POLICY AND TOLERANCE TOWARDS SUBSTANCE USE AND ABUSE IN MALAYSIAN ORGANISATIONS

MAHMOOD NAZAR MOHAMED
Faculty of Human and Social Development
Universiti Utara Malaysia

ABSTRACT

Since 1983, the Malaysian government has treated its drug problem as a security issue. From the legal aspect, it has four Acts that deal with issues on drug possession, use, abuse, manufacturing, trafficking, and distribution of illegal substances. Individuals who traffic drugs would be served a death sentence and those who use drugs would be subjected to mandatory treatment and rehabilitation in governmental rehabilitation centres. With the current legal scenario, the likely assumption is that there is acceptable organisational tolerance towards drug use and abuse at the workplace. Therefore, the objective of this study is to explore the types of tolerances that organisations have towards different types of drug use at the workplace. In addition, the study also identified guidelines and provisions that organisations have towards its employees who use drugs and their wouldingness to submit their employees to either a mandatory or private drug treatment or rehabilitation. These were then compared with different categories of employees, and special focus given to employees categorised as white collar, valued, high performing, and productive. Moreover, this article also discussed possible biases HR practices in this context, that aim to retain valued employees for the purpose of maintaining organisational competitiveness and dismiss those who are not considered as contributing to the achievement of organisational objectives.

ABSTRAK

Sejak 1983, kerajaan Malaysia telah mentakrifkan masalah dadah sebagai satu isu keselamatan. Dari aspek perundangan, terdapat empat Akta yang menguruskan masalah dadah di Malaysia meliputi perkara-perkara seperti memiliki, penggunaan, dan penyalahgunaan, penghasilan atau pembuatan, pengedaran dan pengagihan bahan yang diharamkan. Individu yang didapati mengedarkan dadah akan dikenakan hukuman penjara serta hukuman mati

dan mereka yang menyalahgunakan dadah pula akan dikenakan rawatan dan pemulihan mandatori di pusat-pusat pemulihan dadah kerajaan. Sehubungan dengan itu, dengan adanya pelbagai undang-undang, usaha pencegahan dan pemulihan, maka andaian yang logikal ialah tahap toleransi organisasi terhadap penggunaan dadah adalah rendah. Objektif kajian ini adalah untuk meneroka jenis toleransi terhadap penggunaan beberapa jenis dadah di tempat kerja. Tambahan pada itu, kajian juga akan mengenal pasti garis panduan dan peruntukan yang disediakan oleh organisasi untuk pekerja mereka yang menggunakan dadah di samping kecenderungan organisasi mengenakan tindakan rawatan dan pemulihan mandatori kepada mereka yang terlibat. Hal ini kemudiannya akan dibandingkan di antara beberapa kategori pekerja, dengan tumpuan diberikan kepada pekerja kolar putih yang berprestasi tinggi dan amat produktif. Artikel ini akan turut meninjau jikalau ada amalan yang berat sebelah seperti lebih memelihara serta menjaga kebajikan pekerja yang produktif bagi tujuan memelihara persaingan serta keupayaan organisasi berbanding dengan kebajikan pekerja yang tidak terkelompok dalan kategori ini.

INTRODUCTION

At present, woven around economic interests, the workplace becomes highly sensitive to the problem of substance abuse. The general understanding is that drug (and alcohol) use is counter productive to work efficiency and productivity, thus employers do not prefer to provide employment to drug users (Ames, Delaney, & Janes, 1992; Normand, Lempert, & O' Brien, 1994). For countries with laws protecting their workers, such as Equal Employment Opportunity Act, there are some avenues for workers who are addicted to drugs to seek treatment, rehabilitation, and counseling, but for those without such facilities, most of them would be dismissed without due considerations (Kenkel, 1997; Googins, 1990; Scanlon, 1991; Shain, Suurvali, & Boutilier, 1986). A number of studies conducted on alcohol and drug abuse in various parts of the world have identified industrial workers as one of the most vulnerable categories, not only because the workplace is a microcosm of the community, but also due to various factors operating on it (Parker & Brody, 1982; Foote & Erfurt, 1991; Sonnesthul, 1996).

According to the 2003 National Survey on Drug Use and Health released by the Substance Abuse and Mental Health Services Administration (SAMHSA), it was identified that approximately 10% of American workforce, which is some 14.9 million full-time and part-time employees regularly abuse or are dependent on alcohol or drugs. The SAMHSA survey also found that of the 19.4 million adults (age 18 and over) characterised with abuse of or dependence on alcohol or drugs in 2003,

14.9 million (77%) were employed either full-time or part-time. Overall, 19.5 million Americans aged 12 and older, which is 8% of the population, currently using illicit drugs. Of the 16.7 million adult users (18 and older) of illicit drugs in 2003, 74% were employed either full-time or part-time. Overall, 19.5 million American aged 12 and older, which is 8% of the population, currently use illicit drugs. Of the 16.7 million adult users (18 and older) of illicit drugs in 2003, 74% were employed either full-time or part-time.

In Malaysia, the 2004 National Anti-Drugs Agency (NADA) report stated that there are about 274,420 drug users recorded in the country since 1988, and some were professionals such as managers, engineers, teachers, accountants, lecturers, and graduates. The Occupational Safety and Health Act (OSHA) is the legal entity that addresses the problem of drug abuse at workplaces, and its records show that 60% of drug abusers are workers. Several efforts have been taken by the National Drugs Agency and the Human Resources Ministry to include the awareness of drug abuse at workplaces through the Act. The OSHA did not specifically touch on the need to inculcate an awareness or prevention of drug abuse at workplaces. However, many sectors feel that inculcating awareness through the Act could expand the scope of drug abuse program that could then relate aspects of health and safety at workplaces.

NADA statistics showed that 60% of drug abusers worked for the government and private sectors, adding that many are young people from the lower-income group. Once involved in drugs, they are usually unable to work. In addition to using marijuana and heroin, lately, the advent of amphetamine-type-stimulants (ATS) such as syabu and ecstasy are now the most sought after drugs by abusers. Such abusers have caused another problem for the authorities because they must also be sent for psychiatric treatment. These stimulant drugs are deadly as they could affect the mental health and can cause premature death. The state of Sabah, Malaysia, had the highest number of amphetamine-type-stimulant abusers, followed by Kuala Lumpur and Johor Bahru (NADA, 2004).

WORKPLACE FACTORS RELATED TO SUBSTANCE ABUSE

Studies have shown that there are several linkages between working conditions and substance abuse and between substance abuse and its negative impact on the workplace (Harwood, Fountain, & Livermore, 1992; Trice, & Sonnenstuhl, 1988; Trice, 1992; Hingson, Mangione, &

Baffett, 1981; Hoffman, Larison, & Sanderson, 1997). Among the working conditions that are perceived to contribute to illicit substance use and abuse, are the availability of addictive substances in and around the workplace, peer group pressures to consume alcohol, or to use drugs, monotonous, dreary and tiresome work condition and stress, depression or anxiety produced by the job being performed. Over the years, studies have also shown that lack of healthy recreation, health care, and welfare measures at the workplace; separation from the family and normal sexual relationship; fear of being unemployed or absence of job security; lack of proper supervision or frequent changes in co-workers and excessive traveling; and night shifts or overtime work also lead to drug and alcohol use at the workplace (Ames, Grube, & Moore, 1997; Kraft, Blum, Martin, & Roman, 1993; Mangione, Howland, & Lee, 1998; Roman, & Trice, 1992).

According to the ILO (Bacharach, Bamberger, & Sonnenstuhl, 1996), the direct and indirect ramifications of substance abuse at the workplace are:
- Absenteeism is two to three times higher for substance abusers than for other employees
- About 20-25% of accidents at work involve intoxicated persons, injuring themselves and innocent victims.
- On-the-job facilities linked to substance abuse account for 15-30% of all accidents.
- Employees with chemical dependence may claim three times as many sickness benefits and five times as many compensation claims.
- Some 70% of individuals with alcohol related problems and more than 60% of drug abusers are reported to be employed.
- The hidden financial costs associated with substance abuse, such as decrease in productivity, increase in compensation claims, and lost business opportunities; and the human costs such as loss of jobs, wastage of skilled manpower, and strained labour relations, are substantial.
- The problems are caused not only by actual chemical dependents but also by occasional or moderate users who, being larger in number, are responsible for more mishaps and accidents when they surpass their normal levels of tolerance.

It is further observed that along with its adverse health consequences, substance abuse at the workplace leads to increased absenteeism, deterioration in job performance resulting into low productivity, larger number of accidents and deaths; loss of skilled manpower; rise in the amount being spent on compensation, medical care and safety of workers; breakdown of interpersonal relationships among

management and workers, multiplicity of disciplinary problems; higher expenditure on recruitment, training and development of personnel; and lowering of the reputation of the enterprise (Sonnenstuhl, 1996; Greenberg, & Grunberg, 1995; Mandell, Eaton, Anthony, & Garrison, 1992; Mangione, Howland, Amick, Cote, Lee, Bell, & Levine, 1999).

Alcohol consumption among workers can threaten public safety, impair job performance, and result in costly medical, social, and other problems affecting employees and employers alike. Productivity losses attributed to alcohol were estimated at $119 billion for 1995 (Greenburg & Grunberg, 1995). Several factors contribute to the drinking problem at the workplace. Employers are able to mitigate some of these factors and to motivate employees to seek help for alcohol abuse problems.

In developed countries, alcohol is more widely abused than any other substance in the workplace. The immediate harm of alcohol abuse reflects by way of the slowing down of reflex action and reaction time. Alcohol-related job performance problems are caused not only by on-the-job drinking, but also by heavy drinking outside of work (Roman & Trice, 1992; Vicary, 1994). Ames *et al.* (1997) found a positive relationship between the frequency of being hung over at work and the frequency of feeling sick at work, sleeping on the job, and having problems with job tasks or co-workers. Drinking at work, problem drinking, and frequency of getting drunk in the past 30 days were also positively associated with frequency of absenteeism, arriving late to work or leaving early, doing poor work, doing less work, and arguing with co-workers (Mangione *et al.*, 1998).

Most workplaces provide minimal information about the risks of substance abuse and resources for getting help. Many workplaces now emphasised on pre-employment testing and random testing. Although drug testing may serve as a deterrent and policy information helps employees know their rights and options, studies have indicated the need for more thorough training (Blum & Roman, 1992; Ames & Janes, 1992). Training provides a balanced review of all policy components such as testing, EAP, and policy information, and may improve employee willingness to address problems in ways that rudimentary information and testing could not.

Also, employers with successful drug-free workplace programmes have reported decreases in absenteeism, accidents, downtime, turnover, and theft along side increases in productivity and overall improved morale (Leong & Avery, 1997). In addition, employers with longstanding programmes report better health status among many employees and family members, and decreased use of medical benefits.

Employers find that employees, their representatives, and unions often welcome drug-free workplace programmes.Some organisations with drug-free workplace programmes in developed countries qualify for incentives, for example, decreased premium costs for certain kinds of insurance such as Workers' Compensation. Employers with drug-free workplace programmes also find that current users of alcohol and other drugs prefer organisations that do not have such programmes (French, Zarkin, Bray, & Hartwell, 1997; Scanlon 1991).

While all concerned view addiction to alcohol or drugs as a problem, there is always a tendency on their part to play it down for different reasons. In fact, any effort towards developing a prevention programme is bound to encounter a variety of negative attitudes, constraints, and barriers as mentioned below (Ames *et al.*, 1992; Barcharach *et al.*, 1996; Googins, 1990):

- Management still sees substance abuse as a personal problem of workers unless the individual involved is indispensable and has become a liability for the enterprise.
- Certain forms of substance abuse, like smoking and drinking, are socially accepted and taken as such unless the individual involved is rendered dysfunctional and incapable of functioning normally.
- Rather than assuming the responsibility for the treatment of addicts, management prefers to deal with addicts through disciplinary proceedings.
- With a view to safeguarding the reputation of their enterprise, management is generally hesitant in accepting that the problem exists.
- Lack of resource is cited by the management as a major factor in not being in a position to initiate a prevention programme.
- Because of the legal provisions against the consumption of drugs, most of the addicts are scared to come out and seek assistance.
- In order to protect their jobs, addicts generally resort to denial.
- Because of their limited income, most of the addicts are unable to avail themselves to treatment facilities on their own.

Thus, with the scenario described above, the objective of the study is to explore the existence to policies pertaining to substance use at the workplace and the types of tolerances that organisations have towards different types of substance use at the workplace. In addition, the study will also identify guidelines and provisions that Malaysian organisations have towards its employees who use drugs and their willing to submit their employees to both a mandatory or private drug treatment and rehabilitation. These are then compared with different

types of employees, and special focus given to those categorised as white collar, valued, high performing and productive workers.

METHODOLOGY

Organisations with 30 or more employees from the northern part of peninsular Malaysia were grouped into four clusters. Samples were randomly selected for the study. A total of 52 organisations responded, compromising of government organisations (10%), NGOs (10%), multi-nationals (16%) and business companies (64%). These organisations were involved with public service (15.7%), business (54.9%), service (17.6%), manufacturing (7.8%), and construction (3.9%). The mean number of employees is approximately 179. Many of the organisations primarily employed Malay (84.3%), Chinese (9.8%), and Indian (3.9%) ethnic groups and the rest were expatriates (2.0%).

This study uses a questionnaire to guide the interviews with HR managers, administrators, and proprietors of businesses. Most organisations provided complete answers to the questions and most of the interviews were conducted on their premises, except for two which were conducted over the phone.

FINDINGS

A total of 14 (27.1%) of the participating organisation said that they have employees that consume alcohol and they were mostly (13 or 65%) men. Only 10 (19.2%) mentioned that they have employees that take drugs (Table 1).

This study also identified that only 22 (44.0%) of these organisations have some policies pertaining to alcohol consumption at the workplace. Most of them have rules that do not permit alcohol consumption on the premises during work hours. They also have some guidelines on drug and alcohol use along with written or unwritten codes of conduct.

Organisations practised many forms of substance abuse policies at their workplace. A total of 22 (44.9%) said that they have some kind of policy against drug use, and 15 (34.1%) have policies for prevention of drug use at the workplace. Only 25 (51%) of the organisations have a no smoking policy. Most of the organisations' drug policies mentioned termination or suspension without notice, written policies and directives against drug use, standing orders, and drug test facilities.

Table 1

Policy Against Drug Use at the Workplace.

Policy / situation	Yes (%)	No (%)
Employees consuming alcohol	14(27.5)	37(72.5)
Employees abusing drugs	10(19.2)	42(80.8)
Policy against alcohol use	22(44.0)	28(56.0)
No smoking policy	25(51.0)	24(49.0)
Policy against drug use	22(44.9)	27(55.1)
Policy on drug prevention	15(34.1)	29(65.9)

Table 2 shows the types of organisations and the implementation of drug use policy at the workplace. All government organisations and a majority of the multi-nationals have drug use and abuse policies. However, this policy is not readily available or focused on by the NGOs and businesses in this area. Table 3 indicates the similar patterns for a drug prevention policy at the workplace, where most GOs and multi-nationals have implemented such policies, but it is less visible in NGOs and businesses.

Table 2

Type of Organisation and Drug Use Policy.

Type of organisation	Drug Use	Policy	
	Yes (%)	No (%)	Total (%)
GO	5	0	5
	(10.6)	(0.0)	(10.6)
NGO	1	4	5
	(2.1)	(8.5)	(10.6)
Multi-nationals	7	1	8
	(14.9)	(2.1)	(17.0)
Companies	7	22	29
	(14.9%)	(46.8)	(61.7)
Total	20	27	47
	(42.6)	(57.4)	(100.0)

$X^2(3) = 18.425, p < 0.01$

Table 3

Type of Organisation and Drug Prevention Policy.

Type of organisation	Drug Use	Policy	
	Yes (%)	No (%)	Total (%)
GO	4	1	5
	(9.5)	(2.4)	(11.9)
NGO	1	4	5
	(2.4)	(9.5)	(11.9)
Multi-nationals	5	2	7
	(11.9)	(4.8)	(16.7)
Companies	4	21	25
	(9.5)	(50.0)	(59.5)
Total	14	28	42
	(33.3)	(66.7)	(100.0)

$X^2(3) = 13.251$, $p < 0.01$

Table 4 summarises the findings on the policy and action taken by organisation towards employees abusing drugs or consuming alcohol to the point of intoxification. Most organisations practised written policies for drug abuse (38.5%) and alcohol abuse (38.5%), followed by specific terms and conditions in offer letters (36.5%), and drug screening tests (30.8%). Only three organisations employed officers to monitor and look over the drug prevention programme and employees with substance abuse problems and these are usually in the larger organisations.

Table 4

Organisation Policy Against Drug or Alcohol Use.

No.	Policy or action against drug use	Yes (%)
1.	Employment mandatory drug test	14(26.9)
2.	Pre-employment mandatory medical check-up	15 (28.8)
3.	Drug abuse written policy	20 (38.5)
4.	Alcohol abuse written policy	20 (38.5)
5.	Drug awareness and training	14(26.9)
6.	Special officer to manage DU situation	3(5.8)
7.	Drug free programme at workplace	13(25.0)
8.	Drug screening test	16(30.8)
9.	Terms and condition in offer letter	19(36.5)
10.	Drug free declaration for the workplace	6(11.5)

Table 5 summarises findings on action taken by employers if their workers were found guilty of abusing drugs or consuming alcohol to a point of intoxification. Most organisations are very strict with drug use, misuse, and abuse where 29 (61.7%) would terminate them and 12 (25.5%) would lodge a police report.

It seems that most organisations are more tolerable with employees abusing alcohol than other illicit substances, where only 19 (42.2%) of the organisations would terminate them, 14 (31.1%) would suspend them, and five (11.1%) would lodge a police report. Many of these organisations consider alcohol consumption as less threatening because many can be seen prescribing counseling, advices, and other non-intrusive actions. For example four (8.9%) would provide counseling as opposed to three (6.4%) who would do the same for drug addicts; and two (4.5%) would provide advice as opposed to 1 (2.9%) that would do the same for drug addicts.

However, if the person who abuses alcohol is a valued employee, there is a tendency that the action taken against him is comparatively lighter than those who are not considered as valued workers. This can be seen in Table 5 where only 15 (31.9%) would terminate as opposed to 19 (42.2%) for normal employees; seven (14.9%) would suspend them as opposed to 14 (31.1%) for the normal employees; nine (19.1%) would send for counseling as opposed to four (8.9%) for normal employees; four (8.5%) would send for advisory sessions as opposed to two (4.5%); and two (4.3%) of the organisations would even consider rehabilitation for them as opposed to none for normal employees.

Table 5
Action Taken Against Employees Abusing Drug or Alcohol

No.	Action against employee abusing drugs	Drug use	Alcohol Intoxification (Normal employees)	Valued Employee (Alcohol use)
1.	Termination	29 (61.7)	19 (42.2)	15 (31.9)
2.	Police report	12 (25.5)	5 (11.1)	7 (14.9)
3.	Suspension	2 (4.3)	14 (31.1)	7 (14.9)
4.	Counseling	3 (6.4)	4 (8.9)	9 (19.1)
5.	Advise	1 (2.9)	2 (4.5)	4 (8.5)
6.	Refer to higher authority	2 (4.3)	2 (4.5)	-
7.	No action taken	-	3 (6.7)	3 (6.4)
8.	Send to rehabilitation	-	-	2 (4.3)

DISCUSSION, CONCLUSION, AND SUGGESTIONS

This study found some interesting patterns on how Malaysian organisations (in the northern part of peninsular Malaysia) took action on employees if they have problems with addiction. This difference in treatment and penalties also depends of the types of organisations they work for. The main issue is, drug and alcohol problems exist in the workplace and in all types of organisations (Normand *et al.*, 1994; Shain *et al.*, 1986). This problem would not disappear by just terminating or suspending employees (Googins, 1990; Harwood *et al.*, 1992; Hoffman, Larison, & Sandrson, 1997). Although organisations estimate that the numbers addicted to alcohol and drugs are relatively small, the fact that they are present should be of concern to such organisations to take initial preventive steps from letting it get out of control (Ames & Janes, 1992).

In addition, even though the number of organisations implementing substance related policies and those who do not have such policies are almost the same, this study found that there is a greater tendency for organisations not to implement these policies due to factors such as cost, time, and additional burden to the management of the organisation. This has also been found true by Ames *et al.*, (1997), Greenberg and Grunberg, 1995 and Mangione *et al.*, (1999). The most significant difference is on the drug prevention policy, where only 34.1% had implemented it while 65.9% had not implement it. This is a great concern to drug treatment practitioners, drug education specialists, and policy makers where a significant number of the sampled organisations failed to view drug and alcohol abuse education as an important tool for preventing drug use, especially among the younger working generation.

Furthermore, this study also observed that most of these policies were practiced by government organisations and multi-nationals, where they were already quite stringent in their HR policies and employee selection. However, it is the local businesses and companies that lack focus on such policies, probably due to profit driven motives and termination seems to be the easy way out.

Nevertheless, this study also observed that most of the sampled organisations tend to be a little relaxed towards valued employees. There are some tendencies that employees who are considered as valuable would be retained by organisations by providing them with proper counseling, advice, and rehabilitation. This practice has also been observed by Mandell *et al.* (1992) and Mangione *et al.* (1999).

In conclusion, it is also important to note that the workplace, being the centre of human activities in this modern life, offers an excellent opportunity for launching an attack against substance abuse that benefits not only the organisation, but also the entire community. In a formal setting which serves as the source of their livelihood, people can be conveniently approached and better sensitised, and are likely to respond more positively to a preventive strategy. By assisting employees addicted to drugs in the workplace through a concentrated action, it can be practically established that substance abusers can recover and lead productive lives once again, thus contributing effectively to the organisation.

Moreover, work itself has a therapeutic value in the recovery of an addict and can also be used as a tool in securing dignity and a place of worth in society for the recovering person. It is widely observed that people's behaviour, attitudes, and beliefs towards substance abuse are influenced, among other factors, by social norms and official regulations, and by their interaction with the family, friends, and social network to which they belong. Therefore, in the workplace, the peer system can be greatly instrumental in changing the lifestyles associated with substance abuse.

This study is limited in several ways, one of which is the number of respondents that are needed for a more rigorous analysis. In lieu of this limitation, these data can only provide some patterns of the current organisational practices towards retention of valued employees. While we observed that some HR practices tend to retain valued employees even in the light of some serious individual limitations and problems, we also found that organisations are more tolerant to people abusing cigarettes and alcohol than drugs. The possible explanation for this, which was reflected in the earlier part of the paper, is that it is concerned with the functionality of the individual at work. If the employee is deemed not functioning as a worker, as in the case of a drug addict, then they should not be retained as an employee, no matter how valuable he or she is to the organisation.

REFERENCES

Ames, G. M. & Janes, C. (1992). A cultural approach to conceptualizing alcohol and the workplace. *Alcohol Health & Research, 16*, (2):112-119.

Ames, G., Delaney, W. & Janes, C. (1992). Obstacles to effective alcohol policy in the workplace: A case study. *British Journal of Addiction 87*, (7):1055-1069.

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, 58*, (1):37-47.

Barcharach, S. B., Bamberger, P. A. & Sonnenstuhl, W. J. (1996). MAPs: Labor-based peer assistance in the workplace. *Industrial Relations, 35*, (2):261-275.

Blum, T. C. & Roman, P. M. (1992). A description of clients using employee assistance programmes. *Alcohol Health & Research World, 16*, (2):120-128.

Foote, A. & Erfurt, J. C. (1991). Effects of EAP follow-up on prevention of relapse among substance abuse clients. *Journal of Studies on Alcohol, 52*, (3): 241-248.

French, M. T., Zarkin, G. A., Bray, J. W. & Hartwell, T. D. (1997), Costs of employee assistance programmes: Findings from a national survey. *American Journal of Health Promotion, 11*, (3): 219-222.

Googins, B. (1990). EAPs and early intervention: Maximizing the opportunities. In: Roman, P. M., (Ed). Alcohol Problem Intervention in the Workplace: Employee Assistance Programmes and Strategic Alternatives. Westport, CT: Quorum Books.

Greenberg, E. S. & Grunberg, L. (1995). Work alienation and problem alcohol behavior. *Journal of Health and Social Behavior, 36*, (1):83-102.

Harwood, H., Fountain, D. & Livermore, G. (1992). *The Economic Costs of Alcohol and Drug Abuse in the United States 1992.* Rockville, MD: National Institute on Drug Abuse.

Hingson, R., Mangione, T. & Barrett, J. (1981). Job characteristics and drinking practices in the Boston metropolitan area. *Journal of Studies on Alcohol, 42*, (9):725-738.

Hoffman, J. P., Larison, C. & Sanderson, A. (1997). *An Analysis of Worker Drug Use and Workplace Policies and Programmes.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Kenkel, D. S. (1997). Self-insurance and worksite alcohol programmes: An econometric analysis. *Journal of Studies on Alcohol, 58*, (2):211-219.

Kraft, J. M., Blum, T. C., Martin, J. K. & Roman, P. M. (1993).Drinking patterns and the gender mix of occupations: Evidence from a national survey of American workers. *Journal of Substance Abuse 5*, (2):157-174.

Leong, D. M. & Avery, D. K. (1997). Internal and external EAPs: Is one better than the other? *Employee Assistance Quarterly 12*, (3):47-62.

Mandell, W., Eaton, W. W., Anthony, J. C. & Garrison, R. (1992). Alcoholism and occupations: A review and analysis of 104 occupations. *Alcoholism: Clinical and Experimental Research, 16*, (4):734-746.

Mangione, T. W., Howland, J. & Lee, M. (1998). *New Perspectives for Worksite Alcohol Strategies: Results From a Corporate Drinking Study*. Boston, MA: JSI Research and Training Institute.

Mangione, T. W., Howland, J., Amick, B., Cote, J., Lee, M., Bell, N. & Levine, S. (1999). Employee drinking practices and work performance. *Journal of Studies on Alcohol, 60,* (2):261-270.

National Anti Drugs Agency (2004). *Annual Report*, Putrajaya: AADK NDA (2004).

Normand, J., Lempert, R. O. & O'Brien, C. P. (1994). *Under the Influence? Drugs and the American Work Force*. Washington, DC: National Academy Press.

Parker, D. A. & Brody, J. A. (1982). Risk factors for alcoholism and alcohol problems among employed women and men. In: *Occupational Alcoholism: A Review of Research Issues*. National Institute on Alcohol Abuse and Alcoholism Research Monograph No. 8. DHHS Pub No. (ADM)82-1184. Rockville, MD: the Institute

Roman, P. & Trice, H. M. (1992). The development of deviant drinking behavior. *Archives of Environmental Health, 20*:424-435.

Scanlon, W. F. (1991). *Alcoholism and Drug Abuse in the Workplace: Managing Care and Costs Through Employment Assistance Programmes*. (2nd ed). New York: Praeger.

Shain, M., Suurvali, H. & Boutilier, M. (1986). *Healthier Workers: Health Promotion and Employee Assistance Programmes*. Lexington, MA: Lexington Books.

Sonnenstuhl, W. J. (1996). *Working Sober: The Transformation of an Occupational Drinking Culture*. Ithaca, NY: Cornell University Press.

Trice, H. M. & Sonnenstuhl, W. J. (1988).Drinking behavior and risk factors related to the workplace: Implications for research and prevention. *Journal of Applied Behavioral Science, 24,* (4):327-346.

Trice, H. M. (1992). Work-related risk factors associated with alcohol abuse. *Alcohol Health & Research World, 16,* (2):106-111.

Vicary, J. R. (1994). Primary prevention and the workplace. *Journal of Primary Prevention, 15,* (2):99-103.