CONCLUSION

The survey findings bring to light the diversity of approaches that corporate units have adopted in managing alcohol problem at the workplace. As far as the policy making was concerned, several factors including in company’s financial status, the extent of the problem in terms of quantitative measures of industrial ill-health like absenteeism, accidents, indiscipline etc have found to correlate positively with the percentage of alcoholic workers in the units as well as the scores of the corporates on the dimension that form the alcohol policy checklist. The obvious conclusion is that factories that have directly experienced the problem surfacing at their shop floor have taken initiatives in this regard. Alcoholism seems to have had a direct effect on variables like absenteeism, accidents, indiscipline etc as the findings suggest. Many earlier studies. (Blose 1991), Casswell et al 1995, Iverson 1990, Lothian 1988, Mangione et al 1998) have confirmed this fact and the current research seems to reaffirm and reinforce the gravity of the issue by exposing this in the study area. Another fact that is brought to light is that factors like attitude of the management towards alcoholism, worker friendly and employee centered policies of the management, besides a conducive medical infrastructure are some of the factors that enhance a company’s alcohol policy as revealed by the current research. Correlations have been found between the scores on the policy checklist and variables like a) the number of non statutory welfare measures, b) the number of special incentives offered etc. statistical tests have proved that factories with good in house medical infrastructure have scored high on the policy checklist as also factories with a high turnover. This drives home the point that both infrastructure as well as resources (material and monetary) are necessary pre-conditions for effective policy making with regard to worker alcoholism. Most studies have studied the essential components of corporate alcohol policy making (Shahandeh 1995, Fisher 1990, Shain 1992, Roman and Blum 1989, Hellen etc.) the various approaches to policy making including EAPS and Referrals
(Googins et al 1997). But have not tried to assess the factors that determine the ultimate policies. The study attempts to hereby fill this gap. Few studies in India have studied alcohol policy making in factories (Deb and Jindal 1989, Nandi et al (1990), while several studies have focussed on the personalized alcoholic behaviour of employees and the factors responsible at an individual level, certain specific studies in alcohol policy making (Harris & Fennel 1990) have shown that the attitude of the management towards the issue and the level of awareness regarding the problem is necessary feature of effective policy making since the basic understanding of the problem forms the blue print to any policy making. The study has focussed on this aspect and has tried to study the awareness about the negative impact of employee alcoholic behaviour and attitude towards the need for action, of the decision makers of the factories (The chief executives ). The scores of the chief executives on the attitudinal and awareness scales have correlated positively with the overall checklist scores suggesting that all things being equal, the right attitude and approach to the issue is also very important in determining policy issues. Besides, it was also found in the study that chief executives who have encountered the problems directly at their workplace (in terms of alcohol related absenteeism, accidents etc) have scored high on the awareness and attitude scales suggesting that experience is the greatest teacher. The above points discussed have highlighted the factors that might be held responsible for effective policy making with regard to alcohol policy making by corporate firms, which was precisely what the survey proposed to highlight, besides bringing to light the diversity of approaches in policy making adopted by different corporates. Since the structural-functionalist approach is being adopted. Here, the functional alternatives and equivalents for a few specific policy components have also been highlighted in the study (Table 7.1).
An interesting finding of the study is that factories that have more number of trade unions besides having more number of alcoholics, ironically have positive correlations with the overall policy checklist. Off the record discussions of the researcher with the union representatives indicated that in most factories the unions were actively involved in the alcohol policy making. Another observations which supports this argument is that it was found that the scores of the chief executives on the attitude towards the need for alcohol policy making correlated positively with the number of unions. Studies have earlier highlighted the role of unions in policy making with regard to alcoholic behaviour of workers (Trice et al 1988, Thorne 1990) and thus ensuring total participation of the workforce in the programme. This study further highlights this point. This also attempts to illustrate the Parsonian concept of “value consensus” – his assertion that the functioning of a social system depends on consensus of its members on common goals and values related to the basic needs of the society. The study’s highlight is its structural functional perspective, and the above point provides validity to this approach.

While the survey analyses the issue from a macro perspective, the case study attempts to study in detail the extent of the problem in a factory, the pathological manifestations, the process of policy making, the implications of policy making and the response and feedback of workers (direct beneficiaries) and also highlight certain socio-demographic factors that are likely to contribute to the alcoholic behaviour of the employees. The case study further provides evidence to the fact that the alcoholic behaviour of the workers manifests pathologically at the workplace in terms of undesirable characteristics like high rates of absenteeism, accidents, indiscipline etc. studies of individual industrial institutions earlier have also highlighted on this aspect (Palecek 1995, Shahandeh 1996). This further strengthens the argument of the structural functionalists that a social system consists of inter-dependent parts and an anomaly in any part is likely to affect the whole. Here in the case, considering
the factory as a social system, and the workforce as a key sub-system, the anomalous behaviour of alcoholism among the workforce surfaces as a major deterrent to the functioning of the whole system in terms of man days lost, accidents, loss of production and productivity, costs involved in health interventions etc thus affecting the normal and smooth functioning of the factory system.

As in the survey, the case study has found a certain level of agreement with regard to alcohol policy making between the management and the trade union representatives fostering a positive Industrial Relations climate. The management and the union representatives do not seem to have wide disparity in their attitudes regarding policy making and the factory's existing policy. In fact the core policy making body of the factory consists of members of the management and leaders of the recognized unions. There seems to be a "value consensus" in the Parsonian sense.

The study has approached the issue from a structural functionalist angle and has found empirical evidence to support certain key concepts and postulates that form the essence of structural functionalist sociology.

SUGGESTIONS:

A. Suggestions for further research:

1. Policy studies in alcohol policy making should incorporate the role of the trade unions and their active participation in the policy making process.

2. The feedback of the workers regarding the policy is a potential area for research which is relatively unexplored.

3. The effective utilization of the initiative by the workers could be a potential area for investigation.
4. Studies specifically related to the Indian cultural context and socio-economic milieu are relatively few and hence more focus is needed in this area.

5. Long term experimental studies on the effects of the treatment or intervention programme on the individual workers can be made to assess the specific impact of the treatment programme (Pre-treatment and post-treatment studies could be undertaken).

6. Comparative studies on In-house intervention and external intervention, referrals etc could be undertaken.

7. Studies of individual units could focus on the relationship between drugs, alcohol problems and the positive mental health of the workers.

8. Studies comparing the effects of other drugs and the effect of alcohol on the individual performance could be assessed.

9. Specific studies concentrating on the effect of alcohol on various aspects of job performance like psycho-motor functioning, concentration on the job, compliance with job norms and requirement etc can be undertaken in individual units.

10. Studies focussing on the effects of fatigue, job stress, excessive workload, job environment work-culture etc and other work related factors which are likely to precipitate the alcoholic behaviour of the workers could be undertaken.

B. Suggestions to the managements:

1. In any alcohol policy making the total involvement of the workers and their representative is essential. The co-operation and participation of the unions should be ensured.
2. Periodic screening for alcohol for alcohol problems should be undertaken with regard to the alcoholic behaviour of the workers preferably house hold surveys and interaction with family members is essential.

3. Indicators of industrial ill-health like absenteeism, turnover, loss of productivity, indiscipline, accidents etc should be constantly monitored and workers prone to the above activities should be watched for alcoholic behaviour.

4. The prevention activity including prevention programmes, health camps, awareness programmes etc should be periodically and consistently held.

5. Medical records of the workers should be constantly monitored and updated by medical and health professionals.

6. Corporates should appoint industrial counsellors and adopt employee assistance programmes for all categories of workers.

7. With regard to intervention if single units do not have the necessary resources, units in one geographical area can join together and pool their resources and have a common de-addiction center for their respective employees. This way the individual units can cut down investment costs as well as faster good relations with other corporate units in the same area.

8. Most employers as revealed by the study give less importance to aftercare and follow-up counselling. In order to ensure that the worker does not relapse, proper follow-up counselling should be arranged for the treated worker.

9. The intervention programmes should necessarily involve the family members especially the spouse of the worker in order to ensure their effectiveness.

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