

UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES
DEPARTMENT OF SOCIAL WORK

**ALCOHOL-USE AT THE WORKPLACE: THE CASE OF POLICE DIVISIONS
OPERATING UNDER THE ACCRA REGIONAL COMMAND OF THE GHANA
POLICE SERVICE**

BY

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**A THESIS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF
MPHIL SOCIAL WORK DEGREE**



DEPARTMENT OF SOCIAL WORK

JUNE, 2016

DECLARATION

I, Herman Nuake Kofi Agboh, do hereby declare that, with the exception of other scholarly works which have been duly acknowledged in this research, this dissertation, titled “ALCOHOL-USE AT THE WORKPLACE: THE CASE OF POLICE DIVISIONS OPERATING UNDER THE ACCRA REGIONAL COMMAND OF THE GHANA POLICE SERVICE,” was achieved independently under the supervision of Prof. Kwaku Osei-Hwedie; and that this dissertation, either whole or in part, has not been presented elsewhere for another degree.

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DEDICATION

I dedicate this work to the Almighty God, Jehovah, who granted me the strength and wisdom to produce this work; and to my dear parents, and sister; Mr. Herman K. Agboh Snr., Ms. Nelly Akosua Katapu and Ms. Edith Abra Agboh, who have been my main source of support and encouragement throughout the pursuit of my M.Phil. Degree.



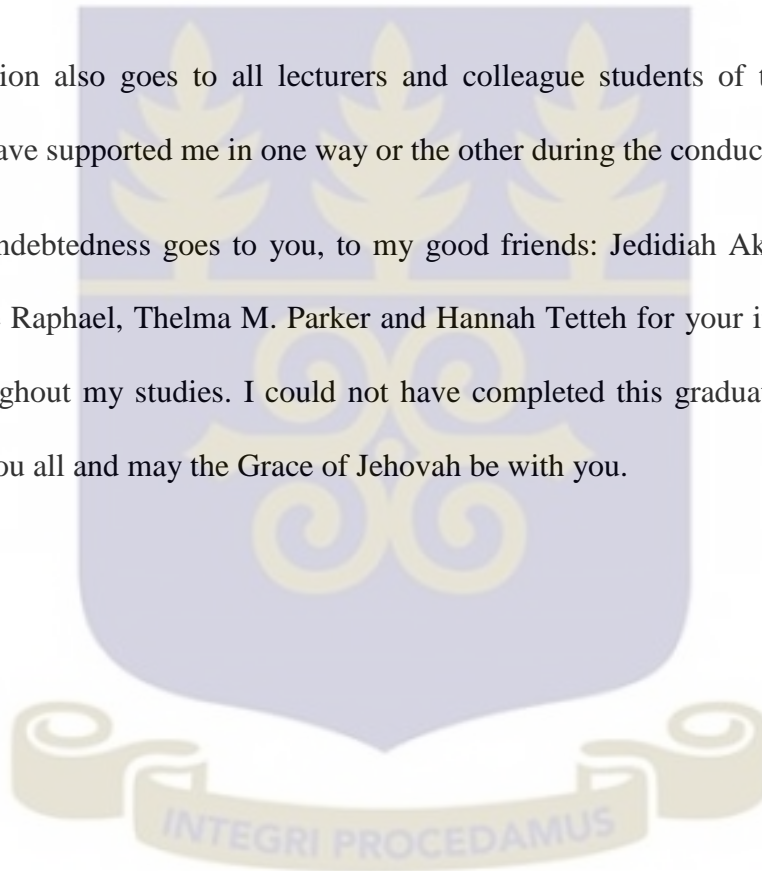
ACKNOWLEDGEMENT

I am highly grateful to Jehovah for His grace and mercy upon my life throughout my coursework.

I am also deeply grateful to my academic supervisor, Prof. Kweku Osei-Hwedie for his patience, guidance and support throughout this study. I also want to say a big “thank you” to Dr. Doris Akyere Boateng and Dr. Emma S. Hamenoo of the Department of Social Work, for their support and important directives.

My appreciation also goes to all lecturers and colleague students of the University of Ghana who have supported me in one way or the other during the conduct of this study.

Finally, my indebtedness goes to you, to my good friends: Jedidiah Akoi-Jackson, Elvis Opeku, Dotse Raphael, Thelma M. Parker and Hannah Tetteh for your immense help and support throughout my studies. I could not have completed this graduate course without you. Thank you all and may the Grace of Jehovah be with you.



ABSTRACT

Introduction –Alcohol-use at the workplace has been on the increase in recent times. Due in part to certain operational and functional demands at the workplace, employees of various organizations, including the police force have resorted to drinking alcohol before, during and after work, with dire ramifications on both the organization as a corporate body and the employees’ physical, social and psychological health as individuals.

Method - A cross sectional survey design involving self-completed questionnaires administered from November, 2015 to February, 2016 was used to collect data from three police divisions operating under the Accra Regional Command of the Ghana Police Service. A total of 200 surveys were successfully returned and used for analysis. Data entry and analysis was done using the Statistical Package for Social Science (SPSS Version 20) and Microsoft Excel 2010. Linear Regression Analyses was then used to test for hypotheses, with $P < 0.05$ denoting the statistical significance.

Results -The study revealed a high prevalence of alcohol use in the study population, with officers who are married, parents and the male recording a higher intake of alcohol. The study exposed the ignorance of the police about the usefulness of substance abuse programs; and considered operational and functional demands at the workplace, including influence from colleagues’ behaviours, as some of the causes of alcohol use at the workplace. Some of the effects recorded include low productivity, recklessness, medical conditions/hangover, misconducts, etc.

Conclusion - There is the need for an effective substance abuse program distributed across every police station in Ghana, and managed by trained Social Workers to help officers who drink alcohol or at risk of drinking. In this case, police officers who drink would not be treated as offenders, but as people with respect and dignity who needed professional help in order to function again.

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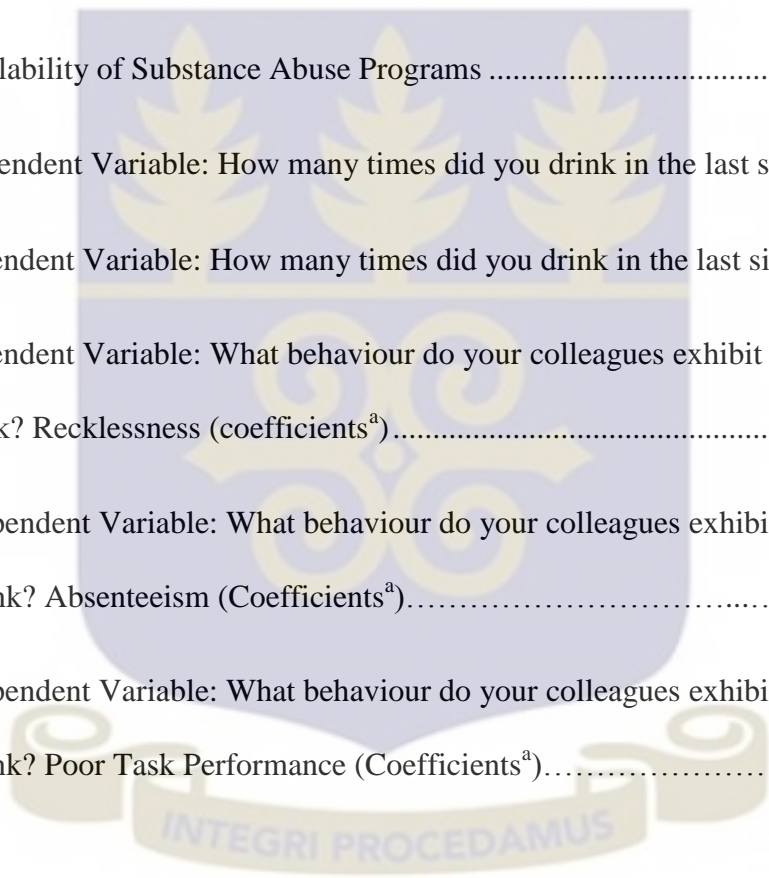
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LIST OF ABBREVIATIONS

AMA	Accra Metropolitan Assembly
AdMA	Adenta Municipal assembly
EAP	Employee Assistance program
GEMA	Ga East Municipal Assembly
GPS	Ghana Police Service
GSS	Ghana Statistical Service
LANMMA	La-Nkwantanang Madina Municipal Assembly
OHSC	Occupational Health and Safety Commission
SPSS	Statistical Package for Social Sciences
WHO	World Health Organization



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

There are several brands of alcoholic beverages now available on the open market for purchase and consumption. Alcohol use is not entirely bad. However, workplace drinking and its resultant problems, including workplace violence, mobbing, work related stress, and cardiovascular illnesses, constitute one of the commonly reported cases of death and incapacitation in most developing countries including Ghana (WHO, 2004).

The history of alcohol can be traced back to human origin (Smart, 2007). Alcohol has been with human generations as far back as 7000 BC (McGovern, Zhang, Tang, Zhang, Hall, et al., 2004).

The drinking pattern of Alcohol in Africa is mostly ceremonial and event-based, and hardly meant for commercial purposes (WHO, 2002). Its consumption has been considered normal, especially when taken without getting drunk. Some scholars have also documented that in Africa “if one drinks, one usually drinks to get drunk, and the main alternative to being a regular heavy drinker is to be a total abstainer” (Cuellar, Arnold, & Gonzalez, 1995; James, & Jones, 1974; Odejide et al 1999; Odejide 2006). In most sub-Saharan African countries, alcoholic beverages are generally home-made, brewed by women and drunk mainly by older men (Bennett, Reynolds, & Lehman, 2004; Cole, M. 1996). Locally brewed alcoholic drinks in Ghana include “Pito” (made from millet), palm wine – also called “nsafufuo” (produced from sugary palm saps), “apketeshie” – local gin (made from fermented palm wine and sugarcane juice), and “brukutu” – a vinegar-like flavour prepared from sorghum grains (Amoah, Owusu, & Adjei, 2002). Drinking alcohol beverages was initially reserved for adult men and older people who played a crucial role

in the political, religious and socio-economic relationships of the society (Oshodin, 1995; Odejide 2006).

The use of alcohol in Ghana originally was strongly linked to customary and cultural practices (WHO, 2004). In recent times, however, there has been records of alcohol use among the youth, women and children in particular. This new trends in alcohol consumption in Ghana can be attributed to political, economic social and cultural changes. Politically, the legalization of alcohol in Ghana has culminated in the production of the substance on a large scale for nation-wide consumption (Akyeampong, 2001). Alcohol played much more than strengthening social cohesion among Ghanaians as they brewed the beverage together. It also served as a tool for imperial control and revenue source for western traders (Bowdich, cited in Willis, 2006 p.5). Economically, the impact of marketing policies on the production and patronage of alcohol in Ghana cannot be over-emphasized. The large profits made by production factories have been ploughed back to expand their returns, known as ‘investment behind the brand;’ or marketing to enhance consumers’ affiliation to a particular brand (Hill, 2008).

Several marketing strategies are employed to make alcoholic beverages attractive to Ghanaians. These strategies, among others, includes branded screen savers for cell phones and computers (Center on Alcohol Marketing and Youth, 2004; Gordon, 2011), print and electronic advertisements, product placement in films and music, organization of branded events, etc. (Hanewinkel, Tanski, & Sargent, 2007; Mosher, 2005). Coupled with the influence of colonialism and influx of foreign cultures, alcoholic beverages from western countries became readily available to the old and young, male and female, and at the workplace on commercial basis (Dumbili, 2013). The Food and Agriculture Organization of the United Nations World Drink Trends (2003), recorded a per capita consumption of alcohol (beer, spirit and wine) of Ghanaians aged 15 years and above at 1.6 litres daily

(Global Status Report on alcohol, 2004). Thus, Ghanaians consume about 3 million litres of alcohol annually.

Since majority of adults spend significant proportion of their time at the workplace, the workplace has become a risk factor for alcoholism and harmful alcohol use (Anderson, 2012). While personal factors can act as a contributing factor to this menace, organizational causes are equally responsible for workers alcohol use (Shain, & Kramer, 2004). Philosophies that see individual behaviour as a contributing factor to alcohol use at the workplace, point out what employees bring with them to the workplace in terms of personal resources, health practices, beliefs, attitudes, values and hereditary endowments as reasons for drinking at the workplace. Personal stress management, fitness, smoking cessation, back care, weight reduction/nutrition and/or medication have also been raised as precursors to alcohol use at the workplace.

On the other side, the influence of the workplace on employees, in terms of the work structure, organizational culture and psychosocial constraints have been raised as motivators to alcohol use at the workplace. This perspective looks at several organizational factors outside the individuals control as the focus for any intervention to correct the anomaly (Kuhn, Beermann, Henke, 2001; European Network for Workplace Health Promotion, 1999). The environmental approach to the study of alcohol use at the workplace considers work life (e.g. stress, alienation and job satisfaction), social control (policies, visibility and mobility), alcohol availability (physical and social), and sociocultural norms (alcohol belief, tradition and rituals) as specific cause of alcohol consumption on-the-job, before coming to work, during break and after work (Ames et al., 2000). Other ways in which the workplace can influence workers to drink include the perceived ease of obtaining alcohol at the workplace, the extent to which colleagues use

alcohol or work while impaired by alcohol, and the extent to which social networks at the workplace approve of the use of alcohol during working hours (Frone & Brown, 2010).

Most countries have restrictions on alcohol consumption in different settings. These regulations may apply to the whole population of the country or a segment of them. Additionally, the ban may vary from partial restrictions to voluntary or local government agreements and no restrictions. A partial restriction implies the ban on drinking certain beverages at a certain time and place. Voluntary or Local agreement mean that local governments and municipalities have their own regulations that can vary from state to state, and may have restrictions that people voluntarily follow (WHO, 2004). A research conducted in Austria shows that 68% of the workplaces had a negative attitude towards alcohol consumption, and have thereby imposed absolute abstinence rules during working hours; 24% are neutral towards the use of alcohol during working hours; and 8% approve alcohol use during work hours. It was also realised that people working under strict alcohol restricted workplaces drink less than those in the more ‘‘alcohol-friendly’’ workplaces (Federal Ministry of Labour, 1999, cited in WHO, 2012).

A study conducted by The World Hypertension League establishes a strong correlation between alcohol intake and high blood pressure and hypertension (MacMahon, 1987). With increase in alcohol consumption, 53% of the people who drink alcohol are four times likely to experience systolic hypertension, and three times likely to contract diastolic hypertension, than non-drinkers. (Riley, Marchall, & World Health Organization, 1999). Overall, alcohol use has a causal relationship with 60 types of diseases and injuries (WHO, 2002). Most prominent symptom for neurological mal-performance for alcohol drinkers is the issue of hangovers. Visible symptoms of hangover include headache, nausea, and fatigue, among others (Prag, et al., 2008; Stephens, et al., 2008). Duties such as codification and identification, visual, memory and intellectual processing

(McKINNEY, et al., 2004; Kim, et al., 2003), time reaction errors, and sustained attention and motor coordination, provided a negative performance levels of neurocognitive measures with increase in alcohol consumption (Verster, et al., 2003). Out of 2 billion estimated drinkers of alcohol globally, about 76.3 million of them are diagnosed with cognitive impairments (Riley, Marchall, & World Health Organization, 1999; WHO, 2011). Globally about 1.8 million (3.2%) people die from alcohol consumption attributable to diseases, violence and injury (falls, drowning, burns, accidents, etc.) resulting from drinking alcohol (WHO, 2004; WHO, 2007; Frone, 2008; Normand et al., 1994).

Alcohol use has been associated with criminal activities including intentional and unintentional injuries (Hingson, et al. 2000; Hingson, et al. 2003), unplanned and unprotected sex (Hingson, et al., 2000), involvement in physical fights (Hingson, et al. 2001), suicidal tendencies and attempts (Swahn, et al., 2008), bully, harassment, among others, that constitutes violence and aggression towards another person. In a Federal survey of workers, 42% of female workers reported being harassed sexually (US merit Systems Protection Board, 1981; Gutek, 1985; Richman et al. 1999). In relation to the correlation between alcohol and sexual harassment, Richman et al (1999) opines that both harassment and abuse at the workplace are related to heavy episodes of drinking and prescription drug use, also, harassment and abuse that take the form of disrespectful behaviours, bribes and/or threats are related to drinking and intoxication. This study is designed to prove that, people's natural abilities to control their behaviours are hampered with excessive drinking of alcohol (Mulvihill et al, 1997). As a result harmful drinkers tend to act impulsively, contributing to dangerous sexual behaviours (Cooper, 2002: Griffin et al., 2012).

Employee Assistant Programs (EAP) have been an effective antidote adopted by different organizations in the Western countries to treat substance abuse, and to help contribute to a healthier and more a productive workforce. Since most adults who drink are also employed, the workplace provides a unique opportunity to address the entire spectrum of substance use. A study conducted in the USA reveals an estimation of 29% of full time workers engaged in binge drinking; that is, consuming five or more drinks on the same occasion on at least 1 day in the past 30 days (Substance Abuse and Mental Health Services Administration 2009), and 8% engaged in heavy drinking (Abuse, 2007). EAP is an intervention technique designed out of occupational alcohol programs for dealing with behavioural health problems at the workplace across the globe (Merrick et al., 2007). The presence of an EAP demonstrates a strong culture of an organization that stresses proactive measures to address employees' behavioural health problems to enhance organizational effectiveness (Blum, et al. 1990).

Ghana Police Service is the main law enforcement agency in Ghana, centralized at the national level with a central command under the Inspector General of Police (IGP) whose power emanates from the 1992 constitution of Ghana, and the Police Service Act, 1970 (350). The attainment of republican status in 1960 saw the changing of the name Ghana Police Force to Ghana police Service. In 1959, the first police school was opened in Ghana which replaced the initial approach of the British crown, where all officers were sent to the United Kingdom to be trained (National Reconciliation Commission Report, 2004).

The Police Service Act, 1970 (350) sets out a number of functions of the police: The police shall prevent and detect crime, apprehend offenders, and maintain public order and safety of persons and properties. The vision of the Service is to be a world-class Police Service capable of delivering planned, democratic, proactive and peaceful services up to standards of international best practice and encouraged to strive at all cost to uphold the

law in a courteous, fair, firm and impartial manner in order to win public confidence. They collaborate with the public to respond to natural disaster; and combat crime, paying critical attention to domestic violence and child abuse cases (Osei, 2008).

However, in carrying out their duties, the Ghana Police Service, as a corporate body, has come under strong criticisms from the general public concerning their mode of rendering services to Ghanaians. Misconducts in the area of sexual assault, torture, corruption and heavy alcoholism are reported regularly about officers in the service. Other reports also relates to violence among the force, especially clashes with civilians and the military, and its related deaths among officers of the Service (Human Rights Initiative, 2007; Schmtz, & Sikkink, 2012).

Having been made up of adult memberships only, with social networks and individual behaviours that create subcultures, the Ghana police Service present the best scenario of a corporate body to conduct this study. Additionally, the stress that comes with the job, coupled with the dangers associated with it, the Service tends to create stressors that culminate in the psychosocial problems that trigger alcohol usage. The study will concentrate on the experiences and problems of officers who drink, and the adequacy of remedial measures designed by the state to assist these officers. In other words, the study does not treat Police officers who drink alcohol as offenders who deserve to be punished; but rather as victims of psycho-sociocultural circumstances who needed help.

1.2 Statement of the problem

Although not entirely harmful to the human body, alcohol consumption has several health repercussions for consumers as well as people close to the drinkers. Specific effects of alcoholism include accidents and violence resulting in cuts, bruises, fractures, head injuries, burns, pneumonia and crime, among others. Whiles majority of the

aforementioned effects are personal, records have shown some devastating impacts of alcoholism in the home and at the workplace, such as child abuse, family breakup, alcohol syndrome, job loss, and low productivity (Bjerregard & Young, 1998). The Global Status Report on Alcohol (2004) ranked Ghana 132 out of 185 countries that permit alcohol consumption. In spite of the lack of available data on workers' alcohol consumption in Ghana; partly because of limited research in the area, it is still vital to consider the role alcohol use plays at the workplace. A survey conducted on the United States' workforce reveals that 30.6% of the working adults have taken an intoxicant at least once in the past year during or after work hours (Frone, 2008). This research explores the various ramifications of alcohol use on the worker, and its impact on productivity in the organization.

Drug and alcohol disorders increase the likelihood of absenteeism at the workplace. Common findings of research works show that workers exposed to such risk factors as abuse of alcohol, are 50% likely to be absent from work than employees who do not drink (Shain & Kramer, 2004; Ames, Grube, & Moore, 1997; Shand, & Fawcett, 2003). When compared to non-drinkers, workers who drink alcohol are more frequently absent from work, and less efficient in carrying out responsibilities (Riley, Marchall, & World Health Organization, 1999). The National Statistics Office of the United States recorded that out of 13.8 million days lost to work related absenteeism, 20% of the lost days are related to mental health conditions of which substance abuse and alcohol use are undisputable contributors.

Alcohol use at the workplace has a substantial effect on workers' performance and productivity. In their study on the impacts of alcoholic climate at the workplace, Bennett et al (2004) recorded that the presence of alcohol intake at the workplace has a direct relationship with job stress and job withdrawal, health problems that thwart productivity

and labour performance. Frone (2009) added that workplace substance abuse, including alcohol and drug-use negatively relates with workplace safety, and negatively relates to workers' morale. Bouchery et al (2011), in their study of the effects of alcohol use on productivity, states that, the largest losses in productivity at work comes from two areas; impaired productivity (45.9%), and loss productivity resulting from alcohol attributable deaths (40.3%). Reduction in labour force participation creates a loss of 2.5%, and labour force earning losses constituting 5.0% reduction in productivity. The costs from other effects include losses incurred due to involvement with the criminal justice system (55.7%) and motor vehicle crashes (36.4%).

A number of factors have been attributed to alcohol use at the work place which the study seeks to address. This includes employee control measures (Trice and Sonnenstuhl, 1990), culture and physical availability, alienation and stress (Ames and Janes, 1992; Trice and Sonnenstul, 1990), among others. Trice and Sonnenstul (1990) for instance, posit that common work stressors includes dangerous work conditions; noxious physical work environments like hot, cold, noisy, and/or dirty places; interpersonal conflicts with co-workers and supervisors; heavy workloads; job insecurity; machine work; etc.

Elliott and Shanahan (1994) found in a survey of 555 sergeants and senior sergeants in the Victorian Police Service, that 41 per cent reported drinking alcohol during working days. Reports from a more recent study on the Australian police also indicate that 33% of male and 24% of female police officers reported harmful consumption based on AUDIT scores (Davey, Obst, & Sheehan, 2000). The Ghana Police Service (GPS) is vested with the power to instil discipline and social order in the country. The Police Act 1970 (Act 350) defined the role of the police as the duty to prevent and detect crime, to apprehend offenders, and to maintain public order and the safety of persons and property. This

assignment encompasses various activities, including the need to forcefully arrest and detain suspected criminals (Agbewode 2006; Frimpong, 2005; Kewura, 2006) or kill a suspected armed criminal if other lives are considered to be in danger; acting as lifeguards during natural disasters like flood, collapse of buildings, toxic pollutions, and domestic and sectorial violence (BBC News Online, 2001).

These stressful responsibilities expose Ghana Police officers to extreme risk for alcohol abuse at the workplace. This also threatens the peace and safety of the country, as officers working under the influence of alcohol are most likely to be unethical and unnecessarily violent in carrying out their duties (Mulvihill et al, 1997; Griffin et al., 2012; Richman, et al., 1990, 1992); perpetuating injury and other oppressive injustices - the very reason for which the institution has been established (Atuguba, 2006; Tsidi, 2006). Other scholars show from studies conducted on the Ghana Police Service showed that many Police personnel were dismissed from the service on grounds of misconducts alone. Due to this vulnerability of Ghana's Police force, it is imperative that any study geared towards helping people who drink alcohol at work; or directed at enhancing organizational productivity, first focus attention on the Officers of the Law (Osei, 2008). This research therefore aims at investigating the risk factors for alcohol use by the officers of the Ghana Police Service in order to devise lasting remedy to ameliorate the problem.

1.3 Objectives of the study

The purpose of this study is to explore the various ramifications of alcohol use on employees' performance in the Ghana Police Service: Specifically, the study objectives are to:

1. To ascertain the prevalence of alcohol use among Ghana police officers.

2. To determine the effects of alcohol use by Ghana police officers on their effectiveness.
3. To investigate the bio-psychosocial causes of workplace alcohol use among police personnel in Ghana.
4. To analyse stressors in the organization and other causal factors in the workplace environment that creates the need to drink alcohol.
5. To examine the availability and accessibility of assistance programs used by Ghana Police Service to help officers who drink.

1.4 Research questions

1. What is the prevalence rate of alcohol use among officers of the Police force?
2. What effects does alcohol use have on the effectiveness of the Police in dispensing their duties?
3. What are the biological and psychosocial reasons for workplace drinking in the Ghana Police Service?
4. What occupational and organizational stressors are responsible for alcohol use in the Ghana Police Service?
5. What kind of remedial programs are available and accessible to the police officers to ameliorate the problem of workplace drinking?

1.5 Hypothesis

- H1). High-risk job responsibility is positively related to workplace alcohol use.
- H2). Perceived workplace norms are positively related to alcohol-use at the workplace.

H3). Workplace alcohol-use contributes significantly to employees' performance at the workplace.

1.6 Significance of the study

The outcome of this study would have both theoretical and organizational relevance.

Theoretically, not much research has been conducted on the issue of alcohol use at the workplace in Ghana. Additionally, due to the sensitive nature of a country's security, the security forces of Ghana have been ignored most often when it comes to investigations on substance abuse and its effects on the officers. This study is geared towards narrowing this research gap existing in the area of alcoholism at the workplace, and to provide additional foundation on which other research works can be done.

The study is also relevant for policy making and implementation. In the first place, it will inform managements of the Uniform Service about the welfare conditions of their employees. It will also enable security service providers to identify environmental factors, both internal and external to the organization that inhibit or motivate antisocial behaviours at the workplace. Thus, the outcome will inform policy-makers to create the right climate capable of nurturing good organizational behaviour that impacts positively on individual's social functional behaviour and productivity.

1.7 Definition of terms

- **Alcohol-use:** The drinking of beverages containing ethyl alcohol, irrespective of the quantity (whether moderately or heavily).
- **Hazardous drinking:** The daily or weekly binge drinking with episodes of drunkenness or frequent drunkenness. In other words, it is the consumption of five

or more drinks on the same occasion on at least one (1) day, or at least once a week (Almeida- Filho et al., 2004).

- **Light drinking:** Taking up to one or two drinks daily (Clausen, 2009).
- **Productivity:** This measures the extent to which the resources of an organization are being utilized effectively to reach its predetermined goal.
- **Workplace:** A place where one is employed or customarily does his/her work.
- **Command:** A territorial sub-division of an organization into administrative units to carry out tasks akin to those performed at the headquarters.
- **Workplace intervention:** A formal arrangement or scheme to improve both organizational and individual health, as well as help workers manage work stress.
- **High-risk job responsibility:** hazardous and dangerous duties/tasks.

1.8 Organisation of the study

This study is organized and presented in five broad chapters:

Chapter one is the introductory part which highlights the background of the study, the statement of the problem, the location of the research study area, objectives of the study, Research Questions and hypothesis, significance of the study, and the organization of the study. Chapter two dealt with the literature review and the theoretical framework. The third chapter described the methodologies used in conducting the study. This involves the study design, the research study area, target population, study population, sampling unit, sampling frame, sampling design, and sample size, method of data collection which involves the secondary and primary data, quantitative research, data handling and ethical consideration. In chapter four, the results were presented; the findings interpreted and discussed. Finally, chapter five, the last chapter, summarized the findings and presents recommendations.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Theoretical Framework

The Ecological Systems Theory

Several theories have contributed to our understanding of alcohol use at the workplace, and how it affects the operation and productivity of employees, and by extension, the organization itself. Specifically, the ecological systems theory offers detailed explanation to the prevalence of the alcohol use at the workplace. The theory was propounded by Urie Brofenbrenner (1979), and first introduced by McLeroy et al. (1988) to provide a detailed explanation behind people's behaviours, as well as their problems. It considers human actions and behaviour from the person-in-the-environment perspective: That is the interplay of personal and environmental elements; and the behaviour and constraints of an individual. The framework, in essence, shifts attention from the pathological view of human difficulties to a broader all-encompassing interrelationship of systems, and its effects on the individual's lifestyle (Compton, & Galaway, 1989; Preko et al., 2006; Kaplan, 1986). Our understanding of alcohol use can then be conceptualized within a matrix of bi-directional interactions that take place in the organization as a system; and between the individual worker's biological and psychological make-up and the social environment. This includes the social structures and institutions, organizational norms and cultures, job responsibilities and stress, among others.

Tension is also bound to occur when the inputs (energy, resources and information) from a system is either inadequate to meet the needs of the worker, or are very remote from the ability of the worker to access them. The instability and disorganization that plagues the worker as a result of the mismatch between resources and influences in the environment (inputs), and the worker's physiological and cognitive capabilities (output) is termed

entropy (Compton & Galaway, 1989). According to the ecological system perspective, factors associated with alcohol use and misuse can be linked to five main conditions of work organization (Marchand, et al. 2005): Task design (skill utilization, decision authority); work demands (physical: from the environment and from efforts made by the individual); psychological: (time pressure, quantity, conflict; contractual: hours worked, work schedule); social relations (harassment, unionization); and gratifications (job security, pay, prestige) (Marchand, 2008).

People consume alcohol at the workplace when stressed or depressed, when bullied, when unsatisfied with rewards for works done, and when living among sub – cultures that are permissive towards alcohol use. The ability of the person to function well is contingent on the ability to adjust to these circumstances effectively. A perfect adaptation results in homeostasis or stability (Compton and Galaway, 1989; Sheafor, Horejsi & Horejsi, 2000).

In short, the ecological systems theory helps to explain the interplay of environmental and biological factors that culminate in the need to drink alcohol. Thus, the kind of constraints and support (organizational culture) employees obtain from their organizations may influence their behaviour at the workplace. Organizational culture in this context encompasses competitive cultures, bureaucratic cultures (Authority structure), discipline (or permissiveness), job demands and community culture.

The ecological systems theory helps the researcher to first conceptualize organizations, as open systems that are made up of several sub-systems which interact to determine its overall effectiveness and efficiency. The theory provides that a system processes inputs into outputs from its internal or external environment and influence the operational efficiency of the organization. Thus the Ecological Systems Theory provides a perspective that helps the researcher to see how the interplay of the people's personal culture and

belief systems, and social-cultural beliefs and values influence the organizational culture and work ethics of the Ghana Police Service. It also offers the best framework for assisting employees recover from psycho-social and behavioural problems.

2.2 Literature Review

2.2.1 Introduction

There are several literature on alcohol use at the workplace (Marchand, 2008). Additionally, several workplace related explanations, such as placement in stressful or non-rewarding jobs, participation in job-based drinking networks, and absence of work-based social support have been offered to explain why some occupations are more associated with alcoholism than others (Shane, 2010; Violanti et al 2011). Alcohol-use can be defined as the drinking of beverages containing ethyl alcohol, irrespective of the quantity (whether moderate or heavily). For the purpose of this study, literature was reviewed around the following themes:

2.2.2 Prevalence of alcohol use at the workplace

In a national survey, using a sample of 2,805 employed adults, Frone (2006) indicated that work-related impairment directly affects an estimated 15 percent of the U.S. workforce (19.2 million workers). Based on the results of this survey, Frone (2006) estimated that 1.83 percent (2.3 million) of workers drink before work, 7.06 percent (8.9 million) of workers drink during the workday, 1.68 percent (2.1 million) of workers work while under the influence of alcohol, and 9.23 percent (11.6 million) of workers work with a hangover. These estimates are much greater in some occupations than others (Ames, et al., 2011).

2.2.3 Alcohol use and the uniform service

In recent years, the Ghana Police Service has come under severe criticism by the general public as a result of their alleged poor performance, giving rise to questions about the relevance of the ‘integrity’ attached to their motto “Service with Integrity” (Gyamfi, 2009; 2012). The media reported how people were accidentally killed or shot dead by Police officers and the umpteen attacks by armed robbers with even some Police personnel found in some occasions as members of the robbers’ gangs. Serious crimes such as murder, robbery, narcotic drug peddling and rape were perpetrated and in some cases some Policemen who were supposed to enforce the law were found to be engaged in such nefarious acts” (Gyamfi 2012).

The Country Reports on Human Rights Practices in Ghana released annually by the United States Department of State reports from the 2002 report that, “Security forces committed a number of unlawful killings of criminal suspects; and that the number of deaths reportedly caused by members of the security forces during the year was unavailable (U.S. Department of State, 2003). The report for instance revealed that on May 22, security forces broke into a house in the Odorkor neighbourhood of Accra and dragged two suspected armed robbers outside. They beat the men until one of them died. Additionally, on June 13, security forces responding to a robbery report killed four persons who later were reported to be members of a local neighbourhood watch committee. The worst case happened in May 2001, when 126 persons were crushed and trampled to death when police used tear gas to control a portion of the crowd who were vandalizing the stadium during a soccer match at the Accra Sports Stadium. An official Commission of Inquiry concluded that the police overreacted to fan vandalism and bore primary responsibility for the incident (U.S. Department of State, 2003).

In a study by Etannibi, Alemika, Innocent, & Chukwuma (2011) on Police Internal Control Systems in West Africa, the researchers discovered that Ghana's internal control mechanism for checking the ethical behaviour of the police registers a number of misconducts by police officers. For instance, Etannibi, and colleagues et al. (2011) reported several legal cases involving police officers who were arrested and tried for misconducts like misappropriation of exhibits, police brutality, withholding exhibits (evidence), involvement in armed robbery, loss of a rifle to a civilian and sleeping on duty, in the Ghana Police Service. Other minor offences that come under the Orderly-Room Trial (but which are not acts against civilians) are: growing beard, dirty in uniform, being late to a parade, being drunk in uniform, and leaving your beat (area of your patrol) before your duty tour ends.

Although none of these misconducts aforementioned has been directly linked to alcohol use, several other studies draw causal relationships between the aforementioned misconducts of Ghana police and alcohol use (Griffin et al., 2012; Hingson, et al. 2000; Hingson, et al. 2003; Kim, et al., 2003; McKKiNNey, et al., 2004; Richman et al. 1999; US merit Systems Protection Board, 1981; Verster, et al., 2003). Etannibi, & colleagues et al. (2011) discovery of drinking in uniform by Ghana Police officers, is a confirmation of the presence of alcohol-use menace among the Force.

To ameliorate the problem, Etannibi & colleagues et al. (2011) proposed that various mechanisms of internal control of the Police Service be harmonised and efficiently coordinated to better mould the conducts of police officers. This, they say, would require developing a deliberate communication strategy for informing and educating the general public on existing internal control mechanisms of the police and how to invoke them. Additionally, there is the need to provide a moral and intellectual leadership and guidance

to officers in charge of internal discipline, and also promote performance measurement of internal control systems to ensure their effectiveness in managing the human resource of the Service.

2.2.4 Effects of workplace alcohol use

Evidence from the work of Anderson (2012) show that alcohol, and in particular heavy drinking, increases the risk of unemployment and, for those in work, absenteeism and low performance. He asserts that alcohol, especially episodic heavy drinking, increases the risk of arriving late at work and leaving early or disciplinary suspension, resulting in loss of productivity; a higher turnover due to premature death; disciplinary problems or low productivity from the use of alcohol; inappropriate behaviour; theft and other crime; poor co-worker relations and low company morale. Anderson (2012) suggests that alcohol consumption may have more effect on productivity on the job than on the number of workdays missed. Overall, the costs of lost productivity feature as the dominant element in studies of the social costs arising from the harm done by alcohol, being about half of the total social cost of alcohol in Europe (Anderson, 2012).

Reliable data on the effects of alcohol abuse are difficult to obtain, in part because of the many individuals affected and the complexity of effects, but also because alcohol use is widespread, and for most individuals, a normal social custom. Moreover, the absence of information about individuals with alcohol-use problems who did not register for any formal treatment programs makes it difficult to assess the pervasiveness of the alcohol abuse problem and to document the impact of current alcoholism treatment efforts (Saxe, 1983).

Alcohol - especially when consumed in large quantities or habitually - is related to various health problems such as organ damage (particularly, the liver), brain dysfunction, cardiovascular disease, depression, diabetes, and mental disorders (Gray, et al., 2014; Saxe, et al. 1983; Wang, et al., 2009). Major conditions such as depression, dysthymia and decreased quality of life have been reported among treatment-seeking subjects with alcohol-related disorders (Driessen, et al., 2001; O'Donnell et al., 2006; Hasin et al., 2007). In addition to an increased risk of depression, the study indicates that 45% of alcohol-dependent individuals smoke cigarettes (Grant et al., 2004), and these smokers experience more depression, sleep disturbances and symptoms of unstoppable cravings (Hertling et al., 2005). Greenberg, et al. (2003), estimated that workplace alcohol attributed depression alone cost employers \$83 billion dollars in the form of loss of productivities in the year 2000.

Alcohol consumption also has a significant effect on mortality rates; in general, the life expectancy of alcoholics is 10 to 12 years shorter than average (6,198). Cirrhosis of the liver, a direct result of long-term alcohol consumption, is currently the fourth leading fatal disease in the United States.

In addition, alcoholics have significantly higher suicide rates than do non-alcoholics (up to 58 times greater in some groups of alcoholics) and accident rates that are significantly greater than normal. Each of these factors results in a significant number of deaths for individuals who abuse alcohol at all age levels (Saxe, 1983). In the report on drugs and addiction 2009 published by the German federal government, it was stated that approximately 9.5 million people in Germany consumed alcohol at a risky level (Bätzing, 2009). A total of 1.3 million of them were addicted to alcohol. About 73,000 people died as a result of alcohol consumption in Germany per year. The economic and social costs of

alcohol abuse are immense (World Health Organization, 2004). In terms of morbidity, it has been estimated that alcoholic patients comprise from so to 50 percent of all hospital admissions (120), excluding obstetrics. While these admissions are most often for other disorders, alcoholism complicates the patients' recovery.

Work-related employee substance use and impairment may be related to decreased productivity and increased risk of accidents and injuries at work (Frone, 2008; Normand et al., 1994). Last, exposure to employee substance use in the workplace is related to several negative outcomes (poor workplace safety, increased work strain, and decreased morale) among workers who do not use substances at work (Frone, 2009).

A large study of 13, 582 Australian workers found clear evidence for the impact of drinking patterns on absenteeism (Roche et al., 2008). Compared to low-risk drinkers, workers drinking at short-term high-risk levels (110 g alcohol or more on any one day for a man and 70 g alcohol or more on any one day for a woman) at least yearly, at least monthly or at least weekly were 3.1, 8.7 and 21.9 times, respectively, more likely to report alcohol-related absenteeism.

A further, less visible societal cost arises because of alcohol-related impairment in the morning after an evening's binge drinking—due to the so-called alcohol hangover. Estimating the societal costs of hangover quantitatively can provide inaccurate results when one considers effects such as lateness, accident risk, poorly performed work and disputes (Crofton, 1987) in addition to absenteeism, among others. A report by Pittler, Vester & Ernest, (2005), cites hangover cost estimates at \$14.2 billion (Australian Dollars – A\$); of which \$9.3 billion (Australian) resulted from lost productivity costs due to lost and wasted time because of the activities of heavy drinkers, while \$801 million

(Australian) was due to direct work-related costs spilt between extra hours worked and absenteeism.

Wiese et al. (2000) conducted a detailed systematic review of the causes, pathophysiological characteristics and treatment of alcohol-induced hangover. They defined hangover as ‘the presence of at least two symptoms (out of: headache, poor sense of overall wellbeing, diarrhoea, anorexia, tremulousness, fatigue, and nausea) occurring after the consumption and full metabolism of alcohol with sufficient severity to disrupt the performance of daily tasks and responsibilities’ (p. 898).

An Australian study which reviewed the magnitude and range of harm from alcohol to others (Laslett, et al., 2010) – found its impact on productivity to be important. The total cost of harm from people other than the drinker was Australian \$14.2 billion. Of this, A\$ 9.3 billion resulted from lost productivity costs due to lost and wasted time because of the activities of a heavy drinker, while \$ 801 million (Australian) was due to direct work-related costs split between extra hours worked (\$ 453 million - Australian) and absenteeism (\$ 348 million - Australian). The annual cost of extra hours worked by workers because of a co-worker’s drinking (A\$ 453 million - Australian) is comparable with estimates of absenteeism due to one’s own drinking (\$ 3 68 million (Australian), (Collins & Lapsley, 2008). Overall, it was found that the inclusion of harm done by alcohol to people other than the drinker, after deducting any double-counting, doubled the social costs from \$ 12.2 billion (Australian) to \$ 23.5 billion (Australian).

2.2.5 Bio-psychosocial determinants of workplace alcohol use

In the study on “Health Promotion in The Workplace: Framing the Concept; Reviewing the Evidence,” Shain & Kramer (2004) revealed the correlation between personal and

organizational conditions that serve as risk factors to workplace health and safety. They point out that what employees bring with them to the workplace in terms of personal resources, health practices, beliefs, attitudes, values, and hereditary endowments, either promote the health and safety of the employee, or otherwise.

Existing evidence show that alcohol use is influenced by genetic factors (Alcohol Health and Research World, 1995; Shuckit, 1999). Evidence coming from studies of family histories, twins and adopted children, different racial groups, and animals; all point towards this direction. The biologically inherited ability to drink also implies that, in those who are vulnerable, alcoholism is an inevitable, progressive and irreversible condition. There is evidence that some people, especially males who have dependent family members, may have some kind of genetic predisposition to developing problems. However, s/he may have inherited certain genetic characteristics that put him/her at higher risk of developing alcohol dependency if s/he drinks heavily.

There are proofs which show that certain kinds of brain chemistry contribute to addictions and other compulsive behaviours in some people (World Health Organization, 2004). For example, brain chemicals such as dopamine and serotonin seem to be especially implicated in a variety of ways. Lower levels of dopamine are related with stress. Higher levels are involved in feelings of pleasure. Alcohol can temporarily increase dopamine, making a person feel good. S/he may then use alcohol again to get that same feeling. Frequent heavy drinking seems to interfere in normal brain function and brain chemistry. Woicik et al. (2009) asserts that impulsivity, sensation seeking, anxiety sensitivity and hopelessness serve as precursors to alcohol use. Impulsivity is defined as the propensity for rash action, specifically the inability to inhibit behaviour in the face of reward or punishment. Sensation Seeking is defined as the desire for intense and novel experiences.

Anxiety Sensitivity is defined as a fear of, and desire to relieve, anxiety symptoms. Hopelessness is defined as showing propensity for depression, a negative outlook on life and low regard of self (Conrod et al., 2008).

Nutritional deficiencies lead to physical problems and can cause depression and anxiety because of chemical imbalances. These may then lead to further drinking as a way of self-medicating (National Library of Medicine and National Institutes of Health, 2004b; Stansfield and Candy, 2006). Older adults may be less likely than younger adults to use alcohol as stress reliever, albeit the fact that its usage still poses a dire consequence to them due to its (alcohol) interactions with medications or other medical contraindications for alcohol-use (Moore, Whiteman, & Ward, 2007). Wang, et al (2009), suggests that the relationship between depression and Job-strains is bi-directional, as depressive symptoms and health status more generally influences workers' reports of Job satisfaction and stress, which later replicates in their substance use.

For more than 40 years, one of the strongest beliefs among medical professionals and in alcohol treatment in North America has been the idea that addiction is a primary (caused by an inborn physical abnormality, not by some other physical or psychological problem), chronic (ongoing, always present), progressive (gets worse), incurable, physical disease that can be fatal. The theory says those who have this innate disease cannot control their use of alcohol. When they first drink, the underlying disease is activated. The disease then leads them to drink more and more until it destroys them physically, emotionally, and spiritually (Wilson, quoted in Kurtz, 2002, p. 7; Delaware Technical College, 2004; White, 2000; Doweiko 1996; Miller & Willoughby, 1997; Ogilvie, 2001).

Finally, research also shows that “. . . substance abuse frequently occurs within a social context characterized by social and economic disadvantage” (Single, 1999, p. 19). That is,

people more often drink in problematic ways in situations of poverty and unemployment, low education level, unstable family conditions, unstable social environments, and lack of resources and supports. The connections are complex between alcohol abuse and these other factors that affect health. But it is likely that when individuals do not have the tools to make a meaningful life, feel a lack of secure rootedness in family and society, and/or do not have a sense of direction for a positive future, they may learn to use alcohol as a coping tool. This alcohol misuse then creates even more problems. Gender differences in drinking behavior have been found throughout countries all over the world, with men drinking larger amounts, more frequently, and more often heavily than women on average (Mäkelä et al. 2006; Wilsnack et al. 2009). This gender difference in alcohol consumption has been attributed to gender roles as defined by society, specifying what a man can consume and what a woman can drink (Nolen-Hoeksema and Hilt 2006). Male alcohol use for instance has been linked to male role such as risk taking, dominance, strength, and invincibility (Peralta, 2007). Contrary to this, however, in most societies, women disapprove drinking alcohol by their fellow women; getting drunk. And that even at adolescent stage, girls will report more pressure from their friends against alcohol use than do adolescent boys (Keefe, 1994).

On the other hand, what the workplace also does to the employee in terms of influences from the physical (including the burden of injuries, alienation and occupational illness); social (workplace norms); and psychological environments (psychosocial Stressors and Alienation) likewise has a tremendous effect on the employee behaviour. The work-alienation paradigm focuses on work characteristics that lead to unenriched jobs, such as those in which workers use only minimal skills, have little job control (e.g., lack control over the pace of work or its content), and have little or no input into decision making. In contrast, the work-stress paradigm emphasizes other potentially aversive work conditions,

which are labelled “work stressors.” For instance, the stress paradigm suggests that employee alcohol use may be a response to the physical and psychosocial qualities of the work environment (Ames and Janes 1992; Trice and Sonnenstuhl 1990). Common work stressors include dangerous work conditions; noxious physical work environments (e.g., conditions that are too hot or cold, noisy, or dirty); interpersonal conflict with supervisors or co-workers; heavy workloads; unfair treatment regarding pay, benefits, and promotions; and job insecurity (e.g., threat of layoffs). The social control paradigm suggests that alcohol use may be higher among employees who are not integrated into or regulated by the work organization. Thus, low levels of supervision and low visibility of work behaviour. The greatest problems seem to arise when a society tolerates heavy drinking and drunkenness rather than having strong clear rules about acceptable and unacceptable drinking behaviour and meaningful punishments. Subcultures are smaller groups within the main society—teenagers, friendship (Trice and Sonnenstuhl 1990). The cultural or availability paradigm, suggests that work settings where alcohol is physically or socially available may promote alcohol use among employees (Ames and Grube 1999; Ames and Janes 1992; Trice and Sonnenstuhl 1990). Physical availability of alcohol at work is the ease with which workers can obtain alcohol for consumption on the job, during breaks, and at work-related events (Ames and Grube 1999). Social availability of alcohol at work is described as the degree to which fellow workers support drinking either off or on the job (Ames and Grube 1999; Ames and Janes 1992; Trice and Sonnenstuhl 1990; Cooper, et al., 1990). Additionally, the presence of workplace drinking networks, and the absence of work-based social support have been offered for why some occupations are more associated with alcoholism than others (Martin, et al. 1996). Hemmingsson and Lundberg (1998), opined that, low work control, in the form of a combination of skills discretion; thus the degree of variation concerning job tasks, and decision authority; the opportunity

for making autonomous decisions at work is positively related to alcohol use at the workplace.

Other studies show that learning has a great effect on the development of harmful drinking behaviour. People learn how to drink, what to expect from drinking and to use drinking for certain purposes. People who have experienced rules about appropriate drinking learn those rules and rituals (although they may not always use what they have learned). Those who see mostly uncontrolled drinking with the intention of intoxication learn to drink that way.

People are also shaped by the consequences of drinking. Human beings continue to behave in certain ways if they get positive consequences for the behaviour. If a person's social group drinks heavily and gets positive feedback from friends for drinking the same way, he/she will be more likely to continue the pattern. If a person gets other rewards from drinking—for example, s/he is more social or less anxious—s/he may also learn to use alcohol as a way of getting that reward and as a way of coping with uncomfortable and painful feelings. These positive consequences may be more emotionally powerful than negative ones like hangovers or family problems. According to Morris (1998, p.6), there is overwhelming historical and cross-cultural evidence that people learn not only how to drink but how to be affected by drink through a process of socialization.

2.2.6 Causes related to workplace environment and stress

In his research – “Alcohol use and misuse: What are the contributions of occupation and work organization conditions?” - Alain Marchand (2008) examines the specific contribution of occupation and work organization conditions to alcohol use and misuse. He took into account the worker's personality, structures of daily life, and macro social structures in doing this analysis. He collected data from a representative sample of 10,155

workers in Quebec, Canada, to predict low risk and high-risk drinking, compared to non-drinkers at the workplace. The contribution of occupation and work organization conditions (skill used, decision authority, physical and psychological demands, hours worked, irregular work schedule, harassment, unionization, job insecurity, performance pay, prestige) have been adjusted to mean family situation, social network outside the workplace, and individual characteristics. The result of the research indicates that, compared to non-qualified blue-collar workers, both low-risk and high-risk drinking is associated with qualified blue-collar workers, semi-qualified white-collar workers, and middle managers; high-risk drinking is associated with upper managers. Family situation, social support outside work, workplace harassment, and personal characteristics of individuals are also associated with alcohol use and misuse. Non-work factors mediated and suppressed the role of occupation and work organization conditions for alcohol use.

The work of a Policeman or woman is a vastly stressful occupation, characterized by unpredictable events, exposure to trauma, extended periods of boredom, unreliable shift work, and tension associated with organizational issues (Violanti et al., 2011). Although researchers have identified different types of stressors within the law enforcement profession, other scholars agree that police stress may be attributed to both organizational (i.e. structural/functional stress from the police organization) and operational tension (i.e. day to day strain from routine police work) (Lantermann et al., 2010; McCreary and Thompson, 2006; Paton et al., 2009; Shane, 2010).

Organizational strain, one of the major risk factors for alcohol use by the police, emerges as a result of structural stressors within the law enforcement setting as well as functional stressors related to aspects of organizational life (Lantermann et al., 2010; Shane, 2010; Zhao et al., 2002). They suggest that structural stressors can be attributed to the departmental and administrative culture, which include bureaucratic styles of

management, lack of autonomy, and interpersonal conflicts between officers (Lanterman et al., 2010; Shane, 2010; Zhao et al., 2002).

Also, Functional stressors consist of aspects of organizational life that cause emotional strain, such as rotating shift work, irregular work hours, and consecutive work days (Kecklund et al., 2008; Vila, 2006; Stanfield and Candy, 2006; Mezuk, et al 2011).

Operational stress on the other hand emerges from mundane policing responsibilities within the community. Operational stressors become obvious from the cumulative effects of exposure to extended periods of inactivity and boredom coupled with emotionally intense experiences of potential trauma and fear. Operational stress can also arise from critical incident experiences in policing, which include the violent and dangerous nature of some aspects of police work (Lanterman et al., 2010; Shane, 2010; Zhao et al., 2002). In the study of Violanti & Aron (1994) – Ranking Police Stressors – in which 103 full-time sworn police officers were randomly sampled to participate in the research, it was revealed that among some of the serious stressors that comes with policing are racial conflicts, killing someone on duty, experience of a fellow officer being killed, excessive shift work, excessive discipline, etc. they noted that conditions that ranked highest are those which pose a considerable degree of trauma and frustration to the police officers.

According to Violanti (2007), a number of law enforcement departments operate from a bureaucratic model of leadership where members are stratified based on rank and status. Typically, police organizations maintain a culture of excessive formality and mundane activity whereby appropriate procedures and regulations function as core aspects of everyday operations. These protocols are consistent with authoritarian models of military leadership. Wester and Lyubelsky (2005) paralleled police training to military boot camps, in which officers “are not paid to think, but to follow their superior’s order – right, wrong,

or indifferent” (p. 8). This administrative paradigm permits officers in supervisory capacities to use arbitrary judgment in directing subordinates to adhere to detailed regulations and protocols (Stinchcomb, 2004). Adherence to such strict bureaucratic regulations and its attendant impersonal communication patterns that emerge from it can be an obstacle to organizational efficiency.

Gardner and Pierce (1998) noted that when power within organizations is not dispersed, employees may feel their contributions to the workplace are not recognized and valued. As a result, employees may experience diminished job satisfaction, reduced motivation, and elevated stress. Given the devastating nature of police stressors in the organization, it is not surprising that some officers determine that premature retirement may be their best option (Violanti, 2007).

Brough and Frame (2004) asserts that officers who reported inadequate supervisory support and scored high on measures of job dissatisfaction collectively predicted high job turnover rates. Likewise, Johnson et al. (2010) studied Federal Law Enforcement personnel to determine whether job satisfaction and level of congruence (i.e. degree to which an officer’s skills matched requirements of the vocation) predicted job turnover. The researchers found that low scores on both variables were significant predictors of occupational turnover.

Other work environment-related risk factors for high risk and problem drinking have been identified to include work overload or under-load, boredom, poor job security and/or satisfaction, shift-work, unskilled jobs, work which requires time away from home, too much or too little supervision, long working hours, high levels of heat, light, or noise, male dominated industries, availability of alcohol at the worksite and lack of rules relating to alcohol consumption (e.g. Cox, 1988; Lehman et al., 1995; Seaman, 1981; Williams et

al., 1996). Epidemiological evidence in the form of high rates of heart disease, mental health problems, divorce and suicide, as well as alcoholism and drug abuse, seems to support this (Davidson and Veno 1980; Mitchell, 1990). Stressors related to job content that have emerged as impacting on police officers include work overload through long hours of work and shift work and the resulting tiredness and severe disruptions to family life (Elliot and Shanahan, 1994).

Elliott and Shanahan (1994) found in a survey of 555 sergeants and senior sergeants in the Victorian police service, that 41 per cent reported drinking on working days. A greater proportion of these are people who worked overtime (49 per cent), as compared to those who did not work overtime (34 per cent). Dealing with sudden death and trauma such as victims of crime, violence and accidents and having a dangerous, unpredictable and uncontrollable daily load have also been shown to be stressful parts of police work (Coman and Evans, 1991; Dietrich and Smith, 1986; Duckworth, 1987). The pressure of court appearances and the justice system as a whole, including failure of courts to prosecute and the community image of police, including perceived lack of status and criticism place additional stress on police also appears to be a risk factor for stress and alcohol abuse at the workplace (Coman and Evans, 1988; Mitchell, 1990; Shanahan, 1992). Other literature suggests that police officers are exposed to numerous stress factors which Hagen et al. (1992) and Shanahan (1992) suggest may be linked to alcohol and drug use. However not all officers are likely to be affected in the same way. Research has however found that different stressors are associated with different ranks, with sergeants being exposed to the greatest number of stressors (Gudjonsson and Adlam, 1985; Robinson, 1981).

Culture has been defined as learned and shared norms of behaviour (Austin and Jackson, 1977). Occupational cultures emerge at different workplaces for different reasons and take distinct forms. Both researchers and police themselves have suggested the workplace culture within police is conducive to a high level of alcohol consumption (Dietrich and Smith, 1986; OHSC, 1992). However, what may be more accurate is that among police there are many subcultures each with their own drinking patterns (Fenlon et al., 1997). Culture helps to explain why drinking is encouraged and expected in some groups and at some stations and not at others. It has been found that drinking subcultures are more likely under certain circumstances. For example when there is a high level of teamwork, resulting in peer pressure (Fillmore, 1990); where alcohol is more available and there is a more permissive attitude to drinking at lunch or on the job (Whitehead and Simpkins, 1983); and where the work traditions lead to drinking after work with colleagues as a means of relaxing, and debriefing (Elliott and Shanahan, 1994). Within the police, an organisational drinking subculture is thus quite likely.

Furthermore subcultures can lead workers to protect colleagues and cover for their alcohol misuse. Interviews conducted by Hagen et al. (1992, p. 68) suggest that this is the case, stating ``. in many parts of the service a cover up mentality exists. Officers will hide co-workers with a drinking problem from senior officers to prevent colleagues being disciplined . . ." Hence police culture may play a part in the initiation and maintenance of harmful alcohol use.

2.2.7 Wellness Programs and Interventions (Employee Assistant Programs)

The term "Wellness" has many meanings. It is generally defined as the state of being in good health, having a sound mind in a sound body and control over all bodily functions (Church, 1993, p. 1). The purpose of a wellness program is to deal with the whole person's

needs and risk reduction requirements, thereby creating a holistic health care environment (Erfurt et al., 1992, p. 24). In other words, a wellness program is a preventive program, which encourages self-directed lifestyle changes.

Wellness programs exist in many forms. Some programs merely consist of Employee Assistance Programs (EAP), while others demand a mandatory fitness level, neither of which develops a holistic view of related health factors (Church, 1993, p. 2). As a branch of the wellness program, an Employee Assistance Program is more concerned with an employee's health problems after they have occurred (Mathis and Jackson, 1994, p. 462). The EAP is "designed to diagnose, treat, and rehabilitate employees of a particular organization whose personal problems are interfering with work performance" (Klinger and Nalbandian, 1998, p. 315). It generally assists employees with substance abuse, marital conflicts, psychological problems, and rehabilitation after injury and illness (Alexy and Eyons, 1991, p. 53).

Coping strategies are very crucial in how police officers react to, and deal with critical occurrences and other work-related stressors. Some officers use adaptive coping strategies (e.g., exercise), while others use maladaptive ones (e.g., substance abuse, dissociation, suppressing, disengaging, and avoidant behaviors) that may lead to further problems to themselves as individuals, and to the organization as a whole (Aaron, 2000; Ballenger et al., 2011; Pasillas, Follette, & Perumean-Chaney, 2006). Research reports states that escape-avoidance coping strategy is related to increased psychological distress among officers (Pasillas et al., 2006).

About 25% of police officers abuse alcohol at levels of concern in America (Kessler et al., 2005, Violanti et al., 1985), compared to lifetime alcohol abuse rate of 13.2% found in population surveys; another study in America also discovered that in a sample of urban

officers, 11% of males and 16% of female officers were at risk of alcohol use problems (Ballenger et al., 2011). In affirmation to these studies, an Australian research also discovered that 33% of male and 24% of female police officers reported harmful consumption based on AUDIT scores (Davey, Obst, & Sheehan, 2000). These studies therefore points out concerns of problematic alcohol consumption in policing, which is almost a part of police subculture that all officers conform to (Lindsay & Shelley, 2009; Swanson, Territo, & Taylor, 2012). As mentioned earlier as one of the bad coping strategies, alcohol use has become a primary coping mechanisms used by most police officers to ameliorate work-related stressors (Violanti et al., 2011; Walsh, Taylor, & Hastings, 2013). Poor coping skills are associated with higher frequency and intensity of strain experienced by officers (Anshel, 2000; Toch, 2002) and may contribute to their elevated rates of Post-Traumatic Stress Disorder (PTSD) (Marmar et al., 2006).

Research shows that positive social support reduces the effects of traumatic experiences (Kirschman, 2006) and poor social support increases the severity of symptoms (e.g., PTSD; Marmar et al., 2006). Social support can come from fellow officers, friends, family, and the general public. However, police officers rarely experience support from all these sources (Beehr, Johnson, & Nieva, 1995). The police are often rejected by friends, isolated and consequently suffer resentment from family (due to shift work), and are stigmatized by the public (Anshel, 2000; Toch, 2002). This lack of social support is associated with adverse responses to critical incidents including problematic alcohol use (Lindsay & Shelley, 2009) and PTSD symptoms (Kirschman, 2006; Marmar et al., 2006). Thus, it is important to include EAP and measures of social support when examining these problems.

Employee assistance programs (EAPs) represent a key resource for most workplaces. EAPs were designed in the early 1970s to tackle alcoholism among workers (Masi, 1986).

Contemporary EAPs are broader in scope. They represent a confidential prepaid benefit to assist employees (and their families) with a variety of personal problems that may negatively affect their job performance (www.eapassn.org). The intervention provide employers and employees numerous services, including counselling, training of organization leadership, referral to local services plus some case monitoring and follow-up services, and consultation in developing policies and educational programs (www.eapassn.org). The 2008 National Study of Employers reported that 58% of all U.S. employers provide EAPs (Galinsky, et al. 2008). In the words of Nakao, Nishikitani, Shima, & Yano, (2007), “the use of Employee Assistance Programs (EAP) can reduce depression symptoms, particularly suicidal ideations;” and increase the likelihood that workers will receive adequate treatment for depression and alcohol misuse.

Employee Assistance Programs (EAPs) provide another resource to employees for a variety of situations that may impact an individual’s work performance. They are designed to help employees cope with personal or family problems, including mental health, substance abuse, and marital or parenting issues, as well as financial or legal concerns. The main goal of EAPs is to assist employees in getting help for these problems so that they may continue to work efficiently and effectively (Employee Assistance Industry’s Trade Association, 2013). EAP services are widely utilized across an array of workplaces. While globally useful, EAP services may be most applicable in high-stress, high-risk occupations such as that of law enforcement personnel (Moriarty and Field, 1990).

Law enforcement employees and their families face high levels of strain unlike others in the general population (Toch, 2002). Since the 1970s, law enforcement administrators, officers, and researchers have highlighted the causes and effects of stress that are unique to careers in law enforcement. A wealth of studies have provided evidence that serving as a law enforcement officer ranks as a highly stressful job with an increased risk for

developing problems such as post-traumatic stress, substance use, family conflict, and mental illness (e.g. Gershon et al., 2002, 2009; Waters and Ussery, 2007; Kirkcaldy et al., 1995). Given the body of evidence illustrating the risks to physical and mental health associated with being in law enforcement, the issue of EAP usage and familiarity in law enforcement officers becomes pertinent.

In their work, “Revisiting Employee Assistance Programs and Substance Use Problems in the Workplace: Key Issues and a Research Agenda,” Merrick, et al. (2007) discussed the Employee Assistant Program (EAP) as a unique approach for addressing the entire gamut of substance use problems, both diagnosable abuse or dependence and other problematic use at the workplace. They observed that in the contemporary U.S. work environment, there has been great interest in EAPs as a way of addressing substance use problems, which otherwise could have been costly and detrimental to both individuals and their employers. Their work considers EAP as uniquely positioned to provide relatively barrier-free preventive services and screening, early identification, short-term counselling, referral to specialty treatment, and other behavioural health interventions for workers. This claim was affirmed by Baicker, et al., (2010) in their literature – “Workplace Wellness Programs Can Generate Savings.” In a critical review of literatures on costs and savings associated with such programs, they found that medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent. They concluded that a wider adoption of EAP could prove beneficial for budgets and productivity as well as health outcomes in most organizations.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology of the study. This includes the study design, the study area, variables, study population, sampling, data collection techniques, quality control, data processing and analysis, ethical consideration and pretesting of the questionnaire.

3.2 Research design

This is an empirical study into the causes and effects of alcohol use among officers of the Ghana Police Service. A quantitative study is appropriate for this study to provide detailed and objective description of workplace alcohol-use phenomenon in the Ghana Police Service. The design also makes it possible to test hypothesis, and to generalise from conclusions drawn from this research.

The study used the cross sectional survey using a structured questionnaire, framed around participants' demographic information, prevalence of alcohol use in the police, perceived causes and effects of workplace alcohol use on general health and productivity, and their knowledge, perceptions and availability of Employee Assistance Programs for Alcohol users in the Ghana Police Service.

3.3 The location of the research (Study Area)

Accra is the capital city of Ghana and the business hub of the country, subdivided administratively into fifteen (15) Metropolitan and Municipal District Assemblies. The Accra is the capital city of Ghana, administratively under the Accra Metropolitan Assembly. The population of the metropolis stands at 1,848,614 with a population density

as at the year 2000 at 10.03 persons per hecter. Economically the active population of Accra is about 823,327 people. Being the business hub of the country, Accra serves as the centre of manufacturing, marketing, finance, insurance and transportation. There are about 2400 industrial units in the Accra Metropolitan Area that employs an estimate of 200,101 people; whereas 531,668 persons are employed by the service sector (Ghana Statistical Service, 2011). The area covering the study includes the Madina Divisional Command, the Adenta Divisional Command, and the Nima Divisional Command (Gyamfi, 2012). There are 14 police divisional commands and 56 district commands in the metropolis. The sum of police stations located in the three divisional commands (Nima, Adenta and Madina Divisional Commands) earmarked for this study is 39 (Government of Ghana, 2016).

The La-Nkwantanang Madina Municipal Assembly (LANMMA) is located at the northern part of Greater Accra Region. The National population Census for the year 2010 pegged Madina's population at 244,226. There are four main economic activities in the municipality: - commerce, agriculture, service and manufacturing. The number of police stations operating under this divisional command is 13.

The Adentan Municipal Assembly (with Adentan as its Central Business District) has a land area of about 928.4 sq km. About 74.1 percent of the population aged 15 years and older are economically active while 25.9 per cent are economically not active. Of the economically active population, 91.2 percent is employed while 8.8 percent is unemployed. (GSS, 2010). There are 11 police stations operating under the Adenta police divisional command.

Nima is situated approximately 5 miles north of Accra Central (Owusu, Agyei-Mensah & Lund, 2008). The 2010 populations Census pegged Nima's population at 67,044 people and a population density of 250 persons /ha (GSS, 2000/2010). Owusu et al. (2008)

intimated that Nima is extensively connected to international markets, with flourishing import businesses and about half of the residents in the community receiving remittances from family living abroad (Owusu, G., Agyei-Mensah S. & Lunds R. 2008). There are 15 police stations operating under the Nima Police Divisional Command.

3.4 Target population

The study was located in the Accra metropolis for being the capital and the business hub of Ghana. Accra is also the most populated city in Ghana, commanding the highest number of police officers on duty each day. The target population for the research comprises of the estimated 29,117 members of the Ghana police force, spread across 51 police Divisions. This allowed the researcher to test the occurrence of alcohol-use menace across three (3) divisional Commands of the Ghana Police Service (Abdul-Rahaman, 2014; Government of Ghana, 2016; “Katanka’ vehicles presented to Ghana Police,” 2015).

3.5 Study population (Inclusion and exclusion criteria)

The study population consisted of all 1,713 estimated sworn members of the Ghana Police service under the Adenta, Madina and Nima Divisional Commands, out of which the final sample were selected. The conclusions drawn from the study was then generalised to the target population (Accra Regional Command). This population was selected due to its proximity to bars, large market places, and their regular contacts with civilians.

Employees of the Ghana Police Service who are serving in any capacity other than a Police officer were excluded from the study. Only sworn Police officers operating under the 3 divisions of the Accra Command were studied.

3.6 Variables

The independent variables include the workplace environmental factors and individual conditions that compel police officers to drink, stress, as well as the availability, adequacy, and accessibility of assistance programs to drinkers in the Ghana Police Service: The dependent variables comprise of the probability that a police officer will drink, level of employee productivity, and the usage of the employee assistance programs.

3.7 Sample size

The population was estimated at 29,117 (Abdul-Rahaman, 2014; Government of Ghana, 2016). In line with the sample size estimates provided by Gay & Deil (1992), and Krejcie & Morgan (1970, p.608) for quantitative research, the sample size for this study was determined to be 225 police officers. However, with an expected frequency of 80% confidence level and a design effect of 1.0, a 42% non-response rate (95) was added to make it possible for correlation analysis to be done ($225/0.8$). Thus, a minimum of two hundred and twenty-five (225) Police Officers were targeted to be randomly sampled from the three (3) police Divisions operating under the Accra Regional Command of the Ghana Police Service and used for analysis (N: 1,713). However, with a projected 42% non-response rate, the total questionnaire administered was 321. This number was chosen to provide sufficient data to answer the research questions and to make up for the projected non-response rate.

3.8 Sampling design

A purposive sampling procedure was used for this research. First, the researcher identified all divisional stations and checkpoints where the police officers can be located; and with the instructions from the district commanders, the researcher visited the police stations and

checkpoints, and then randomly administered questionnaires to those who were present at post.

The total estimated number of sworn police officers amount to 29,117, distributed across 51 police Divisions. Thus, the average number of officers per police Division is approximately 571 officers. The researcher therefore targeted 75 (13.1%) police officers from each of the three Divisions in the study area to represent the sample. This approach ensured that all police officers in the chosen Divisional Commands are duly represented, and each one having an equal chance of participating in the research. The approach also afforded the researcher the chance to do a valid analysis of results from the various subgroups, and to generalise conclusions drawn from this study to the target population (Accra Regional Command).

3.9 Sampling frame

The sampling frame consisted of sworn all police officers affiliated to the three (3) police Divisions under the Accra Regional Command.

3.10 Data Collection Technique

Data for this study were gathered from primary sources, and supported by literature:

The primary source included quantitative data collected directly from participants using questionnaires constructed around the research objectives and the literature review. The questionnaire was made up of both closed and open ended questions to allow respondents to present their own perspective beyond the coded category provided. Both self-administered questionnaire and questionnaires administered by the investigator were used to gather responses from participants. The use of questionnaires is crucial due to the

sample size, the study area, and the need to assure respondents greater confidentiality and anonymity.

Other supporting information were taken from official records and documents, library materials, journals, published books and unpublished books to help offer evidences for arguments raised in the analysis.

3.11 Administration of research instrument

Due to the sensitive nature of the study, the researcher was the sole administrator of the instruments. For each police officer that participated in the study, the researcher explained the research purpose and ethical boundaries, as well as the rights of respondents to voluntarily decide to participate in the study. Because the Police Service is generally a literate population, the questionnaire was self-administered with little assistance from the researcher. Adequate instructions and information were provided to aid respondents fill the questionnaire correctly.

The data collection phase of the study commenced upon receiving an authorization from the Ghana Police Headquarters. All questionnaires were administered to the three police divisions in one week, after which the researcher made returned visits to the divisions in three days intervals until all completed questionnaires were received. Data were collected in a span of approximately four months (From 1st November, 2015 to 29th February, 2016).

3.12 Quality Control

The data collected were checked to ensure that all questions in the questionnaire have been answered; completeness was also checked. The case where the questionnaire is not properly filled, the respondent was given a new questionnaire to answer. However, in a

situation where the respondent wishes to discontinue answering the questionnaire, that respondent was replaced and the corresponding questionnaire discarded.

An initial pre-test study involving 15 police officers stationed in the Accra metropolis was conducted to determine the internal validity and consistency of the research instrument and the measures used. This allowed for a few modifications in the questionnaire, such as making the sentences clearer and reliable for the study respondents, and the pre-determination of the response rate before the study is undertaken.

With a projected 80% response rate, the researcher issued 95 extra questionnaires to make up for the anticipated non-response rate ($225/0.8$). A Computer data entry and analysis was then done. The data were entered into an excel spreadsheet and exported into SPSS version 20. Double data entry and cleaning was done to reduce data entry errors, and to validate authenticity.

3.13 Data processing and analysis

Data analysis was done using SPSS version 20 and Microsoft Office Excel (2010). The SPSS analytical tool allowed the researcher to measure large mass of quantitative data faster and more accurately. Responses to questions were first coded before data entry was done. Frequencies and percentages were also run to determine the proportion of police officers who consume alcohol as well as their level of drinking. Cross tabulations (bivariate analysis) were performed and the Linear Regression Analysis employed to test hypothesis and determine the association between alcohol consumption and the factors that influence alcohol consumption. The results were then presented using Bar graphs, Statistical tables and Frequency distribution tables. These designs helped to provide a vivid picture of differences in measurements used in the study. This approach also

facilitated easy comparison of data, and made it easy for summation of items and the detection of errors and omissions to be noticed.

3.14 Statistical Methods

The statistical analysis was done using SPSS version 20. Preliminary analysis was carried out to summarize the data on socio-demographic characteristics of respondents, rank, and years of service with the police force into percentages and frequencies for descriptive purposes.

On the Nature of Work and Job Satisfaction, the study respondents were measured based on the following set of questions; their daily job responsibilities, structure of their shift period, salary levels, satisfaction with salaries and Job satisfaction.

On the Relationship between Stress and Prevalence of Workplace Alcohol-use the instrument examined the following variables: Exposure to traumatic situations, level of stress the respondent is exposed to, prevalence of alcohol use among respondents, as well as when and where the alcohol can be accessed.

Section four of the instrument measured the Relationship between Workplace Norms and Workplace Alcohol Use. Three questions were examined under this category: Conditions that compels police officers to drink, the number of times a respondent will drink in six (6) months, and the probability that the respondent will drink when exposed to similar situations.

The study also measured respondents on the Relationship between alcohol-use at the workplace and task Performance. Using closed ended questions only, and the chance for participants to provide responses not included in the alternatives provided (OTHER), respondents were examined on behavioural consequences of workplace alcohol-use,

relationship between workplace alcohol use and absenteeism, and respondents' perceived benefits of alcohol use.

Lastly, the availability and accessibility to workplace interventions was examined using ten questions: the variables include respondents' knowledge about Employee Assistant Programs (EAP), availability of substance abuse programs to respondents, accessibility to these programs, and respondents' recommendations for appropriate ameliorative measures for resolving the menace. Please refer to Appendix 2 for details.

Cross-tabulation, Frequency distribution tables and graphs were used to determine the association between the variables; the associations between Workplace Alcohol-use and personality characteristics, workplace programs and workplace environment, and productivity.

The Linear Regression was used to test for hypothesis and determine the association between variables: The associations between Workplace Alcohol-use and personality characteristics; the workplace environment; and productivity.

3.15 Ethical consideration

The researcher sought for ethical clearance from the research board of the Department of Social Work, University of Ghana, and the Ghana Police Service Headquarters to conduct the study. Consent was sought from the Commander General of Police. The objective and rationale for the study were explained to respondents and consent obtained.

The privacy and confidentiality of the respondents were secured. All information provided by the respondents was kept confidential and data were locked in a cabinet and on computers protected by passwords. The name and identity of the respondent were not needed for the study. The information provided was only identified by a code number and

was treated strictly confidential. Respondent's name did not appear or was not mentioned in any part of the report of this study.

The respondents' involvement in this study was only through an interview and was not exposed to any form of risks. The subjects' participation in the study was voluntary and were not given any money or any kind of reward. All the information provided by the respondents was used for the study.

3.16 Limitations of the Study

There are a few limitations for this study. First, since information on Ghana Police Service has a direct bearing on the image of the country's security, it was difficult to determine the authenticity of responses provided by the participants. The researcher anticipated the problem of 'social desirability' in the conduct of the study - the possibility of participants lying to protect the profession's image. To prevent this glitch from distorting the validity of conclusions drawn from the study, the researcher assured all respondents absolute confidentiality and anonymity with regards to their identity and information shared.

Secondly, participants could only be accessed when they reported to work. Thus participants would had to be excused from their assigned duties before they could participate in the study. There was therefore a high rate of respondents' refusal to participate in the study. In light of this, the researcher secured an official authorisation letter allowing sampled respondents to freely participate in the study without the fear of being queried. Again, the researcher used attrition as a strategy to collect the required number of responses for the study. Thus, an additional 42% of questionnaires were administered to make up for the anticipated non-response and refusal rates.

Also, the police Divisions are also not located in one neighbourhood. This means that the researcher had to schedule different days for each police Divisional Command. This would

have created unnecessary delay in the conduct of the study. In order to expedite actions on the project therefore, the researcher administered all questionnaires with instructions to all three police divisions in the same week, and later went back to the divisions in three-day intervals to collect completed forms.



CHAPTER FOUR

4.0 PRESENTATION OF FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings of the study as they relate to the objectives of the study. It begins with a description of the demographic characteristics of participants in the study area. It also shows the results of alcohol-use in the study area, its causal factors effects, and the knowledge respondents have regarding Assistance programs.

4.1.1 Socio-demographic characteristics of respondents.

The frequency distribution table below (Table 1) shows the results gathered from the 200 police officers who participated in this study. The study results show that there were more males (65.5%: N=133) than females (35.5%: N=67) in the study area. In terms age distribution, 93(46.5%) participants were aged between 30-36 years, whereas those in the 50-59 age bracket constituted the least 21(10.5%). Additionally, those who are married 130(65%) were more than those who are single 59(29.5%) and divorced 11(5.5%). Officers in the target population who are also parents made up 150(75%), against those who do not have any child 50(24.9%). Most of the officers interviewed 70(35%) had attained the rank of corporal general and (28.5%) and (28.5%) have been on active duty for 5-9 years.

4.1.1.1 Social demographic characteristics distribution based on gender.

Age distribution by gender

The table also shows that majority of respondents belonged to the age bracket of 30-36 years 93(46.5%); of this 61(65.5%) were males and 32(34.5%) were females. On the other hand minority of respondents belonged to the age bracket or group of 50-59 representing

21(10.5%) of these males were 13(61.9%) and females were 8(38.1%). The age group of 18-29 years carried a percentage of 37(18.5%) and of these 21(56.7%) were males whereas 16(43.3%) were females. The result of the study further shows that 49(24.5%) belonged to the age range of 40-49 years of which 38(77.5%) were males and 11(22.5%) were females (Table 1).

Marital status by gender

Out of the of respondents who were married 130(65%), 98(75.3%) were males while 32(24.6%) were females. The divorced respondents were 11(5.5%) of these 4(36.4%) were males and 7(63.6%) were females. Finally, 31(52.4%) males were single; against 28(47.6%) females who are also single (Table 1).

Number of Children of respondents by Gender

Majority of respondents had children 150(75%), of these 106(70.6%) were males while 44(29.4%) were females. The minority respondents who had no children were 50(24.9%); of this 27(54%) were males and 23(46%) were females (Table 1).

Ranks of respondents by Gender.

The highest rank attained by respondents in the service was Assistant Commissioner of police 1(0.5%), who is a male; none for females. Majority of the respondents were ranked as Corporal 70(35%) of which 44(62.8%) were males and 26(37.2%) females (Table 1).

Table 1: Frequency distribution of social-demographic characteristics based on gender

	Total respondents	Gender	
	N=200 (%)	Male N= 133 (%)	Female N= 67 (%)
Age in years			
18-29	37(18.5)	21(15.8)	16(23.9)
30-36	93(46.5)	61(45.9)	32(47.8)
40-49	49(24.5)	38(28.6)	11(16.4)
50-59	21(10.5)	13(9.7)	8(11.9)
Marital Status			
Single	59(29.5)	31(23.3)	28(41.8)
Married	130(65)	98(73.7)	32(47.8)
Divorced	11(5.5)	4(3)	7(10.4)
Number of Children			
Yes	150(75)	106(79.7)	44(66.7)
No	50(24.9)	27(20.3)	23(34.3)
Police Rank			
Commissioner of Police	0	0	0
Deputy Commissioner of Police	0	0	0
Assistant Commissioner of Police	1(0.5)	1(0.75)	0
Chief Superintendent of Police	1(0.5)	1(0.75)	0
Superintendent of Police	0	0	0
Deputy Superintendent of Police	1(0.5)	1(0.75)	0
Assistant Superintendent of Police	0		
Chief Inspector	22(11)	14(10.5)	8(11.9)
Inspector	15(7.5)	12(9)	3(4.5)
Sargent	40(20)	28(21.1)	12(17.9)
Corporal	70(35)	44(33.1)	26(38.8)
Constable Class 1	26(13)	15(11.3)	11(16.4)
Constable Class 2	16(8)	9(6.8)	7(10.4)
Other	8(4)	8(6)	0

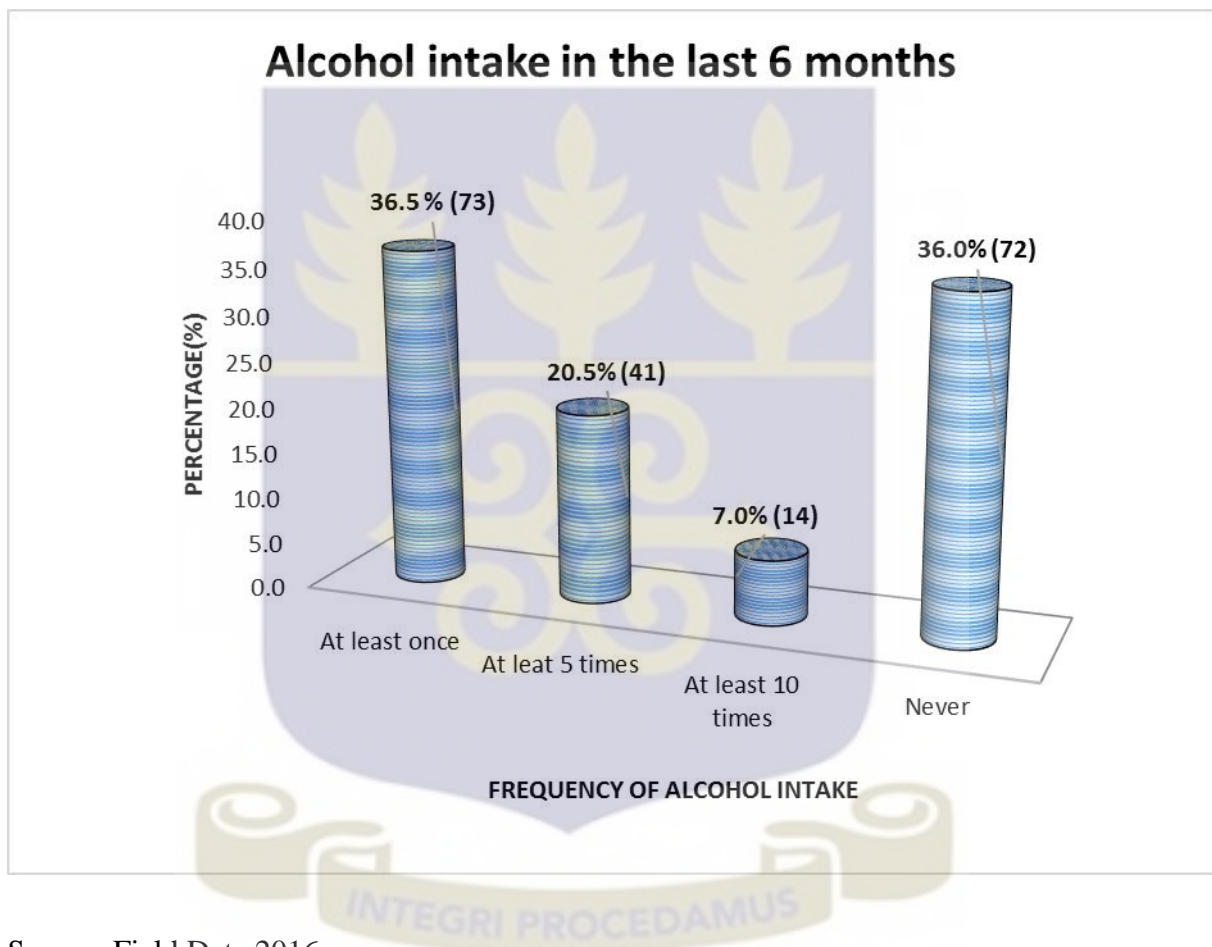
Source: Field Data 2016

4.1.2 Prevalence of Alcohol-use at the Workplace

Out of the 200 respondents who participated in this research 73(36.5%) confirmed drinking alcohol at least once in the last 6 months whilst on the job, 41(25%) and 14(7%)

of the respondents also consumed alcohol at least 5 and 10 times respectively during the last six months whilst 72(36%) abstain from alcohol consumption (Fig 1). That is, majority of the respondents 64% (N: 128) confirmed they drank alcohol on the job in the past six months; against 36% (N: 72) who did not drink.

Fig. 1: Alcohol intake among respondents.

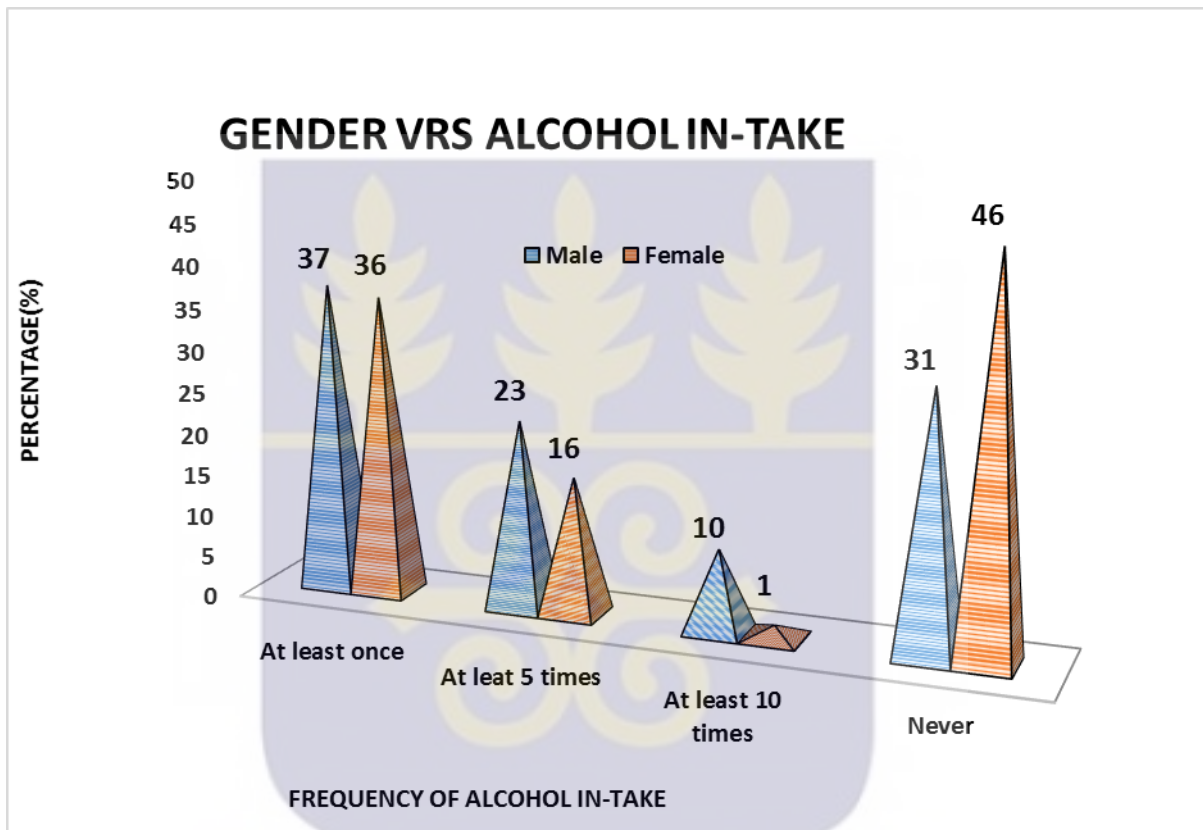


Source: Field Data 2016

Alcohol prevalence rate among both genders did not reveal much difference between males and females, with 49(37%) of male officers consuming alcohol at least once in the last six months as opposed to 24(36%) of female officers. Again, 30(23%) of male officers also consumed alcohol at least 5 times in the last 6 months compared with 11(16%) of female officers during that same period, 13(10.0%) of the male officers also confirmed

taking alcohol at least 10 times in the last 6 months as opposed 1(1.0%) of female respondents. However, 31(46%) of female officers have abstained from alcohol use as against 41(31%) of male officers in the last six months (Fig 2).

Fig. 2: Gender and Alcohol use.



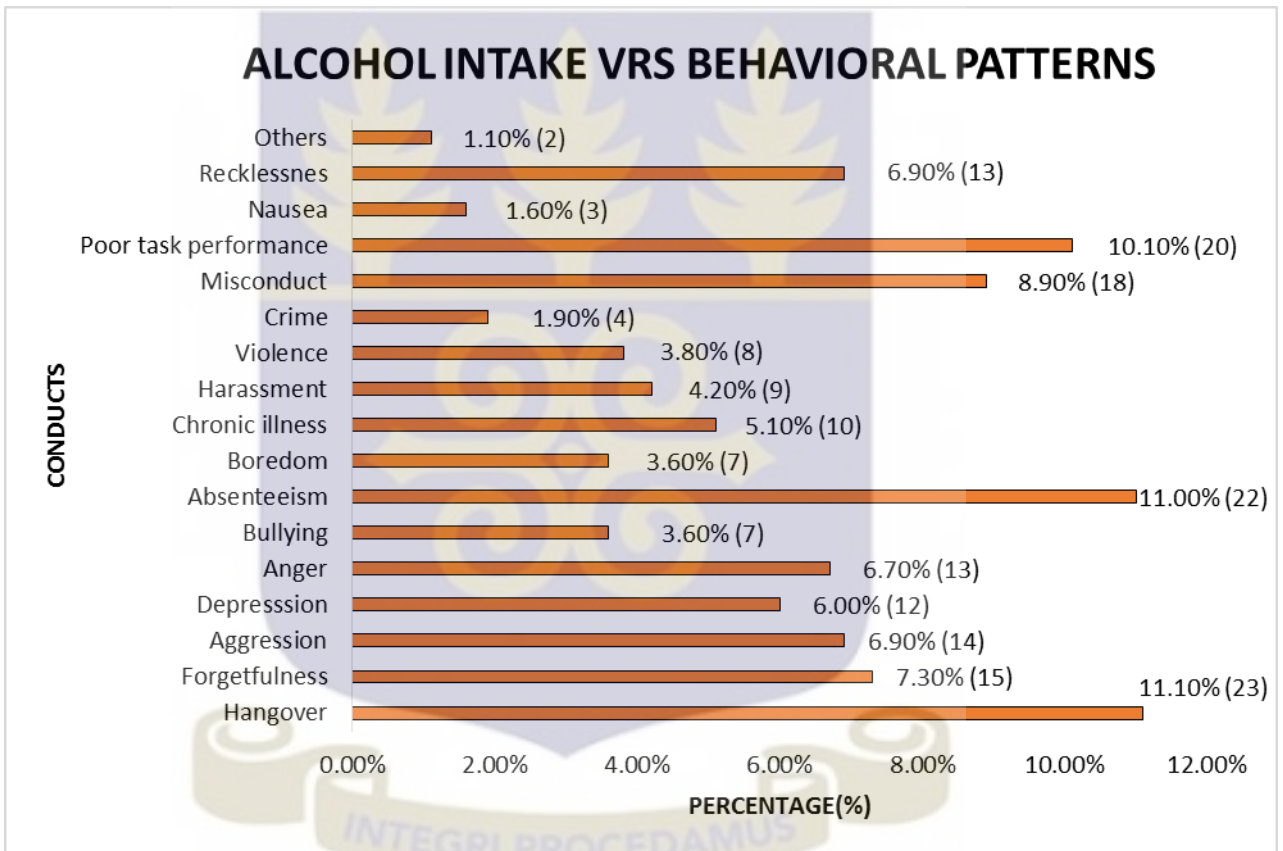
Source: Field Data 2016

4.1.3 Effects of Workplace Alcohol-use

From Figure three, 23(11.10%) respondents confirmed that officers who consumed alcohol whilst on the job exhibited hangover tendencies whilst 22(11%) revealed that these officers normally absented themselves from duty when they drink (Fig 3). Respondents also recorded high on recklessness 14(6.9%) and poor task performance 20(10.10%) as a consequence for drinking alcohol on the job. In terms of physical harm, and psychological effects like depression, forgetfulness and hangover, the respondents

indicated a 13(6.70%), 12(6.0%), 14(6.90%), 15(7.30%), 18(8.90%) and 10(5.10%) for anger, depression, aggression, forgetfulness, misconducts and Chronic illnesses respectively. In other words, the respondents mentioned that police officers who drink on the job either experience hangover after drinking alcohol, and/or absent themselves from work as a consequence of drinking.

Fig. 3: Alcohol intake on the behavioural patterns of respondents.

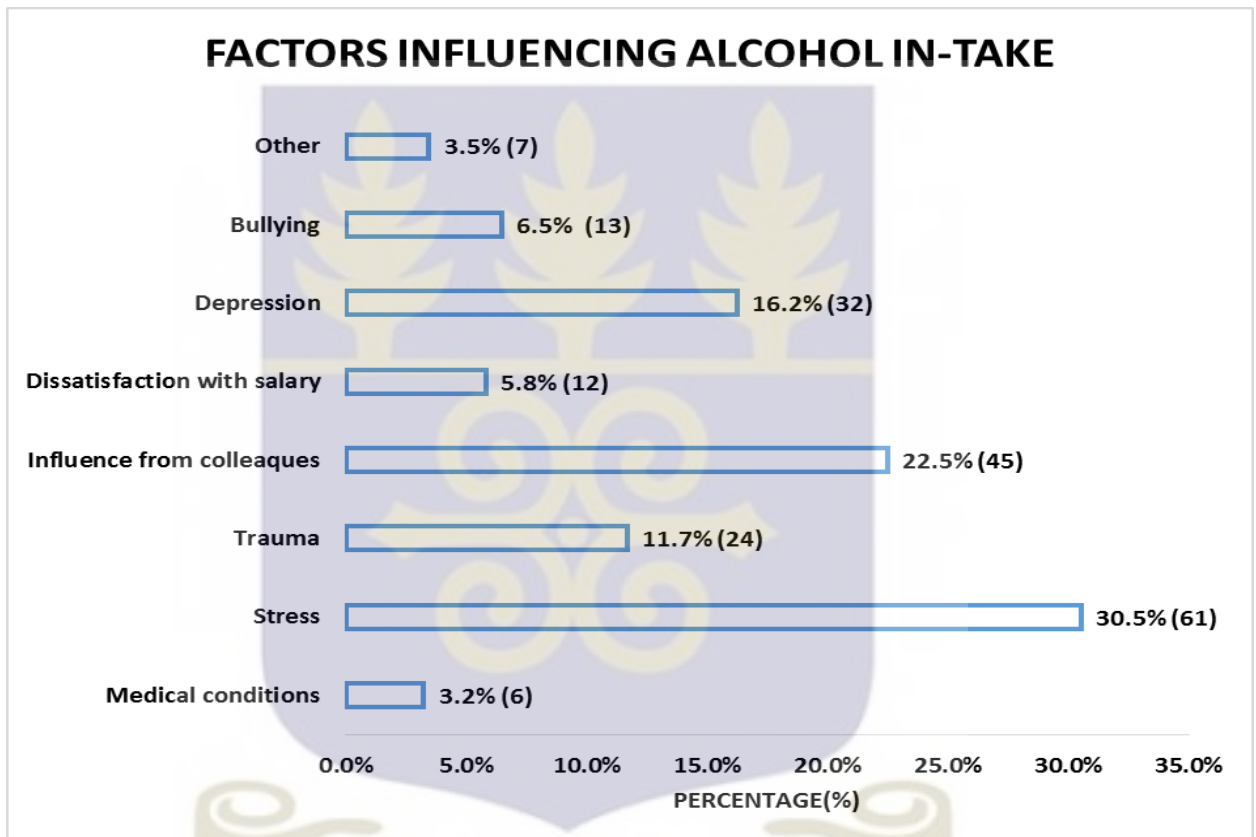


4.1.4 Causes of Workplace Alcohol-use

In terms of various factors that influence officers to drink alcohol whilst on the job, Figure 4 revealed that 61(30.5%) of respondents indicated that they took alcohol because of stress whilst 45(22.5%) revealed that they were influence by their colleagues to drink (Fig 4). Thus, 61 police officers drink alcohol due to stress; whereas 45 did so due to influence

from colleagues. Other precursors like trauma and depression recorded 24(11.7%) and 32(16.2%) respectively (Fig 4). Figure 4 also revealed that at least 13 police officers drank alcohol at the workplace due to bullying from other colleagues, and 12 of them did so because they are not satisfied with their salaries.

Fig. 4: Factors influencing alcohol intake among respondents.



Source: Field Data 2016

The cross-tabulation on Table 2 provides response on respondents' satisfaction with their job, and its implications on workplace alcohol use. In terms of workers' satisfaction with their current job, majority of the respondents revealed dissatisfaction with their current employment as police officers. On an ordinal scale ranging from 'Absolutely Satisfied to Absolutely Dissatisfied,' findings on the table show that only 32(16%) respondents are absolutely satisfied with their job as police officers, while 20 noted that they are satisfied.

A large number of the respondents, however, seemed unsure of their satisfaction with their job 41(20.50%). On the other hand, majority of the respondents (107) pointed out either being dissatisfied 50(25.00%) or absolutely dissatisfied with their current job as police officers 57(28.00%). The implications on workplace alcohol use show that 11(5.50%) of the total count will consider drinking alcohol on the job although they are satisfied with their current job, against 21(10.50%) who are equally absolutely satisfied with their current jobs but did not drink alcohol. With the category of respondents who are just satisfied with the current jobs (N: 20), 9(4.50%) of the total count would drink alcohol, whereas 11(5.50%) would not. With those who are ambivalent about their level of satisfaction with their current jobs (N: 41), 10(5.00%) would consider drinking alcohol, but 31(15.50) wouldn't. The findings also revealed that 33(16.50%) respondents who are dissatisfied with their current job as police officers will drink alcohol, against 17(8.50%) in the same category who would not consider drinking. Lastly, with those who are absolutely dissatisfied with their current job (N: 57), 21(10.5%) would consider drinking alcohol on the job, whereas 36(18.00%) would not.

Table 2: Job Satisfied and Alcohol use

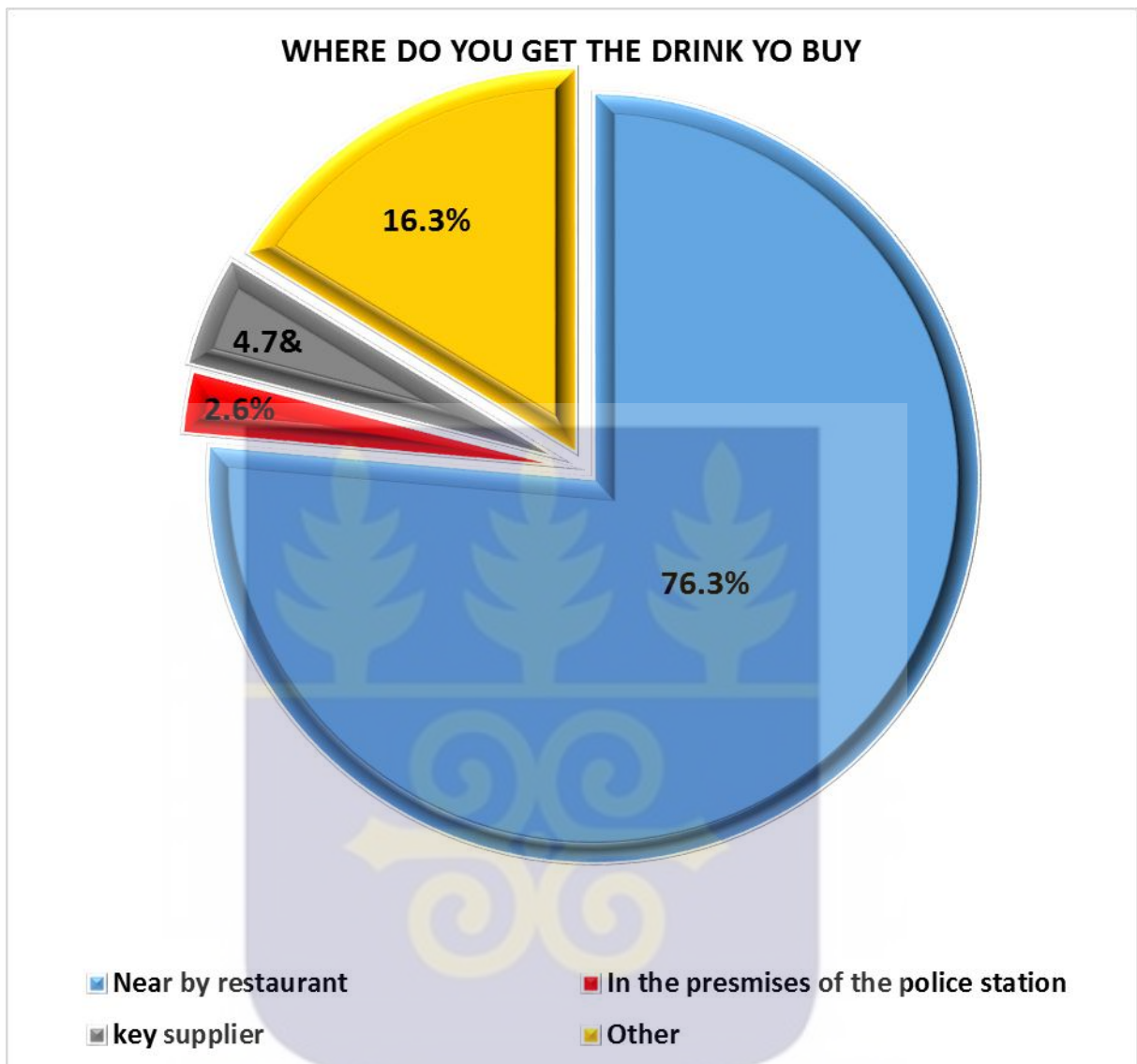
		When exposed to trauma and stress, will you consider drinking alcohol?		Total
		Yes	No	
To what extent are you satisfied with your current job?	Absolutely satisfied	11 (5.50%)	21(10.50%)	32(16.00%)
	Satisfied	9(4.50%)	11(5.50%)	20(10.00%)
	Somewhat satisfied	10(5.00%)	31(15.50%)	41(20.50%)
	Dissatisfied	33(16.50%)	17(8.50%)	50(25.00%)
	Absolutely dissatisfied	21(10.50%)	36(18.00%)	57(28.00%)
Total		84(42.00%)	116(58.00%)	200(100%)

Source: Field Data 2016

When asked about the sources of the alcoholic drinks, as much as 152(76.3%) revealed that they get the drinks to buy in near-by restaurants; whereas 9(4.7%) disclosed that a key supplier brings the beverage to them. A smaller number of the respondents 5(2.6%) however indicated that the drinks are accessible in the premises of the police stations. 34(16.3%) respondents did not answer this question (Fig.5).

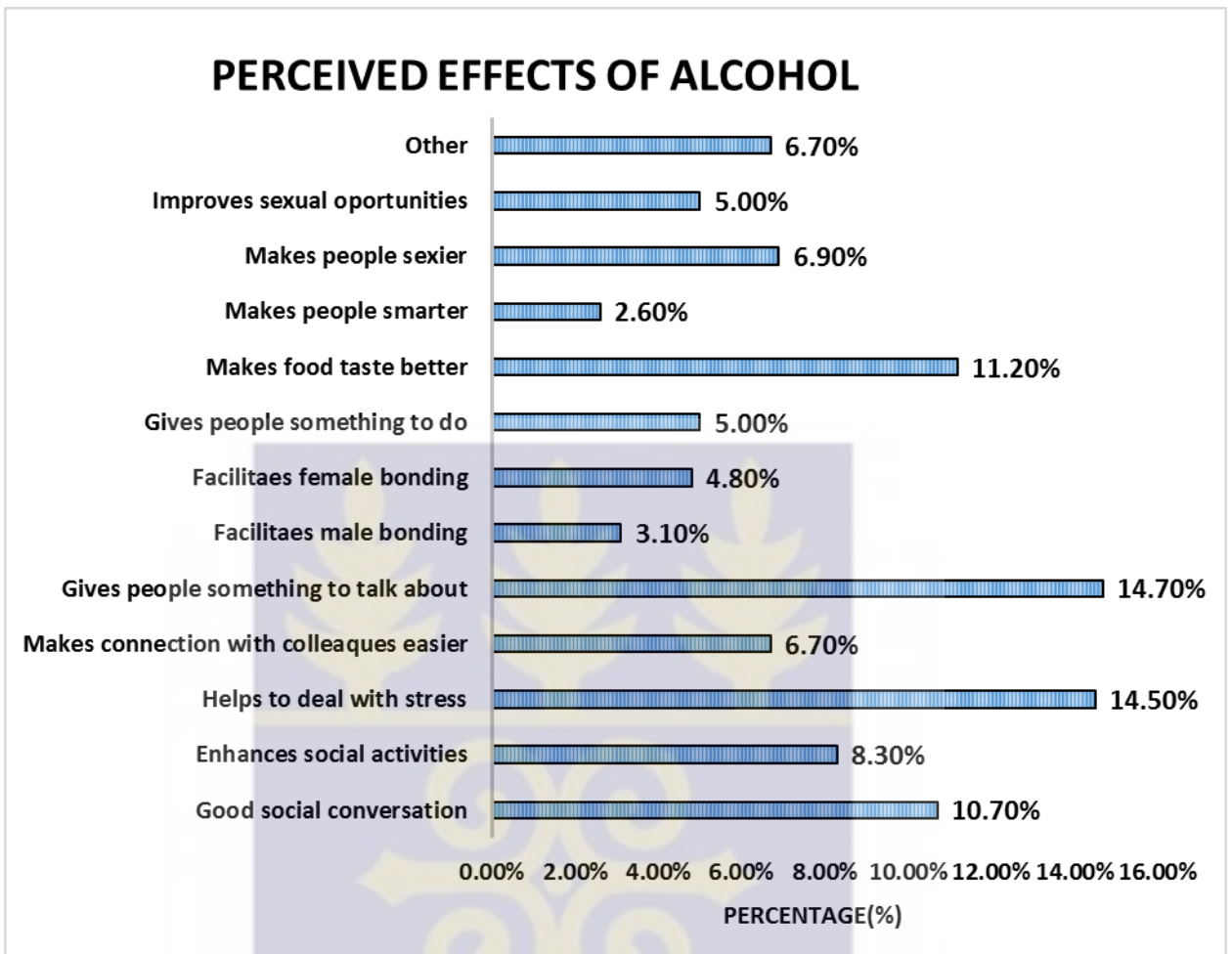


Fig. 5: Where do you get the drinks to buy



Source: Field Data 2016

When asked to provide what they perceived to be the benefits of alcohol-use, 30(14.7%) of the respondents, answered that it gives them something to talk about (speak freely); followed by 29(14.50%) who indicated that it helps them deal with stress (Fig 6). Other perceived benefits from Figure 6 include: Good social life (conversation-wise) 22(10.70%), enhanced social activity 17(8.30%), makes it easier to connect to colleagues 13(6.70%), makes them feel sexier 14(6.90%), among others.

Fig. 6: Respondents' perception of the benefits of alcohol use

Source: Field Data 2016

The cross-tabulation below (Table 3) shows the relationship between respondents' length of service as police officers and alcohol use. The results show that officers who have worked with the Ghana Police service for 5 – 9 years made up the highest percentage of the respondents 57(28%) who answered this question; while those who served for 20 – 25 years constitutes the least for this category 26(13%). The results further revealed that 72(36%) of the respondents did not drink alcoholic beverages in the last six months, whereas as much as 128(64%) confirmed drinking alcohol at least one to ten times in the last six months. Out of this number, police officers who have worked with the Ghana Police service for 5 – 9 years recorded the highest alcohol intake 38(19%): Yet again,

those in the 20 -25 years term-of-service recorded the least intake of alcohol in the last six months 16(8%). thus, alcohol use increases with the number of years spent with the Ghana Police service, peaks, and then begin to decline; as indicated on the table below.

Table 3: Period of service and alcohol use in the last six months (Cross-tabulation)

			How many times did you drink in the last six months?				Total
			At least once	At least 5 times	At least 10 times	None	
How long have you been working as a Police Officer?	1 - 4years	Count	14	7	1	13	35
		% of Total	7.0%	3.5%	.5%	6.5%	17.5%
	5 - 9 years	Count	21	11	6	19	57
		% of Total	10.5%	5.5%	3.0%	9.5%	28.5%
	10 - 14 years	Count	13	10	2	11	36
		% of Total	6.5%	5.0%	1.0%	5.5%	18.0%
	15 - 19 years	Count	13	7	5	18	43
		% of Total	6.5%	3.5%	2.5%	9.0%	21.5%
	20 - 25 years	Count	10	6	0	10	26
		% of Total	5.0%	3.0%	.0%	5.0%	13.0%
	6	Count	2	0	0	1	3
		% of Total	1.0%	.0%	.0%	.5%	1.5%
Total		Count	73	41	14	72	200
		% of Total	36.5%	20.5%	7.0%	36.0%	100.0%

Source: Field Data 2016

Out of 200 participants who responded to this question, 184 confirmed that their job as police officers exposed them to traumatic situations; while 16 of them said no. The table explains this further with percentages. As shown on table 4, this reflects as much as 90.6% of the officers who said they encounter various traumatic situations in the performance of their duties, whereas only 7.9% indicated otherwise.

Table 4: Does your job expose you to traumatic situations?

		Frequency	Percent	Valid Percent	Cumulative Percent
Are you exposed to trauma	yes	184	90.6	92.0	92.0
	no	16	7.9	8.0	100.0
	Total	200	98.5	100.0	
Total		200	100.0		

Source: Field Data 2016

The statistics on the frequency distribution table show that majority of the respondents 189(93.1%) consider their job to be stressful, as indicated by police officers who participated in this study (Table 5). On the other hand 11(5.4%) respondents out of 200 police officers who participated in the study did not consider their job to be stressful.

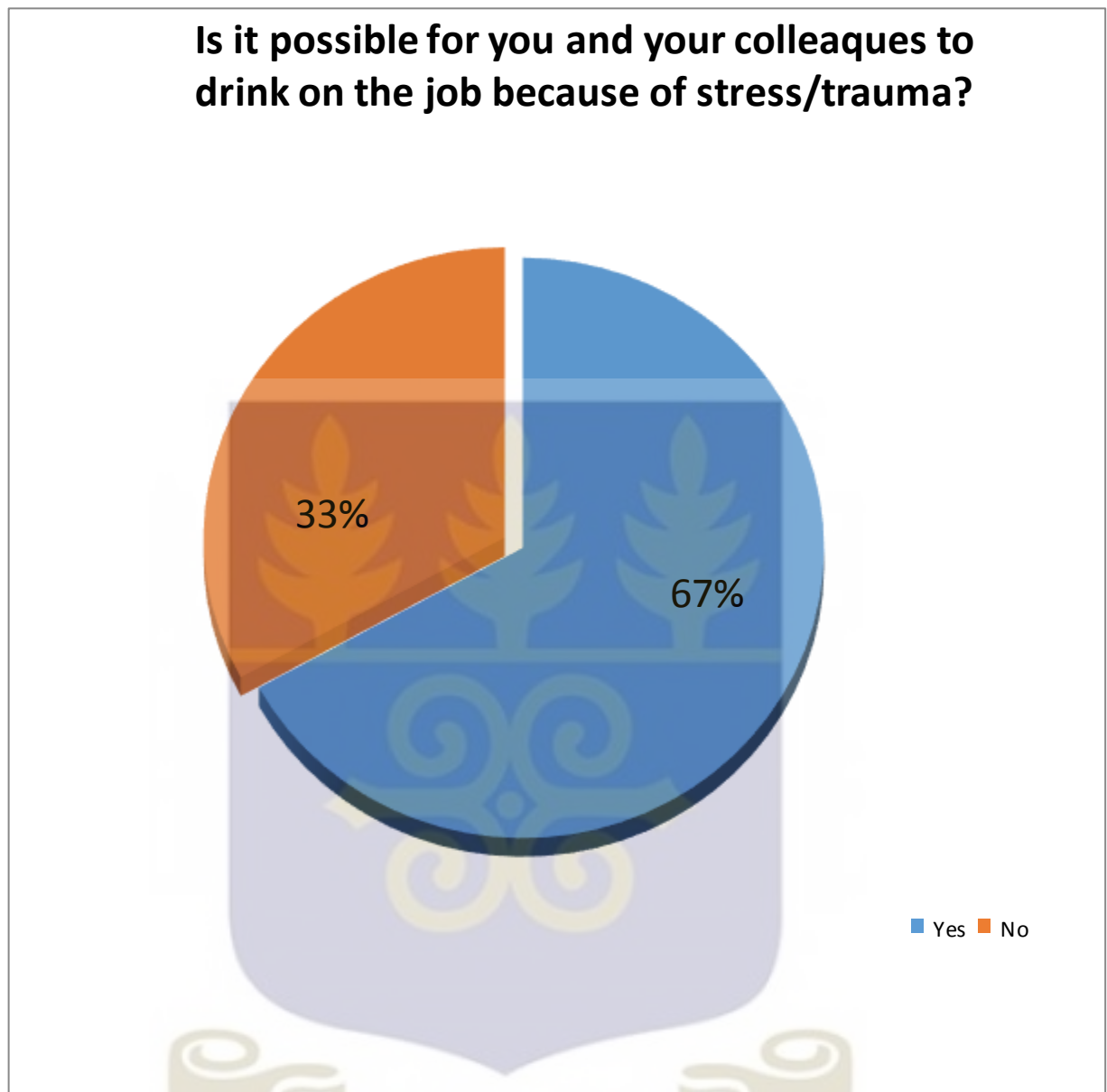
Table 5: Would you consider your work to be Stressful?

		Frequency	Percent	Valid Percent	Cumulative Percent
Is your work stressful?	yes	189	93.1	94.5	94.5
	no	11	5.4	5.5	100.0
	Total	200	98.5	100.0	
Missing	System	3	1.5		
Total		203	100.0		

Source: Field Data 2016

A Pie Chart was used to analyze the tendency that respondents will drink on the job because of stress or trauma was examined. Out of the 200 respondents, 134, representing 67% indicated 'YES it was possible', whilst 66 (33%) indicated 'NO', it was not possible (FIG. 7).

Fig. 7: The ease with which respondents drink on the job because of stress or trauma.

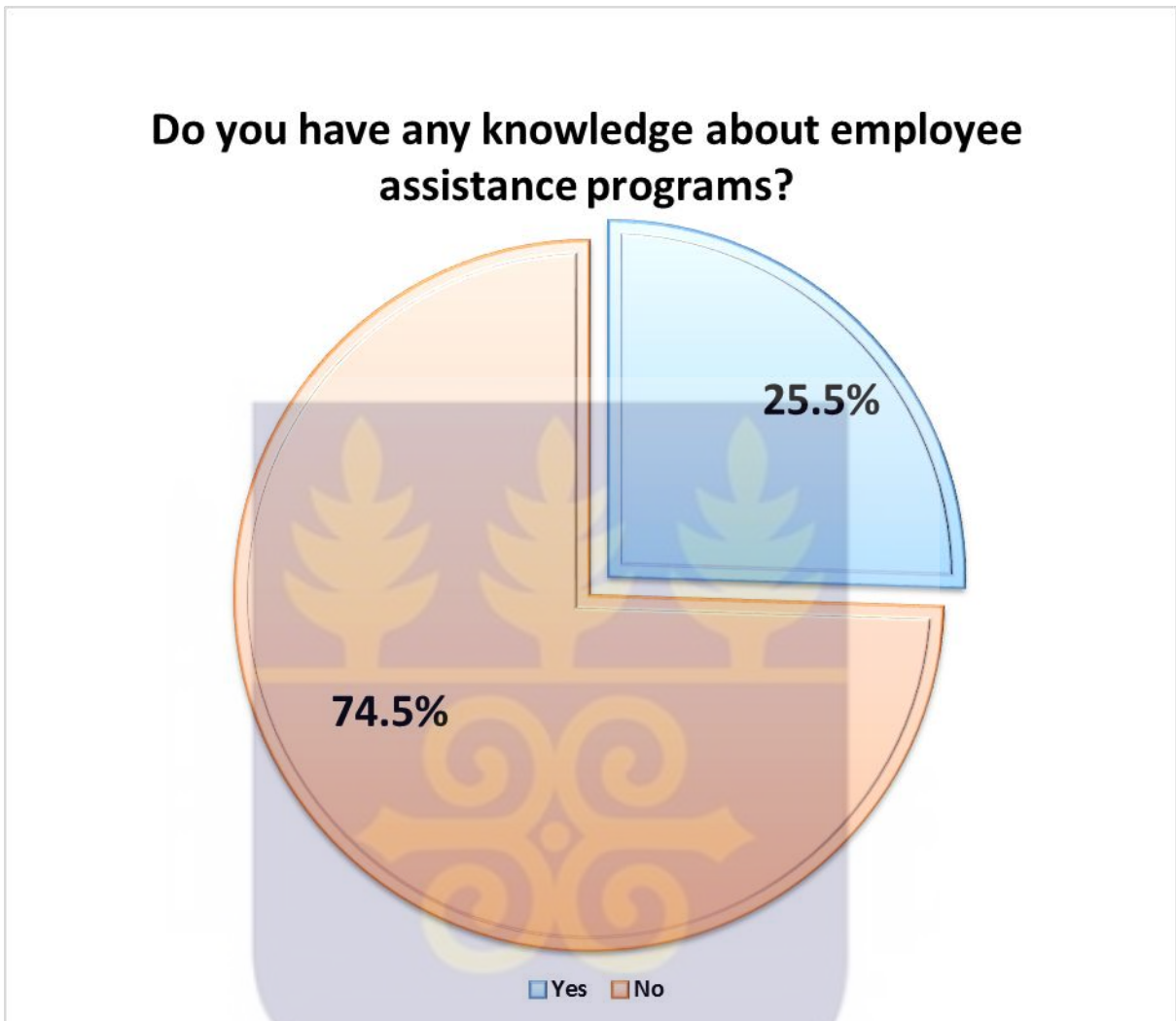


Source: Field Data 2016

4.1.5 Availability and Accessibility to Employee Assistant Programs

Respondents were asked about Employee Assistance Programs. A Pie chart (Fig. 8) was used to analyze responses provided. A total of 51(25.37%) respondents indicated having some knowledge about Employee Assistance Program; but the majority (149), representing 74.5% of the total count pointed out that they had no idea of the existence of such a program (Fig.8).

Fig. 8: The awareness of respondents about employee assistance program in the Ghana police service.



Source: Field Data 2016

In relation to the existence of a substance abuse program in the Ghana police Service 76.1% indicated that there are no such programs in the police service whilst 23.4% indicated that indeed there is a substance abuse program in the Ghana police service (Table 6). Thus, 153 respondents revealed that Ghana Police service doesn't have any assistant program for officers who drink, against 47 respondents who pointed out that there are substance abuse programs designed for these officers (Table 6).

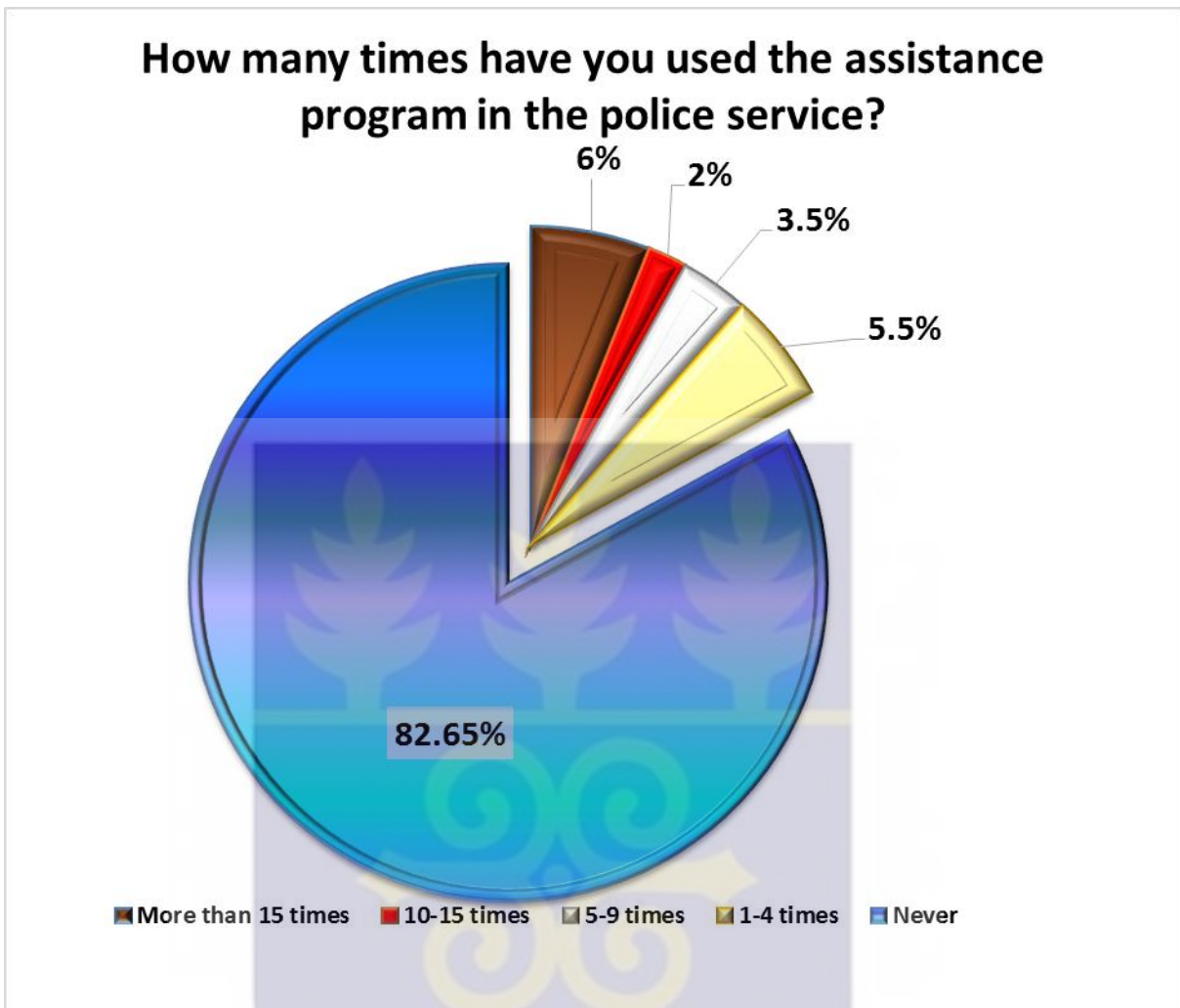
Table 6: Availability of Substance Abuse Programmes

Availability of Substance Abuse Programmes	Frequency	Percentage	Valid Percentage	Total
Yes	47	23.4%	23.5	23.5
No	153	76.1%	76.5	100
Total	200	99.5%	100	
Total	200	100	100	

Source: Field Data 2016

The Pie Chart provides the results from a follow-up question on the number of times the respondents who acknowledged the existence of an Assistance Program in the Ghana Police Service (Fig. 9) accessed these program(s) in the last five (5) years. In response, 86.7 % constituting a total of 166 respondents revealed that they have never used the Assistance Programs designed for the Ghana Police Service; 12(6%) however indicated that they have used it more than 15 times, 5.5% confirmed utilising the program about one to four times, 7(3.5%) five to nine times, and 4(2%) ten to fifteen times over the last five years (Fig.9).

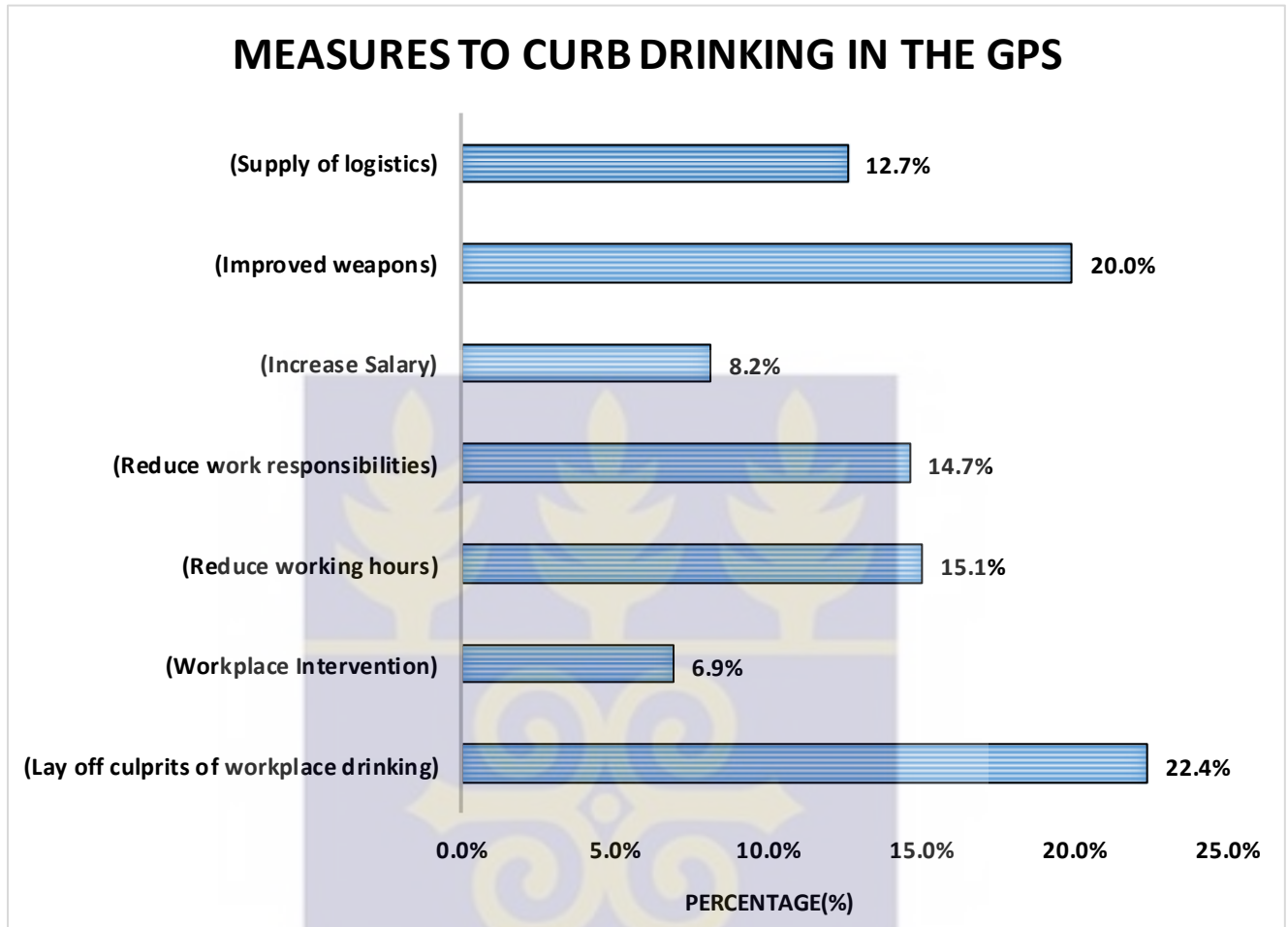
Fig. 9: Patronage of the employee assistance program in the Ghana police service.



Source: Field Data 2016

When asked to recommend solutions for tackling workplace drinking problems among Police officers in the Ghana Police service, 45(22.4%) of the respondents suggested that culprits of alcohol abuse should be laid off whilst another 40(20%) recommended that there should be an upgrade in the weaponry of the police. Other recommended solutions include; reduced working hours 30(15.1%) and reduced work responsibilities 29(14.7%). Only 13(6.9%) respondents recommended for intervention programs for officers who drink on the job (Fig. 10).

Fig. 10: Recommended measures to prevent the use of alcohol by the officers of the Ghana Police Service.



Source: Field Data 2016

4.1.6 Hypotheses Testing

Linear regression analysis was used to test hypotheses. This allowed for the relationship between variables to be examined for strength and directions by looking at the standardised and the unstandardized coefficients.

H1) High-risk job responsibility is positively related to workplace alcohol use.

Table 7 shows the results of hypothesis tested around three variables – Violence, Traumatic situation, and Stress (as the independent variables) - and “alcohol use in the last

six months” as the dependent variable. The Least Square Regression was used to test for the relationship between High-risk job responsibilities and Workplace alcohol drinking. The F-value was 3.684, indicating significance. Although none of the variables in this analysis showed a significant relationship with alcohol-use in the last six months, which is attributable in part to the small sample size used for the study – the scores on all the variables indicates a positive relationship with the dependent variable. That is, the higher the score on any of the three independent variables, the higher it’s corresponding score on the dependent variable. This is evident by the regression scores of .343 for violence, .811 for Trauma, and .320 for Stressful Activities. Trauma was the strongest among the variables with a positive score of .811. This implies that, as more respondents are exposed to traumatic situations, alcohol-use will also increase by 0.811, using the ordinary linear regression analysis.

**Table 7: Dependent Variable: How many times did you drink in the last six months?
(Ordinary Least Squares Regression)**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.790	.486		3.684	.000
What behaviour do your colleagues exhibit when they drink? Violence	.343	.258	.094	1.330	.185
1 (Constant)	1.379	.508		2.714	.008
Does your job expose you to traumatic situations?	.811	.474	.145	1.712	.089
1 (Constant)	2.088	.437		4.774	.000
Would you consider your work to be stressful Activities?	.320	.405	.056	.790	.431

Source: Field Data 2016

H2). Perceived workplace norms are positively related to alcohol-use at the workplace.

Table 8 displays the regression analysis of three independent variables, with the dependent variable as “The number of times respondents took alcohol in the last six months.” The independent variables include job satisfaction, Influence from colleagues, and bullying. In this analysis, the F value was 10.509, indicating an overall significance. Out of the three variables tested for relationships, two (satisfaction with job and bullying) were insignificant. Only “influence from colleagues” showed a significant relationship with the dependent variable (.042). The rest showed insignificant levels of .590 and .0139 respectively when tested against “Alcohol use in the last six months.” The relationship between satisfaction with job and Alcohol use was inverse. That is to say that the higher the officers scored on the Job satisfaction level, the lower the score on alcohol intake. This means the degree of satisfaction the respondents derived from their work as police officers, determines the tendency that they will drink alcohol on the job. With higher levels of satisfaction, alcohol intake is low, and vice versa. The other variables (Influence from colleagues and Bullying), however showed a positive relationship with the dependent variable. Thus, an increase on the score of any of these variables leads to a corresponding increase in the score of the dependent variable. Bullying was the stronger of the two variables, as indicated by the higher absolute value of the beta coefficient (.382) for bullying compared to the beta coefficient (.377) for Influence from colleagues.

Table 8: Dependent Variable: How many times did you drink in the last six months? (Coefficients^a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.546	.242		10.509	.000
	To what extent are you satisfied with your current job?	-.036	.066	-.038	-.540	.590
1	(Constant)	1.881	.281		6.698	.000
	What in your opinion compels them to drink? Influence from colleagues	.377	.184	.144	2.047	.042
1	(Constant)	1.718	.485		3.538	.001
	What in your opinion compels them to drink? Bullying	.382	.258	.105	1.484	.139

Source: Field Data 2016

H3). Workplace alcohol-use contributes significantly to employees' performance.

The finding on Tables 9, 10 and 11 indicate the outcome of regression analysis conducted using three variables (recklessness, absenteeism and poor task performance) as dependent variables, and “Alcohol intake in the last six months” as the independent variables in each of the analysis. The analysis sought to establish the degree to which an increase in alcohol consumption by the respondents resulted in an upward effect on recklessness, absenteeism and low task performance. Two of the variables (Absenteeism and Poor task performance) recorded an inverse relationship with “Alcohol-use in the last six months.” This means, as scores in these variables increase, there is a corresponding reduction in the scores of the independent variable (Alcohol-use in the last six months). In other words, increase in alcohol-use in the last six months, resulted in the reduction in absenteeism in the Ghana Police Service (Table 10). This same interpretation applies to low task performance (Table 11). As more officers drink alcohol, there is a reduction in Low task performance. Due to

the item coding the meaning of these analyses is rather that, the higher the score on alcohol drinking on the job, the lower their ability to perform tasks effectively; as confirmed by the test on officer's recklessness when they drink. Again, more officers will be absent from work when they drink. Poor task performance was however stronger, with a higher absolute value of the beta coefficient (-.025), than Absenteeism which had a beta coefficient score of -.007. Out of the three tables, Table 10, which tested for the relationship between Alcohol-use in the last six months and Recklessness, reported a positive relationship (.050) between the dependent and the independent variables; and a significant level of 0.49. This implies that, as the score on alcohol use increased in the last six months, the officers recorded equally higher on Recklessness in the performance of their duties (Table 9).

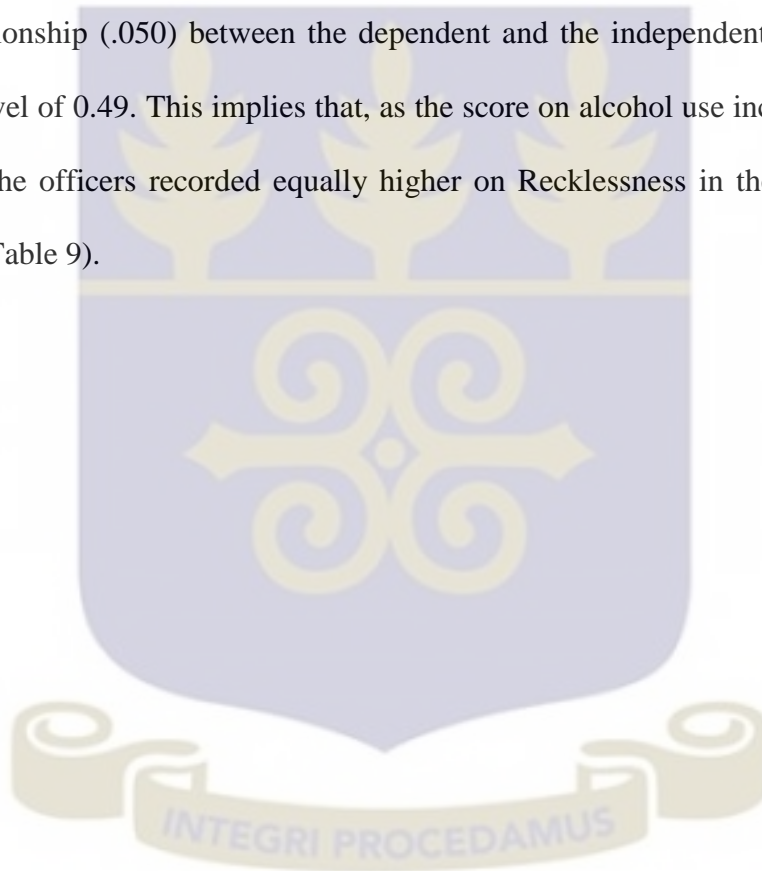


Table 9: Dependent Variable: What behaviour do your colleagues exhibit when they drink? Recklessness (coefficients^a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.548	.070		22.125	.000
	How many times did you drink in the last six months?	.050	.025	.139	1.979	.049

Source: Field Data 2016

Table 10: Dependent Variable: What behaviour do your colleagues exhibit when they drink? Absenteeism (Coefficients^a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.501	.075		19.989	.000
	How many times did you drink in the last six months?	-.007	.027	-.017	-.241	.810

Source: Field Data 2016

Table 11: Dependent Variable: What behaviour do your colleagues exhibit when they drink? Poor Task Performance (Coefficients^a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.656	.152		10.915	.000
	How many times did you drink in the last six months?	-.025	.055	-.033	-.459	.647

Source: Field Data 2016

4.2 Discussions

4.2.1 Introduction

The study was conducted to determine the alcohol usage at work places using the Ghana police service personnel in the Greater Accra Region operating under the Greater Accra police command as an example. The discussion in this chapter provides a more detailed elaboration on the findings that directs readers focus on the bi-directional interactions of systems in the workplace environment, and individual elements that perpetuates alcohol-use in the Ghana police service, specifically, the areas covered by this study. Out of two hundred police officers who participated in the study 133(66.5%) were males and 67(33.5%) were female police officers. A greater number of respondents were in the corporal ranks, which constituted 35% of the respondents who participated in the study with the least number of respondents being either assistant commissioner or superintendent of police constituting 0.5% of respondents. This distribution occurred randomly.

4.2.2 Prevalence of alcohol consumption among study participants in the last six months.

With regards to respondents' period of service in the Ghana Police Service, the results indicates that as police officers spend more time on their jobs, the tendency to drink alcohol increases until it reaches its peak, and then declines. This is confirmed by the drinking pattern displayed by the officers of this study based on the number of years they spend with the Ghana police service. The findings indicate that 22(11%) of the officers who also worked with the GPS for 1-4 years drank alcohol in the last six months. This increased to 38(19%) for those who worked with the GPS for 5 – 10 years, and then starts to decline with 25(12.5%) drinking rate recorded for those in the 10 – 14 years and 15 – 19

years. The least category of respondents who drank alcohol in the last six months comprises those who worked with the GPS for 20 – 25years. This trend of alcohol usage in the study population can be attributed to the stress and trauma new recruits are exposed to upon commencing work with the service. Since this is a totally new experience, these new recruits tend to resort to substance use to deal with the anxiety created by the demands of policing. New recruits will also drink if exposed to violence, like shooting, violent arrest, and/death of a colleague which they hither-to are not familiar with. Thus in line with the prevalence of alcohol use at the workplace, the findings from this research is in conformity with Frone (2006), who conducted a similar survey in the U.S and came to the conclusion that 30.6% of respondents drink intoxicants during and after work hours, however, the level of drinking was much lower in this study compared to what he reported.

4.2.3 Prevalence of alcohol consumption by Gender

The study shows that prevalence of alcohol consumption among participants was higher among male police officers than female police officers. In line with the findings of Zimmerman, et. al (2010), which revealed that generally men drink alcohol more than women, the result from this study also indicates that male police officers in the study population drink more alcohol on the job than their female counterparts. Although the study did not explore the specific reasons why scores on men and alcohol-use far outnumber that of women, several scholars in their investigations on gender and substance abuse conceptualized it within the discussion of gender roles across different societies. Although the research instrument was randomly assigned, this disparity in alcohol-use between men and women can be attributed to the large number of male officers who participated in this research, against their female counterparts. Sex related alcohol-use can also depend to a large extent, on the degree to which a person subscribes to cultural

definitions of masculinity and femininity (Mäkelä et al. 2006; Nolen-Hoeksema and Hilt 2006; Wilsnack et al. 2009). Alcohol use is linked to attributes of the male role such as risk taking, dominance, strength, and invincibility (Peralta 2007). As indicated in the background study of this thesis, drinking of alcohol in Ghana was initially reserved for men and older people who played crucial role in the political, religious and cultural life of the society (Odejide, 2006; Oshodin, 1995; WHO, 2004). Roles, such as risk taking, dominance, strength, caretakers, and invincibility, are intrinsically linked with harmful alcohol use among men (Peralta, 2007). Such institutionalised practices, coupled with the country's definition of gender roles between men and women reflected in the differential rates of alcohol use among the respondents of this study.

4.2.4 Prevalence of alcohol consumption by marital and parental status

In contrast with earlier studies that identified a decrease in alcohol use as one marries and becomes a parent (Bachman et al. 1997), the results from this study show otherwise. The findings from this study indicates that larger proportion of the officers who were married and are also employed, drink more alcohol than the unmarried and the divorced. The findings also suggest that higher percentage of respondents who have children tend to drink more alcohol on the job than those who do not. This is attributable to socioeconomic and cultural factors. Although the family serves as a support base for most people including the officers of the Ghana Police Service, the same environment provides many risk factors that trigger the need to drink alcohol. For instance, as one marries, he/she is expected to assume certain social and emotional responsibilities. This includes the need to provide shelter, food, befitting clothing, sex and companionship among others to their partners. Most of the married police officer may be unable to adequately provide these necessities to their spouses due to the woefully low take-home salaries they receive. The

shame of being perceived by the officer's spouse as irresponsible or lazy can compel them to drink alcohol. Additionally, the numerous shifts run by police officers may prevent them from providing the needed companionship to their spouses. This can create insecurities in one or both couples – the fear that one person is promiscuous – which will in turn cause them to drink alcohol at work. Hans, et al (1999) found that low socio-economic status and psychological characteristics of parents is a predictor of poor parenting and parental substance abuse (including alcohol use) among married couples and single parents. A police officer can drink alcohol when they are unable to enrol their children in good schools, provide their everyday nutritional and material needs among others, due to low salaries; or has an unwieldy wife or husband to contend with before and after work on a daily basis. Johnson and Subramanian (2005) indicated that supports from the nuclear family can be both a source of support and strain for police officers. Police officers rely on family for emotional support but at the same time officers may bring to the office a power controlling-like behaviour and this may cause problems at work. Stressful events such as the behaviour of the child (antisocial behaviours), relationship breakdown, interpersonal, partner and/or domestic violence (Schuler and Nair, 2001; Young, 1997) and other domestic problems (Amaro et al, 1990; Hanset al, 1990), serve as determinants of alcohol use by couples and parents. Studies show that the cumulative effects of these factors increase the likelihood that a parent or married partners will drink alcohol – whether employed or not (Nair et al, 2003).

4.2.5 Occupational factors influencing alcohol intake amongst participants.

As part of the alternatives the respondents were supposed to choose from as predictors in the workplace environment that compelled them to drink, stress ranked the highest 61(30.5%). Again 'influence from colleagues followed with 25(22.5%), trauma

24(11.7%), dissatisfaction with salaries 12(5.8%) and bullying 13(6.5%). In other words, organizational predictors alone constitute 77% of the workplace determinants of alcohol-use among the study population. Again, the study participants identified stress as the major occupational factor which accounted for the prevalence of alcohol intake among police officers. Using the results from the linear regression analysis, with the exception of dissatisfaction with current job which had an inverse relationship with alcohol use by respondents (-.036), all the other variables were positively related to alcohol-use respondents in the last six months before the study was conducted. The inverse relationship of Job satisfaction to alcohol-use indicates that the more the police officers find their work to be unsatisfactory, the more they drink. One reason for job dissatisfaction among police officers can be traced to their command structure: Police officers are required to strictly follow operational and functional commands without questioning, irrespective of how threatening and risky the task is. The need to following commands without complaints at the expense of one's safety and comfort can compel police officers to drink alcohol. Again, police officers in the study area will drink alcohol based on existing values on workplace drinking among the police officers at their places of work (Brough & Frame, 2004). A positive relationship between alcohol use and influence from colleague show that the increasing rate of alcohol intake by the police officers is greatly influenced by the drinking culture that already exists in the service. This made workplace drinking quite an acceptable norm among respondents of this study. For instance, an officer who finds alcohol use a good antidote for managing depression and stress, can likewise advice his/her colleague to do same. On the other hand, some police officers may drink alcohol in order to feel accepted by their cliques. Another organizational factor that provided a positive relationship with alcohol use when tested on the linear regression is bullying (.382). Dietrich and Smith (1986) and OHSC (1992), both opined that workplace

culture within the police itself is most conducive to a high level of alcohol consumption. Hagen et al. (1992, p. 68) suggest that “. . . in many parts of the service a cover up mentality exists. Officers will hide co-workers with a drinking problem from senior officers to prevent colleagues being disciplined . . .” Although only 14(6.5%) of the respondents indicated having drunk alcohol due to bullying from colleagues, the hypothesis tested around this variable points out that the more workers are bullied, the more they will drink on the job (.382). When there is a high level of teamwork, resulting in peer pressure and oppression – bully (Fillmore, 1990); where alcohol is more available and there is a more permissive attitude to drinking at lunch or on the job (Whitehead & Simpkins, 1983); and where the work traditions lead to drinking after work with colleagues as a means of relaxing, and debriefing (Elliott and Shanahan, 1994), substance use, including alcohol is most predominant. The results also revealed a positive relationship between alcohol intake (Independent variable), and stress (.320) and trauma (.811) as the independent variables, when measured with the linear regression analyses. The test result means that when police officers in the study area are exposed to traumatic situations and stressful conditions, they will drink alcohol. Stressful responsibilities as defined by Violanti et al., (2011) is one characterized by unpredictable events, exposure to trauma, extended periods of boredom, unreliable shift work, and tension associated with organizational issues (bureaucratic styles of management, lack of autonomy, and interpersonal conflicts between officers) (Lanterman et al., 2010). Akin to the results of a research conducted by Violanti & Aron (1994) - Ranking Police Stressors – found out that among some of the serious stressors that comes with policing are racial conflicts, killing someone on duty, experience of a fellow officer being killed, excessive shift work, excessive discipline, etc. these conditions can create stressors for police officers in this current study and compel them to drink alcohol. As reported by Agbewode, (2006);

Frimpong, (2005); and Osei, (2008), the stress that comes with the job of policing creates stressors that trigger alcohol usage.

4.2.6 Biological and Psychosocial determinants of workplace alcohol – use

To answer the third research question – “What are the biological and psychosocial reasons for workplace drinking in the Ghana Police Service?” - the finding suggests that police officers operating in the Nima, Madina and the Adenta Division drink alcohol due to innate biological and psychological difficulties. When asked about the factors that compelled them to drink alcohol, 32(16.2%) of the respondents revealed that it helped them to deal with depression, whereas 6(3.2%) affirmed that alcohol intake was necessary for their individual medical conditions (Fig. 4).

These findings are consistent with several literatures that linked substance abuse – especially alcohol use – to inherent and acquired physical impairments (Wilson, quoted in Kurtz, 2002, p. 7; Delaware Technical College, 2004; White, 2000; Doweiko 1996; Miller and Willoughby, 1997; Ogilvie, 2001). These studies suggest that when people first drink, their hidden disease get activated. The disease then leads them to drink more and more until it destroys them physically, emotionally, and spiritually. As part of the curative measures employed to manage diseases, some police officers may resort to the use of alcohol to manage the pain and discomfort that comes with the ailment. This mode of treatment is extensively used by people who value alternate health care services over the orthodox health care services. The World Health Organization, (2004) asserts that brain chemicals such as dopamine and serotonin seem to be especially implicated in a variety of ways. Lower levels of dopamine are related with stress. Higher levels are involved in feelings of pleasure. Alcohol can temporarily increase dopamine, making a person feel good. The police officers also meet to drink after work hours as a way of socializing and

bonding with their colleagues. Drinking therefore enhances the police officers' social life and bonding as indicated in their responses.

4.2.7 Effects of alcohol consumption on the behavioural patterns among the study participants.

In relation to behavioural patterns resulting from alcohol-use participants of the study indicated that hangover, absenteeism and poor task performance were the major behaviour patterns exhibited by officers who consumed alcohol; accounting for 23(11.10%), 22(11.00%) and 21(10.10%) respectively. Other effects noted by respondents as consequence for alcohol use includes recklessness, misconducts, forgetfulness, chronic illness, etc. (Fig. 3). These findings support the third hypothesis that “Workplace alcohol-use contributes significantly to employees’ performance.” On the linear regression analyses run for relationship between recklessness (dependent variable) and alcohol-use, the result indicated a positive relationship at a significant level of .049 at 0.05 confidence levels. This shows that as police officers in the study area drink alcohol, they can become more reckless in the performance of their daily duties and interaction with civilians. For instance, some of the respondents profess that their colleagues engage in misconducts when they drink alcohol. In other words, heavy episodes of alcohol use increase the risk of arriving late at work due to hangover and/or leaving early, with disciplinary suspensions that ultimately results in loss of productivity. A high employee turnover due to premature deaths, disciplinary problems, inappropriate behaviour (recklessness), theft and other crime, poor co-worker relations and low company morale, may constitutes some of the negative repercussions of alcohol-use by the police officers (Anderson, 2012). Alcohol — especially when consumed in large quantities or habitually —results in various health ramifications to the drinker, like organ damage (particularly, the liver), brain dysfunction,

cardiovascular disease, depression, diabetes, and mental disorders (Gray, et al., 2014; Saxe, 1983; Wang, et al., 2009). Although results from the linear regression analysis conducted on the relationship between alcohol use (Independent variable), and absenteeism and poor task performance showed an inverse correlation between the two pairs of variable (-.007 and -.025 respectively) due to the coding system, the true meaning of these scores is that more of the respondents are likely to perform tasks poorly as they drink alcohol on the job. The same interpretation holds for absenteeism when police officers drink alcohol at work. This interpretation is also derived from the results provided on Figure 3. On this graph, absenteeism and poor task performance ranked one of the highest consequences for workplace alcohol-use. In the report of Shain & Kramer, (2004) and Ames, et al, (1997) who reported on alcohol use at the workplace, they found out that drug and alcohol related disorders increases the likelihood of absenteeism at workplaces and that those that are exposed to risk factors such as alcohol abuse are 50% likely to be absent from work compared to those who do not drink. Bouchery, (2011) also opined that the largest losses in productivity in an organization results from impaired productivity (45.9%), and alcohol attributable deaths (40.3%).

4.2.8 Measures to curb the prevalence of alcohol consumption amongst participants of the study.

When asked to recommend solutions to combat stress and workplace alcohol-use, as many as 44(22%) of the respondents suggested that culprits of work place drinking should be laid off by the Ghana Police Service, whereas 40(20.00%) recommended for improved weapons. The call for improved weapons were made, as officers believe it would help them to counteract the violence they face from armed criminals, and/or the fear and trauma they suffer when a colleague officer is killed on duty (Violanti & Aron, 1994). The use of

sophisticated weapons and other needed logistics would therefore, enhance their confidence and make them better able to confront ‘high - risk’ criminals. Others recommended for increased salaries, reduced work responsibilities, and reduced work hours. These suggestions are congruent with the arguments of Kecklund et al., (2008); Vila, (2006); and Stanfield and Candy, (2006) that aspects of organizational life that cause emotional strain, such as rotational shift work, irregular work hours, and consecutive work days create stressors that trigger alcohol-use at the workplace. In addition, operational stress that arises from critical incident experiences in policing, which include the violent and dangerous nature of some aspects of police work (Lantermann et al., 2010; Shane, 2010; Zhao et al., 2002) can compel the officers to drink.

However, contrary to the study of Merrick, et al. (2007) who argued that “the establishment of an employee Assistance Program (EAP) has a unique approach for addressing the entire gamut of substance use problems, both diagnosable abuse or dependence and other problematic use at the workplace despite the cost involved in running such a facility,” the findings from this study points out that only 14(6.9%) of the respondents, constituting the least score for this category, recommended for a workplace intervention (Employee Assistance Program). This was not surprising when juxtaposed with other results recorded in this thesis. For instance when respondents were asked if they have any ideas about workplace interventions and the EAP, as much as 149(74.5%) said “no” (Fig. 8). In the absence of this awareness, the best stress reliever according to responses provided in this study is alcohol - use. In order to deal with trauma, respondents suggested an improvement in weaponry and logistics (Fig. 6). This revelation therefore points to the urgent need for an assistance program for the officers of the Ghana police Service, who are unaware of the best therapeutic measure they must employ in dealing with the occupational hazards of policing, and consequently turn to substance abuse,

including alcohol use for solutions. The EAP is “designed to diagnose, treat, and rehabilitate employees of a particular organization whose personal problems are interfering with work performance.” It assists employees with substance abuse, marital conflicts, psychological problems, and rehabilitation after injury and illness (Alexy and Eyons, 1991, p. 53; Klinger and Nalbandian, 1998, p. 315).



CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The findings of this current study were summarised in this chapter. Given the extent of alcohol-use by Ghanaians, and at the workplace globally - as indicated by the findings of this study and other literatures reviewed around the research topic - drinking behaviour by the Ghana police officers in the Nima, Adenta and Madina divisions is likely to be problematic. The main reason why the police officers drank was to alleviate the stress that comes with policing. The study conceptualises the problem from the person-in-the-environment perspective; by looking at the police officer as a system whose individual biological and psychosocial characteristics interacts with environmental conditions offered by the workplace to determine the extent to which their personalities will be shaped either positively or negatively (in this case - negatively).

- The findings confirmed a wide prevalence of alcohol-use by officers of the Accra Regional Command of the Ghana Police Service in the study area. More than half of the respondents had drunk alcohol on the job in the last six months.
- The respondents attributed their drinking behaviours to stress, trauma, dissatisfaction with their job, bullying, influence from colleagues, nearness of the bars and restaurants to police stations, the inadequate and dilapidated logistical and infrastructural resources available to them, and the fear and anxieties that come with using worn-out weapons against high-risk criminals who possess highly sophisticated weapons.
- In response to the biological and psychosocial triggers of alcohol use by the respondents, the study discovered that though majority of the respondents were not affected much by diseases and other medical conditions, it was nevertheless a factor to be considered when looking at the whole gamut of alcohol-use in the police force.

Depression, medical conditions (sexual dysfunction, low appetite for food, anxiety, and social inhibitions), and stress were some of the conditions mentioned by the respondents as compelling reasons for drinking alcohol.

- The results of this current study show that productivity is lost through absenteeism, recklessness, poor task performance, hangover, etc. when police officers drink on the job.
- When faced with stress and trauma, the police officers mentioned that they will rather resort to alcohol-use to relieve themselves. Apparently, aside from the Ghana police ethics which frown on alcohol-use in the Ghana police service, the police officers themselves are not aware that alcohol-use is accompanied by moral and health repercussions of drinking on the job. Majority of the respondents did not know anything about Assistance programs or the EAP; thus, these police officers will continue to rely on substance abuse – including alcohol – as treatments for health, operational and functional difficulties encountered in the execution of their duties.

5.2 Conclusion

This study sought to investigate the causes and effects of alcohol-use at the workplace, with the Accra Regional Command of the Ghana Police Service as the target population. The study conceptualised officers who drink alcohol not as offenders that should be chastised, but as victims of social and biological circumstances that need help from humanitarian workers, including both governmental and non-governmental organizations.

The investigator deduced from the responses provided that the high alcohol-use among the Ghana police officers occurred as a consequence of the violence, stress and trauma that comes with the work of policing in Ghana. Again other organizational factors, which encompasses inadequate logistics (weapons, office space, and police vehicles), peer

influence, and bullying, to a large extent also contributed to alcohol-use in the Service. Minority section of the respondents would however drink in response to various personal and psychological impairments and/or medical conditions they are battling with.

The use of alcohol resulted in various ramifications for the police officers as individuals, and the Ghana Police Service as a corporate body. In the first place, alcohol intake has resulted in various medical conditions for the respondents in this research: This includes depression, stress, accidents and injuries, hangover, etc. In relations to the workplace effects, it was realised that workplace drinking has a lot of negative repercussions on productivity, and on the smooth running of organizations. For instance, some effects the Police Divisions use for this study suffered as a consequence of alcohol-use by some of its workforce was absenteeism due to alcohol related illnesses, poor task performance, recklessness, misconducts and crime, among other, all of which affects productivity greatly.

Added to the problem of substance use among the respondents of this study is the issue of ignorance among the officers. Almost three quarters of the respondents do not know anything about substance abuse programs or its existence in the Ghana police Service. They also demonstrated high levels of ignorance when asked about the usefulness of alcohol. The police officers substituted alcohol-use for psychosocial therapies. They use alcohol as stress relievers; to deal with the depression and trauma they encounter in the conduct of their assigned duties. A well-structured Employee Assistance Program, coupled with an extensive educative program on its usage and benefits will go a long way to help officers who drink and make them more effective in their quest to keep Ghana safe.

5.3 Recommendations

5.3.1 Education

The findings of this study revealed that majority of the police officers interviewed were ignorant about the negative consequences of workplace alcohol-use, and available assistance programs that can best mitigate the menace. Most of the respondents see alcohol as a stress reliever, and the dismissal of police officers who drink, as an alternative solution for curbing the problems of workplace drinkers. One way to resolve the problem of workplace alcohol-use then, would be to design a comprehensive approach that helps to educate officers of the Ghana Police Service on alcohol-use, its dangers and its solutions.

The mass media (television and radio) can serve as a starting point for effective targeted communication on workplace alcohol-use in the future. Television and radio should be used as effective media to disseminate and educate employers and their employees on alcohol-use menace at the workplace. This same media strategy could also be extended to the general public in terms of awareness creation and educational campaigns to help the general public make well informed decisions and become actively involved in all decision making processes about substance abuse when working. A general demonstration of how the EAP works and its benefits to the ordinary worker, who is saddled with physiological and psychosocial problems, should be fused into media programs. In this case, workers who drink will feel confident to access the services of an EAP provider when the need arises.

As part of the awareness creation process, Resource Persons in Social Work, Psychiatry, Psychology, and related disciplines can be contacted to deliver periodic presentation, and/or organize program activities which hover around workplace alcohol-use and its

effects on drinkers as individuals and the organization as a whole. Police officers can also be taken through field education on healthy drinking behaviours.

5.3.2 Policy

Although this study did not investigate the availability of Assistance programs from the perspective of authorities of the Ghana Police Service, responses received from police officers sampled for this study pointed out that only 23.4% of the total count (200) knew anything about the availability of an assistance program in the Ghana Police Service; and out of this only 17.35% claimed to have accessed the program. It is therefore important for the government to make it as part of its annual or per-annual policies to ensure that a comprehensive EAP is established in every police division located in the country, and a program office extended to at least every police district office to attend to the psychological and social needs of police officers. In addition, the government must ensure that service providers are equipped with the needed logistical and human resources – like an office space, vehicles, trained social workers/psychologists, etc. - necessary to assist police officers who drink.

Also, alleviating problems of psychosocial nature incurs the obligation on service providers to pay critical attention to the underlying causes of the problem in order to resolve it. Among some of the causes of workplace alcohol-use identified by the respondents of this study are, stress, trauma, influence from colleagues, bullying, and administrative controversies (unsatisfactory salaries and dissatisfaction with current job). Thus, to ameliorate the issue of workplace alcohol-use menace in the Ghana police Service, these aforementioned areas must be targeted by all stakeholders, including the authorities of the Ghana Police Service (GPS) and other Civil Society Organizations. For

instance, leadership of the Ghana Police Service can negotiate for better conditions of service for the officers of the GPS, in the form of increased incentives, and improvement in the logistical and infrastructural facilities of the GPS.

Again, to be able to understand each employee's unique situation in order to design interventions that can best rectify their distress, it is recommended that every corporate organization - whether public or private - operating in Ghana be compelled through a legislative instrument to include at least one social worker or a psychologist in their Human Resource Departments. This policy will help to better meet the needs of employees who face distressful situations at the workplace in a manner that respects their innate worth and dignity, while still assisting them to be very productive members of their organizations.

Reporting on performance is also essential if police officers and their administrators are to make successful decisions, and foster full transparency and accountability across the Police Service. The reports should comprise of findings which are clearly and accurately presented and done in an objective manner. The performance report should touch on officers' social conditions and psychological state over the given period; their level of attention and focus; degree of sociability; signs of depression, stress or trauma; among others. Performance reports should be the central point for continuous improvement and feedback process. This report should be in print at regular intervals to measure incremental progress and/or setbacks.

5.3.3 Research

Even though a plethora of research already exists on alcohol use at the workplace in other countries, this research indicates that more work needs to be done on police-stress and alcohol-use research, especially Ghana's context of the situation. The results of this study

corroborate the findings of Cullen et al. (1985), in the sense that since policing is one of the most stressful occupations, more research is needed in gaining a better understanding behind the factors of stress and how police officers can better cope with job stress, which positive avenues can be used in dealing with the various elements in policing. Even though this thesis only included positive ways to deal with stress, future research should probe police officers' negative coping methods when dealing with stress such as alcohol or other vices. However, negative coping methods would be difficult to probe because many officers may avoid sensitive questions. That is, many officers might not answer or answer accurately questions about negative behaviours such as how excessively they drink alcohol or if they resort to drugs.

The results of this study should also redirect the focus of social work practice to the plight of employees at the workplace. Most adults (couples and parents) spent the most part of their days at the workplace; hence a great part of the problems that occur at home can as well be centred on their previous experiences at the workplace. Domestic problems like violence, child abuse, neglect, and the like can be traced back to the workplace. First of all, a lot more academic research must be conducted on the problems employees face at the workplace; while students seeking to embark on their compulsory fieldwork projects should be encouraged to do so with the Human Resource Departments of corporate organizations where they can observe first hand, how employees are treated, as well as the best techniques to employ when an employee is in need of assistance in order to remain productive. The Ghana Association of Social Workers (GASOW) should also negotiate for the inclusion of social workers in the Human resource departments of every organization to help managements of these organizations to better understand the plights of their employees in order to help them (Police officers) during periods of mild and acute distress.

REFERENCES

- Aaron, J.D. (2000). Stress and coping in police service. *Police Quarterly*, 3, 438-450.
Doi: 10.1177/109861110000300405
- Abdul-Rahaman, S. (2014, July, 2nd). Ghana's Police/Population Ratio Improves. The Ghanaian Times. Retrieved from <http://www.ghanaiantims.com.gh/ghanas-policepopulation-ratio-improves/>
- Agbewode (2006) *Juapong Police score another human rights abuse*, The Chronicle, 23 May 2006 p. 10.
- Akyeampong, E. K. (2001). *Between the Sea & the Lagoon: An Eco-social History of the Anlo of Southeastern Ghana: C. 1850 to Recent Times*. James Currey.
- Alexy, B., & Eyons, D. (1991). A strategy for health promotion for multiple sites. *American Association of Occupational health Nurses (AAOHN) Journal*, (39), 2: 53-6.
- Almeida-Filho, N., Lessa, I., Magalhaes, L., Araujo, M.J., Aquino, E., Kawachi, I., & James, S. A. (2004). Alcohol drinking patterns by gender, ethnicity, and social class in Bahia, Brazil. *Revista de Saude Publica*, 38 (1), 45-54.
- Ames, G. M., & Bennett, J. B. (2011). Prevention interventions of alcohol problems in the workplace. *Alcohol Research & Health: The Journal of the National Institute on alcohol Abuse and Alcoholism*, 34(2), 175-87. Retrieved from <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3860571&tool=pmcentrez&rendertype=abstract>.
- Ames, G. M., & Grube, J. W. (1999). Alcohol availability and workplace drinking: Mixed method analysis. *Journal of Studies on Alcoholism*, 60(3), 383-393.
- Ames, G. M., Grube, J. W., & Moore, R. S. (2000). Social control and workplace drinking norms: A comparison of two organizational cultures. *Journal of Studies on Alcohol and Drugs*, 61(2):203-219.
- Ames, G.M., & Janes, C. (1992). A cultural approach to conceptualizing alcohol and the workplace. *Alcohol Health and Research* 16(1), 112-119.

- Ames, G.M., Grube, J.W., & Moore, R.S. (1997). The relationship of drinking and hangovers to workplace problems: an empirical study. *Journal of Studies on Alcohol and drugs*, 58(1), 37.
- Ames, G.M., Grube, J.W., & Moore, R.S. (1997). The relationship of drinking and hangovers to workplace problems: an empirical study. *Journal of Studies on Alcohol and Drug*, 58(1), 37.
- Amoah A. G., Owusu S. K., & Adjei S. (2002). Diabetes in Ghana: a community based prevalence study in Greater Accra. *Diabetes Research and Clinical Practice*. 56(3):197–205. In: *WHO Global NCD InfoBase*. Geneva, World Health Organization.
- Anderson, P. (2012). Alcohol and the workplace. Alcohol in the European Union: Consumption. Harm and policy approaches. Copenhagen: *World Health Organizational Office for Europe*, 69-82.
- Anshel, m.H. (2000). A conceptual model and implications for coping with stressful events in police work. *Criminal Justice and Behavior*, 27, 375-400. Doi: 10.1177/00938548000027003006
- Arnett, J.J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues* 35:235–253,.
- Atuguba, R. (2006) *Structure of the Ghana Police Service and Its Effect on Accountability*, Ghana p. 21.
- Austine, M., & Jackson, E. (1977). Occupational mental health and the human service: A review. *Health and Social Work*, 2: 92-118.
- Bachman, J.G.; Wadsworth, K.N.; O'malley, P.M.; et al. (1997). *Smoking, Drinking, and Drug Use in Young Adulthood: The Impacts of New Freedoms and New Responsibilities*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs (Project Hope)*, 10-1377.
- Ballenger, J.F., Best, S.R., Metzler, T.J., Wasserman, D.A., Mohr, D.C., Liberman, A.,...Marmar, C.R. (2011). Patterns and predictors of alcohol use in male and female

- urban police officers. *The American Journal on Addiction*, 20, 21-29. Doi:10.1111/j.1521-0391.2010.00092.x
- Bätzing, S. (2009). *Droge – und Suchtbercht. Die Drogenbeauftragte der Bundesregierung, Berlin: The German Federal Ministry of Health* (www.drogenbeauftragte.de).
- BBC News Online, (2001) *Relatives besiege Ghana hospitals*, <http://news.bbc.co.uk/1/hi/world/africa/1323356.stm> as on 23rd October, 2014.
- Beehr, T.A., Johnson, L.B., & Nieva, R. (1995). Occupational stress: Coping of police and their spouses. *Journal of Organizational Behavior*, 16, 3-25. Doi: 10.1002/job.4030160104
- Bennett J.B., et al. (2004). Team awareness, problem drinking, and drinking climate: workplace social health promotion in a policy context. *American Journal of Health Promotion*, 19:103–113.
- Bjerregard, P., & Young, T. K. (1998). *The Circumpolar Inuit: Health of a Population in Transition*. Copenhagen: Munksgaard.
- Blum T.C., & Roman P.M. (1995) Cost-Effectiveness and Preventive Implications of Employee Assistance Programs. DHHS pub no RP-0907. Rockville, Md, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- Blum, T.C., Roman, P.M., & Patrick, L. (1990) Synergism in work site adoption of employee assistance programs and health promotion activities. *Journal of Occupational Medicine* 32:461–467.
- Bouchery, E.E., Hawood, H.J., Sacks, C. J., & Brewer, R.D. (2011). Economic cost of excessive alcohol consumption in the U.S., 2006. *American Journal of preventive medicine*, 41(5), 516-524.
- Brough, P. & Frame, R. (2004). Predicting police job satisfaction and turnover intentions: the role of social support and police organizational variables. *New Zealand Journal of Psychology*, 33:8-16.

- Center on Alcohol Marketing and Youth, (2004). *Clicking with kids: alcohol and marketing on the internet*. Washington, DC.
- Church, R.L. (1993). A destructive analysis of wellness programs within state police agencies and a comparative analysis of other state police wellness programs and then Texas department of public safety. *MPA Applied research Project, Southwest Texas State University*.
- Clausen, T., Rossow, I., Naidoo, N., & Kowal P. (2009). Diverse alcohol drinking patterns in 20 African countries. *Addiction*, 104 (7), 1147-1154.
- Collins, D.J., & Lapsley, H.M. (2008). *The cost of tobacco, alcohol and illicit drug abuse to Australian society in 2004/2005*. Canberra, Commonwealth of Australia (National Drug Strategy Monograph, No. 64).
- Coman, G., & Evans, B. (1988). Stressors facing Australian Police in the 1990's. *Police Studies*, 14: 153-164.
- Commonwealth Human Rights Initiative. (2007). *The Police, the people, the politics: Police accountability in Ghana*. CHRI.
- Compton B.R., & Galaway, B. (1989). *Social work processes* (4th ed.). Belmont, CA: Wadsworth.
- Compton, B.R., & Galaway, B. (1989). *Social Work Processes*. Belmont, CA: Wadsworth.
- Conrod, P.J., Castellanos, N., Mackie, C. (2008). Personality-targeted interventions delay the growth of adolescent drinking and binge drinking. *J Child Psyc* 49: 181-90
- Cooper ML. (2002) Alcohol use and risky sexual behavior among college students and youth: evaluating the evidence. *J Stud Alcohol* 101-17.
- Cooper, C., & Dewe, P. (2008). Well-being – absenteeism, presenteeism, cost and challenges. *Occupational medicine*, 58(8), 522-524.
- Cooper, M.L., Russell, M., & Frone, M.R. (1990). Work stress and alcohol effects: A test of stress-induced drinking. *Journal of Health and Social Behaviour*, 260-276.
- Crofton, J. (1987). Editorial: Extent and costs of alcohol problems in employment: A review of British data. *Alcohol and Alcoholism*, **22**, 321-325.

- Cuellar, I., Arnold, B., & Gonzalez, G. (1995). Cognitive referents of acculturation: Assessment of cultural constructs in Mexican Americans. *Journal of Community Psychology*, 23, 339–356.
- Cullen, F. T., Lemming, T., Link, B. G., & Wozniak, J. F. (1985). The impact of social supports on police stress. *Criminology*, 23, 503-522.
- Davey, J.D., Obst, P.L., & Sheehan, M.C. (2000). Developing a profile of alcohol consumption patterns of police officers in a large scale sample of an Australian police service. *European Addiction Research*, 6, 205-212. Doi: 10.1159/000052047
- Davidson, M., & Vena, A. (1980). Stress and the policeman. In Copper, C., & Marshall, J. (Eds.), *White collar and professional stress*. New York: Wiley.
- Dietrich, J., & Smith, J. (1986). The nonmedical use of drugs including alcohol among police personnel: A critical literature review, *Journal of Police Science and Administration*, 14(4), 300-306.
- Doweiko, H.E. (1996). *Concepts of chemical dependency*. New York: Brooks-Cole.
- Driessen, M., Meiner, S., Hill, A. et al. (2001). The course of anxiety, depression and drinking behaviors after completed detoxification in alcoholics with or without comorbid anxiety and depressive disorders. *Alcohol Alcohol* 36: 249-55.
- Dumbili, E. (2013). Changing Patterns of Alcohol Consumption in Nigeria: An Exploration of Responsible factors and Consequences, 7(1), 20–33.
- Elliott & Shanahan Research Australia (1994). *Alcohol and other drugs in the workplace: A benchmark survey comparing two Victorian organizations*, Elliott & Shanahan Research Australia.
- Employee assistance Industry's Trade association (2013). What is EAP?, available at: www.easna.org/research-and-best-practice/what-is-eap/ (accessed February, 2016).
- Erfurt, J., Powell, D., Foote, A. & Heirich, M. (1992). The most successful wellness programs for hypertension control. Weight loss, smoking cessation and exercise. *Personal Psychology*, (45), 20-28.
- Etannibi, E.O. Alemika, and Innocent, C. Chukwuma (2011). Police Internal Control Systems in West Africa. *Cleen Foundation 1(1)*, 1-5. DOI ISBN:97897894978989

- European Network for Workplace Health Promotion. (1999). *Healthy employees in healthy organizations. Good practice in workplace health promotion.* (WHP) in Europe. Germany: Essen, BKK Bundesverband (Federal Association of Company Health Insurance Funds).
- Fenlon, T., Davey, J., & Mann, K. (1997). *National guidelines for police workplace alcohol policy.* Australia: Commonwealth Department of Health and Family Services.
- Frimpong, (2005). *Police gun down carpenter*, The Chronicle, May 5 2005.
- Frone M.R., (2009). Does permissive workplace substance use climate affect employees who do not use alcohol and drugs at work? A U.S. national study. *Psychology of Addictive Behavior*, 23:386–390.
- Frone M.R., Brown A.L. (2010). Workplace substance-use norms as predictors of employee substance use and impairment: a survey of U.S. workers. *Journal of Studies on Alcohol and Drugs*, 71:526–534.
- Frone, M. R. (2006). Prevalence and distribution of illicit drug use in the workforce and in the workplace: Findings and implications from a U.S. national survey. *Journal of Applied Psychology*, 91, 856-869.
- Frone, M. R. (2008). Employee alcohol and illicit drug use: Scope, causes, and organizational consequences. In J. Barling & C. L. Cooper (Eds.), *Handbook of organizational behavior: Vol. 1. Micro approaches* (pp. 519-540). Thousand Oaks, CA: Sage.
- Galinsky, E., Bond, J.T., Sakai, K. Kim, S.S., Giuntoli, N. (2008). *National Study of Employers.* New York, NY: Families and work Institute.
- Gardner, D.G., & Pierce, J.L. (1998). Self-esteem and self-efficacy within the organizational context: an empirical examination. *Group and Organization Management*, 23: 48-70.
- Gershon, R.R.M, Lin, S., & Li, X. (2002). Work stress in aging police officers, *Journal of Occupational and Environmental Medicine*, (44), 2, 160-167.
- Gershon, R.R.M., Barocas, B., Canton, A.N., Li, X., & Vlahov, D. (2009). Mental, physical, and behavioural outcomes associated with perceived work stress in police officers. *Criminal Justice and Behaviour*, (21), 1, 33-40.

- Ghana Statistical Service (2011), 2010 Population and Housing Census. Analysis of District Data and Implications for planning, Ghana statistical Service, Accra.
- Global Status Report on Alcohol, 2004. [http://www.who.int/entity/substance_abuse/publications/global_status_report_2004_overview.pdf]
- Gordon, R. (2011). An audit of alcohol brand website. *Drug and alcohol review*, 30(6), 638-644.
- Government of Ghana, (2016). Regional Policing – Regional Police Establishments. Retrieved from <http://www.police.gov.gh/RegionalPolicing.aspx>.
- Grant, B.F., Hasin, D.S., Chou S.P., et al. (2004). Nicotine dependence and psychiatric disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Arch Gen Psychiatry* 61:1107-15.
- Greenberg, P.E., Kessler, R.C., Birnbaum, H.G., Leong, S.A., Berglund, P.A., & Corey-Lesle, P.K. (2003). The economic burden of depression in the United States: how did it change between 1990 and 2000? *Journal of clinical psychiatry*, 64 (12), 465-1475.
- Griffin K.W., Scheier L.M., Acevedo, B., et al. (2012) Long-term effects of self-control on alcohol use and sexual behavior among urban minority young women. *Int J Environ Res Public Health* 9:1–23.
- Griffin KW, Scheier LM, Acevedo B et al. (2012) Long-term effects of self-control on alcohol use and sexual behavior among urban minority young women. *Int J Environ Res Public Health* 9:1–23.
- Gudjonsson, G., & Alam, K. (1985). Occupational stressors among British Police Officers, *Police Journal*, 58: 73-85.
- Guttek, B.A. (1985). *Sex and the workplace* (p.46). San Francisco: Jossey-Bass.
- Gyamfi, G.D. (2012). Evaluating the relationship between Selected Requirements and Performance of Police Personnel in Ghana. *Human Resource Management Research*, 2(1), 1-5.
- Hagen, R., Egan, D., & Eltringham, A. (1992). *Work, drugs and alcohol: A research report*. Australia: Victorian Occupational Health and Safety Commission, Melbourne.

- Hanewinkel, R., Tanski, S. E., & Sargent J. D., (2007). Exposure to alcohol use in motion pictures and teen drinking in Germany. *International journal of epidemiology*, 36(5), 1068-1077.
- Hans S.L., Bernstein V.J. and Henson L.G. (1999), “The role of psychopathology in the parenting of drug-dependent women”, *Developmental Psychopathology*”, 11: 957-977.
- Hasin, D.S., Stinson F.S., Oqburn, E., et al. (2007). Prevalence, correlates, disability and comorbidity of DSM-IV alcohol abuse and dependence in the United States. *Arch Gen Psychiatry* 64;830-42.
- Hemmingsson, T., & Lundberg, I. (1998). Work control, work demands, and work social support in relation to alcoholism among young men. *Alcoholism: Clinical and experimental Research*, 22: 921-927.
- Hertling, I., Ramskogler, K., Dvorak, A., et al. (2005). Craving and other characteristics of comorbidity of alcohol and nicotine dependence. *Eur Psychiatry* 5-6: 442-50.
- Hill L. (2008). The alcohol industry. *International Encyclopedia of Public Health*. London, UK:Elsevier, p. 124–35.
- Hingson, R., Hereen, T., & Zakocs, R. (2001). Age of drinking onset and involvement in physical fight after drinking. *Paediatrics*, 108(4), 872-877.
- Hingson, R., Hereen, T., Zakocs, R., Winter, M., & Wechsler, H. (2003). Age of first intoxication, heavy drinking, driving after drinking and risk of unintentional injury among US college students. *Journal of studies on alcohol and drugs*. 64(1), 23.
- Hingson, R.W., Hereen, T., Jamanka, A., & Howland, J. (2000). Age of drinking onset and unintended injury involvement after drinking. *Jama*, 284(12), 1527-1533.
- James, L. R., & Jones, A. P. (1974). Organizational climate: A review of theory and research. *Psychological Bulletin*, 81, 1096–1112.
- Johnson, A.E., Sachau, D.A., & Englert, D. (2010). Organizational and occupational embeddedness of federal law enforcement personnel. *Journal of Police and Criminal Psychology*, 25:75-89.
- Johnson, L., Todd, M., & Subramanian, G., (2005). Violence in police families: Work family spillover. *Journal of Family Violence*, 20, 3-12.

- Kaplan, L. (1986). *Working with multiproblem families*. Lexington, MA: Lexington Books.
- 'Katanka' vehicles presented to Ghana Police (2015, March, 26). Retrieved from <http://www.mobileghanaweb.info/GhanaHomePage/Regional/Katanta-vehicle-presented-to-Ghana-Police-351947>
- Kecklund, G., Eriksen, C.A. & Akerstedt, T. (2008). Police officers' attitudes to different shift systems: association with age, present shift schedule, health and sleep/wake complaints. *Applied Ergonomics*, 39: 565-71.
- Keefe, K. (1994). Perceptions of normative social pressure and attitudes toward alcohol use: Changes during adolescence. *Journal of Studies on Alcohol*, 55, 46-54.
- Kewura, (2006). *Cops torture man to coma*, The Chronicle, January 19 2006 p. 1
- Kim, D.J., Yoon, S.J., Lee, H.P., Choi, B.M., & Go, H.J. (2003). The effects of alcohol hangover on cognitive functioning in healthy subjects. *International Journal of Neuroscience*, 113 (4), 581-594.
- Kirkcaldy, B., Cooper, C.L., & Ruffalo, P. (1995). Work stress and health in a sample of US police, *Psychological Reports*, (76), 2, 700-702.
- Kirschman, E. (2006). *I love a cop: What police families need to know*. New York, NY: Guildford Press.
- Klinger, D. & nalandian, J. (1998). *Public Personnel Management: Context and Strategies*. 4th ed. NJ: Prentice-Hall, Upper Saddle River.
- Kuhn, K., Beermann, B., & Henke, N. (2001) *Healthy employees in healthy organizations: the European Network for Workplace Health Promotion*. WHIP in Europe. Dortmund: Federal Institute for Occupational Safety and Health.
- Kurtz, E. (2002). Alcoholics anonymous and disease concept of alcoholism. *Alcoholism Treatment Quarterly*, 20(3), 5-39.
- Lanterman, J., Boyle, D., Pascarella, J., & Furrer, S. (2010). *Police stress and access to confidential support services*. In Peters, J.M. (Ed.). *Police psychology*. New York: NOVA Science Publishers Inc.

- Laslett, A.M., Catalano, P., Chikritzhs, Y., et al. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, VIC, AER Centre for alcohol Policy, Turning Point Alcohol and Drug Centre, Eastern Health.
- Lindsay, V., & Shelley, K. (2009). Social and stress related influences of police officers' alcohol consumption. *Journal of Police Criminal psychology*, 24, 87-92. *Doi:10.1007/s11896-009-9048-9*
- MacMahon, S. (1987). Alcohol consumption and hypertension. *Hypertension*, 9(2), 111-121.
- Mäkelä, P., Gmel, G., Grittner, U., Kuendig, H., Kuntsche, S., Bloomfield, K., et al. (2006). Drinking patterns and their gender differences in Europe. *Alcohol and Alcoholism*, 41, 8–18. *doi:10.1093/alcalc/agl071*.
- Marchand, A. (2008). Alcohol use and misuse: What are the contributions of occupation and work organizations?. *BMC public health*, 8(1), 333.
- Marchand, A., Demers, A., & Durant, P. (2005) Do occupation and work conditions really matter? A longitudinal analysis of psychological distressed experiences among Canadian workers. *Sociology of Health and Illness*, 27(5), 602-627.
- Marmar, C.R., McCaslin, S.E., Metzler, T.J., Best, S., Weiss, D.S., Fagan, J., ...Neylan, T. (2006). Predators of posttraumatic stress in police and other first responders. *Annals of the New York academy of Sciences*, 1071, 1-18. *Doi: 10.1196/annals.1364.001*
- Martin, J.K., Roman, P.M., & Blum, T.C. (1996). Job stress drinking networks, and social support at work. *The Sociological Quarterly*, 37(4), 579-599.
- Mathis, R., & Jackson, J. (1994). *Human Resource Management*. 7th ed. Los Angeles: West Publishing Corporation.
- McCreary, D.R., & Thompson, M.M. (2006). Development of two reliable and valid measures of stressors in policing: the operational and organizational police stress questionnaires, *International Journal of Stress Management*, 13(4), 494-518.
- McGovern, P.E., Zhang, J., Tang, J, Zhang, Z., Hall, G.R., et al. (2004). Fermented beverage of pre- and post-hisporic china. *Proc Natl Acad Asc USA* 101.

- McKINNEY, A.D.E.L.E., & Coyle, K. (2004). Next day effects of normal night's drinking on memory and psychomotor performance. *Alcohol and Alcohol*, 39(6), 509-513.
- McLeroy, K., Bibeau, D, Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15, 351-377.
- Merrick, E. L., Volpe-Vartanian, J., Horgan, C., & McCann, B. (2007). Alcohol and drug abuse: Revisiting employee assistance programs and substance use problems in the workplace: key issues and a research agenda. *Psychiatric Service*, 58(10), 1262-1264.
- Mezuk, B., Bohnert, A.S., Ratliff, S., & Zinin, K. (2011). Job strain, depressive symptoms, and drinking behavior among older adults: results from the Health and Retirement Study. *The Journals of Gerontology Series B. Psychological Sciences and social Sciences*, gbr021.
- Miller, W.R. & Willoughby, K.V. (1997). Designing effective alcohol treatment systems for rural populations: Cross-cultural Perspective. *U.S. Department of Health technical Assistance Publication Series* (20), SMA 3134.
- Mitchell, J. (1990). *Operational and training guide, critical incidents stress debriefing component of the Queensland police service, critical incident stress management program*, Queensland Police Service, Brisbane.
- Moore, A.A., Whiteman, E.J., & Ward K.T. (2007). Risk of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*.5(1), 64-74.
- Moriarty, A., & Field, M.W. (1990). "Perspective intervention: a new approach to police EAP programs," *Public Personnel Management*, (19) 2, 155-161.
- Morris, D. (1998). Social and cultural aspects of drinking: a report to the European Commission. *The Social Issues Research Centre*,1(1), 1 – 6.
- Mosher, J. F. (2005). Transcendent alcohol marketing: rap music and youth market. *Addiction*, 100(9), 1258-1269.
- Mulvihill L.E., Skilling T.A., & VogelSprott M. (1997) Alcohol and the ability to inhibit behavior in men and women. *J Stud Alcohol* 58:600–5.

- Nakao, M., Nishikitani, M., Shima, S., & Yano, E. (2007). A 2 – year cohort study on the impact of an Employee assistance Program (EAP) on depression and suicidal thoughts in male Japanese workers. *International Archives of Occupational and Environmental Health*, 81(2), 151-157.
- Nolen-Hoeksema, S., & Hilt, L. (2006). Possible contributors to the gender differences in alcohol use and problems. *The Journal of General Psychology*, 133, 357–374. doi:10.3200/GENP.133.4.357-374.
- Normand, J., Lempert, R. O., & O'Brien, C. P. (1994). *Under the influence? Drugs and the American work force*. Washington, DC: National Academies Press.
- O'Donnell, K., Wardle, J., Dantzer, C., et al. (2006). Alcohol consumption and symptoms of depression in young adults from 20 countries. *J Stud Alcohol* 67:837-40.
- Occupational Health and Safety Commission. (1992). *Drugs and the workplace: Research report*. Melbourne: Victorian Occupational Health and Safety Commission.
- Odejide, A. (2006). Status of drug use/abuse in Africa: A review. *International Journal of Mental Health and Addiction*, 4, 87-102.
- Odejide, A. et al. (1999). *Harnessing pleasure for population*. In S. Peele & M. Grant (eds.), *Alcohol and Pleasure: A Health Perspective*, p. 341-355, Washington: International Centre for Alcohol Policy.
- Ogilvie, H. (2001). *Alternatives to Abstinence: A new look at alcoholism and the choices in treatment*. New York: Hatherleigh Press.
- Osei, N. (2008). The Ghana Police Service. <http://www.ghanaweb.com>. Retrieved 2nd November, 2014.
- Oshodin, O. G. (1995). *Nigeria*. In B. D. Heath (Ed.), *International handbook on alcohol and culture* (First ed., pp. 213-223). Westport: Greenwood Press.
- Owusu, G., Agyei-Mensah S. & Lunds R. (2008) Slums of hope and slums of despair: Mobility and livelihoods in Nima, Accra. *Norsk Geografisk Tidsskrift/Norwegian Journal of Geography* Vol. 62, 180-190. Oslo. ISSN 0029-1951.
- Pasillas, R.M., Follette, V.M., & Perumean-Chaney, S.E. (2006). Occupational stress and psychological functioning in law enforcement officers. *Journal of Police and Criminal Psychology*, 21, 41-53. Doi:10.1007/BF02849501

- Paton, D., Violanti, J., Burke, K., & Gehrke, A. (2009). *Traumatic stress in police officers: A career-length assessment from recruitment to retirement*. Springfield, IL: Charles C. Thomas publishers.
- Peralta, R. L. (2007). College alcohol use and the embodiment of hegemonic masculinity among European American men. *Sex Roles*, 56, 741–756. doi:10.1007/s11199-007-9233-1.
- Pittler, M.H., Vester, J.C., & Ernest, E. (2005). Interventions for prevention or treating alcohol hangover: systematic review of randomized controlled trials. *British Medical Journal* 331, 151-1518.
- Prag, G., Adan, A., Perez-Pamies, M., & Sanchez-Turet, M. (2008). Neurocognitive effects of alcohol hangover. *Addictive behaviours*, 33(1), 15-23.
- Richman, J.A., Flaherty, J.A., Rospenda, K.M., & Christensen, M.L. (1992). Mental health consequences and correlates of reported medical student abuse. *Jama*, 267(5), 692-694.
- Richman, J.A., Rospenda, K.M., Nawyn, S.J., Flaherty, J.A., Fendrich, M., Drum, M.L., & Johnson, T.P. (1990). Sexual harassment and generalized workplace abuse among university employees: prevalence and mental health correlates. *American Journal of Public Health*, 89(3), 358-363.
- Riley, L., Marchall, M., & World Health Organization. (1999). *Alcohol and public health in 8 developing countries/editors: Leanne Riley and Mac Marshall*.
- Robbinson, P. (1981). Stress in the police service, *Police Review*: 2254-2259.
- Roche, A.M., Pidd, K., Berry, J.G., Harrison, J.E. (2008). Workers' drinking patterns: The impact on absenteeism in the Australian work-place. *Addiction*, 103: 738-748.
- Saxe, L., Daugherty, D., Esty, K., & Fine, M. (1983). *The effectiveness and cost of alcoholism treatment* (Healthy Technology Case Study 22; Report No. OTA-HCS-22). Washington, DC: Congress of the United States, Office of Technology Assessment.
- Schmtz, H.P., & Sikkinck, K. (2012). "International Human Rights": *Handbook of International Relations*, Ed. Calsnaes, W, Risse, T., & Simmons, B.A. London: Sage, 827-851.

- Schulenberg, J.E., And Maggs, J.L. A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol* (Suppl. 14):54–70, 2002. PMID: 12022730
- Shain, M. & Kramer, D. M. (2004). Health Promotion in the Workplace: Framing the Concept; Reviewing the Evidence. *Occupational and Environmental Medicine*, 61(7), 643–648. doi:10.1136/oem.2004.013193
- Shand F, Fawcett, J. (2003) Guidelines for the treatment of alcohol problems. Commonwealth Department of Health and Ageing, Canberra.
- Shane, J.M. (2010). Organizational stressors and police performance, *Journal of Criminal Justice*, 38(1), 807-18.
- Sheafor, B.W., Horejsi, C.R., & Horejsi, G.A. (2000). *Techniques and guidelines for social work practice*, 5th, Needham Heights, MA: Allyn & Bacon.
- Shuckit, Marc, A. (1999). New findings on the genetics of alcoholism. *Journal of the American Association*, 281(20),1875-1876
- Single, E. (June, 1999). “Substance abuse and population health.” (Canadian Centre on Substance Abuse and University of Toronto Public Health Sciences.) Paper presented at the Workshop on Addition and Population Health, Edmonton. Printed July 10 2003 from <http://www.ccsa.ca/adh/single/htm>. No longer available online.
- Smart, L. (2007). *Alcohol and human health*. Oxford: Oxford University Press.
- Stanfield, S. & Candy, B. (2006). Psychosocial work environment and mental health-A meta-analytic review. *Scandinavian Journal of Work, Environmental and health*, 443-462.
- Stephens, R., Ling, J., Hefferman, T.M., Heather, N., & Jones, K. (2008). A review of the literature on the cognitive effects of alcohol hangover. *Alcohol and alcohol*, 43(2), 163-170.
- Stinchcomb, J.B. (2004). Searching for stress in all the wrong places: combatting chronic organizational stressors in policing. *Police Practice and Research*, 5: 259-77.
- Substance Abuse (N.A) (2007). Mental Health Service Administration (2006). Results from the 2005 National Survey on Drug Use and Health: National Findings. (Office of

- Applied Studies, NSDUH Series H-30, DHHS Publication No. 06-4194). Rockville, MD. Rockville MD.
- Swahn, M.H., Bossarte, R.M. & Sullivent, E.E. (2008). Age of alcohol use initiation, suicide behaviour, and peer dating violence victimization and perpetration among high-risk, seventh-grade adolescents, *Pediatrics*, 121(2), 297-305.
- Swanson, C.R., Territo, L., & Taylor, R.W. (2012). *Police administration: structures, processes and behaviors*. New York, NY: Prentice Hall.
- The Security Services. National Reconciliation Commission Report Volume 4 Chapter 1. Ghana government, October, 2004. Pp. page 9-10. Retrieved on 2007-06-19. <http://www.ghana.gov.gh/NRC/vol%25204%2520Chpt%2520com.sec.rep.pdf>.
- Toch, H. (2002). *Stress in policing*. Washington DC: American Psychological Association.
- Trice, H.M., & Sonnenstuhl, W.J. (1990). On the construction of drinking norms in work organizations. *Journal of the studies on alcohol and drugs*, 51(1), 201.
- Tsidi, F. (2006) *Ghana Police Service Internal Accountability Mechanisms*, Ghana, p. 19.
- US merit Systems Protection Board. (N.A) (1981). *Sexual Harassment of Federal Workers: Is it a Problem?* Washington, DC.
- Verster, J.C., van Duin, D., Volkerts, E.R., Schreuder, A.H., & Verbaten, M.N. (2003). Alcohol hangover effects on memory functioning and vigilance performance after an evening of binge drinking. *Neuropsychopharmacology*.
- Vila, B. (2006). Impact of long hours work on police officers and the communities they serve. *American Journal of Industrial Medicine*, 49:972-80.
- Violanti, J., & Aron, F. (1994). Ranking Police stressors. *Psychological Reports: (75)*, 824-826.
- Violanti, J.M., & Andrew, M.A. (2011). Police and alcohol use: A descriptive analysis and associations with stress outcomes, *American Journal of Criminal Justice*, 30(4), 344-356.
- Violanti, J.M., Marshall, J.R., & Howe, B. (1985). Stress, coping and alcohol use: the police connection. *Journal of Police Science and Administration*, 13, 106-110.

- Wang, J.L., Schmitz, N. & Stansfield, S. (2009). Changes in perceived job strain and the risk of major depression: results from a population-based longitudinal study. *American journal of epidemiology*.169(9), 1085-1091.
- Waters, J.A. & Ussery, W. (2007). Police stress: history, contributing factors, symptoms, and interventions. *Policing: An International Journal of Police Strategies & Management*, (30), 2, 169-188.
- Wester, S.R. & Lyubelsky, J. (2005). Supporting the thin blue line: gender-sensitive therapy with male police officers. *Professional Psychology: Research and Practice*, 36: 51-8.
- White, W. (2000). Addiction as a disease: Birth of a concept. *Counselor*, (1)1, 46-51, 73.
- Whitehead, P., & Simpkin, J. (1983). *Occupational factors in alcoholism*. In Kisin, R. & Begleiter, H. (Eds.). *The pathogenesis of alcoholism: Psychosocial Factors*. New York: Plenum Press.
- Wiese, J. G., Shlipak, M. G., and Browner, W. S. (2000) The alcohol hangover. *Annals of Internal Medicine* 132, 897–902
- Wilsnack, R. W., Wilsnack, S. C., Kristjanson, A. F., Vogeltanz-Holm, N. D., & Gmel, G. (2009). Gender and alcohol consumption: Patterns from the multinational GENACIS project. *Addiction*, 104, 1487–1500. doi:10.1111/j.1360-0443.2009.02696.x.
- Woicik, P.A., Stewart, S.H., Pihl, R.O., et al. (2009). The substance use risk profile scale: a scale measuring traits linked to reinforcement-specific substance use profiles. *Addiction Behaviour*,34: 1042-55
- Workers, N.A. (2008). NASW code of ethics. Washington, DC: NASW.
- World Health Organization (WHO). Global status report on alcohol and health 2011 [Internet]. Geneva: WHO; 2011. [cited 2014 Oct. 11]. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en.
- World Health Organization, (2004). Global Status Report: Alcohol Policy. *World Health Organization, Department of Mental Health and Substance Abuse*, Geneva
- World Health Organization. (2007). Alcohol and injury in emergency departments: summary of the report from *WHO collaborative study on Alcohol and injuries*.

Zhao, J.S., He, N., & Lovrich, N. (2002). Predicting five dimensions of police officer stress: looking more deeply into organizational settings for sources of police stress. *Police Quarterly*, 5: 43-62.

Zimmerman, F., Sieverding, M., & Muller, S.M. (2010). Gender-related traits as predictor of alcohol use in male German and Spanish university students. *Sex and Roles*, 64(5-6), 394-404.



APPENDIX

UNIVERSITY OF GHANA

GRADUATE SCHOOL

MHIL QUESTIONNAIRE

TOPIC: ALCOHOL-USE AT THE WORKPLACE: THE CASE OF POLICE DIVISIONS OPERATING UNDER THE ACCRA REGIONAL COMMAND OF THE GHANA POLICE SERVICE

PREAMBLE

The main purpose of this study is to explore the various ramifications of alcohol use on employees' health and performance at the workplace. The study is mainly for **academic purposes**. Participants are assured of utmost confidentiality regarding information provided by them. The study intends to use the result to influence policy makers to device appropriate intervention measures to help drinkers.

DIRECTIONS: *please indicate your response to each question by selecting the most appropriate answer for each.*

I. PERSONAL PROFILE

1. Gender
 - 1) Male
 - 2) Female
2. Age
 - 1) 18-29
 - 2) 30-39
 - 3) 40-49
 - 4) 50-59
 - 5) 60-69
3. Marital status
 - 1) Single
 - 2) Married
 - 3) divorced
4. Do you have children?
 - 1) Yes
 - 2) No
5. How long have you been working as a police officer?
 - 1) 1-4years
 - 2) 5-9years
 - 4) 10-14yrs
 - 5)15-19years
 - 5)20-25yrs
 - 6) Other.....
6. What is your rank?
 - 1) Commissioner of Police (COP)
 - 2) Deputy Commissioner of Police (DCOP)
 - 3) Assistant Commissioner of Police (ACP)
 - 4) Chief Superintendent of Police (C/Supt.)
 - 5) Superintendent of Police (Supt.)
 - 6) Deputy Superintendent of Police (DSP)
 - 7) Assistant Superintendent of Police (ASP)

- 8) Chief Inspector (District Sergeant Major)
- 9) Inspector (District Sergeant Major)
- 10) Sergeant (General)
- 11) Corporal (General)
- 12) Constable Class 1 (General)
- 13) Constable Class 2 (General)
- 14) Other.....

II. NATURE OF YOUR WORK AND JOB SATISFACTION

7. List your daily job responsibilities (write as many as possible).

- Ans: 1).....
2).....
3).....
4).....
5).....
6).....

8. What is the structure of your shift periods?

- 1) Day only 2) Night only 3) Day and Night
- 4) Other.....

9. Which of the above categories do you run most?

- 1) Day only 2) Night only 3) Day and Night 4) Other.....

10. How many hours does a shift last?

- 1) 1-3hours 2) 4-7hours 3) 8-11hours 4) Other.....

11. Do you have times for break/recess?

- 1) Yes 2) No

12. What is your monthly salary range?

- 1) GHC 500.00 - GHC 900.00
- 2) GHC 1000.00 – GHC 1,400.00
- 3) GHC 1,500.00 – GHC 2,000.00
- 4) GHC 2,400.00 – GHC 3,000.00
- 5) Above GHC 3,000.00

13. Are you satisfied with your current salary?

- 1) Yes 2) No

14. To what extent are you satisfied with your current job? Indicate your response from a continuum of (1) Absolutely satisfied to (5) absolutely Dissatisfied

Job Satisfaction

Absolutely Satisfied 1 2 3 4 5 Absolutely Dissatisfied

- 1) Never 2) 1 – 4 times 2) 5 – 9 times 3) 10 – 14times 4) 15 – 19times
5) more than 20 times

26. Which of the following effects do you think alcohol has on your colleagues who drink? (Tick YES or NO) - Select as many as possible.

- | | | |
|--|---------|--------|
| 1) Good Social Conversations | YES [] | NO [] |
| 2) (2) Enhances Social Activities | YES [] | NO [] |
| 3) Helps to deal with stress | YES [] | NO [] |
| 4) Makes connection with colleagues easier | YES [] | NO [] |
| (5) Gives people something to talk about | YES [] | NO [] |
| 6) Facilitates male bonding | YES [] | NO [] |
| 7) Facilitates female bonding | YES [] | NO [] |
| 8) Gives people something to do | YES [] | NO [] |
| 9) Makes food taste better | YES [] | NO [] |
| 10) Makes people smarter | YES [] | NO [] |
| (11) Makes people sexier | YES [] | NO [] |
| 12) Improves sexual opportunities | YES [] | NO [] |
| (13) Other..... | | |

VI. WORKPLACE INTERVENTIONS – AVAILABILITY AND ACCESSIBILITY

27. Do you have any knowledge about Employee Assistance Programs (EAP)?

- 1) Yes 2) No

28. Is there a substance abuse program for officers of the Ghana Police Service

- 1) Yes 2) No

29. How many times have you used this Assistance Program in the last five (5) years?

- 1) More than 15 times 2) 10 – 15 times 3) 5 – 9 times 4) 1 – 4 times 5) Never

What in your opinion should be done to reduce stress and workplace drinking in the Ghana Police Service? Indicate to what extent you agree or disagree with the following solutions; from a continuum of “Strongly Agree (1) to Strongly Disagree (5).

30. Supply of Logistics

Strongly Agree 1 2 3 4 5 Strongly Disagree

31. Improved weapons

Strongly Agree	1	2	3	4	5	Strongly Disagree
32. increased salary						
Strongly Agree	1	2	3	4	5	Strongly Disagree
33. Reduced Work responsibilities						
Strongly Agree	1	2	3	4	5	Strongly Disagree
34. Reduced working hours						
Strongly Agree	1	2	3	4	5	Strongly Disagree
35. Workplace intervention programs						
Strongly Agree	1	2	3	4	5	Strongly Disagree
36. Lay off culprits of workplace drinking						
Strongly agree	1	2	3	4	5	Strongly Disagree

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY

