

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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OCCUPATIONAL ALCOHOLISM HEARINGS HELD MAY 18-19 BY SUBCOMMITTEE

Occupational alcoholism programs and support for them through federal funding tied to a percentage of federal alcohol taxes were the subjects of hearings held May 18-19 by the Senate Alcoholism and Drug Abuse Subcommittee.

Chairman William D. Hathaway (D-Maine) said he hopes the hearings will "develop a significant base of information about the social and economic effects of alcoholism in the workplace, as well as the efficacy of occupational programs in alleviating those effects."

The hearings focused on Hathaway's bill (S.1107) which would authorize grants for up to half the cost of occupational programs.

The bill would also authorize appropriations of 2.5 percent of federal alcohol taxes collected on beer, wine and liquor for fiscal years 1979 through

1982—estimated by Hathaway at between \$100 million and \$120 million a year.

In announcing the hearings, Hathaway cited reports of "remarkably high" success rates by occupational alcoholism programs in the effort to reduce the damage to lives and productivity caused by misuse of alcohol in the workplace.

Paul A. Sherman, Ph.D., President of ALMACA and Director of Special Programs for ITT and Dale A. Masi, Chairwoman of the Standards Committee of ALMACA and Associate Professor at the Boston College Graduate School of Social Work were among those who appeared before the committee.

The next issue of the ALMACAN will cover the hearings in depth.

RIGHTS OF ALCOHOLICS SPELLED OUT IN RULES ISSUED BY HEW SECRETARY

Alcoholic people are protected against discrimination in federally funded programs and facilities under regulations signed by HEW Secretary Joseph A. Califano last month after intensive study and public pressure.

The regulations spell out the rights of handicapped people under Section 504 of the Rehabilitation Act of 1973 amended by Congress more than two years ago. The key Section of the law directs that:

"No otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

One controversy over specifics of the regulations was resolved when Califano asked for an opinion and the Attorney General responded in an April 12 letter that said: "It is our conclusion that alcoholics and drug addicts are 'handicapped individuals' for purposes of...Section 504."

Califano's predecessor, after lengthy study and much rewriting, left the regulations unsigned when the Ford Administration departed last January. Califano, after further study and revision, issued the regulations April 29, after cutting them by 20 percent in an effort to make them more understandable and to require less red tape.

In a statement, he acknowledged the difficulty of reducing a broad Congressional mandate to specifics and indicated that the testing of the regulations in practice will present problems and arouse some controversy.

"For example," Califano said, "implementing the Congressional determination that drug addicts and alcoholics are covered by Section 504 will require special sensitivity, fairness and common sense."

"We must recognize, on the one hand, that the law says it is unjust to discriminate against individuals simply because they suffer from the disease of addiction or alcoholism. But the regulation clearly contemplates that re-

ipients of federal funds can make decisions on the basis of an individual's behavior caused by such diseases."

Califano cited the Attorney General's opinion that "the statute does not require the impossible. It does not unrealistically require the recipients of federal contracts and grants to ignore all the behavioral or other problems that may accompany a person's alcoholism or drug addiction if they interfere with the performance of his job or his effective participation in a federally assisted program."

The law, as interpreted by the regulations, covers individuals who have a physical or mental impairment which substantially limits a major life activity.

Beyond protection of rights, Califano said, the regulations require "positive steps to give handicapped citizens meaningful equality of opportunity in employment and in health, education and social service programs."

At present, the regulations apply only to programs funded by HEW, but they will be the basis for similar regulations to be issued by all other federal departments and agencies that will affect all recipients of federal funds.

Included in the 154 pages of the regulations, analyses and enforcement procedures are requirements that:

- Employers may not refuse to hire handicapped persons, if reasonable accommodations can be made by them to an individual's handicap and if the handicap does not impair the ability of the applicant or employer to do the specific job.
- Employers may not require pre-employment physical examinations and may not make a pre-employment inquiry about whether a person is handicapped, or the nature or severity of a handicap, although employers may make a pre-employment inquiry into an applicant's ability to perform job-related functions.

(continued on page 2, col. 1—"RIGHTS")

(continued from page 1—"RIGHTS")

- All recipients of HEW funds must complete within one year a self-evaluation process, in consultation with handicapped individuals and organizations, to determine which of their policies and practices need to be changed to assure equal opportunity for handicapped Americans.

Copies of the Section 504 regulations and other materials may be obtained by writing to: Office of Public Affairs, Office for Civil Rights, U.S. Department of Health, Education, and Welfare, 330 Independence Avenue S.W., Washington, D.C. 20201.

Although HEW has the primary job of seeing that the regulations are carried out, Califano said Congress has an important role in making the law "a creative instrument for effecting needed change" and in deciding whether additional funds will be needed to support compliance and regulation.

The Secretary ordered the establishment of a special Technical Assistance Unit to help HEW recipients to comply with the regulations.

The regulations apply to handicapped people across the board, but one section (84.53) specifically refers to alcoholics, stating:

"A recipient to which this subpart applies that operates a general hospital or outpatient facility may not discriminate in admission or treatment against a drug or alcohol abuser or alcoholic who is suffering from a medical condition, because of the person's drug or alcohol abuse or alcoholism."

The Department's analysis of a section of the regulations concerning drug addicts and alcoholics notes that in public comment periods there was "the preference of commentators for exclusion of this group of persons."

While some of the comments reflected misconceptions about the implications including alcoholics and drug addicts in the regulations, the analysis said, the Secretary "understands the concerns...and recognizes that application of Section 504 to active alcoholics and drug addicts presents sensitive and difficult questions that must be taken into account in interpretation and enforcement."

"There is medical and legal consensus that alcoholism and drug addiction are diseases, although there is disagreement as to whether they are primarily mental or physical," the analysis said.

Here are excerpts concerning alcoholics and drug addicts from the Department's analysis/commentary on the regulations:

"It cannot be emphasized too strongly that the statute and the regulation apply only to discrimination against **qualified** (HEW emphasis) handicapped persons solely by reason of their handicap. The fact that drug addiction and alcoholism may be handicaps does not mean that these conditions must be ignored in determining whether an individual is qualified for services or employment opportunities. On the contrary, a recipient may hold a drug addict or alcoholic to the same standard of performance and behavior to which it holds others, even if any unsatisfactory performance or behavior is related to the person's drug addiction or alcoholism. In other words, while an alcoholic or drug addict may not be denied services or disqualified from employment solely because of his or her condition, the behavioral manifestations of the condition may be taken into account in determining whether he or she is qualified.

"With respect to the employment...if it can be shown that the addiction or alcoholism prevents successful performance of the job, the person need not be provided the employment opportunity in question. For example, a recipient may judge addicts and alcoholics on the same basis it judges all other applicants and employees. Thus, a recipient may consider...past personnel records,

absenteeism, disruptive, abusive, or dangerous behavior, violations of rules and unsatisfactory work performance. Moreover, employers may enforce rules prohibiting the possession or use of alcohol or drugs in the workplace, provided that such rules are enforced against all employees.

"With respect to services, there is evidence that drug addicts and alcoholics are often denied treatment at hospitals for conditions unrelated to their addiction or alcoholism. In addition, some...have been denied emergency treatment. These practices have been specifically prohibited by (existing laws)...These statutory provisions are also administered by the Department's Office for Civil Rights and are implemented in Section 84.53 of this regulation.

"With respect to other services, the implications of coverage of alcoholics and drug addicts are two-fold: first, no person may be excluded from services solely by reason of the presence or history of these conditions; second, to the extent that the manifestations of the condition prevent the person from meeting the basic eligibility requirements of the program or cause substantial interference with the operation of the program, the condition may be taken into consideration..."

ALCOHOL EDUCATION ACT EXTENDED FOR ONE YEAR

The Alcohol and Drug Abuse Education Act, under which the U.S. Office of Education supports school-centered youth alcohol education and prevention programs, will continue in effect at least through June 30, 1978.

The Act was due to expire June 30 of this year, but the Administration and Congress decided to allow an automatic one-year extension written into the original law to take effect.

The Senate Alcoholism and Drug Abuse Subcommittee, as a result, decided not to begin working on revision or further extension of the Act until later this year.

Allowing the automatic extension to take effect, said Acting Commissioner of Education William F. Pierce, "removes the urgency of immediate decisions on legislative action and provides time for the new Administration to review the total drug and alcohol activities of the federal government."

Under the Act, the Office of Education conducts training for junior and senior high school instruction teams at centers in Sayville, L.I., Miami, Chicago, San Antonio and Oakland, Calif. Instructors trained in alcohol and drug abuse prevention techniques return to establish programs in their home districts.

For information write to: Alcohol and Drug Abuse Education Programs, Room 2049, U.S. Office of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

PRESIDENT SIGNS NIAAA MONEY BILL

It's official—President Carter signed the bill appropriating \$118,949,000 for NIAAA programs and activities for the year ending next October 1.

The measure, which brought the NIAAA funding total for fiscal year 1977 to \$161,354,000 was signed May 4 before the President took off for his European summit meetings.

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CITY OF CLEVELAND—LOCAL UNIONS SIGN POLICY STATEMENT FOR TROUBLED EMPLOYEES

Cleveland, March 1977...The Health Department's Personnel Program for Alcoholism Recovery (PPAR) recently took a giant step forward in reaching City employees suffering from alcoholism and alcohol-abuse problems.

On March 10th, in the Red Room at City Hall, Mayor Perk was joined by 16 union presidents representing City employees, and a host of other distinguished guests, in the signing of a joint policy statement outlining the steps by which the unions will work actively with the administration in seeking help for troubled employees.

In his welcoming remarks, the Mayor called the agreement "a milestone policy statement," and noted that "Cleveland stands in the forefront as the first city in which all labor unions representing City employees have agreed to policy statement," and noted that "Cleveland stands in the forefront as the first city in which all labor unions representing City employees have agreed to sign such an enlightened policy statement on alcoholism."

Dr. Ronald F. Swanger, Director of the Department of Public Health and Welfare, briefly reviewed the City's alcoholism efforts by recalling that until 1973 the alcoholic employee was seen only as a disciplinary problem. Then, a new policy recognizing alcoholism as a treatable illness was established at the insistence of Mayor Perk, and the PPAR program was set up to provide treatment and counseling. (It was at this same time that Mayor Perk brought before the U.S. Conference of Mayors a resolution urging all cities to establish similar policies and treatment facilities.)

Dr. Swanger went on to compliment the unions by saying, "Today we are seeing the third—and perhaps the most significant—phase in the development of an alcoholism treatment program: the participation of that group whose role was traditionally been to fight for the employee, for his benefits, for his rights, for his job—and is now fighting for his health."

Mel Witt, president of the Cleveland AFL-CIO Federation of Labor and executive director of the United Labor Agency, was master of ceremonies for the program.

Signing the statement after Mayor Perk were the following union leaders:

Paul Wells, Municipal Foremen and Laborers, Local 1099
John Gannon, Association of Cleveland Firefighters, Local 93
J. Gilbert Steele, Electrical Workers, Local 38
James Anderson, Electrical Workers, Locals 1377 and 39
Thomas Stack, Window Cleaners, Local 48
Jack O'Donnell, Firemen and Oilers, Local 52
Harvey Parker, Waste Collection Drivers, Local 244
Charles Pinzone, Cleveland Building Trades Council
Gail Francioli, Ohio Federal of Licensed Practical Nurses
Frank Magha, Service Employees, Local 47
John McGraw, Municipal Employees District Council 78, and Local 100
Peter Alberino, Transit Union Division 268
Tom Calanni, Machinists District Council 54, and Local 439
Thomas Stanek, Machinists, Local 1363
Earl Erwin, Operating Engineers, Local 18
Denis Benduhn, Operating Engineers, Local 10

Also present at ceremony were members of the National Council on Alcoholism's Cleveland Labor-Management Steering Committee, including Brock Weir, chairman of Cleveland Trust, Robert Knight, industrial relations manager for Sohio, George Hauser, executive assistant to the managing partner of Ernst & Ernst, and Vincent Cochrane and William Hewitt of the Cleveland branch of NCA.

Other authorities in the alcoholism field who attended included Mrs. Ruth Rosen of the Cleveland Regional Council of Alcoholism, Robert Poe of the Akron Regional Council, Ray Brinkley of the Employee Special Service Center treatment facility in Akron, and George Arnold and Wade Williams of Westinghouse Health Systems, which is the City's principal counseling and treatment resource.



Left to right: **Mrs. Ruth Rosen**, Executive Director, Regional Council on Alcoholism, Region #12; **Mel Witt**, Executive Director, United Labor Agency and President of the AFL-CIO Federation of Labor; **George D. Arnold**, President of the Northern Ohio Chapter of ALMACA; **Ralph J. Perk**, Mayor of the City of Cleveland, OH.

Formulation of the joint policy statement was begun about a year ago by Mrs. Clara R. Sasse, PPAR administrator. She envisioned it as a way to establish greater outreach to City employees who might otherwise be skeptical of utilizing a "management" program. PPAR had already provided orientation for 40% of City supervisory personnel, giving them the tools to identify, confront and refer troubled employees to the program.

Now, she thought, if we can involve the union leadership in the problem of alcoholism, we would have a team that would be doubly effective.

Behind this thinking was the knowledge that alcoholism is the fourth most serious health problem facing the nation (after heart disease, cancer and mental illness). In addition, alcoholic employees utilize health and hospitalization benefits four times as often as other employees, and are involved in 2- to 6 times as many on-the-job accidents. Anything that could be done to reach and treat these employees, Mrs. Sasse reasoned, would have to be a benefit both to the City and to the employee.

There followed a number of conferences with City officials and union leaders, with revisions of the original plan, and the result was the comprehensive document signed on March 10th.

Implementing the joint policy statement will primarily involve training union stewards and other "up-front" personnel in the specific nature of alcohol-related job performance problems, and how to deal with them. It is not intended that the stewards will take over any part of a supervisors responsibilities. Rather, the supervisor and the steward, working together, will be able more easily to identify the troubled employee, and then assist him in obtaining the treatment and counseling that PPAR can provide.

The policy clearly outlines the areas where the two parties will work together, and where they have primary responsibility. It also carefully looks after employee rights, and the importance of confidentiality of records.

PPAR has its offices on the second floor of the Mural Building at 1925 St. Clair Ave. Assisting Mrs. Sasse are Frank Tesch, deputy project director and Vincent McCabe, chief counselor. In addition, Don Willis and Lou Magley serve as liaison representatives in the Waste Collection division and Public Utilities department, respectively.

TESTIMONY OF: Paul A. Sherman, Ph.D.

President, Association of Labor-Management
Administrators and Consultants on Alcoholism, Inc. (ALMACA)
and Director,
Special Programs, International Telephone
and Telegraph Corporation.

To:
Senate Sub-Committee on
Alcoholism and Drug Abuse
May 19, 1977

Mr. Chairman:

I am offering testimony as President of ALMACA and as Director of Special Programs at ITT on the bill which you have introduced and which I have reviewed.

My reaction to what you are attempting to do is extremely favorable. Occupational Alcoholism programs, if properly implemented, offer hope of reaching the alcoholic years earlier than would otherwise occur. In fact, they are the primary and major hope today for earlier identification, because of the importance of the job in the denial system of the alcoholic. The job is in many ways the foundation of the denial system. The person can be in trouble personally, the family can be disintegrating, the social life can be gone, and the alcoholic will say "I can't be the things people say I am because I still have my job." The Occupational Program by focusing on the job very often removes this defense and results in the person being willing to accept help.

The concept of financial incentives or a trust fund to facilitate the number of occupational alcoholism programs is not only creative, but brings much needed financial resources to bear on the problem. It is precisely this type of large scale approach that is needed.

Therefore, when I look at the intent and the objectives of your Bill, I am quite pleased. However, when I look at the rationale and the assumptions, and the specific approaches outlined, I have reservations, and I would like to share my concerns with you.

1. A basic assumption is that lack of funding is a primary reason why there are so few programs. I do not believe this to be the case, though it is used as an excuse. I believe there are two basic reasons for the relatively small number of programs:
 - a. **The Stigma.** The stigma leads one to have the concept of the alcoholic as "the skid row bum," and if one looks within their company or labor union only for "the skid row bum," it will be easy to say, "We don't have much of a problem here." This in turn leads to the second problem, namely, that the need for an occupational program is given...
 - b. **A low priority.** This is to me the major problem we are dealing with, whatever the reason for it. There are many real priorities that executives in corporations and labor leaders face, and the priorities shift from day to day. All of these require time and

effort. What is needed is a vehicle to influence the top executives to say "This is important. Let's do it." This gives the occupational alcoholism program a high or higher priority, and it gets done. Without this, offering to pay up to half the cost is not likely to work. With it, some companies all accept the grant, but many will pay it themselves and not get involved with grant requests, possible controls, audits, etc.

2. I am concerned about the rapid almost 20 fold increase of federal dollars that will be focused on occupational alcoholism. While this in theory can be almost ideal, it poses administrative problems that have to be faced to insure that monies spent are consistent with the objectives.
3. The criteria for funding are not yet spelled out. What will they be, and who will establish them?
 - a. the availability of funds from non federal sources to pay at least 50% of the cost of the program;
 - b. the professional capability to carry out the program described in the application; and
 - c. the need for such a program, including the lack of adequate services currently available to the population intended to be served.

Assuming that this is roughly the procedure that will be followed to insure adequate control over the funds to be dispersed, by the time a company reaches this stage, it is unlikely they would apply for federal funds. The program would have been conceptualized and by this time would have attained a high priority. This usually would include the necessary budget.

Further, when you look at the cost of implementing a Program, it is really not that high. Using the figures you have stated in the Record, most companies would have no problem in budgeting the total amount of the program annually, if the need for a program is given a high priority. Few companies would indicate that they can budget half, but not the whole amount. Finally, for a small company with let us say 500 people, services are available on a consulting basis that, from my experience, range from \$4.00 to \$12.00 per employee for the entire program. You are, therefore, talking about an expenditure of \$2,400 to \$6,000 annually, and even a small company can budget this amount, if the program is given a high priority.