

THE ALMACAN

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Alcohol Research Funding May Hit Record High

Alcohol research would receive a record 50 percent boost over current funding to a level of \$32.9 million next fiscal year in President Reagan's fiscal year 1983 (FY-83) budget requests submitted to Congress February 8. But the alcohol, drug abuse, and mental health services block grant (ADMS) would be held next fiscal year to the tight \$432 million level now being provided under the stop-gap continuing resolution—which represents a cut of about 22 percent below the funding levels of the programs before they were consolidated.

The increase in NIAAA's research budget exceeds the previous high proposed by the Carter Administration in its lameduck FY-82 request of \$28.2 million—an attempt to implement partially the recom-

mendation of the Institute of Medicine for annual 50 percent increases in alcohol research to help bring it up to a par with research into other health problems.

The Reagan Administration's FY-83 requests would give NIAAA total funding of \$43 million—as against \$32.5 million being provided under the continuing resolution this year. It would enable not only the funding of more than 50 new research projects, but 10 National Alcohol Research Centers (NARCs) at a record high of \$8 million. The NARC program was held to \$6 million annually during the last two fiscal years.

In addition, a requested increase of more than \$1.5 million for NIAAA program support should ease current strictures on a

number of key national non-research activities, including information dissemination, data collecting, and other projects.

The low proposed level for the ADMS block was combined with a request to shift administration of the program from the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) to the office of the assistant secretary for health—a move seen as placing it in hands of officials less knowledgeable and sensitive to the needs of the constituencies affected. The proposal is in contravention to a Congressional directive that administration of the block be by ADAMHA.

NIAAA fared much better than her sister institutes at ADAMHA. Total funding for the National Institute of Mental Health (NIMH) would decline under the Administration's request from \$226 million to \$195.8 million, while the National Institute on Drug Abuse (NIDA) would be funded at a level of \$60.3 million next year—up about \$3 million from the current level.

The budget message came on the heels of President Reagan's dramatic State-of-the-Union message outlining his "New Federalism" program, which envisions a wholesale

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transfer of federal responsibility for domestic aid programs to the states and localities.

the ADMS block is among more than 40 programs that would be shifted to total state control beginning in FY-84 and supported during a four-year transition period from a super trust fund fed by excises on alcohol, tobacco, gasoline, and telephone services in addition to the federal tax on windfall oil profits. The federal taxes would be phased out beginning in FY-87, leaving the states free to institute similar taxes of their own to support services of the former federal programs at their discretion.

The other major component of the "New Federalism" would involve state takeover of the Food Stamp and Aid to Families with Dependent Children programs in return for federal assumption of all the costs of Medicaid.

Congressional resistance to the plan appears stiff this election year and little chance was given to enactment during the current session of Congress.

Regional Conference Guidelines Established

By Betty Reddy
ALMACA Vice President-Administrator

Last August, I reported in the ALMACAN that guidelines for regional conferences had been developed by a committee. Subsequently, the guidelines were accepted at the November 20, 1981, meeting of the ALMACA board of directors.

As guidelines were being drawn up, some of the committee members who had planned and hosted the Eastern Regional Conferences and the Mid-America Conference were contacted. Their experiences were incorporated into the document. Thus, it represents ALMACA's current wisdom for the planning of regional conferences.

Geographically, ALMACA is divided into five regions, the Eastern, Central, Western, and Southern Regions within the boundaries of the United States; and the International Region encompassing all other countries. National ALMACA encourages the regions to sponsor regional conferences. They can be beneficial, not only to the regions, but to the organization as a whole.

Regional conferences can be less expensive, in particular because travel costs will be lower, but also because sites can be chosen offering suitable accommodations at less expense for room rates, meeting rooms, meals, etc. Members who cannot attend the annual national conferences may find that the ensuing lower costs are conducive to their attendance at regional conferences.

Regional conferences can serve the following purposes:

- 1) Provide a professional forum for ALMACA members to share knowledge and experience.

- 2) Enhance communication and interchange within the regions.
- 3) Make regional concerns and interests known to the ALMACA national board of directors.
- 4) Educate the public on issues of current interest, where appropriate, utilizing carefully selected media.

Goals of these conferences could include providing presentations and workshops by knowledgeable, experienced members recruited from within the region; issuing certificates and CEU's, particularly for those members who are certified within their states; and offering a forum for the exchange of ideas, concerns, and experiences.

Suggested guidelines are:

- 1) Regional conference committees should reflect a balance of the various ALMACA backgrounds and interests; i.e., labor, management, consultants, treatment, etc.
- 2) Whenever possible, house the conference in a union hotel. Include these considerations in making site plans.
 - a) Investigate all possible cost-reduction policies; i.e., work with a travel agency to receive reduced room rates, plans for room sharing, cost-saving air fare plans, etc.
 - b) Consider that more members might be encouraged to attend if the site chosen is a tourist attraction.

(See GUIDELINES, p. 4)

(See WASHINGTON, p. 6)

Executive Director's Comment

By Tom Delaney
ALMACA Executive Director

In my first year as executive director, it seemed that every chapter and regional event I attended precipitated a question about qualifications for ALMACA membership. After listening to the many different viewpoints, I gained an increasing appreciation for the stewardship that Jack Campbell provided to the membership committee over the last several years. Since it is an issue that gets right to the diversity of jobs in the occupational alcoholism field, there will probably continue to be a controversy.

Before elaborating on the current status of the membership issue within ALMACA, I want to briefly describe an issue that, once again, brings together the diverse groups within ALMACA for the purpose of achieving a common goal. As Ed Small has stressed repeatedly in these pages over the last year, ALMACA's main mission is to promote the establishment and maintenance of occupational alcoholism programs for as many work settings as possible. The literature in the field identifies several elements necessary to assure a viable program. One factor is the provision of adequate insurance coverage for the treatment of alcoholism.

While good progress has been made in achieving insurance coverage for alcoholism treatment, there are now major changes being proposed in the health insurance field that all of us who support occupational alcoholism need to watch closely. We will be reporting regularly on this in the *ALMACAN*. The arena is the proposals for employers to provide minimum coverage and for employees to pay for any additional coverage. Current plans are to re-design the health insurance plan for federal employees along these lines and then to use this as a model for employees in the private sector. If alcoholism coverage is among the optional provisions, it will be a real problem for the occupational alcoholism field.

This is the type of issue that could bring the field together. Certainly there are differences of opinion among ALMACA members about what alcoholism services should be covered by health insurance. However, we will pass a real test as a profession if we can keep our differences among ourselves and present a united front in the forthcoming national debates about using a national health insurance model to cap health-care costs.

Just as we have diverse opinions about health insurance coverage, we have a diverse membership. The members work for big and small employers, labor and management, hospitals and private consultants. There are business people, social workers, labor relations specialists, and government workers. Some chapters have more of one type or another. Therefore, it was not surprising that questions about membership were raised at the Chapter Presidents' Meeting in San Diego. As a result, the new

chairperson of the membership committee, Mike O'Brien, initiated a review of our membership categories and the procedure for reviewing applications for new and renewal membership. He will be making reports to the board of directors during the year.

The membership committee has five members: Mike O'Brien, Jack Campbell, Mary Vasquez, Roger Good, and P.J. Maye. The committee votes on each application for individual membership, after receiving a recommendation from me. From time to time, I receive complaints that this process is too cumbersome and long. After having recently completed applications for my own membership in the National Association of Social Workers, American Personnel Association, and American Society for Public Administration, I have concluded that our process is short and quick. In fact, if we have to do a more thorough review of applications, the review process will take longer.

I would like to hear your opinions about basing ALMACA membership eligibility strictly on current employment. This is now the ALMACA procedure. A person could very easily be an individual member for several years and then take a new job and have to become an associate member. Most professional associations work differently. Most say that if you meet their criteria to be in the profession then you are a member regardless of your employment. Sometimes membership is tied to a professional credential and this question may be clarified after Bill Combs and Jim Wrich make their report on credentialing. However, I would like to hear your feelings about this, as well as the insurance issue. □

President's Comment

By Ed Small
ALMACA President

I am questioned constantly on what the ALMACA position will be on given issues. The issues are raised incessantly by events we are all reading about. The alcoholism field is undergoing changes and turning inward to fight with itself in many instances. Which is better, hospital-based treatment or free-standing centers? Should an employee assistance office be run by a recovered alcoholic or degreed people, or both? Is alcoholism going to vanish as a word describing a disease? The questions invariably come from people who know the answer they need to hear.

The thing that I hear, and the answer I feel is sound for ALMACA, are not quite compatible. The questioners mean well and hope that we will take sides with them. I feel that much of the jockeying that is taking place involves one ALMACA member com-

peting with another ALMACA member. I believe that our professional association must provide a forum for these family fights and then be guided by a consensus. You clearly must give our association leaders the direction.

Dues-paying members keep us going. Our focus is program people who work with employed people. We do not need to take issue with esoteric worthy causes. We have our hands full marshalling our resources toward assuring assistance for every employed person. There must be an employee assistance office available to every worker by the end of the '80s.

A lot of us won't be here to see the end of the '80s if we act like kamikaze pilots aimed at our colleagues who want to maintain their programs. Many of us want a larger slice of the pie but don't act as if we realize that we can destroy the pie. ALMACA should not act officially belligerent toward its own members. It should reach out to decision-makers for its own members, whomever they may be.

Family fights are fine. Any group growing as we are should have healthy disagreements. Once resolved, however, we should present a united front to our detractors. We must educate the business and labor leaders who have not heard what we can accomplish for them. Talking to each other is needed to a point, and then our efforts must be turned outward to the vast untapped world of work.

I chatted with a man recently who wants to run an alcoholism program in industry. His funding gave out and he now has everything but a job, including the idea that he can cure alcoholics. I am not kidding. He won't last long, but my point is that there is great ignorance out there and it concerns me very much.

Certainly I am concerned about the best type of person for running programs in industry. Naturally I ponder the future of treatment for my employees and, of course, I am worried about adequate payment from elusive insurance companies. I know ALMACA people at our conferences, chapter meetings, and workshops will debate all this and we will come up with the correct answers.

We must hammer this wisdom home to all the people out there who are in positions of authority. We must make our experience available to the people who can sign off on programs. They will be flocking to us for guidance soon.

ALMACA's stand is that it officially endorses labor-management administrators and consultants on alcoholism, and the efficient job they can do for the work place. This principle must be upheld over any and all personalities. □



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Ed Small, Lee Karns Exchange Letters on Pursch Controversy

Most ALMACANS are aware of the controversy generated by Dr. Joseph Pursch's remarks at the 1981 Department of Defense Worldwide Conference and the way in which those remarks were interpreted by persons working in the occupational programming field. The following exchange of letters between Ed Small and B. Lee Karns of CompCare, with whom Dr. Pursch is affiliated, is expected to close down the misunderstandings and otherwise represent "the last word" on the argument.

Small Letter to Karns

Dear Mr. Karns:

The Board of Directors of the Association of Labor-Management Administrators and Consultants on Alcoholism, Inc. (ALMACA), at its annual board meeting on November 20, 1981, in San Diego, voted the following resolution: "The Board of Directors should make a strong statement to the President of CompCare, B. Lee Karns, objecting to comments made at a Department of Defense meeting as reported by *The Alcoholism Report*, about EAPs, confidentiality, and anonymity, by Dr. Joseph Pursch."

Dr. Pursch spoke at a plenary session during our conference on November 19, to the members of our association. His talk was on reaching the VIP alcoholic. He devoted the last few minutes of his talk to discussing his statement as quoted in *The Alcoholism Report* of September 15, 1981. A large number of the people in attendance gave Dr. Pursch a standing ovation when he was through talking. His presentation was brilliant but still left questions in the minds of many of our members who felt at that time they would have liked to have discussed his public comments with him.

I am aware of the fact that you have been notified by some people who objected to Dr. Pursch's statement. It has been implied to me that his comments are not the policy of the CompCare Corporation in the employee assistance field. Our board has asked me to convey to you in the strongest possible terms their desire for a public statement from you as president of CompCare stating that Dr. Pursch's remarks do not reflect CompCare policy.

I know, Mr. Karns, that you must be aware of the enormous amount of favorable publicity that a man of Dr. Pursch's caliber brings to the treatment of alcoholism. When he speaks about the VIPs, or psychiatric treatment, or the Navy program, he is without peer; but many of us feel that his remarks at the Department of Defense conference on August 27, 1981, were the remarks of a person who does not fully understand the corporate counseling field. Many of our members are fully aware of the fact that they are constrained on occasion by anonymity, confidentiality, and the work performance model. We are fully aware that many jobs are so sensitive that waiting for poor job performance would be dan-

(See SMALL, p. 4)

Karns Letter to Small

Dear Mr. Small:

This is in response to your letter in which you conveyed the resolution of ALMACA.

I would like to briefly explain our policy and attitude toward the employee assistance movement and concept. We believe the existence of thousands of employee assistance programs represents the lifesaving help for countless alcoholics who would not have received any help had it not been for the therapeutic leverage that is possible in the work setting. To emphasize this, we feel that the existence of employee assistance programs represents the most effective strategy for reaching the largest number of suffering alcoholics. The accomplishment of the EAP movement in this regard is obvious and unquestionable. Simply put, it is the best organizational strategy we have in spite of some limitations which I am sure you would agree with. In summary, we believe that *the concept and operation of employee assistance programs is the most effective intervention tool we have to date* [emphasis by Karns].

In your letter, you raised the issues of work performance. As a manager, I recognize that the ability to measure performance varies greatly, and thus, referrals to EAPs may not come as soon as we would all like. However, work performance is the only viable criteria in the work setting. The growth and success of EAP is due to the adherence to this concept. Certainly, industry has agreed to help primarily because work performance is the life blood of its existence. As you know, the history of the EAP movement has taught us that other approaches have failed. The emphasis on work performance limits the supervisor to measuring work performance and leaves evaluation, diagnosis, and referral to those who are qualified to do so. In summary, the concept of work performance should be the only basis for supervisory referrals. Anonymity and confidentiality are essential as long as any stigma exists. Ultimately, we are in the business of helping people in the most acceptable and effective way we know how.

It may be important for you to know that CompCare has entered the employee assistance field in a limited way. Our employee assistance program at the Pentagon embodies the above policies and principles with great success.

(See KARNs, p. 4)

Letters To The Editor

To the Editor:

Last spring I conducted a survey of members of the Detroit ALMACA chapter, in preparation for a conference on prevention held under the auspices of ADAMHA. As is my usual practice, I reported the results of this survey back to the members of the Detroit chapter. The number of responses was neither large nor representative, and the survey results were not worthy of national distribution. The purpose of the survey was only to provide me with some information from practitioners in the EAP field, for use at the conference.

I was quite surprised to see the results of this survey published in the November, 1981, *ALMACAN*. No member of your staff contacted me about this. Apparently the article was reproduced from my report to the local chapter. Unfortunately, editorial changes were made deleting any reference to the reason for the survey and the reason for inclusion of the comments by Secretary Schweiker. (He was a speaker at the conference in question.)

In light of my closing comments about irresponsible use of study findings, I find myself somewhat embarrassed to have this article distributed nationally, under my name. Our field is in great need of substantial, well conducted research. This kind of survey cannot substitute for good data, and in my opinion should not be given national attention.

I hope in the future that I will be contacted before any materials of mine are printed.

/s/ Andrea Foote, Ph.D.

Associate Research Scientist

To the Editor:

Indeed the November, 1981, *ALMACAN* was full of articles cogent to the field. I appreciated the fact that Dr. Foote in her "Results of Detroit-Area EAP Survey" advised that we in the EAP field need to be wary of either "(a) reporting data in such a way that they may be misconstrued, or (b) believing reports by others that do not cite the source of the information or the degree to which it may be generalized."

Consistent with the spirit of these statements, I would like to clarify her reference to the Air Line Pilots Association cost-benefit analysis. I am unable to confirm or deny the data referenced by Richard S. Schweiker, but I can confirm that neither Schweiker nor Foote were accurate if their seven-for-one dollar cost return was supposed to be taken from the pilots study. The limited data we gathered indicated that for those pilots included in the survey, the range of return among the eight carriers was \$6.50 to \$16 with a mean of \$9. Otherwise, I readily concur with Dr. Foote's overall emphasis.

/s/ E. Paul Hoover, H.H.S.

Director

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