sources should include not only those services for alcohol and alcohol-related problems but also those for credit counseling, legal aid, drug problems, marital and family problems, and other difficulties that are encountered by employees and their families. Often these resources must be created or upgraded to make them acceptable to employed people. At the same time, a company must look at its health insurance coverage to ensure that coverage for both in- and out-patient services for alcoholism is included.

In summary, we find that there is a major effort under way to develop programs in employment settings that provide for early identification of employees whose job performance is affected by the use of alcohol. A survey by NIAAA in the spring of 1974 indicated that there were 621 programs in various stages of development covering employees in the public and private sectors. Some have been initiated by management, some by labor, and some jointly. The goal remains the same—to retain valuable employees on the job.

I invite you to join with us in this effort.

THE PROBLEMS OF ALCOHOLISM IN INDUSTRY

DONALD F. GODWIN*

Alcoholism among employed people is increasingly costly to both employers and employees—creating an annual drain estimated at $25 billion. Through the National Institute on Alcohol Abuse and Alcoholism, the Federal Government is working with management and organized labor in business, industry, and governmental agencies to identify, on the basis of impaired job performance, those employees in trouble with alcohol. While some of those with impaired performance will be found to be suffering from problems other than alcohol abuse, many such individuals can also be helped. Using the job-performance criterion results in much earlier identification of the alcohol abuser than the method used in the past, which was based on identification by the visible manifestations of alcoholism, and thereby permits generally less costly treatment and a greater recovery rate. Further, motivation to accept meaningful treatment to remedy job impairment is very

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high. Results to date are encouraging.

Alcoholism is a "problem" in any aspect of human life we care to name. It is a health problem, a family problem, a social problem, but, perhaps most important, it is a drug problem. In fact, it is our greatest drug problem, or it could be better described as our *worst* drug problem.

The fact that alcohol is an addictive drug can become somewhat obscured by the fact that it is so freely and legally available; alcoholic beverages are advertised in our newspapers and on our radios, television, and billboards. Alcoholic beverages are imbibed in varying amounts by two thirds of our adult population and by an even larger proportion of our teenagers. Not only is the problem pervasive in our civilization; it has existed throughout recorded history, despite the varied and well-intentioned legislative efforts to prohibit or restrict the use of alcoholic beverages.

Let me assure you, however, that my purpose here today is not related to the prohibition or restriction of the use of alcoholic beverages. True, the National Institute on Alcohol Abuse and Alcoholism is concerned with the problems that arise from the use of this central-nervous-system drug that we drink as a social beverage. And this brings me to the interesting fact that I would like to develop with you today: While alcoholism among workers is responsible for serious problems in government, business, and industry, *the workplace does provide the most effective setting for interrupting the addictive behavior of the worker in trouble with alcohol.*

To put into focus the magnitude of the problem that alcoholism creates for our economy, the National Institute on Alcohol Abuse and Alcoholism has estimated that nearly $10 billion a year is lost in production as a result of alcohol abuse. Health and medical costs account for more than $8 billion a year, and motor vehicle accidents for nearly $6.5 billion.

Historically, our country has had a particular preoccupation with alcoholic beverages. National prohibition in the United States was preceded by a "temperance movement," which grew and flourished for over a century. This movement's organization and activities during that 100 years permeated every segment of our country, from the smallest hamlet to the largest city, with the result that the use, or abuse, of alcohol—social, religious, legal,

political, and cultural—was given a significance unlike that which had existed in any previous civilization. Overtones from that traumatic national experience still affect our approach to the problem of alcoholism.

While the American Medical Association and the World Health Organization have issued statements identifying alcoholism as a disease, our approach to the person suffering from it is not usually one of compassion. It is more likely to be one of hostility, evasion, and/or impatience. That reaction has been largely responsible for the tragic neglect that has characterized our treatment of the alcoholic person in the work force. Programs designed to deal with his illness were defeated by what may be described as a "silent conspiracy" that developed between the worker and his supervisor. In this unspoken agreement, the worker undertook to exert his best efforts to hide his addiction from the supervisor and other management personnel. In return, the supervisor would ignore or cover up the worker's poor job performance in order not to be forced to identify him as a drunk. This agreement was usually ended by either the death of the worker or his discharge when the supervisor could no longer tolerate the worker's unsatisfactory job performance. Frequently this cozy conspiracy of silence lasted for a number of years while the worker's addiction and performance worsened and his chances of recovery diminished.

American industry first started to do something about alcoholism in its work force in a systematic fashion nearly 30 years ago. In these early programs, covering blue-collar workers of a few large companies, supervisors were instructed to identify a worker suffering from alcoholism and to send him to the medical department. The supervisor was told how to identify the "drunk" by the visible manifestations of alcohol abuse, such as boozy breath, staggering gait, and slurred speech.

These programs met with a degree of success. They provided the supervisor with a means of dealing with the visibly alcoholic worker he could no longer tolerate in a way that he often found less unpleasant than firing the man. Management also felt a glow of pride as a "progressive" employer. Research indicated, however, that these programs were identifying only a part of the population at risk, and that identification was taking place years after the alcoholic worker's job performance had become impaired.

As further research was applied to the problems being encountered in these early programs, management developed a greater understanding of identification procedures. The aim of education and consultation efforts by the Labor-Management Services Department of the National Council on Alcoholism was to apply these research findings in developing programs during the 1960s and simultaneously to reduce the effect of the stigma surrounding the alcoholic employee on management policies and procedures.

Very nearly coincidentally with the establishment of the National Institute on Alcohol Abuse and Alcoholism, researchers in this field formulated some tentative conclusions of major importance that promised greater effectiveness in reaching more employees in trouble with alcohol, and reaching them at an earlier point in their difficulties. The conclusion, as stated by Dr. Milton A. Maxwell of the Center of Alcohol Studies at Rutgers University, was that "important on-the-job changes—changes in addition to and *preceding* stay-away absenteeism—are present in most cases. And, in spite of the great efforts which generally are made by alcoholics to conceal their presence, most of the signs fall into the observable class."

What this means is that enough of the work deterioration *can* be observed when, under this program's approach, a supervisor is expected (and this expectation is reinforced) to take more notice of job deterioration, to take what he sees more seriously, and to take corrective action more promptly. Not only is the rationale for this approach to the problem simple, but it effectively sidesteps the traditional hangups about alcoholism.

The supervisor's job includes the opportunity—the obligation —to observe and act upon the job performance of the employees under him. The onset of alcoholism, even in the earlier stages, generally results in a change in an employee's work performance, or his on-the-job behavior, or both. However, alcoholism is not the only reason an employee may suffer a change in performance or behavior. Other possible causes are an emotional disturbance, some kind of drug abuse, or other personal problems. The role of the supervisor in this program is limited to that of observing and reporting on the work performance of the employee. That duty is appropriate to his position, and one in which he is comfortable. He is not called upon to be a diagnostician or to accuse anyone of being a "drunk."

The supervisor, of course, must have a clear understanding of the procedure to follow when an employee's work performance has deteriorated for causes which may not be obvious. When he is satisfied that the altered work performance is not a transitory phenomenon, his responsibility is to refer the employee to a unit, which may be called an "employee counseling service," and to send this counseling service the supporting documentation concerning the impaired job performance. He makes no attempt to ascertain the cause of the impaired job performance.

Such a counseling service is usually personnel-management rather than medically oriented. The purpose of this management-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 problems. Experience has shown that in about half the cases the employee's problem will be alcohol-related. However, it is in the employer's interest in other cases as well to assist the troubled employee in his return to full productivity. This system assures a high degree of confidentiality, and, because the "labeling" threat of alcoholism is absent, a substantial proportion of cases will be self-referred on the basis of secondary or alcohol-related problems.

Under this procedure, not only will many more of those suffering from alcohol abuse be discovered, but the identification will be made much earlier on the basis of impaired work performance than it would have been on the basis of a medical determination of alcoholism. Also, one should not overlook the collateral benefits of identifying other workers displaying impaired job performance and of improving the quality of supervision by sharpening the focus on job performance.

The acceptance of this management-control-system approach to alcoholism on the basis of job performance has found ready acceptance among managements in business, in industry, and in government. A single program covering the identification not only of alcoholism and other drug abuses but of other impediments to job performance makes it attractive, as does the fact that community-based treatment facilities are used. The motivation of the employee to accept meaningful treatment in order to remedy his job performance is powerful, since the obvious alternative is

early termination of employment. In dealing with alcoholism, given the addictive nature of the illness, this "constructive confrontation" is very important. The alcoholic person must be strongly motivated to seek and accept treatment for his addiction, and the explicit or implicit alternative of loss of employment can be very persuasive.

Interest in developing these programs also is found among labor organizations. For example, under a grant from the Institute to the United Auto Workers Region 5, a program is available not only to those employed (union and nonunion members alike) in the auto industry in Missouri and their families but also to other contracting employers. The program is under the direction of the United Labor Committee of Missouri, which includes the AFL-CIO, United Mine Workers, and Teamsters in addition to the UAW. You will hear more on this program from Mr. Tucker.

Another union-oriented grant from the Institute is one to the Air Line Pilots Association. As I am sure you are aware, alcoholism is as addictive to a white-collar as to a blue-collar worker. U.S. airline pilots are probably the most closely monitored and controlled work force in existence, and pilots to continue employment must demonstrate their skills annually. A diagnosis of alcoholism means instant termination. This grant has been functioning for only six months and has developed keen and sympathetic interest on all sides—corporate management, regulatory agencies, and flight personnel. We expect it to result in greater safety for the traveling public, a more informed attitude toward alcohol on the part of pilots, and substantial cost savings all around.

In early 1972, when the National Institute on Alcohol Abuse and Alcoholism was launching its programs to reach and encourage members of our nation's work force in trouble with alcohol to get treatment, the decision was made to advocate the "broad brush" or "troubled employee" type of program that I have just described. A second decision made at that time was to provide each of the states with the capability to design and implement such programs for people employed in industry and in state and local government agencies. Each state was offered a three-year grant to cover the salaries and expenses of two "occupational program consultants" attached to the state's alcoholism agency.

Training and support for these consultants has been provided by the Institute.

Other agencies, particularly the voluntary National Council on Alcoholism and its affiliates, have developed and supported occupational alcoholism programs in private industry. The results have been most encouraging, both in the public sector and in private industry. A survey made last summer identified 740 programs. Understandably, most of them are found in large companies, undoubtedly including some for which you arbitrate.

In conclusion, I would like to call attention to a role which you as arbitrators may be able to play in promoting the development of this type of management-control system. I assume that, from time to time, you are involved in disputes between labor and management concerning employee alcoholism. The fact that such a dispute reaches arbitration indicates that something is wrong in the labor-management relations in that company. After the merits of the positions of the two parties with respect to the rights of a sick employee to keep his job are considered and the dispute is resolved, labor and management should sit down together to set up and agree upon a control system that could provide the treatment or help that employee should have received long before his condition required arbitration.

I would like to enlist you as "honorary advocates" of occupational alcoholism programs in industry. While more and more companies are becoming aware that the cost benefits of programs such as I have described are substantial, we welcome all the help we can get in "selling our product."

ALCOHOL AND THE JUST CAUSE FOR DISCHARGE

GERALD G. SOMERS*

Few issues have posed a greater dilemma for arbitrators than discharge of an employee for alcoholism or alcohol-related misconduct. Industry's conventional approach to the alcoholic em-

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