continue to support and promote respect for such diversity.

Pillar 5: Make sure Cape Town continues to be a well-run city

Cape Town must be a corruption-free, transparent, customer-friendly and efficient city. Ultimately, any government is there to serve the people who elected it. The citizens are customers and should feel that they are receiving the best service possible.

These five pillars help to focus the city's message and purpose of delivery. They also help to translate the electoral mandate into the organisational structures of the CCT. By having an expansive view of development as the building of a total environment that allows individuals to reach their full potential, the critical importance of a multitude of factors are acknowledged. To produce any long-term outcome, all the variables that influence the equation must be planned for. That is the logic behind a consolidated strategy that works. As

such, the CCT recognises that it must try and influence as many processes as possible to ensure that all of the tools at its disposal work together towards a common aim.

3.4.1 Safety and Security Directorate

Citizens need to be safe in their city. If they feel threatened by violence or crime, they can never truly access the opportunities that the city and fellow citizens offer them.

However, safety is a broader issue that goes beyond policing. A truly safe city manages disasters and risks, enforces traffic regulations, and provides fire and rescue services. Safety is essential to the public enjoyment of open spaces, beaches and nature reserves.

This strategic focus area is aligned with the Provincial Government's objective of increasing safety in the province, and making it a safe place in which to live, work, learn, relax and move about. It is also aligned with the following National Government outcomes:

- Outcome 3 – All people in South Africa are and feel safe
- Outcome 11 – Create a better South Africa and contribute to a better, safer Africa and world.

Table 1: Safety and Security Directorate Organogram

3.4.1.1 Improving safety and security through partnerships

Responding to crime is more than a law enforcement function. It includes positive action around the whole spectrum of development challenges facing residents of Cape Town. The Violence Prevention through Urban Upgrading (VPUU) programme in Khayelitsha demonstrates how partnerships between the CCT and the community can bring about steady

reductions in the incidence of crime. A key strategy for the CCT is to replicate this model and build strategic partnerships to implement social crime prevention, coupled with urban regeneration efforts, in more communities with high crime rates.

The CCT will expand and capacitate its municipal and community courts to handle prosecutions for traffic offences and bylaw contraventions, thereby reducing pressure on magistrates' courts (as per the conclusion of the memorandum of understanding with the Department of Justice and the National Prosecuting Authority). The CCT will also adopt a zero tolerance approach to speeding (warrant execution and speed control) as well as drunk driving. As part of this process, offenders will be identified, caught, punished and 'named and shamed' in the media.

In order to optimise Cape Town's reputation as a safe city, five key objectives have been identified:

(1) Expanding staff and capital resources in policing departments and emergency services to provide improved services to all, especially the most vulnerable communities.

(2) Resourcing of departments in pursuit of optimum operational functionality.

(3) Enhance intelligence-driven policing with improved information-gathering capacity and functional specialisation

(4) Improve efficiency of policing and emergency staff through effective training.

(5) Improve safety and security through partnerships (Safety and Security Directorate, 2012/2013).

3.4.1.2 Purpose and service mandate of directorate

The Safety and Security Directorate provides a wide range of services that aims to improve the general safety and therefore the quality of life of all residents and visitors to Cape Town. The directorate's areas of responsibility include the functions of crime prevention, traffic enforcement, by-law enforcement, disaster risk management, fire fighting, emergency rescue as well as an emergency call centre function (Safety and Security Directorate, 2012/2013).

3.5 Conclusion

This chapter has provided an introduction to Cape Town, demonstrating its growth in recent years. It has identified the challenges and opportunities of the city, including demographic, social, economic, and natural wealth. Furthermore, this chapter has introduced local government and what its purpose and function is. Following this, the chapter introduced the Municipality of the City of Cape Town and clarified its strategic intention through the five pillars of implementation.

The following chapter will provide a collation of the data collected in exploring workplace substance use within the Safety and Security Directorate of the City of Cape Town Municipality.

Chapter 4: Presentation of Data, Research Findings, Discussion and Analysis

4.1 Introduction

Workplace psychosocial factors are said to influence alcohol and drug use by employees (Bennett, Lehman, & Reynolds, 2000: 159), which negatively affects co-workers and the way staff respond to policies. There are four elements that create the workplace psychosocial context: (1) workplace environment, (2) group processes, (3) perceptions and tolerance of co-workers who use alcohol or drugs, and (4) attitudes toward policy (Bennett, Lehman, & Reynolds, 2000: 159). This chapter is guided by the four psychosocial elements as well as the research question:

RQ1: *What is the extent of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town?*

RQ2; *What mechanisms are in place to mitigate this and to ensure that appropriate services are rendered to employees?*

This chapter presents and discusses the empirical research findings which are both quantitative and qualitative. Quantitative research places emphasis on quantifying theory to understand phenomena and qualitative research seeks insiders' perspective to gain understanding of phenomena (Babbie & Mouton, 2007: 49 &53).

Quantitative data is presented in a pie chart format, including actual data and percentage figures and is supported by qualitative narrative data. The total sample population was 73,

which consisted of 40 respondents for quantitative surveys, 20 respondents for qualitative semi-structured interviews, and 13 respondents for focus group discussions. These cover two departments within the Safety and Security Directorate, namely, Fire and Rescue Service and Metro Police.

The following section will present demographic information about respondents including age, gender and rank in department.

4.2 Demographic Data

Figure 4.1 Fire: Age Distribution

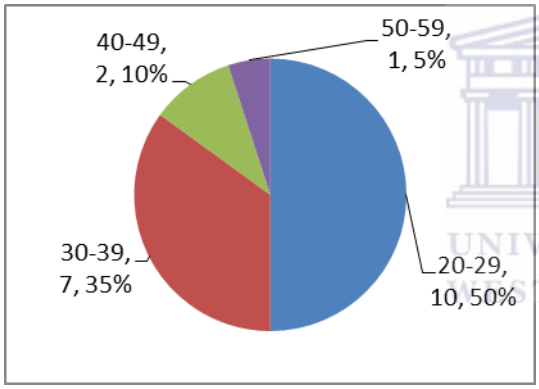
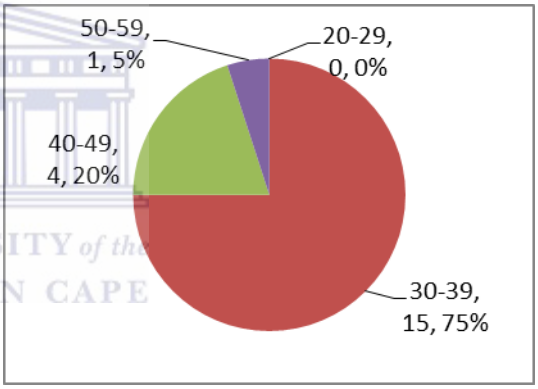


Figure 4.2 Metro: Age Distribution



The age distribution from Fire and Rescue Service consisted of 10 participants of 20-29 years (50%), 7 participants of 30-39 years (35%), two of 40-49 years (10%), and one of 50-59 (5%) years age. Metro Police consisted of 15 members of 30-39 (75%) years, four of 40-49 (20%) years, and one of 50-59 (5%) years of age. Metro did not have any respondents in the 20-29 years age group (0%). The gender distribution of participants for Fire and Rescue Service were four female (20%) and 16 male (80%). Metro Police gender distribution of participants were four female (20%) and 15 male (75%); one respondent did not indicate gender.

Figure 4.3 Fire: Gender Distribution

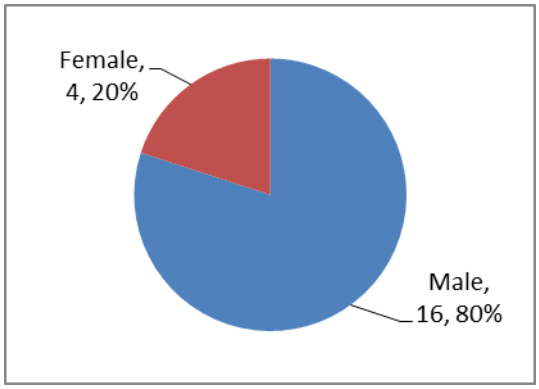


Figure 4.4 Metro: Gender Distribution

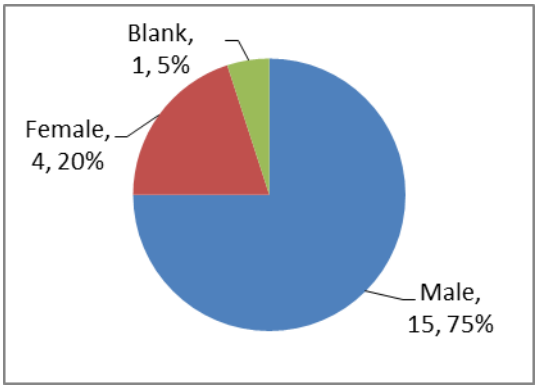


Figure 4.5 Fire: Race Distribution

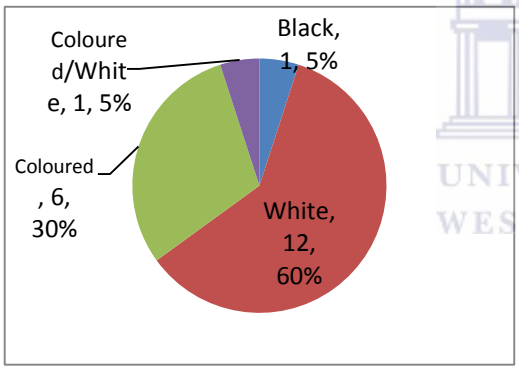
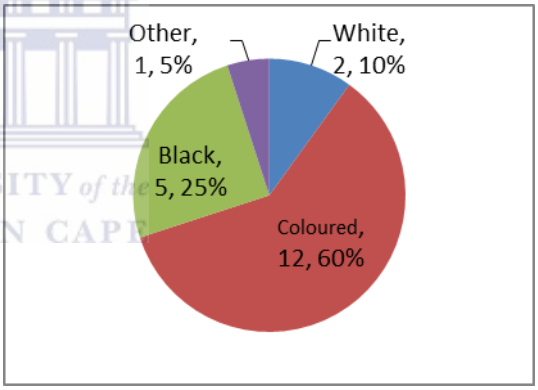


Figure 4.6 Metro: Race Distribution



Racial distribution for respondents from Fire and Rescue Service were 12 White (60%), 6 Coloured (30%), 1 Black (5%) and 1 Coloured/White (5%). For Metro Services, racial distribution was 12 Coloured (60%), 5 Black (25%), 2 White (10%) and 1 other (5%).

Figure 4.7 Fire: Rank

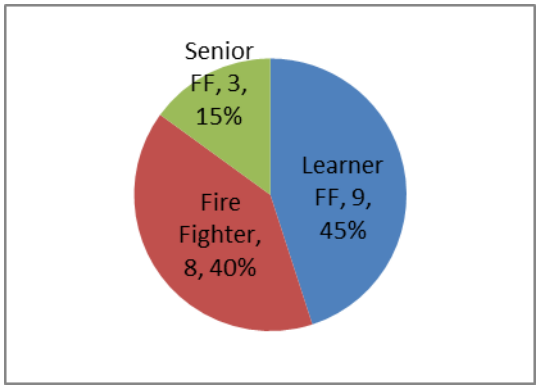
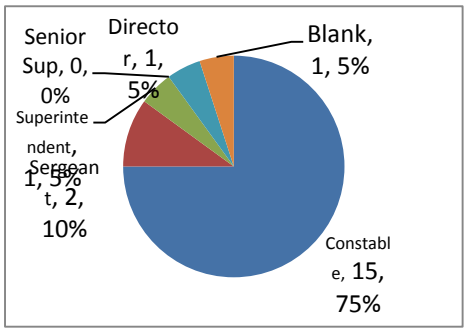


Figure 4.8 Metro: Rank



The respondents from Fire and Rescue Service consisted of nine learner fire fighters (45%), eight fire fighters (40%) and 15 senior fire fighters (15%). Respondents from Metro Police consisted of 15 constables (75%), two sergeants (10%), one superintendent (5%), one director (5%) and one respondent who did not indicate their rank (5%).

The quantitative sample for Fire and Rescue Service represent a full spectrum of working age groups of which 50% are 20-29. 75% of the Metro Police sample is between 30-39 years of age. Fire and Rescue Service sample has a younger staff complement. For both departments, male and female are represented, but the majority are male. The sample group also included all racial categories, with a minority of black respondents, and all levels of employment within the respective departments were represented. The next section will explore the extent of workplace substance abuse.

4.3 Workplace Substance Use

This section explores substance use patterns in personal time as well as working hours to determine if there are any correlations.

Figure 4.9 Fire: Workplace Substance Use

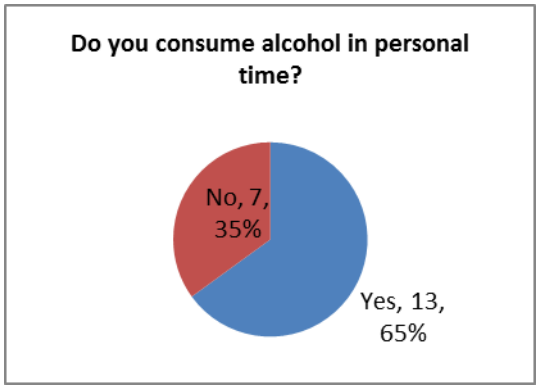
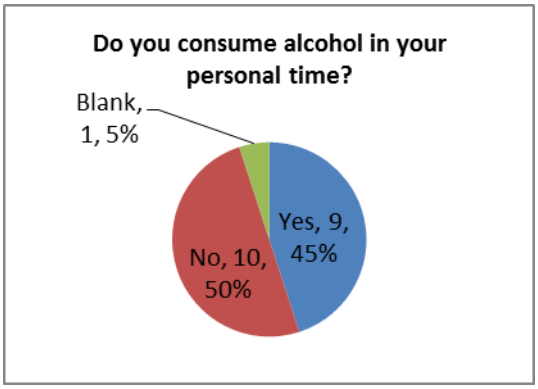


Figure 4.10 Metro: Workplace Substance Use



When respondents were asked about alcohol use in their personal time, seven (35%) respondents in the Fire and Rescue Service Department said they do not consume alcohol in their personal time and 13 (65%) confirmed that they do consume alcohol in their personal time. The Metro Police respondents indicated that 10 (50%) do not consume alcohol in their personal time and nine (45%) do consume alcohol in their personal time. One respondent (5%) did not indicate if they consume alcohol in their personal time or not. Qualitative responses included the following:

> *No drinking at work; I would perhaps come to work with a hangover, but it does not affect me negatively. Because I stop early, you are not touched hard by it.* (F&RS)

Figure 4.11 Fire: Workplace Substance Use

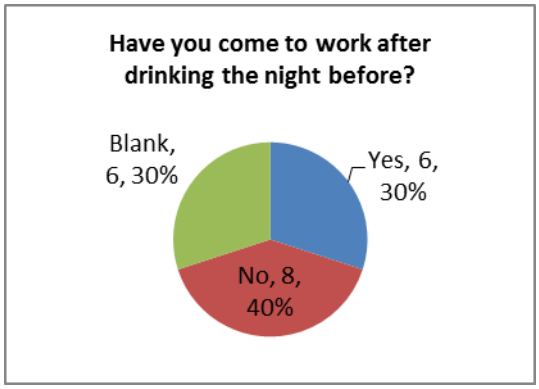
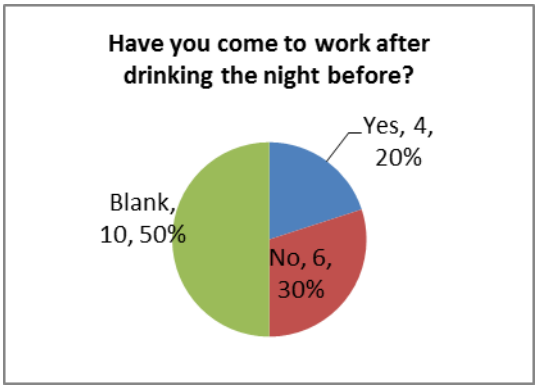


Figure 4.12 Metro: Workplace Substance Use



The personal drinking patterns were explored in the questionnaire and respondents from Fire and Rescue Service indicated that six of them (30%) have come to work after consuming alcohol the night before, eight (40%) have not come to work after consuming alcohol the night before, and six (30%) did not answer the question. Metro Police respondents indicated that four (20%) have come to work after consuming alcohol the night before, six (30%) have not come to work after consuming alcohol the night before, and 10 (50%) did not respond to the question. Qualitative responses included the following:

> *I do see people come with a babalass to work; it's horrible. You can see it on their faces; they look 'vaalerig'.* (F&RS)
>
> *When colleagues come to work with a hangover, it puts a lot of strain on you as you have to take the slack for them as well. Do their job as well. It gets hectic.* (F&RS)

Of the Fire and Rescue Service and the Metro Police, 65% and 45%, respectively, confirmed that they consume alcohol in their personal time but only 30% and 20%, respectively, have come to work after consuming alcohol the night before, and 30% and 50%, respectively, did not answer the question. The difference between responses to the two questions and the

percentage of non-responses indicates disparity in response. The qualitative responses confirm the prevalence of staff coming to work after consuming alcohol the night before.

Figure 4.13 Fire: Workplace Substance Use

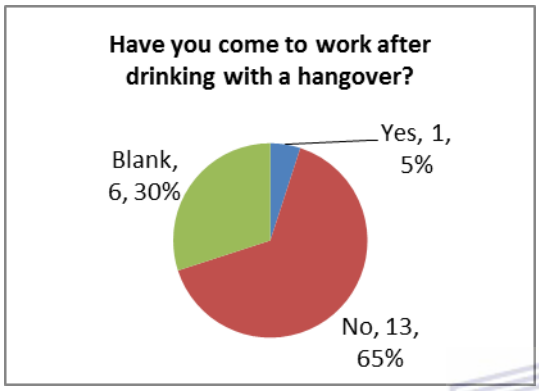
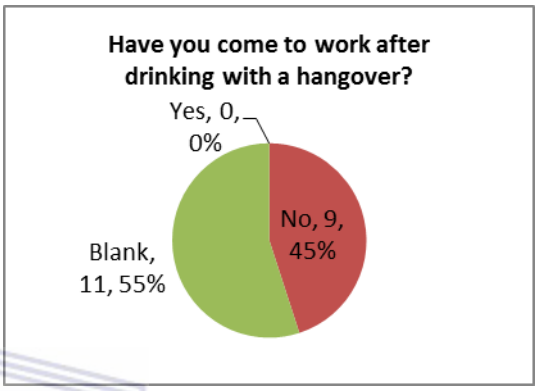


Figure 4.14 Metro: Workplace Substance Use



To continue with alcohol patterns, respondents from Fire and Rescue Service indicated that only one person (5%) has come to work with a 'hangover', although six (30%) indicated that they have come to work after consuming alcohol the night before. Furthermore, 13 (65%) indicated they have not come to work with a hangover after consuming alcohol the night before, and six (30%) did not answer the question. Of the respondents from the Metro Police, nine (45%) indicated they have not come to work with a hangover after consuming alcohol, 11 respondents (55%) did not answer the question, and none (0%) indicated that they have come to work with a hangover after consuming alcohol the night before, although in the previous section, four (20%) indicated that they have come to work after consuming alcohol the night before.

> *It has happened once, that I came to work with a hangover and that was not on -- I couldn't perform, I couldn't do my job properly, I*

> *was feeling horrible, and I think that was a wake-up call for me.* (F&RS)
>
> *You can pick up the smell, of alcohol, after a weekend on a Monday, and maybe on a Friday for the weekend to start, or maybe payday Friday, And mostly weekends because weekends its half-staff. It's quiet. Mostly when the seniors are gone. Then you can smell some kind of ....* (MP)

The response to this question further proves the disparity identified in the previous question. Quantitative data show a big gap between 13 (65%) alcohol consumers and six (30%) consuming alcohol the night before to one (5%) having come to work with a hangover for Fire and Rescue Service respondents. Similarly, Metro Police had nine (45%) alcohol consumers, four (20%) consuming alcohol the night before and zero (0%) having come to work with a hangover. The qualitative data do reflect the prevalence of 'hangovers' in the workplace. The following section will explore the working environment.

4.4 Workplace Environment

Figure 4.15 Fire: Workplace Environment

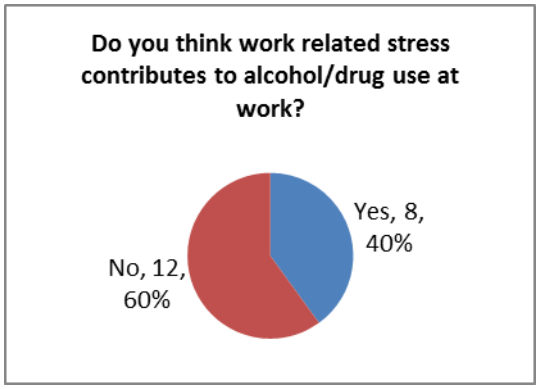
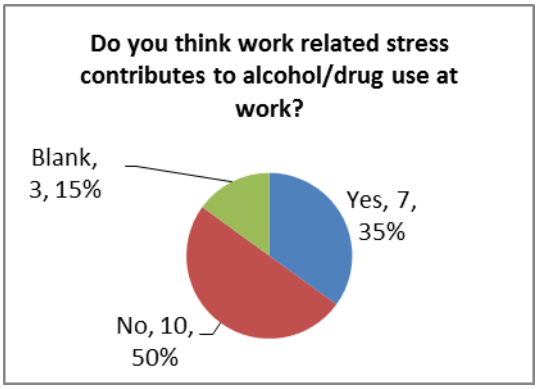


Figure 4.16 Metro: Workplace Environment



Eight (40%) respondents from the Fire and Rescue Service indicated that they do think work-related stress contributes to alcohol or drug consumption at work, and 12 (60%) indicated that they think the two issues are not related. Seven (35%) Metro Police respondents indicated that they think work-related stress contributes to drug/alcohol consumption at work, 10 (50%) do not think work-related stress contributes to alcohol/drug consumption at work and three respondents (15%) from Metro Police did not answer the question. Quantitative data for the two departments are similar. Qualitative responses include the following:

> *The work can be very stressful, so some turn to drinking to solve their problems but it doesn't solve it, the work itself. I have seen some guys the supervisor can push you too far and some turn to drinking* (MP)

> *Stress, definitely, stress is a big thing. There is no debriefing in that way, or in place for what the people are seeing out there. What happens here, you risk your life but there is no de-briefing; there is no outlet. Because big boys don't cry. And the big girls don't cry either -- not here.* (F&RS)

> *Stress does influence alcohol use. There is no immediate things like EAP, or to talk and debrief. There is nothing after you come from an accident or see dead people.* (F&RS)

> *The working environment does influence substance use. It's all about the way management treat members. There is nothing that is positive when you come to work. There is nothing positive for guys to look forward to coming to work. It's always negative, nothing positive. It affects all of the guys; that is why some of them end up having a drink.* (MP)

> *The workplace does influence substance use. The shifts and the hours. And you don't always feel confident to speak with the supervisors if you have a problem.* (MP)

> *It will influence because if people witness things or they go through an operation and something happens there or a colleague dies some of the people will be affected by that.* (MP)

> *The working environment greatly affects substance use. A lot of the guys don't talk about it but you take a lot of stress home. And they are home alone.* (F&RS)

Quantitatively, less than half of the respondents for both departments (40% and 35%) confirm that work-related stress contributes to substance abuse at work. The qualitative responses strongly relate the two variables and provide reasons therefore, including too much pressure from the supervisor, lack of debriefing after call-outs, accidents or death, management treatment of staff, negative working environment, long shifts and working hours, lack of confidence to confide in supervisors, and death of colleagues.

Figure 4.17 Fire: Workplace Environment

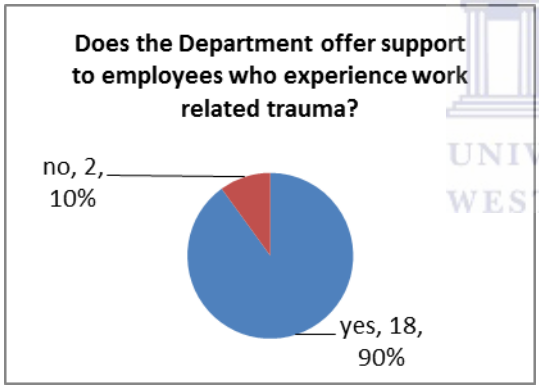
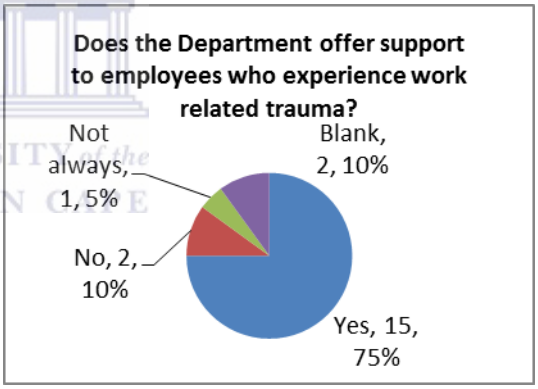


Figure 4.18 Metro: Workplace Environment



In all, 18 (90%) respondents from the Fire and Rescue Service and 15 (75%) from the Metro Police confirmed that the directorate (Safety & Security) does offer support to employees who experience work-related trauma. Two (10%) respondents from the Fire and Rescue Service and two (10%) from the Metro Police denied that the directorate offers support to employees who experience work related trauma, one (5%) respondent from Metro Police said

"*not always*" and two (10%) did not answer the question. Qualitative responses include the following:

> *We used to have debriefings after a heavy call-out if it's medical or fire, so we talked about it to make you feel not traumatised by anything. I don't see that any longer; maybe some people do but we don't do it any longer. So what happens is that people go home with whatever trauma they have been through.* (F&RS)

> *Management is dragging their feet to assist the employees; they want to see an incident first, then they will act on it. Council has made provision for everything you would go through. I don't see that they are lacking in that department; you are covered in everything. If anything happens to you, they will look after you. For whatever situation they will have programmes in place. There are phone numbers and they will go as far as possible to help you with it. I would say they are well organised in that regard. Except for certain individuals in the department, [who] when you go to them you have to keep on asking. Management does not care about your problems -- not all of management, it depends who you go to. When abusing substances I cannot help myself, I need someone to help me. If my manager does not care about my situation I will end up down the drain. Sometimes people exploit you but it depends on [whether] you to speak to the right person.* (F&RS)

> *They do support staff but they don't do it on a professional level. The CCT provides it but they don't really care. They don't go into detail when it comes to things like that. All the policies are there but I don't see any interest from the CCT's side. It's just another policy. (MP)*

> *Guys are scared to come out*.(MP)

> *There is favouritism; sometimes there are those that will go far in terms of helping someone, but other guys they are just left there, and probably becoming worse and worse.* (MP)

> *The working influences substance use -- of course. I am in service for 25 years now and I never received counselling once for all the trauma; you know all the trauma we get. Only once when one of our colleagues was killed on the N1. That was the only time and I was off duty then and I came in to assist, and that was the only time I received counselling.* (F&RS)

> *Supervision does influence substance use; if you are a good supervisor, you will take note of everything and speak to the guys. On a deeper level, not only as a colleague but as a friend. Because then you would know someone's condition*. (MP)

The quantitative and qualitative data are similar in that most confirm that the directorate offers support for trauma experienced at work, but the qualitative data brings out issues of tardy managers, favouritism, and lack of care for staff from a management level. On a policy level, there are support mechanisms in place, but implementation is lacking.

Figure 4.19 Fire: Workplace Environment

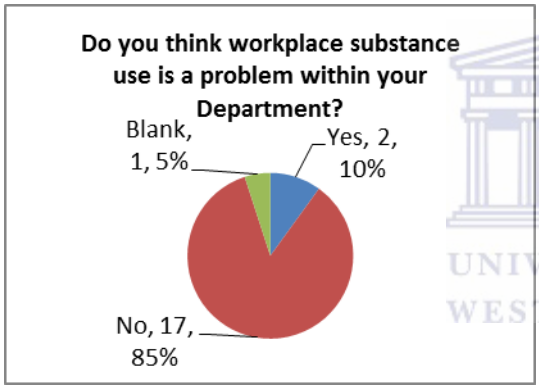
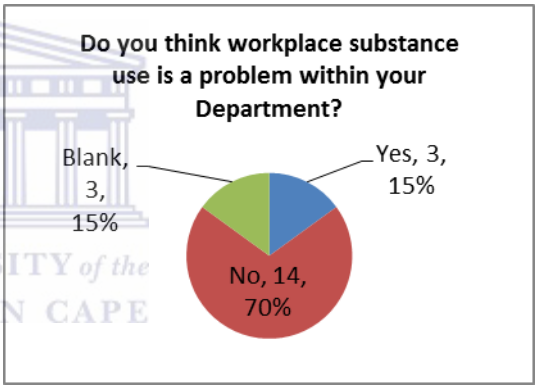


Figure 4.20 Metro: Workplace Environment



When asked if they think that substance abuse is a problem in their department, two (10%) respondents from the Fire and Rescue Service and three (15%) from the Metro Police confirmed that it is a problem. However, 17 (85%) and 14 (70%) from the Fire and Rescue Service and the Metro Police, respectively, said it is not a problem. One (5%) and three (15%) respondents from the Fire and Rescue Service and the Metro Police, respectively, did not answer the question. Qualitative responses include the following:

> *This should be looked into more. I can see, not just in fire service, but in Council, there is a problem with substance abuse and drug*

> *abuse. Council should look into this more and if there is help for these people, they should reach out to them and start doing something that works.* (F&RS)
>
> *It's a big problem. Alcohol and drug usage is a big problem. They don't realise it, but they need to start looking after the people and start stopping it.* (F&RS)
>
> *It has a lot to do with our work. Some people have gone to AA and so forth. The guys do keep everything inside and the only way out is through drinking. I have colleagues that I know have gone through that process. And I have colleagues that I have lost through that process -- they died -- using drugs. It has a lot to do with stress and what you see outside is not a beautiful thing, and what you work with, the environment is not a good thing.* (F&RS)
>
> *It sits there in their mind;s they don't say it and don't show it but they start drinking heavy and continue to abuse substances.* (F&RS)

The majority of respondents, 85% and 70%, deny that substance abuse is a problem within their departments, and only 10% and 15% confirm that it is. Qualitative responses confirm that substance abuse is a problem within the department. The qualitative responses all seem to have deep confirmation that there is a substance abuse problem within the directorate and the municipal council. The qualitative responses provide in-depth information as respondents are able to explain and provide examples which provide a picture of the context. The next section will explore perceptions and tolerance of co-workers who use alcohol or drugs.

4.5 Perceptions and Tolerance of Co-workers

Figure 4.21 Fire: Perceptions and Tolerance

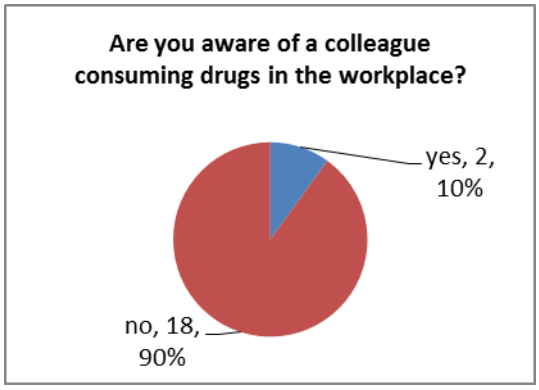
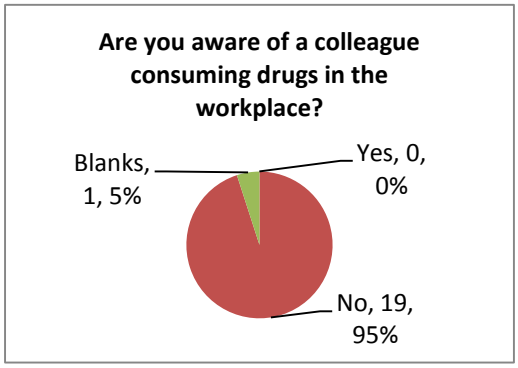


Figure 4.22 Metro: Perceptions and Tolerance



Respondents were asked if they were aware of colleagues consuming drugs in the workplace, to which two (10%) respondents from the Fire and Rescue Service and none (0%) from the Metro Police responded. However, 18 (90%) from the Fire and Rescue Service and 19 (95%) from the Metro Police claimed they were unaware of any colleague consuming drugs at work.

> *Colleagues are still youngsters and they party a lot. It does not really affect them when someone comes in with a babalass (hangover) or something like that or still under the influence, because with today's youngsters, it is like the norm. I work on all the shifts, and it is like a norm to come in with a nice babalass straight from the pub.* (F&RS)
>
> *At work I have seen people, but turn a blind eye. I am a constable it is the responsibility of the sergeant.* (MP)
>
> *I recall one incidence where a member was under the influence.* (MP)

Quantitative data do not indicate that there are colleagues consuming substances in the workplace, though the qualitative responses indicate that more than one person is consuming.

This indicates that perhaps not so many members of staff are consuming at work but that they come to work still under the influence of alcohol as many respondents make reference to staff being ‘babalass’, which means ‘hung-over’. There are also staff members who are intoxicated at work but are not being reported to their superiors.

Figure 4.23 Fire: Perceptions and Tolerance

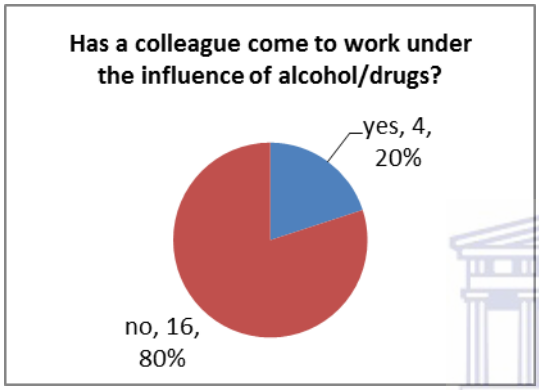
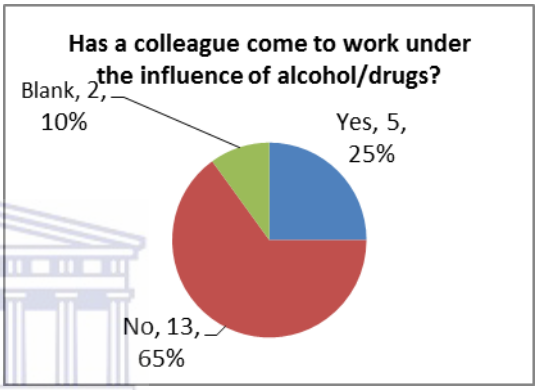


Figure 4.24 Metro: Perceptions and Tolerance



When asked if respondents experienced a colleague coming to work under the influence of alcohol/drugs, four (20%) from the Fire and Rescue Service and five (25%) from Metro confirmed this. 16 (80%) and 13 (65%) from Fire and Rescue Service and Metro Police, respectively, said they have not experienced a colleague coming to work under the influence of substances. Two respondents from Metro Police (10%) did not answer the question.

> *I am exposed to colleagues at work, I have seen them, maybe they are drunk on duty. They come from home with it, you can see and the smell, you can see this person was drinking, maybe last night, I don’t work with that person, but when you meet him on the lift, when you greet you get the smell. It’s difficult; you can’t say anything to that person.* (MP).

> *I have experienced it. I have seen a couple of guys that do not look right and let's just leave it there. I have seen some guys and it says*

> *a lot about you as a person. And if the public see you, what must they think about you and the company you represent. What does that tell the members of the public?* (MP)

In total, 20% and 25% of the quantitative respondents confirmed that a colleague has come to work under the influence of alcohol/drugs. Qualitatively, respondents reported that they also have experienced this, and they refer to more than one person. The responses do not indicate a large numbers of staff coming to work under the influence of drugs or alcohol, but it is definitely taking place.

Figure 4.25 Fire: Perceptions and Tolerance

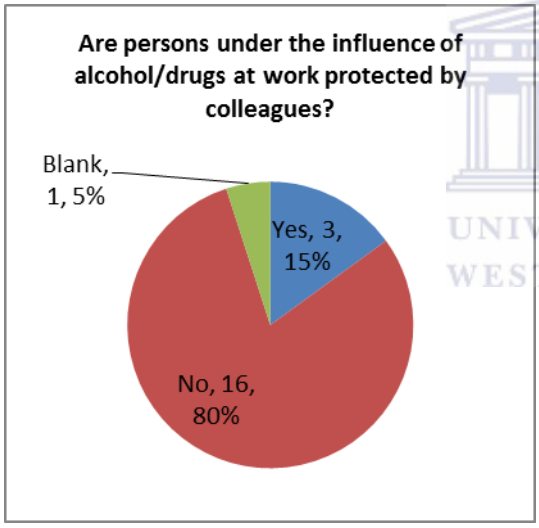
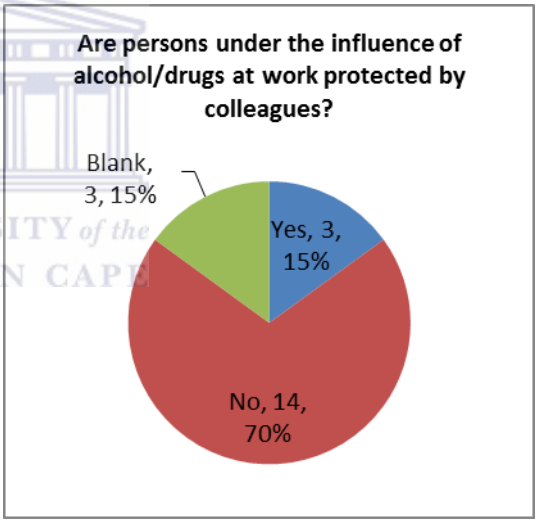


Figure 4.26 Metro: Perceptions and Tolerance



Respondents were asked if persons under the influence of substances at work were protected by colleagues, and three respondents (15%) from the Fire and Rescue Service and three (15%) from the Metro Police confirmed this. Another 16 (80%) respondents from the Fire and Rescue Service and 14 (70%) from the Metro Police said persons at work under the influence of substances are not protected by colleagues. One (5%) and three (15%)

respondents from the Fire and Rescue Service and the Metro Police, respectively, did not answer the question.

> *Sometimes what we do it to try and protect a guy and go out for him. Normally, he must go lay it off, it does impact on our work. Also I tell them, it's better not to come to work if you are not in the correct state of mind for working, that is my way, if you cannot work -- we are working in the public service. People see these things, you do not want to see a fireman stumble and fall to the ground.* (F&RS)
>
> *I have not reported colleagues that come to work with a hangover.* (F&RS)

The data confirm that members of staff are coming to work under the influence of substances and 15% from both the Fire and Rescue Service and the Metro Police indicate that staff *do* protect other staff who come to work under the influence. One question must be raised when looking at the consistency of responses: For the previous question, only 10% from the Fire and Rescue Service and none (0%) from the Metro Police confirmed that they were aware of a colleague coming to work under the influence of alcohol/drugs, but later, 15% from both departments confirm that staff who come to work under the influence of alcohol or drugs are protected by colleagues. More respondents reported thinking that staff are protected than those who reported knowing that colleagues come to work under the influence of alcohol/drugs.

Figure 4.27 Fire: Perceptions and Tolerance

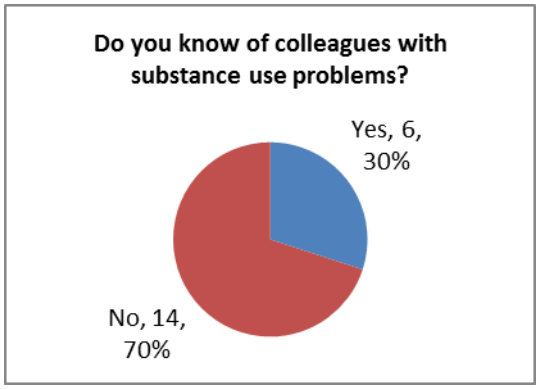
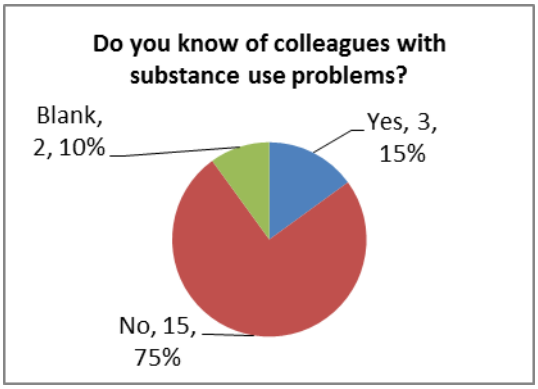


Figure 4.28 Metro: Perceptions and Tolerance



Respondents were asked if they knew of colleagues with substance use problems, and six (30%) respondents from the Fire and Rescue Service and three (15%) from the Metro Police confirmed they knew of colleagues with substance use problems. However, 14 (70%) respondents from the Fire and Rescue Service and 15 (75%) respondents from the Metro Police did not know of colleagues with substance use problems and two (10%) respondents from the Metro Police did not answer the question.

The percentage of respondents who reported knowing of colleagues with substance abuse problems was 30% from the Fire and Rescue Service and 15% from the Metro Police, but if one looks at the entire directorate, for each 20 members of staff, it seems there are 3 to 6 members of staff with a substance use problem. This becomes problematic and a potential risk for the directorate.

4.6 Group Processes

Figure 4.29 Fire: Group Processes

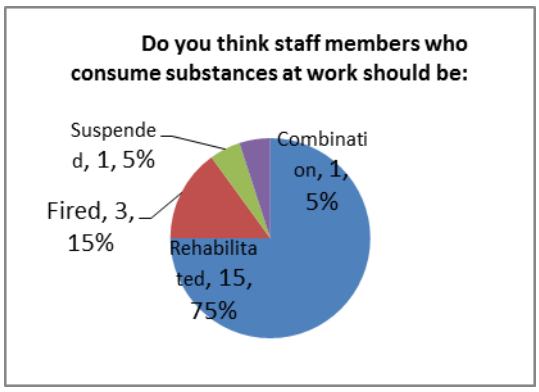
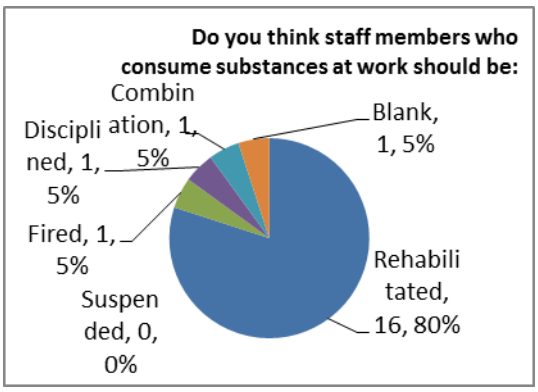


Figure 4.30 Metro: Group Processes



Respondents were asked if staff who consume substances at work should be fired, suspended, disciplined or rehabilitated, and 15 (75%) from the Fire and Rescue Service said they should be rehabilitated, three (15%) said they should be fired and one (5%) said they should be suspended. A further 16 respondents from the Metro Police said staff should be rehabilitated, but none suggested suspension, one1 (5%) said they should be fired, one (5%) said they should be disciplined, another one (5%) said they should be disciplined and fired, and one (5%) did not answer the question. Qualitative responses include the following:

> *I have to report them but I must do it the right way. I won't report them to have them fired; I will report them to get help.* (MP)
>
> *I have seen colleagues use substances at work and I did report it to my immediate superior at the time.* (F&RS)
>
> *It's not nice; it's not good being in a position to have to report someone. We decided to talk to the person and tell him he cannot be at work in that position and he needs to take a day's leave. He cannot book on duty in that condition and luckily he had enough sense to leave and not book on duty and stand at parade or anything of the kind. It's not nice to think someone would come to work and put my life in danger in that position.* (F&RS)

> *Our job is so strenuous it can lead to those things in our environment, in the brigade, especially, if you confide in someone that problem you share will spread to the whole brigade. That is why people are so scared to speak about their problems to others, because they will make it a laughing matter. Although its killing you. That's why others end up hanging themselves.* (F&RS)

> *But you have to inform your supervisors that they are smelling like alcohol that they are acting inappropriate. It makes it difficult to work with that same person because they feel you 'piemp' (report) them and not that you are trying to help them.* (MP)

> *It must affect the staff; they do the work. I can't say, the 'laaties' (guys), they come here with a babalass (hangover) and they don't really want to do anything. The guys 40 years and up, they work better and are more relaxed. But there is no problem with alcohol. On the other shifts, there is one or two guys but on this shift there is no problem. Because they know here if they come in with a babalass, we work them even harder. That's how we cope.* (F&RS)

> *They will put me on depression pills, and I will be office bound Mon-Fri which means no payment for OT. So it's creating a problem now for me. Now I am more stressed than when I was before I went to my superior. That's why the guys keep quiet. And when speaking about your personal problems to your superior, man to man and crying, nothing must go out of this office. And some of this things are going out and it's not a nice feeling, I am a constable and I will never speak about personal problems, because if I speak it is laying outside. Everyone has problems but we don't speak because things are not being kept quiet. There is no confidentiality. That is why some guys drink. You think you find someone you can trust, and it is hard for men to open up and speak, trust. Sometimes you talk to your senior and they go talk to their senior, at the end of the day, you look in the passage and everyone is talking behind your back. What is that saying? If the one person you trust breaks the trust, it is demoralising. It is gonna kill you.* (MP)

The majority of respondents from both the Fire and Rescue Service and the Metro Police think staff members should be rehabilitated, which is a good indication of the spirit among employees. All understand the stressful and traumatic context they work in and understand the difficulty in coping. This is a good context for remedial action and support for staff.

4.7 Attitudes toward Policy

Figure 4.31 Fire: Attitudes toward Policy

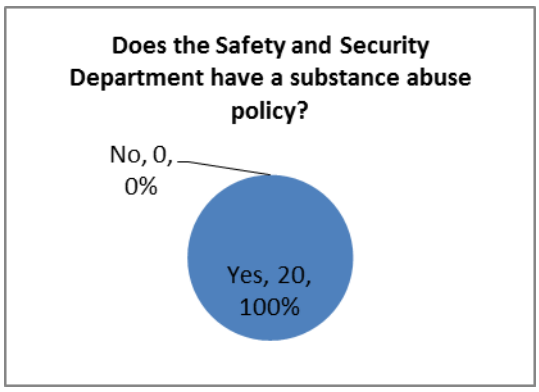
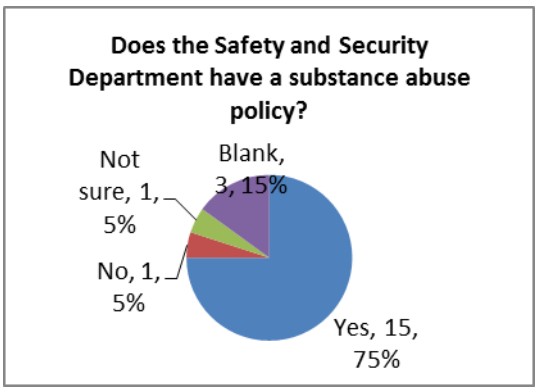


Figure 4.32 Metro: Attitudes toward Policy



When asked if the Safety and Security Directorate has a substance abuse policy, all respondents (100%) from the Fire and Rescue Service and 15 (75%) respondents from the Metro Police confirmed this. One (5%) respondent said the directorate does not have a substance abuse policy, one (5%) respondent said they were not sure, and three (15%) respondents did not answer the question.

Figure 4.33 Fire: Attitudes toward Policy

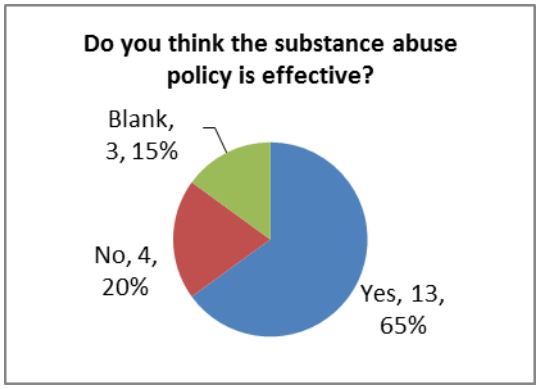
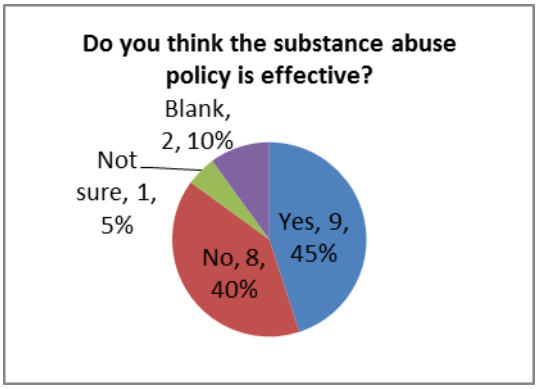


Figure 4.34 Metro: Attitudes toward Policy



Respondents were asked if they thought the substance abuse policy was effective, and 13 (65%) respondents from the Fire and Rescue Service and nine (45%) from the Metro Police confirmed this. Four (20%) and eight (40%) respondents from the Fire and Rescue Service and the Metro Police, respectively, said the policy is not effective. One (5%) respondent from the Metro Police responded to the question but was unsure, and two (10%) respondents did not answer the question. A further three (15%) respondents from Fire and Rescue did not answer the question.

> *I do not know all of the policies, but there are a few that are really useful and trying to help you -- they do not just fire people who come to work drunk but they try to help you first - I have heard of this. And if you do it again they help you again, like they give you a second chance.* (F&RS)
>
> *I do not feel looked after. I know the policies are there but I don't think it is efficient here in this specific department.* (F&RS)
>
> *I definitely feel protected and that there is sufficient support for me.* (F&RS)
>
> *Staff are not protected, not really, not at this station. If you are drunk or come in drunk you get your 'slag/pak' (punishment).*

> *People are not protected. I don't think so the policies that I know of and dealt with, they didn't protect anyone. People protect people but the policy, no.* (F&RS)
>
> *Yes and no because, they do look after us but sometimes I feel that management and those people are all for themselves. They don't really care about us.* (F&RS)
>
> *I think the policies are against us as opposed to helping us (Metro and Traffic).* (MP)
>
> *Here they fire you. The CCT does a lot of protection for their workers; they identify problems and follow-up on it. The way they address problems in terms of alcohol abuse, but it is not addressing the needs of their staff. The CCT does a lot of protection towards their workers. They address it but don't get to the core of the problem.* (MP)

Staff in the departments are definitely aware of the substance abuse policy, as indicated by the positive quantitative responses, which were 100% for the Fire and Rescue Service and 75% for the Metro Police, but fewer staff think it is effective: 65% and 45%, respectively. The qualitative responses clearly indicate that the policy for assistance and support to staff are in place but there are both negative and positive attitudes toward it, which are guided by their experiences thereof. An issue is identified in the qualitative section which speaks of lack of care from management. An interesting quote from the above qualitative response reflects this: "*People protect people but the policy, no"* (F&RS).

4.8 What mechanisms are in place to mitigate substance use/abuse

Figure 4.35 Fire: Mitigate Substance use

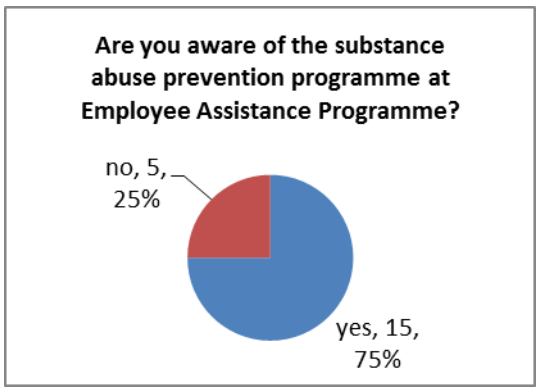
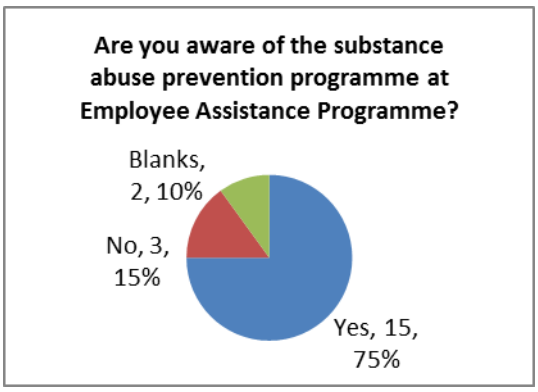


Figure 4.36 Metro: Mitigate Substance use



When asking respondents if they were aware of the substance abuse prevention programme of the Employee Assistance Programme, 15 respondents (75%) from both the Fire and Rescue Service and the Metro Police confirmed they were aware of the programme. Five (25%) from the Fire and Rescue Service and three (15%) from the Metro Police were unaware of the programme and two (10%) did not answer the question.

> *The things are there, bu. we get thrown to the EAP - an assistance programme. And when we get there, I will say it as it is because I have been there before I do not get the professional help I needed and they always say the EAP is there to help us. That needs to be looked at-- we go to EAP but we do not get the help we need to help us. What is the point of going there and you do not the treatment that is needed? Council does mean good but the guys need to talk. We have divisional commanders and station commanders, come and talk to us maybe monthly to ask the guys if there are any problems. They call us in one at a time, just to find out how things are and how we are doing. The EAP should play a better role for us. They should come out to us and talk to us.* (F&RS)

> *Currently, what also stresses the guys; there is a policy on transfers and transfers taking place, I know when I was transferred from Parow to Goodwood, the first month I went to EAP already because the stress of the new job and new roads I had to travel and*

it's a thing where you have to do it. It's on paper so you have to go. There is no choice about it. They tell you first move then complain after. That is stressful. (F&RS)

Yes they do protect staff, because if you have a problem there are various roots you can follow. There is EAP and they can help you by sending you to an institution. But it also depends on you as a person, if you are going to open your mouth and inform the people about your problem. They won't be able to help you if you don't open your mouth. (MP)

I am not too sure, but I believe they have a programme EAP/ employee wellness programme to assist employees, but I think that is a reactive measure, they should have a more proactive measure, why wait till someone has come to the fore, or has been directed or reverted to them for treatment instead of going out there and be proactive in their approach. When reactive it could prevent many things and can be to the detriment of the employee. (MP)

We have EAP and unfortunately I feel that EAP is only activated when people feel that they are in trouble - at work. (MP)

I know of one instance one guy was caught and gave him a written warning, and I know one guy was sent away to this special programme, I don't know what they call it, a place in Kenilworth, for rehabilitation. (MP)

Staff are aware of the Employee Assistance Programme for employees with substance abuse problems, and the qualitative responses provide clear indication that although it is available, it is not able to deal with the real, deeper problems. However, this is a reactive measure and is activated when staff are in trouble rather than in the early stages of the problem. Respondents also indicate they need constant debriefing and do not want to be sent away when the person has become irritated or overtired. Alternative staff should be ensured to take over.

4.9 Main Findings

- There is a prevalence of employees coming to work/reporting for duty while still suffering the effects of over-indulgence in alcohol and this is accepted as a norm, with such staff are being protected by their colleagues.
- The staff members in participating departments, the Fire and Rescue Service and the Metro Police, work in highly stressful and traumatic environments.
- There is a lack of debriefing and regular counselling after call-outs.
- Staff feel that management does not care and are tardy in providing support to them.
- There is a lack of trust between management and staff and among staff.
- The Safety and Security Directorate and the City of Cape Town provide support to staff but it is reactive and does not meet the needs of staff within the Fire and Rescue Service and the Metro Police.
- The Employee Assistance Programme does not provide for the needs of staff in the Fire and Rescue Service and the Metro Police.

4.10 Conclusion

This chapter has presented and discussed quantitative and qualitative empirical findings of the study and has explored the following themes: (1) workplace environment, (2) group processes, (3) perceptions and tolerance of co-workers who use alcohol or drugs, and (4) attitudes toward policy; as well as the research questions,

RQ1: What is the extent of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town*?*

RQ2: What mechanisms are in place to mitigate this and to ensure that appropriate services are rendered to employees?"

The final chapter will be presented next and will outline the main findings of the study, provide recommendations and conclude the research paper.

Chapter 5: Summary of Chapters, Summary of Findings and Recommendations

5.1 Introduction

This chapter will present a summary of the thesis/each chapter within the thesis as well as to present the main findings of the study. Furthermore, it will make recommendations to the Directorate of Safety and Security, specifically about substance abuse prevention within the department.

5.2 Summary of Thesis

Chapter 1 provides an introduction of the study by providing a background to the international, regional and local context of substance use and the history thereof. The theoretical framework is provided, which focuses on the behavioural and social learning theories as well as contextualisation by clarifying various terms which provide insight into substance abuse. Factors contributing to misuse are explored as well as hazards associated with substance abuse for the individual employee and organisation. Public administration and public policy are also introduced in this chapter. The final section of Chapter 1 presents the research problem statement, design, methodology, data collection tools, analysis and ends with the ethics statement and declaration of plagiarism.

The four objectives of the study are (1) to develop a solid theoretical framework and literature review on workplace substance abuse, (2) to empirically assess the effectiveness of processes followed in City of Cape Town Municipality in terms of addressing substance

abuse, (3) to identify the relationship between the literature and empirical findings, and (4) to provide recommendations to the organisation.

Chapter 2 provides a historical overview of alcohol and drug abuse within South Africa and how political, economic and social changes made the population vulnerable and susceptible to substance use and abuse. Furthermore, the chapter provides theory on workplace substance abuse and concludes with the role of policy within the workplace relating to substance abuse.

The chapter aims to provide the reader with an overview of the historical role of alcohol and drugs in South Africa and to narrow down the phenomenon to a close context, the workplace, which will allow for closer examination.

Chapter 3 presents the case study: City of Cape Town Municipality, specifically the Safety and Security Directorate. An introduction to Cape Town is made, demonstrating its growth in recent years. It has identified the challenges and opportunities of the CCT including demographic, social, economy, natural wealth, and so on. The strategic intention; through the five pillars of implementation were also presented. Local government, its purpose and function was presented too.

This chapter successfully introduced the case study area as well as demonstrated the context in which it operates which provided a clear point of entry to explore the prevalence of workplace substance use/abuse.

Chapter 4 presents the empirical data which was both quantitative and qualitative. The quantitative data was presented by means of pie charts and supplemented with the qualitative narrative data. The four elements that create workplace psychosocial context: (1) workplace

environment, (2) group processes, (3) perceptions and tolerance of co-workers who use alcohol or drugs, and (4) attitudes toward policy (Bennett, Lehman, and Reynolds, 2000: 159) as well as the research questions "What is the extent of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town?" and "What mechanisms are in place to mitigate this and to ensure that appropriate services are rendered to employees?" guided the data collection process.

An analysis of each theme is presented as well as the main findings.

Chapter 5 provides a summary of the thesis per chapter, followed by the main research findings, and provides recommendations to the Safety and Security Directorate. The limitations to the study will be stated how these were overcome these, and a conclusion to the study is provided. Main findings of the empirical data analysis will be presented next.

5.3 Research Findings and Recommendations

5.3.1 Workplace environment

The workplace environment was explored and unanimous responses were received stating that the working environment is highly stressful and at times traumatic. There are internal issues that compound the work dynamics like staff transfers, lack of trust and managers not caring about the interests of staff. Few of the respondents admit that there is a substance use problem within their Department but qualitative responses indicate a high prevalence of substance use problems in the Safety and Security Directorate and in the City of Cape Town Municipality. One respondent identified the shift work as problematic because employees are disconnected from the normal patterns of family life, which could isolate staff.

Recommendation: Managers should be more responsive to and proactive toward the wellbeing of their staff. Routine sessions with managers and staff, that is, one-on-one and group sessions to discuss work and issues relating to work as well as how work affects staff personally should be held. These should not take the same format as staff meetings but should be a platform for discussions on the 'soft' issues. A trusting relationship should be fostered among staff and between staff and management to promote support.

5.3.2 Group processes

Group processes were explored by asking respondents how staff should be dealt with who consume substances at work and the majority of respondents indicated that staff should be rehabilitated. This is a positive response as colleagues all understand the pressures they are working in so are more prepared to offer assistance as opposed to reprimanding. Qualitative responses to this theme are much more negative and demonstrate the real struggle staff face when colleagues are under the influence of substances. The challenge of disconnectedness and lack of care is evident in all the themes and staff feel managers are tardy in providing support to staff.

Recommendation: Workshops should be held with each department and with each station/base to inform and create awareness for staff on all levels on substance abuse, interrelationship skills and to promote group support and build resilience.

5.3.3 Perceptions and tolerance of co-workers who use alcohol or drugs

The empirical findings relating to this theme demonstrate that some members of staff at work under the influence of substances. Qualitative responses report that many of the staff are

young and attend parties and come to work with a “hangover”. Throughout the empirical data there are traces of staff not reporting cases where colleagues are under the influence of substances at work and respondents have indicated that they think staff are protected by colleagues. Some of the responses have an undertone of disapproval of staff who are under the influence of either drugs or alcohol, yet, such cases are seldom reported.

Recommendations: Staff members should be encouraged to report incidences where colleagues report to work under the influence of substances and when reporting for duty and staff should be screened for substance use.

5.3.4 Attitudes toward policy

Most quantitative respondents are aware of the substance abuse policy within the Safety and Security Directorate and some are of the opinion that the policy is effective. Qualitative responses provided detail to the context and indicate that though there are policies in place that provide support to staff, implementation is not uniform across departments and varies depending on the manager. The challenge of management not caring about staff wellbeing related to substance abuse is raised numerous times throughout the empirical findings.

Recommendation: An implementation plan should be added to the substance abuse policy to have a uniform approach and equal service to all staff.

5.3.5 What is the extent of workplace substance abuse within the Safety and Security Directorate in the City of Cape Town?

Personal and workplace substance use patterns were explored empirically and it was found that many of the respondents do consume alcohol in their personal time but there is a low

prevalence of staff members consuming alcohol in the workplace. A surprising finding to this theme was the very high prevalence of reports of staff coming to work with a hangover or still under the influence and how it seems to be accepted by peers and immediate superiors. Qualitative findings were more detailed and explained how this put more pressure on the sober staff and how in some instances, those with hangovers would just be worked harder. A gap was identified between personal and workplace patterns and the extent of coming to work under the influence of substances as well as the number of non-responses (respondents not answering).

Recommendation: Staff should be randomly and regularly inspected when reporting for duty, especially on shifts over the weekend period, and be held accountable or sent home when reporting whilst under the influence of substances or suffering from the effects of over-indulgence. Regular and random alcohol and drug tests should be administered to staff of all levels within the department. An open, trusting environment should be created so staff feel free and safe to speak about possible problems and to report colleagues with problems.

5.3.6 What mechanisms are in place to mitigate this and to ensure that appropriate services are rendered to employees?

Respondents were asked about the support mechanisms that exist when they experience work-related trauma and stress, and a large number of the respondents reported that there are formal support mechanisms in place but that they are not able to meet the needs of the staff within Fire and Rescue Service and Metro Police. Respondents felt that the support was reactive and only initiated when a member of staff was in trouble and required a means to escape.

Recommendations: Fire and Rescue Service and Metro Police should develop an internal support structure for each region which is a permanent structure or resource available to staff, for example, to have a full-time counsellor per region for personal and work-related issues as well as trauma debriefing, which should be compulsory.

5.4 Limitations to the Study

During the research process, I, the researcher, did not experience many research challenges as I am an employee of the Safety and Security Directorate, working on the substance abuse prevention programme. Permission was granted by the Executive Director to conduct the empirical study, which enabled access to employees for data collection. Two limitations were experienced and are described below:

- The literature on substance abuse is limited and much is outdated. Only a few authors/researchers offer recent South African data. This was overcome by drawing on the old and new literature and on work done by the Medical Research Council as its researchers conducted a similar study in 2012.
- Not all qualitative responses could be included because of the large volume of data collected. All quantitative data are included, which makes quantitative data more representative of the population. I, the researcher, overcame this by making reference to both the qualitative and quantitative data responses.

5.5 Conclusion

Substance abuse in the workplace poses potential disaster for the individual, the family and the organisation, and it influences productivity and sustainability thereof. The aim of this

research was to empirically assess the existence of substance abuse within the Safety and Security Directorate of the City of Cape Town. Four specific objectives were set. These are to: (1) develop a solid theoretical framework and literature review on workplace substance abuse, (2) empirically assess the effectiveness of processes followed in the City of Cape Town Municipality in terms of addressing substance abuse, (3) identify the relationship between the literature and empirical findings, and (4) provide recommendations to the organisation. These objectives were successfully achieved and an answer was provided to the research questions. In conclusion, I, the researcher, wish to thank the Safety and Security Directorate for providing permission to embark on this learning process, both in terms of learning of the research process as well as learning about substance abuse within the Safety and Security Directorate. Much more needs to be done to ensure workers are supported and protected (emotionally especially) on both a policy and implementation level. Awareness needs to be created for alternative support mechanisms and to promote non-abusive manners of dealing with stress and trauma. As an employer, this study has motivated me to continue working for substance abuse prevention.

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Annexure 1: Quantitative Questionnaire

Dear Respondent.

Thank you for agreeing to participate in this study.

The questions will be geared toward substance use in your personal and professional life, as well as your experience thereof in the workplace. Please be reminded that the information provided herein is completely confidential and is all aimed at obtaining an understanding of the substance use prevalence within the Safety and Security Directorate in order to develop suitable responses and support for staff. Participating in this study will not have any implications whatsoever to your position or function.

1	**Demographics (please select most applicable option)**	
1.1	Age	10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐
1.2	Gender	Female ☐ Male ☐
1.3	Race	Black ☐ Coloured ☐ Indian ☐ White ☐ Other ☐
1.4	Position	☐ ☐ ☐ ☐ ☐ ☐ ☐
1.5	Residential Area	
1.6	Work Location	

2	**Personal substance use patterns**	
2.1	Do you consume **alcohol** in your personal time? *If no, go to question 2.9*	No☐ Yes☐
2.2	How often do you consume alcohol?	Daily☐ Weekly☐ Monthly☐
2.3	Do you consider your drinking as problematic?	No☐ Yes☐
2.4	Does your family or friends consider your drinking problematic?	No☐ Yes☐
2.5	Does drinking affect your personal relationships positively?	No☐ Yes☐
2.6	Does drinking affect your personal relationships negatively?	No☐ Yes☐
2.7	Have you come to work after drinking the night before?	No☐ Yes☐
2.8	Have you come to work after drinking with a hangover?	No☐ Yes☐
2.9	Do you consume **drugs** in your personal time? *If no, go to question 3*	No☐ Yes☐

2.10	How often do you consume drugs?	Daily☐ Weekly☐ Monthly☐
2.11	Do you consider your drug use as problematic?	No☐ Yes☐
2.12	Do your family or friends consider your drug use problematic?	No☐ Yes☐
2.13	Does drug use affect your personal relationships positively?	No☐ Yes☐
2.14	Does drug use affect your personal relationships negatively?	No☐ Yes☐
2.15	Have you come to work after consuming drugs the night before?	No☐ Yes☐
2.15	Have you ever consumed drugs in the workplace?	No☐ Yes☐
3	**Workplace substance users**	
3.1	How regularly do you consume alcohol and or drugs in the workplace?	Daily☐ Weekly☐ Monthly☐

3.3	In the past 3 months how many times have you consumed alcohol at work?	1-12☐ 13-24☐ 25-36☐
3.4	Have you ever been unable to perform your duties at work due to intoxication?	No☐ Yes☐
3.5	Have you slept during working hours due to intoxication	No☐ Yes☐
3.6	When having a drink at work, were you better able to do your job?	No☐ Yes☐
3.7	When having a drink at work, were you unable to do your job?	No☐ Yes☐
3.8	When having a drink at work, were you aggressive, irritated, or upset?	No☐ Yes☐
3.9	When having a drink at work were you more sociable, happy or excited about your work?	No☐ Yes☐
4	**Workplace environment**	
4.1	Do you think the workplace is suitable for consuming alcohol/drugs?	No☐ Yes☐
4.2	Do you think work related stress contributes to alcohol/drugs use at work?	No☐ Yes☐

4.3	Do you think it is safe for staff to consume alcohol/drugs at work?	No☐ Yes☐
4.4	Are staff members able to consume alcohol/drugs without being discovered?	No☐ Yes☐
4.5	Does the Department offer support to employees who experience work related stress?	No☐ Yes☐
4.6	Does the Department offer support to employees who experience work related trauma?	No☐ Yes☐
4.7	Do you think work-related trauma contributes to alcohol/drug use at work?	No☐ Yes☐
4.8	Are you aware of the substance abuse prevention programme at Employee Assistance Programme?	No☐ Yes☐
5	**Perceptions and tolerance of co-workers who use alcohol or drugs**	
5.1	Are you aware of a colleague consuming alcohol/drugs in the workplace?	No☐ Yes☐
5.2	How regularly do colleague(s) consume alcohol/drugs at the workplace?	☐ ☐
5.3	Has a colleague come to work under the influence of alcohol/drugs?	No☐ Yes☐
5.4	Are persons under the influence of alcohol/drugs at work	No☐

	protected by colleagues?	Yes☐
5.5	Are staff at risk when under the influence of alcohol/drugs?	No☐ Yes☐
5.6	Do you know of colleagues with substance use problems?	No☐ Yes☐
5.7	Do you think staff members who consume substances at work should be	☐ Disciplined ☐ Fired ☐ Rehabilitated ☐ Suspended ☐ Transferred
6	**Preventative Measures**	
6.1	Does the Department have support structures for staff who consume substances at work?	No☐ Yes☐
6.2	Does the City of Cape town have a substance abuse policy?	No☐ Yes☐
6.3	Does the Safety and Security Directorate have a substance abuse policy?	No☐ Yes☐
6.4	Has the substance abuse policy been distributed to all staff?	No☐ Yes☐
6.5	Do you think the substance abuse policy is effective?	No☐

		Yes☐
6.6	Do you think workplace substance use is a problem within your Department?	No☐ Yes☐
7	**Additional Comments**	
7.1		

Thank you for participating in the study, your time and information are highly appreciated and will assist in providing recommendations to the Department to provide improved support to staff.

Annexure 2: Qualitative Semi-Structured Questionnaire

Dear Respondent.

Thank you for agreeing to participate in this study.

The questions will be geared toward substance use in your personal and professional life, as well as your experience thereof in the workplace. Please be reminded that the information provided herein is completely confidential and is all aimed at obtaining an understanding of the substance use prevalence within the Safety and Security Directorate in order to develop suitable responses and support for staff. Participating in this study will not have any implications whatsoever to your position or function.

Personal and Workplace Substance use Patterns

1. **What are your personal substance use patterns**?
    - Drinking weekends – how regularly?, only at parties?, with who?, where: home or when out at clubs or friends?

2. **What are your substance use patterns in the workplace?**
    - Hang-over? Consumed at work? Do colleagues know that you have consumed at work? Do you feel good or bad when consuming at work? Does it affect you positively or negatively at work? Sleep on the job?

3. **What are the substance use patterns in the workplace? Relating specifically to colleagues**

- Have you seen/do you know of colleagues consuming substances in the workplace? Do you treat them differently when they are under the influence or not? Have you reported them?

4. **How do you think the working environment influences substance use patterns of staff?**

    - Too little or too much supervision? The physical space is conducive or not? The work is stressful and traumatic?

5. **How do you think the Department or the City support staff within the Safety and Security Directorate?**

    - Policies in place to protect staff? Counselling or psychological support? Motivated environment? Are staff looked after? Support for staff with substance use problems?

Any other contributions to the discussion…

Thank you for participating in the study, your time and information are highly appreciated and will assist in providing recommendations to the Department to provide improved support to staff.

Annexure 3: Qualitative Focus Group Semi-Structured Questionnaire

Dear Respondent

Thank you for agreeing to participate in this study.

The questions will be geared toward substance use in your personal and professional life, as well as your experience thereof in the workplace. Please be reminded that the information provided herein is completely confidential and is all aimed at obtaining an understanding of the substance use prevalence within the Safety and Security Department in order to develop suitable responses and support for staff. Participating in this study will not have any implications whatsoever to your position or function.

1. **What are the substance use patterns at work? Relating specifically to colleagues**

2. **How do you think the workplace environment influences substance use patterns of staff?**

3. **What are your personal substance use patterns**?

4. **How do you think the Department or the City support staff within the Safety and Security Directorate?**

Any other contributions to the discussion…

Thank you for participating in the study, your time and information are highly appreciated and will assist in providing recommendations to the department to provide improved support to staff.

Annexure 4: Observation Sheet

Date:

1	**Observation**	
1.1	Responsive Unresponsive	☐ ☐
Notes:		
1.2	Comfortable Uncomfortable	☐ ☐
Notes:		
1.3	Accepting Argumentative Dismissive	☐ ☐ ☐
Notes:		

1.4	Eye Contact	☐Yes ☐No
Notes:		
1.5	Body Posture	☐ Open ☐ Closed ☐ Relaxed ☐ Tense ☐ Wrest less
Notes:		
1.6	Hand Movement	☐ Crossed Arms ☐ Hands on Table ☐ Hands below Table ☐ Sitting on Hands ☐ Hand touching face
Notes:		

2	**Additional Comments**