

THE ALMAGAN

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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ALMACA DECIDES NOT TO CHANGE ITS NAME

ALMACA's name won't change from Association of Labor-Management Administrators and Consultants on Alcoholism for the foreseeable future.

The name change issue was discussed at length, and with some heat, at the Sixth Annual Meeting in New York but a vote on feeling about a change was 136 to 9 against in the business meeting.

The matter was referred to the Board for decision and, in view of the overwhelming vote

against a name change, the Board decided to table the issue—in effect, killing it off.

One argument in favor of a change was to broaden the scope of the organization's designation. Those opposed to change argued that the name ALMACA is now firmly established in the occupational alcoholism field and accurately describes the organization.

A full report on business and Board meetings will be sent to the membership as soon as they are prepared and reproduced.

GAO SAYS NOT MUCH GOING ON IN FEDERAL ALCOHOL PROGRAMS

The Comptroller General recently reported to Congress on a study of how Federal agencies are meeting the mandate of law that they establish programs to assist civilian employees with alcohol-related problems.

You needn't read beyond the title of the 86-page report and a couple of paragraphs on the cover to get the answer: Not much.

Here's the title of the Comptroller General's Report: **Most Agency Programs For Employees With Alcohol-Related Problems Still Ineffective.**

The cover page goes on to say:

"In December 1970 a law was enacted requiring Federal agencies to establish programs to assist civilian employees with alcohol-related problems. The agencies have made relatively little progress.

"Officials at most of the 81 installations of 12 agencies reviewed support Government assistance to civilian employees with alcohol-related problems. Nevertheless management attitudes concerning problem alcoholism at their installation was the major reason for a general lack of emphasis on alcoholism program activities."

The law referred to is the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 with which all ALMACANS are familiar. Much has happened under the law, including the establishment of

NIAAA. But the Federal agencies have done little and one of the main reasons for failure is one that is often cited to those who work in the field of occupational alcoholism.

"Most installation directors," the Report said, "agree with having a Federal alcoholism program; however, some did not see alcoholism as a problem at their installation. This attitude appeared to be a major reason for the slow start of, and general lack of emphasis on, some programs.

The Report by the GAO, the independent investigative arm of Congress, says most of the 81 installations reviewed had programs but that many improvements are necessary before they can be considered effective.

In brief, here are some of the GAO recommendations:

- The Civil Service Commission should take the initiative in conducting or sponsoring studies to more accurately define the extent of alcohol-related employee problems.
- Agency and department heads should actively and positively support the agency's program and guarantee that program directors reinforce their position.
- The Civil Service Commission and the agency and department heads... should encourage more active consultation with

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1978 ANNUAL MEETING SET

ALMACA's Seventh Annual Meeting is set for the Sheraton Plaza Hotel in San Francisco, California, the first week of October, 1978.

Room rates will range from \$38 for a single to \$45 for a double/twin.

Chairman for the 1978 meeting is Carl E. Zehm, Coordinator of the Employee Assistance Program for Lockheed Missiles and Space Company, Inc. and President of the San Francisco Chapter of ALMACA.

Mark your calendar now and plan to attend our Seventh Annual Meeting. It would be most helpful to the planning of the meeting if we could get an idea now as to how many people will attend. If you are planning to be with us in October, please let your Chapter President or the ALMACA staff know. Program information and registration forms will be mailed in June.

KLERMAN TAKES OVER AS HEAD OF ADAMHA

Dr. Gerald L. Klerman, professor of Psychiatry at Harvard Medical School, took over on November 21 as head of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). He was confirmed by the Senate without opposition on October 29.

Klerman, who has stated his opposition to re-organization of ADAMHA and the merger of any of the three Institutes that make it up: NIAAA, the National Institute on Drug Abuse (NIDA) and the National Institute on Mental Health (NIMH).

In testimony and other statements, Klerman said he views alcoholism as a disease and a major public health concern. He has said he does not intend to be directly involved in the internal operations of the Institutes but to concentrate on cooperative efforts among them,

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employee unions on policy and program formulation and encourage employee labor organizations to take a more active role in these programs.

- The Civil Service Commission should develop more specific guidelines for the type of training coordinators should receive and the information that should be included in client records.
- Agencies and departments should do more to educate supervisors about program operations and to inform non-supervisors about the program. This should include a mechanism for making sure that new employees are trained or informed.

The Report has a great deal more to say about shortcomings of Federal programs and what should be done about them. But this brief summary of some of the findings and recommendations indicates that federal installations around the country might be a fertile are for ALMACANS to investigate with a view to helping them establish programs.

Copies of the Report, dated September 7, 1977, may be obtained without charge by non-profit organizations (2 copies only) or by others for \$1 a copy by writing to:

U.S. General Accounting Office
Distribution Section
Room 4522
441 G Street, N.W.
Washington, D.C. 20548

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especially in research.

Meanwhile, two key Senators in the alcoholism field declared strong opposition to a merger of federal alcohol and drug abuse programs. Any such proposal would face a stiff battle in Congress, according to Sen. Harrison Williams (D-N.J.), Chairman of the Human Resources Committee, and Sen. William D. Hathaway (D-Maine), Chairman of its Alcoholism and Drug Abuse Subcommittee.



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OCCUPATIONAL FUNDS BILL IS INTRODUCED IN HOUSE

A bill to provide federal funding for up to half the cost of occupational alcoholism programs was introduced in the House recently by Rep. Richard L. Ottinger (D-N.Y.).

The measure, identical with one introduced earlier by Sen. William D. Hathaway (D-Maine), would authorize spending of 2.5 percent of federal alcohol taxes for this purpose in 1979 through 1982. The fund would amount to an estimated \$120 million a year.

In Senate hearings last May, witnesses generally endorsed the aims of the bill—an increase in occupational programming—but many questions were raised and the Administration was opposed.

ALMACA President Paul Sherman agreed that occupational programming should be supported but suggested that the manner of proposed spending be reconsidered, that portions of the fund be earmarked for applied research and a massive public education program as well as for new programs.

Ottinger, in introducing his bill, said that "given the generally recognized effectiveness of occupational alcoholism programs and the considerable moneys already spent in treatment of alcoholics, I think it is imperative to begin a major new effort in the occupational setting."

NIAAA MOVES TOWARD CREDENTIAL CONTRACT

NIAAA hopes to award a contract by mid-March to establish a national credentialing organization for alcoholism counselors.

Recommendations for a credentialing structure were made in a report based on a study by a panel headed by Dr. Kenneth Finger, a member of the NIAAA Advisory Council and Vice President for Health Affairs of the J. Hillis Miller Health Center at the University of Florida, Gainesville.

A new version of the report and recommendations, which were distributed widely last fall, will incorporate comments and opinions received from the field in the interim.

The revised version is to be distributed by NIAAA along with a Request for Proposals on a contract to create a national credentialing panel.

He cited Westchester (N.Y.) Council on Alcoholism estimates that the economic loss due to alcohol problems in the seven-county Hudson Valley region amounted to \$75 million and in Westchester County some \$50 million.

ALMACA has opposed the suggestion that funding of programming be tied to the Occupational Safety and Health Administration (OSHA), maintaining that whatever legislation is adopted should be administered through NIAAA.

With Congress moving toward adjournment and many major issues still unsettled, it is doubtful that there will be action on this measure during the present session.

Further hearings will undoubtedly be held next year and ALMACANS will be kept advised of developments so that the organization's views on a final version of the legislation can be presented.

RESEARCH CENTER GRANTS AWARDED

Initial funding of \$2 million for the National Alcohol Research Centers Program has been awarded in five grants by NIAAA. The first-year awards were to:

Mt. Sinai School of Medicine, New York City, \$377,900; Washington University at St. Louis, Mo., \$373,376; University of Colorado, Boulder, \$386,285; University of California at Berkeley, \$364,771; and Salk Institute for Biological Studies, San Diego, Calif., \$497,668.

NIAAA hopes that the review process on the second round of Center grants can be completed in time for its Advisory Council meeting in January.

A total of \$3 million for the purpose is expected to come from the Institute's fiscal year 1978 appropriation. NIAAA funds for the year, over which there is no dispute, were still tied up in early December by a Senate-House stand-off on federal funding for abortions which has held up passage of the entire \$60 billion HEW appropriation bill.

It was the push for the Equal Rights Amendment that led to the decision against continued pg. 3, col. 1

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holding the 1978 meeting in Chicago as originally planned. Women's groups nationally are pressing a boycott of meetings and conventions in non-ERA states and Illinois has not ratified the amendment.

The ALMACA board, after sounding out the attitudes of women members and because of general support for the goals of the women's movement, decided to hold the 1978 session in a state that has ratified the Amendment. One such state is California and San Francisco was tentatively picked as the site for next year's meeting space.

A full report on business and Board meetings, with minutes, will be sent to the membership as soon as they are prepared and reproduced.

ALMACA DIRECTORY IN THE MAILED TO MEMBERS

The current ALMACA membership Directory went into the mails last month so watch for your copy before the Christmas crush begins.

The Directory lists all members by name, affiliation, address and telephone number.

For convenience and ready updating, it is in loose-leaf, pre-punched format. From time to time, insert pages with new member listings will be sent to members.

Because of this procedure, we are dropping the "New Members" section from the last page of the ALMACAN. In the future, that space will be devoted to contributions from chapter presidents and members who want to offer information, ideas, comments and reports on activities.

GRANT HOSPITAL OF CHICAGO RECEIVES JCAH ACCREDITATION

The Alcoholism Program of Grant Hospital of Chicago, 550 Webster Avenue, has received its second full two-year accreditation from the Joint Commission on Accreditation of Hospitals.

The Joint Commission considers accreditation maintenance as an ongoing educational activity, to be carried on throughout the two-year period for which our facility/program is accredited.

The following areas of the program applied for accreditation: Intermediate Care, Outpatient Care, Aftercare, Management, Education and Consultation. All components were fully accredited and several sections were commended as models for the nation.

Included in the accredited Education and Consultation section is a consultation and training service for Employee Assistance Programs.

For further information contact Brenda Blair, Coordinator of Training and Development, and Marc Goodrich, Industrial Consultant, at 2150 N. Lincoln Park West, Suite 104, Chicago, Illinois 60614. Telephone (312) 929-2027.

NIAAA SEEKING GRANT APPLICATIONS

The Occupational Programs Branch of NIAAA is looking for quality grant applications from the field. Two new projects totalling \$700,000 have recently been funded, and the branch is optimistic about future funding. Priority in funding will be given to approved projects which address priorities (women, special populations, expansion of baseline data on current models) established by Congress and the Institute, especially if they are innovative in concept and design.

If you are interested in seeking Federal funding for an occupational alcoholism project, the branch will provide assistance if you submit a one- or two-page concept paper to:

Donald F. Godwin
Chief, Occupational Programs Branch
NIAAA
Parklawn Building
Room 11A-05
5600 Fishers Lane
Rockville, Maryland 20857

The concept paper should include goals of the project and a description of the mechanisms to be used in reaching them.

(Note: The NIAAA awards grants only to non-profit entities such as state or local governments, foundations, or private, non-profit organizations).

NCA ISSUES CALL FOR ANNUAL FORUM PAPERS

The 1978 National Alcoholism Forum and Annual Meeting of the National Council on Alcoholism, Inc., will be held from April 27 through May 3 at the St. Louis (Missouri) Gateway Convention and Exhibition Center.

NCA is soliciting papers not previously submitted for publication. Selection will be based upon the current interests in the field as well as new concepts in alcoholism.

This call for papers is in addition to, and not to be confused with, the call for papers for the Medical-Scientific portion of the National Alcoholism Forum.

For instructions and abstract forms, which must be submitted in advance, contact:

Ms. Micki Dickerson
National Council on Alcoholism
733 Third Avenue—Suite 1405
New York, New York 10017
Tel: (212) 986-4433, Ext. 471, 472.

If you are interested in submitting a paper for the Medical-Scientific portion of the Forum, contact:

Ms. Susan Peck
National Council on Alcoholism—
Medical Department
733 Third Avenue—Suite 1405
New York, New York 10017
Tel: (212) 986-4433, Ext. 444.

Deadline for submission of papers is January 20, 1978.

AN EDITORIAL THE DIFFERENT FACE OF OCCUPATIONAL BEHAVIORAL HEALTH PROGRAMS IN ALBERTA, CANADA

By: Garry L. Briggs

Occupational Behavioral Health Programs in Canada are different from those in the United States, because:

1. Canadian-union members and other Canadian workers do not have a constitution which ensures them certain "inherent" rights and protects these rights from unscrupulous politicians.
2. Canadian workers do not have legislation which protects information gathered about their private lives, and ensures them confidentiality with matters they discuss with their priest or personal physician.

The Canadian Government can deny all freedom or rights to Canadian workers merely by invoking The Emergency Measures Act. The laws and system of Government that affect the Canadian people are quite different from the U.S.'s system of laws and government. It is these differences that dramatically change the face of all Occupational Mental Health programs,

Occupational Drug and Alcohol Programs, or Occupational Behavioral Health Programs, and the Labour-Management atmosphere in Canada.

Pro-management Occupational Alcohol and Drug Programs promoted by the fact that there is no Federal legislation to protect confidentiality, has led to a mis-use of Occupational Mental Health, and Alcohol and Drug Programs. Canadian workers have become dead-ended, or even terminated when unscrupulous personnel officers misused personal medical information and personnel information. This has caused labour relations in Canada to be very tenuous in the area of Occupational Mental Health, or Alcohol and Drug Programs. It must be understood that Canadian law is brought into being through Parliament, which is controlled primarily by barristers. They have enacted laws which protect only the barrister-client relationship, as far as confidentiality is concerned. There are even recent cases where this relationship continued—pg. 4

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between the barrister and client has been 'bugged' by the Crown.

Guidelines published in Alberta to assist the establishment of Employee Assistance Programs (EAP) have ignored Labour entirely. A few guidelines published in Canada regard Labour's role as superficial and imply that Labour Unions should rubber-stamp any Employee Assistance Programs that Management offers them. This has led to the establishment in Canada of Employee Assistance Programs by business, industry, or government, that interfere with the union's protection of their members. These guidelines have brought about Employee Assistance Programs which are set up by management, management-oriented, and run for management's own end.

The problems and mis-use of these programs has caused many within the Canadian Labour movement to counter with Occupational Mental Health, or Alcohol and Drug Programs that promote equality on policy development and programming.

The Alberta Union of Provincial Employees has taken a position that Canadian Employee Assistance Programs should be replaced by Worker Assistance Programs (WAP) which are neither pro-union nor pro-management, but rather pro-people. AUPE has found that the disease of alcoholism, drug addiction, or emotional illness is anti-union, anti-management, and anti-people.

Some Occupational Consultants in Canada, acting privately or as agents of special interests or government, have urged companies or unions in Canada to adopt policies regarding alcohol and drug problems, in the work place that would deny a union's right to represent their members in the grievance procedure. The union's position has been very firm, that no union should or will agree to sign away a member's rights to the grievance procedure in cases where they may be ill because of the disease of alcoholism, or other substances, and are seeking treatment and rehabilitation to arrest their illness.

Canadian law does not recognize the doctor-patient or priest-penitent relationship as beyond or above the law. A priest or doctor can be imprisoned for failing to release information they have been given by a worker. Doctor's files on patients in Canada, have been seized by the police on judicial orders, photo-copied, and originals returned to the doctor. Only selected barristers and the Attorney General's department know where the copies have gone.

This lack of protective legislation regarding confidentiality in Canada, has brought about a caution to the Canadian Labour scene. Canadian unions, because of the lack of protective legislation, have encouraged their members not to give out information to Management-run Employee Assistance Programs for fear that this information may be used against them in their career, and their private lives. The potential for mis-use of confidential information in Canada is very grave.

In 1970 the Conference Board of Canada published a monograph entitled, "Company Controls for Drinking Problems". It stated that, "at all levels of management and labour, leadership must commit the underlying spirit and philosophy of a constructive rehabilitation effort. If a program has the aura of a management edit rather than a jointly conceived and implemented effort, it cannot succeed. A sound alcoholic program requires the establishment of a firm understanding between labour and management, with appropriate **CONTRACT LANGUAGE** to support it; that if a worker accepts treatment, and if such treatment involves leaving the work environment as with any illness, job rights will be explicitly protected."

The Alberta Union of Provincial Employees has found these guidelines to be necessary if effective control of behavioral health problems in the work place is to take place. Appropriate contract language can bring about workable Workers Assistance Programs that provide recognition, referral, treatment, rehabilitation, and follow-through worked out, if possible, through joint Union-Management program. Where the Alberta Government, as an employer has not been willing to enter into such a program, The Alberta Union of Provincial Employees has set up its own Worker Assistance program.

Canadian Employee Assistance Program (CEAP) has come to mean in Alberta a program that is:

1. Management-oriented
2. Paternalistic
3. Subject to employer mis-use
4. Philosophically, part of management
5. The cost of the program is at the expense of the worker's rights and career
6. Cost benefits are hidden by the employer

Dr. Briggs is Director, Member Counselling Unit, Alberta Union of Provincial Employees.

7. Occupational Programs, set by the employer in his company's policy that can be changed at his will.

The program in Alberta which is more acceptable to the AUPE is one called Worked Assistance Program (WAP). This program is:

1. Work-oriented
2. Work centered
3. Has appropriate checks and balances against mis-use, negotiated into the contract
4. Philosophically, responsible to the worker as a patient
5. The cost to the work is measurable
6. The cost is on a shared basis with the employer which is negotiated into the contract.
7. The policy is set in the negotiated contract, and can only be changed through negotiations.

In the Province of Alberta, AUPE has found that unless a program is supported by appropriate contract language in the negotiated contract, it will have **no** relevance upon the action taken by the employer in regard to behavioral health problems (that develop in the work place). Nor will there be protection for the worker who seeks through professional avenues to correct a behavioral health problem that may have overtaken him.

In Alberta, we have taken U.S. Computer technology to make book on people, but Albertans do not have your constitutional rights nor legislation to protect workers. Careers in Alberta have been destroyed in the name of Occupational Alcohol and Drug Programs. Alberta Union of Provincial Employees members are on guard, and sometimes may be seen as an adversary in approaching Occupational Behavioral Health services unless they are union controlled, and/or expressly spelled out in the negotiated contract.



The Board and

Staff of

ALMACA



wish each of you

a joyous and

peaceful holiday season.