

THE ALMACAN

The most challenging problem we face in the field of occupational alcoholism is to bring about the bankruptcy of the alibi structure in the drinker long before it would occur in the ordinary course of events.

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GROWTH, PROGRESS, MATURITY ARE THEMES OF SIXTH ALMACA MEETING

The Sixth Annual Meeting of the Association of Labor Management Administrators and Consultants on Alcoholism marked the full maturity of an organization ready to assume a national leadership role in occupational alcoholism.

Started by 12 concerned people just six years ago, ALMACA attracted more than 600 from around the nation to three days of early-to-late sessions at the Americana Hotel in New York City October 26-29.

The formation of ALMACA, which now has 1,100 members, was "a response to a need and to a vision—that occupational alcoholism programs would one day be a major force in the field against the disease of alcoholism," President Paul A. Sherman told the gathering.

"We are a force today that will continue to grow and to speak out on the key issues that affect occupational alcoholism," said Sherman who embarked on his second year as head of the organization which now has 20 chapters in 17 states.

The meeting opened with a reception at which Dr. Luther Cloud, associate medical director of the Equitable Life Assurance Society, through "Alcoholism and Jazz" traced the effect of that illness on prominent and historic musical figures.

Participants had a wide choice of activities in a schedule that started at 8:30 each morning—17 exhibits, 45 workshops on a full range of topics of interest to ALMACANS and conversation hours with prominent figures in the field. And, of course, there was the usual convention exchange of information, opinion and sociability in informal gatherings of those attending who represented the professions, labor, management, government and voluntary and civic organizations.

Basic meeting themes were emphasized by Dr. Ernest P. Noble, Director of NIAAA, who told delegates "you are the pioneer generation of the occupational alcoholism field" and declared that such programs are "of central importance to our effort to combat alcoholism."

Leo Perlis, Director of AFL-CIO Community

Services, said great progress is possible now that alcoholism has "come out of the closet" and is increasingly recognized as a disease.

Where once drunkards were fired out of hand enlightened unions and management are finding ways of helping the alcoholic and incipient alcoholic."

Former Sen. Harold E. Hughes received a standing ovation after his banquet address in which he pointed to great progress made in recent years but reminded his audience that "we're still on the battle line; we're not yet winning the war."

Author of the landmark Hughes Act, the former Senator called for rededication to the effort against "this insidious disease" of alcoholism and for unity that strives not to prove one method better than another, but that remembers "what we're looking for is well people."

James S. Kemper Jr., Chairman of the Kemper Insurance and Financial Companies, said he was pleased to address a group of professionals to whom he did not have to explain the basics of

alcoholism programming.

A pioneer in occupational programming within his own company and in providing insurance coverage for alcoholism, Kemper said that despite all indications that such programs work, a major effort to sell them must continue.

"There is no question in my mind that our program has paid off over and over again," he said. There are signs that management is becoming aware of the potential, however, he noted. Kemper described a talk about the Kemper program he gave 10 years ago that was a "real shoulder shrugger," but that recently two of 35 top businessmen at a seminar chose company alcoholism programs as their discussion topics.

Dr. LeClair Bissell, Chief of the Smithers Alcoholism and Treatment Training Center at Roosevelt Hospital in New York, pointed out at least two areas in which alcoholism counselors and administrators must put special effort—credentialing and insurance coverage.

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PRESIDENT'S ADDRESS 1977 ANNUAL MEETING

Dr. Paul A. Sherman is the third President of ALMACA. As he entered his second year as President, Sherman delivered the following address at the 1977 Annual Meeting in New York City.

My fellow ALMACANS, Friends, Colleagues:

Six years ago, and 3,000 miles from here, 12 people met to create ALMACA. It was a response to a need and a vision—that occupational alcoholism programs would one day be a major force in the fight against the disease of alcoholism, a disease that has been called the 3rd largest health problem, but might even be No. 1 if the stigma were removed.

Today there are over 1,100 members in ALMACA, meeting locally in 20 Chapters across the country. Attendance at this Annual Meeting

will exceed 700, a number more than twice the size of last year's Annual Meeting. It's an exciting and important time for Occupational Alcoholism and for ALMACA.

All ALMACANS can be proud of our achievements. We've come a long, long way in a short time. We are a force today that will continue to grow and to speak out on the key issues that affect occupational alcoholism.

In my talk today, I want to cover three areas. The first is the progress ALMACA has made in the last year. Second, I'll cover the problems and issues in ALMACA that I see us facing the next year. Third, I want to deal with what I see happening outside of ALMACA—there are some major issues that are affecting or will affect

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occupational alcoholism.

Let me first review the past year:

1. A year ago, we said that Chapters are the most important area of ALMACA, and set the growth of Chapters as a major objective. In the last 12 months, we increased the number of Chapters from 10 to 20. Early this year, I appointed Ray Kelly to be Chapter Coordinator. This brought the Chapters to the President/Vice President level of ALMACA, consistent with our feeling about their importance. In June, I began a monthly letter to Chapter Presidents, to inform them and their members about what was happening on the national scene, to ask their help on problems, and get their thoughts and ideas about where we should be going.

2. A second major objective we had last year was solidifying and in some cases improving our relationships with other national organizations. We made a lot of progress in this area. Early this year we met with the National Institute on Alcohol Abuse and Alcoholism. We reviewed our advocacy role with Dr. Noble, Lois Chatham, Don Godwin and others at NIAAA. We made it clear that ALMACA will continue to be free from government grants so that we can exercise our role of speaking out on the important issues and influencing national organizations, including NIAAA, to do more in occupational alcoholism. The meeting was productive. A start was made. A general but stated 5 year goal has been spelled out by NIAAA for the occupational area. The priorities within NIAAA are slowly being altered. There is still a long way to go, but my thanks to Dr. Noble and the Institute for listening and for beginning.

Our thanks to George Dimas and the National Council on Alcoholism. They have been very close to ALMACA. As an example of their cooperation, they cleared their calendar across the country so that no NCA event would be in conflict with our Annual Meeting. Our meetings with them have been most productive. Ross Von Wiegand was one of our founders, and it will be an honor for me to present an Award to him tomorrow.

We have also had productive meetings and exchanges with ADPA and NCA and have been involved in the newly formed international group of companies that is looking at solutions to alcoholism and other behavioral/medical problems in overseas operations of U.S. corporations.

Now let's discuss organized labor. A year ago there were some problems prior to the Convention in San Diego and one of our major objectives was to strengthen our relationship with organized labor. Last November, I had a very productive meeting in Washington with Leo Perlis, and I want to express my thanks to Leo and to the AFL-CIO for the help that they have given to ALMACA over the last year.

On behalf of ALMACA I would like to express our thanks to the heads of all of the organizations I have mentioned for the help they have given to us and for their excellent cooperation.

3. A third major objective has been to establish financial stability through individual and organizational memberships and contributions and to be free from government grants. It gave me a great deal of pleasure to present our ITT check for \$5,000 to ALMACA reflecting ITT's commitment to the field of occupational alcoholism. Our financial position today is significantly better than a year ago. It will become even better. As we stabilize in this area, it will enable us to add necessary services and programs.

4. Let me quickly review other positive achievements:

a) Our Committees have been an outstanding contribution and involved many ALMACANS. Our Standards Committee under Dr. Dale Masi has begun the important task of beginning to look at Standards for our field. The Research Committee under Dr. Paul Roman is taking a look at the needs that exist in our field. Our Committees on Labor under Jack Hennessy, Membership under Phil Keller, and Public Relations under Bill Christian have made an extremely positive contribution to ALMACA. A Personnel Committee is being established under Bob Hickle, and should contribute a lot in the future as it becomes operational.

b) Our testimony before the Hathaway Committee on Bill S1107 covering the Trust Fund or Fund for Occupational Programs was well received. Senator Hathaway is extremely interested in the occupational area.

c) Our attendance at the Coalition and Forum have enabled us to present our position and make sure that the interests of occupational alcoholism are not overlooked.

5. Membership did not grow as rapidly as we had hoped. Our growth was slow and steady, and

accelerated as the year progressed, but the net increase was 125 members, to 1,145 at the end of September. We fell short of the 1,400 we had forecast last year. We still lose too many members, and Ray Kelly and I have asked each of the Chapter Presidents to help in this area by contacting anyone who does not renew their membership. I am still positive about membership growth and look forward to a continuing steady growth. At the moment, our best estimate would be 1,200 at the end of 1977 and 1,400 by year-end 1978.

Let's sum up the past year. I think we accomplished a lot. We made good progress. I'm glad that ours is a program of progress, not perfection. We made some mistakes, and we learned from them. On balance, we're much further today than we were a year ago.

Now let's turn to the next year. Here is what I feel are the problems, issues, and opportunities we will face. I've divided them into two categories—those that concern only ALMACA, and those that go beyond ALMACA.

Let me first review the issues that are internal ALMACA matters and my recommendations or actions for dealing with them. There are five major points:

1. The first is communications. We made a lot of improvement in this area over the past year. However, much of this was in downward communications. We improved the ALMACAN. We began a monthly letter to Chapter Presidents. We visited Chapters and talked about the national picture. This next year, I would like to see a similar improvement in upward and side-ways communications. Today at the meeting with Chapter Presidents, I will propose a monthly letter from each Chapter President to me. We want to know what is happening locally. There is some great work being done within Chapters, and we'd like to share it nationally. We want to know your problems, your concerns, your thoughts, and your ideas.

I will also suggest to the Chapter Presidents that they consider joint meetings with other Chapters and joint programs whenever possible.

The growth and development of Chapters will continue to receive a high priority. In the past year, we went from 10 Chapters to 20. A year from now, I would like to see us have 30 Chapters.

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Suite 410
11800 Sunrise Valley Drive
Reston, Virginia 22091

703/620-2577

Paul A. Sherman, Ph.D.
President
Raymond J. Kelly
Vice-President
Judy Arnold
Secretary
R. E. Anderson
Treasurer
Adolph J. Sullivan
Immediate Past President
James A. Baxter
Executive Director
Pamela Maroe
Managing Editor

2. As a first task of the newly formed Personnel Committee, I have asked Bob Hickle, Chairman, to develop a skills and experience inventory on all ALMACANS prior to their entering the alcoholism field. There is enormous talent in ALMACA—but we don't have the means for tapping it yet. I would like to see all ALMACANS active in our Association—on Committees, on Task Forces, both locally and nationally.

3. I think we made progress in beginning to look at Standards. We need information on what our profession is all about and who works in it. Our Standards Committee has a large but important task in this area.

4. Now that there is the beginning of financial stability, we have to start looking at ways of improving services to our members. We have taken some initial steps. The Directory has been revised. An editorial board has been established to look at ways to make the ALMACAN more effective. We have much more to do.

5. Funding. We need to continue to explore ways to get funds. As we improve our financial position, it will open new avenues for us professionally. We have not done a very good job in this area. There are only a small number of corporations and labor unions who have made contributions. Many areas that we would like to pursue—Public Relations, Lobbying, New Services and Programs—have not moved because of lack of funds. A top priority item will be the establishment of a Development Committee to help get the funds to enable us to accelerate our efforts.

Last, and most important, are the many problems, issues, and opportunities that originate outside of ALMACA, but directly or indirectly affect occupational programs. As we continue to resolve and strengthen ALMACA from within, an increasing amount of our time and effort will focus on these external matters. This was the case last year. It will be even more so in the next year. We will be asked to state an ALMACA position on each issue, and we will be doing this on all matters related to occupational alcoholism.

There are five areas I want to cover:

1. The stigma. This remains the major problem in alcoholism, even though a lot of progress has been made. This image of the alcoholic as the "skid row" bum is probably the major reason that occupational alcoholism programs are not widespread today. When key people in an organization look for alcoholics, they look for the "skid row" bum, and it becomes easy for them to say, "We don't have much of a problem here." In most cases, it's not that they're against a program, but they give it low priority. What is needed is a broad Public Relations and Education Program, aimed at top management and labor leaders, to describe how alcoholism manifests itself in the workplace. This is a long-term effort, and I would urge NIAAA to consider this as a priority item.

2. On a national level, there is an urgent need for research in occupational alcoholism. Dr.

Noble and Senator Hathaway have both stated that research is the No. 1 priority. Let us in ALMACA support this goal. As an initial step, I will recommend to Dr. Noble that a task force, including ALMACA, NIAAA, and other national organizations be established to look at research needed. I'm also recommending that whoever does research must understand alcoholism. There are only a limited number of dollars—far too few—and let's insure that the research is short-term and easily applicable.

3. There is enormous variability from state to state on the position of alcoholism and occupational alcoholism. I will be calling upon each Chapter President to establish within a Chapter an appropriate legislative committee to insure that the organization level of occupational alcoholism is appropriate and sufficient dollars are allocated to it. I call upon NIAAA and NCA and other national and state organizations to help us attain this goal.

4. Other issues ALMACA is and will be studying are:

- (1) The NIAAA five-year plan.
- (2) The entire spectrum of insurance coverage for alcoholism.
- (3) The feasibility of a national Speakers Bureau on Occupational.
- (4) The credentialing process and its effect on occupational alcoholism.

5. Last, there is pressure from Government that has direct impact on Occupational Alcoholism Programs. I am referring to the Vocational Rehabilitation Act of 1973, and specifically to Regulations 503 and 504 of the Act.

Regulation 503 is administered by the Department of Labor. It calls for an Affirmative Action Plan regarding the handicapped, and covers a number of areas of employment; such as hiring, promotions, and personnel practices in general. It pertains to companies which are recipients of government contracts or are sub-contractors.

Regulations 504 stresses "equal opportunity" for the handicapped, and is administered by the Office of Civil Rights, Department of Health, Education and Welfare. It pertains to recipients of federal financial assistance, educational assistance and outright grants.

The Act states that discrimination on the basis of a handicap is in violation of the law, and alcoholism is considered to be a handicap. The penalties that can be imposed on a company include loss of government contracts and sub-contracts under 503 and federal financial assistance and grants under 504. The loss to a company or institution can be substantial.

The implications for occupational alcoholism programs are simple. A company with a **viable** occupational program will have very little difficulty in complying. A company without a viable program will have enormous difficulty, and faces the possibility of a serious financial impact.

In addition to these Regulations, there is another vehicle that government may take to

force new occupational programs. Senator Hathaway is urging that Occupational Alcoholism Programs be mandated through the Occupational Safety and Health Act. He also is interested in the implications of Regulations 503 and 504, and has asked me to keep him posted on what we evolve as an ALMACA position.

Because of things like this, I think there will be a rapid increase in the number and quality of Occupational Programs over the next few years.

Let me sum up. I've tried to state the major issues and problems that will be priorities for ALMACA. I ask the help of all organizations that are concerned with alcoholism to focus on occupational and the 4.5 million estimated alcoholics in the workplace.

Last year, when I assumed the Presidency, I asked the help of NIAAA, of NCA, of the AFL-CIO, of ADPA to work with us. Your help and guidance were there. Today I ask us to continue the partnership we have formed, and may it continue to prosper.

Thank you very much.

President Sherman is Director for Special Programs for ITT. In that capacity, he presented on behalf of ITT a check for \$5,000 to ALMACA at the Annual Meeting. The donation expresses the confidence of ITT in ALMACA and in the field of occupational alcoholism, he said.

APPLETON TREATMENT CENTER RECEIVES JCAH ACCREDITATION

Appleton Treatment Center for Alcoholism, McLean Hospital, Belmont, Massachusetts is pleased to announce that it has received a two-year Accreditation by the Joint Commission on Accreditation of Hospitals. Appleton provides comprehensive inpatient, outpatient and after-care rehabilitative services for the alcoholic and his/her family. The accreditation is the result of an on-site inspection made by representatives of the joint Commission. It represents a facility's compliance with the established program standards of the Commission.

JCAH GRANTS ACCREDITATION TO THE MEADOWS

The Meadows, an intermediate care center at Wickenburg, Arizona, for the treatment of alcoholism, received notice that it had been granted accreditation by the Joint Commission on Accreditation of Hospitals, Chicago, on September 16, 1977.

On September 11, The Meadows was approved as a Blue Cross of Arizona member institution. Blue Cross of Arizona will now pay for treatment at The Meadows to the extent its policies cover treatment of alcoholism.

The Meadows is the first intermediate treatment center in Arizona to be so recognized by both the Joint Commission on Accreditation of Hospitals and Blue Cross of Arizona.

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Because there is "a glut of health professionals" who can't get jobs, she said, it is going to be increasingly difficult for counselors to be recognized. "It is important for counselors to become credentialed," she added, so they can stake out their proper role in the field.

Treatment programs and counselors need to work closely together because "they're not going to include us in health insurance unless we push," she said.

Father Joseph P. Martin told a closing session that occupational alcoholism programming makes good practical sense but that the humanity of business should not be ignored in efforts to sell programs. "Appeal to the heart as well as the pocketbook" in dealing with businessmen, he said, "combine dollars and humanity."

Pointing to the tremendous cost of alcoholism to industry and the nation as a whole, he said, "we're paying for it anyway, why not pay at the front end (with alcoholism programming) and save alive in the middle."

Noble, who was accompanied by several Institute staffers who participated in meetings, asked for comment on NIAAA's goal of alcoholism program coverage of 50 percent of all employees by 1983. The goals we finally adopt must have your support "or they are meaningless," he said, expressing the belief that they are "within the reach of this nation."

He cited the fact that five years ago few states had occupational programs but that now most do; that there has been a rise from 300 to 1,000 in private sector programs. "I see the momentum swinging in favor of occupational alcoholism programs," he said.

"I pledge you my continued commitment, and that of the Institute, to the development of occupational programming," Noble told the full house that turned out for his early morning talk.

Speaking at the Awards Luncheon, Perlis pointed to two areas of primary importance for alcoholism field concentration—the raising of public awareness and fund raising.

"There is a question of a lack of perception on the part of the American people that alcoholism is not only a disease, but a deadly disease. . . more deadly than cancer in some ways," he said.

Voluntary organizations and agencies such as NIAAA are not doing more or are not as effective as they might be "simply because they do not have enough money," Perlis said.

He suggested that those interested in the field might do well to concentrate on just those two topics alone at least once a year. "Much more can be done if we reach the American people through understanding and fund raising," he added.

The fact that there are differences of opinion is a reflection of the democratic process, in the alcoholism field as well as in other areas," Perlis said.

"The disease doesn't care about background," he said, calling for all "to join forces for greater perception of the disease and more money in the till."

Hughes described his own experience with alcoholism and the spiritual awakening that led to his promise that "I'll never turn my back on someone with this disease."

Acknowledging progress, he pointed to the distance yet to be travelled. For example, he said, "I know of not one medical school in this country or anywhere in the world that has a decent program in alcohol education."

Occupational alcoholism programs pay off, the former Senator said, but he pointed to the irony that Congress, which passed the Comprehensive Act, is one federal agency without a program.

In a prepared text that he put aside, Hughes acknowledged "spectacular progress" in recent years in labor and management efforts to combat alcoholism.

"A new breed of professionals dealing with the problem, including the corporate alcoholism consultant, have emerged," he said.

"Occupational programs are now beginning to have a significant impact on the previously neglected area of alcoholic women, and there is an immense potential here," he said.

"But perhaps the greatest potential for

occupational programs rests in their emerging impact on prevention," Hughes said. "It has been demonstrated that they are highly effective in . . . minimizing the effects of the disease after it is already in progress. Only recently, has it begun to be apparent that in the area of primary prevention, they are also achieving substantial effect."

Hughes called program administrators, consultants and counselors and those who work with them "a new army of professional people. . . Without the devout and untiring efforts of this army, progress to which we so proudly point would never have been achieved."

He warned against people in the field becoming "more intent on developing their own particular theories and ambitions than in helping sick people to heal themselves."

"More than developing any new technique or organizational expertise, we need to reaffirm our fundamental human compassion for our fellow human beings and our faith that every human life is worth salvaging," he concluded in his prepared text.

ALMACA PRESENTS AWARDS TO GIANTS IN THE FIELD

Awards to what President Paul Sherman termed "three giants" in the field of occupational alcoholism were presented by ALMACA at the Sixth Annual Meeting.

The presentations were:

ALMACA Outstanding Occupational Alcoholism Program Award

To Kemper Insurance and Financial Companies for its pioneering program which has set a model for industry. The award was presented to James S. Kemper Jr., Chairman of Kemper, and John Lavino, Director of the program since 1974.

ALMACA Special Award

To Leo Perlis, Director of Community Services,

AFL-CIO, "for outstanding leadership and contributions to the field of occupational alcoholism."

ALMACA Special Award

To Ross Von Wiegand, Director of Labor-Management Services, National Council on Alcoholism "for his pioneering work in the field of occupational alcoholism. Through his skill in the art of media and personal communication he has been the prime mover in reaching corporate executives on an unsurpassed scale.

He is responsible for many of the modern developments in program design and implementation. One of the founders of ALMACA."

SOUTH OAKS HOSPITAL RECEIVES NEW CHARTER

The Alcoholism Education Center at South Oaks Hospital (Amityville) has been formally granted a charter by the Board of Regents of the New York State Education Department. Under the provisions of the charter, the Center is now known as The Institute of Alcohol Studies at South Oaks.

According to Dr. Pasquale Carone, Executive Director of South Oaks Hospital, "This charter not only gives our educational efforts at South Oaks formal recognition, but also establishes us as an authority on the subjects of alcoholism, alcoholism education, and alcoholism counselor training."

As stated in the charter, the purposes of the Institute are: "for research and education in the continuing improvement of mental health; to study and disseminate knowledge on the theory

and nature of the disease of alcoholism and the methods of counseling in the treatment of the disease; and to further the education of personnel in health science fields."

Among the many ongoing educational programs at South Oaks are:

- Training Program for Alcoholism Counseling—a 500-hour educational program designed to develop specialists in the field of alcoholism.

- "Employee Assistance Programs: Development and Implementation," a course designed for those interested in or involved with occupational alcoholism programs.

- "The Nurse Faces Alcoholism", a course co-sponsored by the National Nurses Society on Alcoholism and accredited by the New York State Nurses Association.