

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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Full-Scale Program Is Set For 1978 ALMACA Annual Meeting

The Seventh Annual Meeting of ALMACA is shaping up as the biggest in the history of the organization that has grown from just a few people with an idea into an association with more than 1,500 members in 30 chapters throughout the nation.

In its brief span, ALMACA's growth has paralleled the development of occupational alcoholism programming into a major part of the alcoholism movement.

ALMACA has been in the forefront of the movement that saw a few hundred programs in 1970 increase to more than 2,500 today, a time in which occupational programming achieved priority standing in federal efforts and became widely recognized as an effective way to combat alcoholism.

The program of the October 3-6 Meeting in San Francisco reflects the scope of the movement—top level speakers and panels at plenary sessions, more than 70 workshops, scores of discussion groups and a broad range of exhibits—covering the full spectrum of concerns in alcoholism and occupational programming.

Keynote speaker will be Dr. Gerald L. Klerman, Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), of which NIAAA is a part.

Klerman's remarks will be heard with keen interest because of his strong focus on alcoholism and his role as director of the task force that is developing initiatives in the alcoholism field for the Secretary of HEW.

Dr. Paul A. Sherman, who has led ALMACA through two critical years of its development, will pass the leadership on to a new slate of officers who will be inaugurated at the San Francisco Meeting.

Registration remains open for this landmark meeting to be held at the Sheraton-Palace Hotel. This is the one not to be missed.

Meeting Footnotes

Donald J. Eamon, Chairman of the Publicity Committee, sends along these last minute notes:

- By August 1, there were commitments for 27 booths in the exhibition area from major treatment centers, several consulting firms and a publishing company. That was an increase of 58 percent over the number of exhibitors at last year's meeting.

- Arrangements are being made for a number of tours specially arranged for attendees. Be sure to look for the sign-up table. We're also working on a tour of Marin County that will *not* include hot tubs and peacock feathers. (Incidentally, the natives are rather hot about that NBC Special, so don't bring it up.)

- For sports buffs, these notes: the Stanford Cardinals will be playing Tulane Sept. 30; the Oakland Raiders will play the Houston Oilers Oct. 8; and the \$175,000 Trans-American Open Tennis Championship, with Bjorn Borg, will be at the Cow Palace Sept. 25-Oct. 2.

Hosts and Arrangers

The over-all coordinator of the Meeting is C. E. (Zeke) Zehm, the General Chairman.

Working with Zeke to see that the Meeting is all you expect it to be are several committees with these Chairmen:

Robert B. Johnson, Program Committee; Gloria Kusich, Hospitality Committee; Edward J. Spanier and Andy Berry, Facilities Committee; Carmen Des Boine, Registration Committee; and Donald J. Eamon, Publicity.

OA Programs Endorsed But Mandate Queried

Occupational alcoholism programs received high and unanimous endorsement at a Senate hearing last month, but disagreement arose over whether they should be required by the federal government.

ALMACA President Paul Sherman testified in support of "some form of mandating or encouragement" of occupational programs but suggested provisions that would allay the fears raised by legal requirements and regulations. (See complete Sherman testimony elsewhere in this issue.)

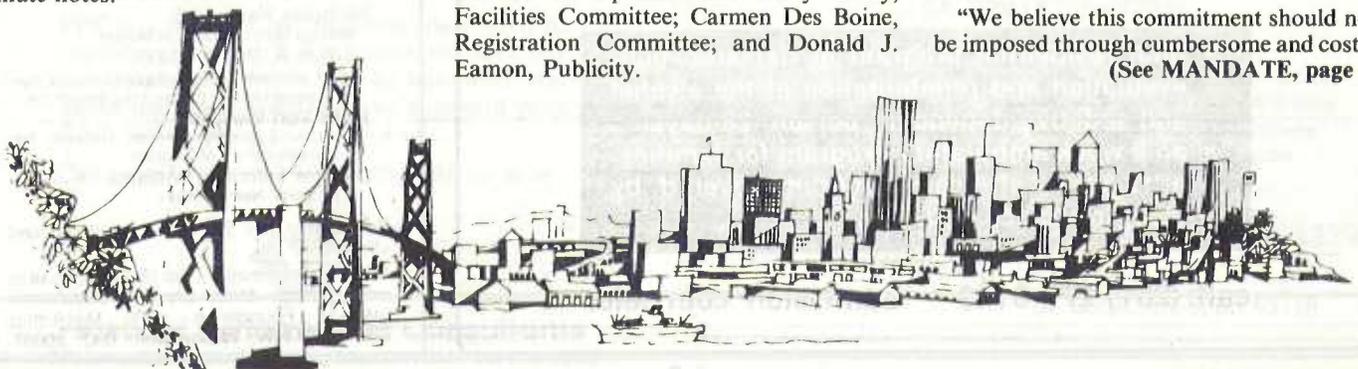
The hearing was on a bill (S.2515) that would require all federal contractors to provide, directly or indirectly, for occupational alcoholism programs and services to their employees, or to arrange for referral of alcoholic employees to available programs and services.

The bill was introduced by Sen. William D. Hathaway (D-Maine), Chairman of the Senate Alcoholism and Drug Abuse Subcommittee, and Sen. Harrison A. Williams, (D-N.J.), Chairman of the Senate Human Resources Committee. Because the measure involves federal contracts, the hearing was held jointly with the Senate Subcommittee on Federal Spending Practices headed by Sen. Lawton Chiles (D-Fla.).

The Administration, represented by NIAAA Acting Director Loran D. Archer, opposed the measure on grounds that enforcement would be cumbersome and costly.

Archer termed occupational alcoholism programs "Effective and useful" and said NIAAA wants to get a strong commitment from business and industry to reducing the problem of employee alcoholism. But, he added:

"We believe this commitment should not be imposed through cumbersome and costly (See MANDATE, page 2)



MANDATE—*from page 1*

mandatory requirements but encouraged by vigorous development and dissemination of model programs, provision of technical assistance, documentation of cost-effectiveness, and other similar efforts."

Hathaway said that although these programs have proved effective, voluntary efforts seem to have reached a plateau. He noted that there were only some 2,000 private sector programs among the 4 million employers in the nation.

The proposed bill, he said, does not contemplate extensive, OSHA-type enforcement, but rather a commitment by contractors to establish programs or provide services.

The issue of enforcement fears and voluntary programs was summed up by Dr. Morris E. Chafetz, founding Director of NIAAA and now President of the Health Education Foundation, who supported the bill.

Chafetz said occupational programs have returned "enormous cost and human savings," but that "sometimes people have to be persuaded to help themselves while they are helping other people."

The answer, he suggested, might lie in excluding employers with fewer than 10 workers from the mandatory provisions of the bill. Such small firms, Chafetz said, cover only about 10 percent of the employed population and, by excluding them, 90 percent of workers would still be covered.

"In effect," Chafetz said, "we will be requiring that those who have the most employees, as well as the most resources to respond to this need, will be in the position of helping people while they help themselves."

Archer's opposition was seconded by Leroy Haugh, Associate Administrator of the Office of Management and Budget. He raised fears of increased paperwork, reporting requirements and surveillance and said mandating programs could reduce competition and increase costs.

Hathaway said he did not see how his highly flexible proposal would be the straw that breaks the camel's back. "We want to tell people to do what's good for them . . . give them a slight nudge" toward establishing programs and, thereby, recognizing their benefits.

Sherman suggested that in addition to a

modified mandatory approach, other actions could help overcome industry resistance which he attributed largely to lack of understanding of alcoholism and occupational programming.

He proposed an educational effort aimed at top management and labor, including a conference of corporate leadership called by the Secretary of HEW to explain the 50 percent worker coverage goal and how it could be achieved with their support and direct involvement. He also suggested that a tax incentive be considered.

Hathaway made it clear that he was open to suggestions that would reduce resistance to a program designed only to get more programs started so that they can prove their effectiveness and cost-benefits more widely.

The Senator said he is convinced that once employers "experience the initial positive results (of programs), they will follow through aggressively for the well being of their employees and their businesses."

Alcohol Deaths High in Capital

More than half of the deaths in a sampling of autopsies during six months during 1978 were found to be alcohol-related by the District of Columbia medical examiner.

James L. Luke said he also found an alcohol factor in three-fifths of homicides, one-third of suicides and about half of deaths from accidents during 1977. Said Luke:

"Alcohol is a universal solvent for the most precious of human attributes, common sense."

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(Democrat, New Jersey)

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For more information, call (202) 467-4538 or write: Wilbur Mills, c/o The Psychiatric Institute Foundation, 4460 MacArthur Boulevard NW, Washington, D.C. 20007.

Sherman Testimony On Mandatory OA Bill

Presented to Senate Subcommittees on Alcoholism and Federal Spending Practices August 17, 1978

I appreciate the opportunity to testify before your Sub-Committees on Bill S.2515. My testimony is offered as an individual who is Director of the Alcoholism Program at ITT and President of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA).

My prepared testimony can be summed up as follows:

1. I personally think that some form of mandating or encouraging occupational alcoholism programs is necessary. For this reason, I am favorable toward the principle of S.2515.
2. I am concerned about the regulations that will follow. It is my belief that the fear of more government control and red tape is the basis for much of the resistance to S.2515, especially the compliance reviews that would likely be a key part of regulations.
3. If the regulations can allay these fears, in my opinion support for the bill would increase. I will be recommending that instead of compliance reviews, accreditation of occupational programs through a professional, non-government peer review process be established, and that this accreditation be incorporated into the regulations as meeting compliance requirements.

Let me now go into detail, and start by reviewing some of my views of alcoholism and occupational alcoholism programs. As alcoholism progresses from adversely affecting the individual himself or herself, then to family to friends, and finally to the work situation, the individual develops an elaborate alibi system. The denial process becomes paramount, and for many employed alcoholics the job becomes the foundation of the entire denial system. "My drinking can't be what people close to me have said it is . . . because I wouldn't be able to do the work I do" is a commonly mentioned rationale of the alcoholic.

Because of this importance of the job, the occupational alcoholism program can often achieve what family and friends cannot—namely, creating a crisis where continuation of the denial is more painful and less acceptable than doing something about the problem. As job performance is adversely affected, the person is confronted, and offered the Program to help with problems that may be causing the performance deterioration. Increasing pressure is applied as performance continues to deteriorate, and the final step is the "either-or" which is crucial to any program. The alcoholic is given a choice—either go to the program and cooperate fully with it, or be terminated.

This crisis is the reason for the success of occupational alcoholism programs. It forces the alcoholic, often for the first time, to be open to the program and to treatment. The recovery rates in occupational programs are higher than through any other approach. Also, the education component of an effective program will encourage and foster self-referrals, alcoholics who come because they think there may be a problem, but where performance is still acceptable.

There is nothing else like an occupational program. The alcoholic is reached much earlier, often years earlier, than would otherwise occur. Certainly, there are elements of secondary prevention or early identification. There is also evidence that we may have elements of primary prevention through the education component of a program.

Where do we stand today in number of programs, and where do we need to go? The

National Institute on Alcohol Abuse and Alcoholism has stated that there are some 2,500 programs today across the country. However, a number of these consist only of having a written policy statement, while others may be in the process of getting off the ground. My best guess as to the number of fully operational programs is in the range of from 600 to 1,000.

Though there is not yet a hard and fast objective for occupational alcoholism programs, one that appears to be quite

logical is that being proposed by the National Institute on Alcohol Abuse and Alcoholism—namely, to cover 50% of the employed population by 1983. This means that occupational programs would be available to approximately 50 million employees in the year 1983. Today, taking the larger number that I have stated of 1,000 operational programs, and assuming the average population in these companies is as high as 5,000, we have reached 5 million. As you can see, we have a long, long way to go, and present approaches simply will not enable us to reach the objective of 50 million by 1983.

While I would have hoped that the private and public sectors would on their own recognize the value of occupational alcoholism programs, such is not the case. Therefore, the concept of encouraging programs through vehicles like S.2515 is probably the only way the goal of covering 50% of the work force can be attained in a reasonably short period of time. What such encouragement would do is reallocate the priority that the need for a program is given within an organization, and once the priority is reallocated, the program would be implemented.

In my opinion, the resistance to S.2515 does not have much to do with the merits of an occupational alcoholism program. Nor does it have much to do with dollars in most

(See TESTIMONY, page 4)

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TESTIMONY—from page 1

cases, because it is rather inexpensive to set up a program. For example, a small company of perhaps 500 people will frequently express that they cannot afford to have a program, and yet the cost of becoming part of a consortium and having the entire program implemented by consultants would be in the range of \$5,000 annually. Such a dollar figure would appear to be a non-critical expense item, even in a small business, especially when viewed in terms of people restored to full productivity, with the attendant cost savings.

I believe that the resistance that is being expressed to S.2515 is based upon fears and misapprehensions about what a program will do. The resistance is not only from organizations without a program, but also from those where there is an occupational program.

Organizations without a program probably are primarily expressing fear of the regulations that would follow. Here I am referring to the paper work, the government controls, the fear of goals and timetables being imposed, the fear of being forced to hire "skid row" alcoholics, the fear of being prevented from firing alcoholics, and the compliance reviews. These organizations are generally not adequately informed about what a program is and how it can benefit them.

However, organizations with a program also have concerns about the regulations, the paperwork, the compliance reviews, and the lack of professional knowledge of occupational alcoholism that compliance review officers and field personnel possess. These concerns are heightened because occupational alcoholism programs, by their very nature, are very sensitive and often quite sophisticated. They are concerned that the regulations could introduce problems if extreme care is not taken. Here are two potential problems:

1. One of the key elements in a program is confidentiality. The trust people develop in an occupational program is related to their belief that their confidentiality will be protected.

Knowledge by employees that the program is subject to continual review by outside agencies would dilute the trust in the program's confidentiality and thereby weaken the effectiveness of the program.

2. As mentioned earlier, the "threat of termination" is a vital part of an occupational alcoholism program. Any attempt in the regulations to overprotect the alcoholic by removing the "threat of termination" would greatly reduce if not eliminate the effectiveness of an occupational program.

Despite the above, and other problems that may exist, I believe that mandating of programs as you are proposing through S.2515 can be accomplished. The following recommendations would in my opinion facilitate acceptance of S.2515.

1. To insure that an organization has implemented an occupational alcoholism program, while eliminating compliance reviews which would lead to resistance, it is recommended that accreditation of occupational alcoholism programs be instituted, using a professional peer review process. Regulations developed for S.2515 should accept an accredited program as evidence of compliance. It is visualized that organizations would request and pay for the accreditation process, knowing that this was in lieu of a government compliance review.

2. With respect to S.2515 and the language therein, change the sections involving Labor Unions to read "At the conference table or through collective bargaining." This is an ALMACA board recommendation, which has been submitted to your Sub-Committee, and has the endorsement of the AFL-CIO Community Services Department.

3. A vehicle must be established as to what would happen in an organization with a collective bargaining agreement if management and the union are unable to agree on the nature of the program.

4. Establish a specific mandate for NIAAA, specifically the newly created Occupational Programs Division, to work with the Department of Labor in

spelling out the Regulations that would be issued. As part of this, provide training in alcohol abuse and alcoholism to all people involved with Section 505.

To sum up, some form of mandating or encouragement of occupational alcoholism programs is highly desirable, if we are to greatly and rapidly increase the number of occupational alcoholism programs nationally, and if we are to set up a goal of covering 50% of the work force by 1983. S.2515 is such a vehicle, and could do the job if the fears and concerns that engender resistance can be allayed. The recommendations I have proposed should eliminate or reduce many of the concerns.

In addition, I recommend that the Sub-Committee not stop with S.2515, but continue to look at other motivators, such as tax credits to cover the implementation phase of a program.

Thank you again for inviting me. This concludes my prepared testimony.



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