

occupational alcoholism

**Some Problems
and
Some Solutions**

NIAA
NATIONAL
INSTITUTE
ON ALCOHOL
ABUSE AND
ALCOHOLISM

AN HISTORICAL PERSPECTIVE OF INDUSTRIAL ALCOHOLISM PROGRAM ACTIVITY

The National Institute on Alcohol Abuse and Alcoholism is charged with responsibility for formulating and recommending national policies and goals for the prevention, control, and treatment of alcohol abuse and alcoholism, and for developing and conducting programs and activities to achieve these goals.

The Occupational Programs Branch of the National Institute on Alcohol Abuse and Alcoholism is concerned with alcohol abuse and alcoholism as they affect employed people—whether they work for business or industry within the private sector, for Federal, State or local governments within the public sector, or are self-employed.

It can be assumed that well over two-thirds of the persons in the United States suffering from alcoholism or having problems centered on their use of alcohol can be classified as employees or their dependents.

This paper concerns itself with the working person or his dependents in trouble with alcohol and what can be done for them to benefit the employer, the employee, and the community.

INTRODUCTION

Alcoholism, or problem drinking, is today assumed to affect some five percent of our adult population. However, only three to five percent of the alcoholic population are found in the skid row environment. More than two-thirds of the remainder are workers or members of their households. It would certainly appear to be in the interest of those concerned with the well-being and productivity of our working population to provide effective means for the identification and treatment of those among them who are in trouble with alcohol.

Yet, at the time when vast sums were being directed toward the control and eradication of such human cripples as polio, tuberculosis, and heart disease, alcoholism was traditionally treated as moral depravity of the sufferer, rather than the treatable disease which it is. Physicians were not trained to treat it, hospitals refused their services to alcoholics, and "public drunkenness" was a crime.

At the same time, a reflection of this attitude prevailed in business and industry where relatively little was done by employers as a class to provide help to the alcoholic employee—whether the employee was working in private enterprise or for a government agency. The prevailing belief of the community that the alcoholic could not, or would not, be treated was a literal dogma in the work world.

Today, however, the picture is changing rapidly. Above all, we have a national commitment to a coordinated attack on problems related to the use of alcohol. That is what the National Institute on Alcohol Abuse and Alcoholism is about. Within the Institute, its Branch on Occupational Programs devotes its energies and skills, together with its Federal funding capabilities, to those problems as they apply to the work world.

AN HISTORICAL PERSPECTIVE OF INDUSTRIAL ALCOHOLISM PROGRAM ACTIVITY

Because of the traditional stigmatic attitudes which attach to alcoholism, the person suffering from it has been understandably loath to admit his problems with alcohol. The employer, in turn, has been reluctant to admit that his work force might harbor alcoholic employees. Consequently, identification did not generally occur until the disease had reached such an advanced stage as to make the recovery rate extremely low and the cost of impaired performance extremely high.

Yet the structured characteristics of the work world, if properly utilized, make it an ideal environment for identification as well as for motivation toward treatment. This was recognized as early as 1940 by a very few corporate organizations which became concerned with the effect of alcoholism among their work force. They instituted policies and programs intended to identify the alcoholic employee with a view toward his rehabilitation. These pioneers were commended for their efforts to deal with what most of their contemporaries considered to be a "social evil." However, the number of concerned companies remained very small despite the appearance of research studies by Maxwell of Rutgers University and others revealing the impressive size of the costs involved through ignoring a problem assumed to affect some five percent of the national work force.

As is usually the case in an innovative undertaking, these early efforts did not initially hit upon the optimum design for their programs.

By using methods designed to identify only the employees clearly marked by alcoholic behavior, for the most part they

succeeded in identifying only those in the later stages of the disease whose condition had become so conspicuous that their plight could no longer be concealed. Supervisors were later given training in the early identification of those in the work force who were "alcoholics;" but with the feelings born of community attitudes, they were not comfortable in this new, unfamiliar responsibility of diagnosing what they basically felt was a matter of moral weakness or character deficiency. Consequently, they avoided taking this unpleasant action, often covering up for the employee while lecturing him about his drinking. This ambivalent attitude often continued for months and years, while the employee's health, work performance, and chances for recovery deteriorated. In many cases, the employee would eventually be quietly retired or, more often, terminated.

As further research was applied to the problems being encountered in the implementation of these early programs, especially that done by Trice, Roman, Belasco, et al. of Cornell University under grants by the Smithers Foundation, a greater understanding of identification procedures by management developed. Education and consultation efforts by a Labor-Management Services Department of the National Council on Alcoholism sought to apply these findings in developing programs during the 1960's, while striving simultaneously to reduce the effect on management policies and procedures of the stigma surrounding the employee identified as alcoholic.

Job impairment as demonstrated by repeated illness or unauthorized absenteeism, decreased productivity, and personal distress gradually became the criterion and supervisors were trained in better techniques of observing job performance in view of these factors rather than in the science of alcoholism diagnostics. Supervisory action was

limited strictly to confrontation on poor performance with referral to a company program person for evaluation as to the cause. However, such programs were still labeled by the terms "alcoholism" or "problem drinking." Determined efforts to reduce the effect in the work world of the stigma attached to these terms could not overcome the entrenched attitudes that prevailed in the community. As a result, although perhaps one hundred or more employing organizations could point to a policy, program, or procedure designed to identify workers suffering from alcoholism, only a few were effective in view of the theoretical possibilities. Success rates with those employees who were reached, however, were impressive; and up to two out of three of those who were motivated to treatment returned to their jobs successfully rehabilitated, with their work potential restored.

The problem was less one of treatment success than one of identification technique. Community stigma reflecting on the work situation still acted to prevent meaningful penetration into the employee population at risk.

Upon the creation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), its Occupational Programs Branch surveyed programs across the country to determine those common threads of policy and procedure that produced not only recovery but case-finding concepts that identified for treatment purposes a maximum number of employees at all levels whose performance, it could be statistically assumed, was being adversely affected through their use of alcohol. Penetration rate was a sought-after criterion.

It was quickly noted that research and experimentation by several concerned companies and individuals, based on studies of the limited success of earlier programs were resulting in innovative changes. These changes promised much greater effectiveness in reaching more employees in trouble

with alcohol and in reaching them at an earlier point in their difficulties.

THE BROAD BRUSH APPROACH

Except in the higher echelons of management, the work situation generally involves a direct and continuing relationship between the employee and his supervisor. The supervisor's job includes the opportunity (and obligation) to observe and to act upon the job performance of the employee.

The onset of alcoholism, even in the earlier stages, generally results in an alteration in an employee's work performance and/or his on-the-job behavior. However, alcoholism is not the only reason that an employee may suffer a change in performance or behavior. It may also arise from an emotional disturbance, various forms of drug abuse, or other personal problems.

The role played by supervision in an alcoholism program is appropriately limited to that of observing and reporting on the work performance of the employee. This is a duty proper to that position, and one in which supervision is comfortable. Supervisors need not be called upon to be diagnosticians or to accuse (in their view) anyone of being alcoholic.

A major key to the successful control system is a clear understanding by supervision of the role to be played in the case of an employee whose work performance has deteriorated for causes which may, or may not, be obvious. When a supervisor is satisfied that the altered work performance is not a transitory phenomenon, his responsibility is to refer the troubled employee to a unit which may be

called an "Employee Counseling Service," or "Employee Assistance Service." The nature of this service makes the use of the term "alcoholic" or "alcoholism" in its designation both inappropriate and defeating to the concept of the program. The location of this service within the management structure, personnel or medical, is not particularly relevant. It may be noted, however, that with earlier identification procedures, medical complications allowing the diagnosis of alcoholism through physical and laboratory findings are seldom evident, and few physicians possess either the skills or desire to make judgments based solely on criteria related to job performance or social pathology. With few exceptions, successful contemporary programs are personnel management oriented.

The purpose of this management service or control system is to ascertain what is troubling the employee to the detriment of his work performance, and, having done so, to put the employee on a course of action designed to deal with his problem or problems. Experience has borne out that in about half of the cases the employee's problem will be alcohol related. (In other cases as well, it is in the employer's interest that the employee be restored to full productivity.) Further, as confidentiality is assured, and as the pointed and labelled threat to the alcohol-troubled worker is absent, a substantial number of cases—if not the majority—are self-referred on the basis of the secondary or alcohol-related problem. As a result, a penetration rate of nearly 50 percent of the alcohol problem population within two years has been recorded by at least one organization with a management control system oriented toward the crisis intervention model. In the light of earlier program activity, and in the face of any lingering alcoholism-centered program ideology, such results cannot be ignored.

The staff of such an employee counseling service is not

oriented toward therapy. They may be considered as evaluators, guidance counselors, or motivational interviewers whose primary concern is linkage of the troubled person with those community (or, rarely, in-house) services best suited to meet his perceived needs. In this respect, management's role clearly and appropriately becomes one of identification only. In turn, it is appropriately the role of community care-givers to diagnose the cause of the problem behavior and bring about relevant treatment opportunities.

The size of the work force will be the principal factor in management's determination as to whether the employee counseling service is to be in-house or provided under contract with an outside organization offering similar services to other employers in the locality. The fact that the counseling service is provided by an entity organizationally unrelated to the employer tends to make employees more comfortable in discussing their problems.

TREATMENT

The nature of the treatment modalities to be used for the alcoholic or otherwise troubled employee is not within the scope of this paper. The choice available is varied and suitability will depend on a number of factors. In the case of alcoholism, one of the most important of these factors will be the stage at which the employee's alcoholism has been identified. Hopefully, under the system described above, the identification will in most cases have been made at a comparatively early stage. This means that the chances of recovery are much greater and the process is more rapid.

Of major concern at this time, however, is the availability of treatment services adequate to the needs of employed people and, above all, *acceptable to them*. It is essential that such

appropriate treatment facilities be extant when management initiates the identification procedures.

It should be noted that when the employee's problem has been identified as being alcohol related, the work situation provides perhaps the best possible motivating force for successful treatment of his illness. The employee finds himself in a position where his livelihood and that of his family is threatened because of his poor work performance. His poor performance, he must now admit, is caused by his use of alcohol or the illness of alcoholism. Treatment designed to eliminate the cause of his inferior work performance is offered him. The only alternative to treatment that he can reasonably anticipate is dismissal at an early date. The cause and effect relationship here can become a strong motivating force for the employee.

However, faced with that ego-bruising admission, it is important to his recovery that he not be sent to a treatment facility which he will find further demeaning. Major factors related to program success in those organizations surveyed by the Occupational Programs Branch of the NIAAA were the nature of the treatment resources available to identified employees with problems and the smoothness of the referral linkage. It is an unhappy fact that community alcoholism treatment resources available today to many business and industry groups are keyed primarily to the needs of the visible chronic alcoholic, or public inebriate population. Also, they are based within institutional settings that grossly threaten the motivation inspired by an effective management control system with skilled guidance counseling capability.

A major thrust of the Occupational Programs Branch of NIAAA is the stimulation and development through Federal funding of professional and ethical community resources

designed specifically to meet the needs of all troubled employees in accordance with their expectations. In adherence to the demonstrably successful "broad brush" program approach, such facilities will be encouraged to include resources to meet not just alcoholism or alcohol-related problems, but the full gamut of problems, such as credit counseling, legal aid, drug problems, or marital or familial problems, that are encountered by workers and their families.

The already existing physical medical services resources available to industry today form a model far more familiar to management and labor than the usual community mental health resources or esoteric single service or single modality facilities. Such a resource, behaviorally oriented, may make optimum use of existing community agencies where appropriate and acceptable, filling the services gap where necessary by internal programming. The development of appropriate alcoholism services by such a facility is a major consideration in most communities where such services are at best fragmented or fail to meet the ego needs of employed people.

Over the long run, Alcoholics Anonymous remains the most available and successful resource in practically all communities across the country. However, it is not suited to all people, nor does it provide essential early medical or extensive social services. Its greatest value lies in its long-term follow-up therapy. Those treatment programs oriented toward the eventual involvement of the alcoholic person with this unique Fellowship would seem to insure the greatest possibility for successful therapeutic outcome.

AN ANNOUNCED COMPANY POLICY ON ALCOHOLISM

In anticipation of establishing a "broad brush approach"

program for helping the troubled employee, the company may wish to publish its policy on alcohol-related problems of employees. While the announcement of this policy would be first in point of time, it would be indirectly related to the program for the troubled employee.

The statement could appropriately point out: (1) that the company is not concerned in any way with social drinking, or any other aspect of the employees' private lives; (2) that alcoholism will be recognized as a health problem subject to treatment and from which recovery is possible in the majority of cases; (3) that the company's interest in alcoholism, as in the case of other illnesses, stems from its effect on the employee's job performance; and (4) that nothing in this policy changes published disciplinary action procedures for impaired job performance in those instances where the employee fails to take cognizance of his alcohol problems and the impaired performance is not corrected.

LABOR

It is not reasonable to consider the creation and implementation of any program for troubled employees in an organized company or industry without complete agreement and participation by the unions represented. Willing and cooperative action by the community services component of the locals or central labor body concerned reinforces and supports both management identification procedures and the community treatment resources. There is no reason to believe that this matter should not be the subject of an agreement clause in the contract under a heading concerned with health and safety.

Presently a number of union contracts contain the following provision: "Without detracting from the existing rights and

obligation of the parties recognized in other provisions of this agreement, the Company and the Union agree to cooperate at the plant level in encouraging employees afflicted with alcoholism to undergo a coordinated program directed to the objective of their rehabilitation." This clause may well be expanded to include employees "with other disabling personal problems."

Leaders of organized labor have long been concerned about the personal problems of their members. In some cases where management is uninterested or unable to establish a management control system, labor organizations can undertake the job for their own rank and file. In such cases shop stewards undertake the responsibility of identifying the troubled employee and the union provides the counseling services and enables treatment. Such a labor union control system can be particularly appropriate in a situation where the organized labor force is scattered among a number of small employers, as in the case of truckers, meat cutters, or retail clerks.

Some labor organizations in large urban centers are now contemplating the establishment of counseling services and treatment facilities for troubled employees, to include medical and other related services, and to be made available under contract between the labor organization and corporate management.

CONCLUSIONS

1. Once established, it will become apparent that the keys to the success of the program will lie in these areas:

- **SUPERVISION.** Supervisors must clearly understand that what concerns them is the *work performance* of all

the people they supervise. They fail if they cover up for an employee, if they attempt to handle any personal problem themselves, or if they engage in a witch hunt. Having found impaired work performance which has continued unimproved after being adequately brought to the employee's attention under normal procedures, the supervisor must promptly make the employee aware of the services available to him through the Employee Counseling Unit. This is less a matter of supervisory training than of firm, expressed management directive.

- **PROGRAM STAFF.** The Employee Counseling Unit must be professionally trained, responsive, and aware of all services that meet employee needs in an adequate and acceptable fashion.

- **TREATMENT RESOURCES.** There must be available within the community treatment resources that are appropriate and acceptable to employed people with all that is implied by these terms in the sense of personal dignity and status. Such a resource must be prepared to cope with the full spectrum of troubles that interfere with work performance.

2. Companies which have sought and made use of labor union agreement, support, and participation in their alcoholism programs have enjoyed a greater degree of success than companies which failed to elicit such agreement.
3. As indicated in its title, we have sought in this paper to discuss some of the problems and to suggest some solutions which those who have been working in the field of occupational alcoholism have developed and found effective. They are not definitive solutions. To be

a success, a program of this nature must be designed to fit the idiosyncrasies of the company and the community concerned.

For further information or assistance, you may wish to write or telephone the Occupational Programs Branch — The National Institute on Alcohol Abuse and Alcoholism, 5600 Fishers Lane — Rockville, Maryland 20852; (301) 443-1273.

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