DOCUMENT RESUME

ED 137 710 CG 011 302

TITLE Federal Employee Alcoholism Programs. Hearings Before a Subcommittee on Government Operations, House of Representative, Ninety-Fourth Congress, Second Session. June 25 and 28, 1976.

INSTITUTION Congress of the U. S., Washington, D. C. House Committee on Government Operations.

PUB DATE 76

NOTE 113p.; May be marginally legible due to print size of original document

EDRS PRICE MF-$0.83 HC-$6.01 Plus Postage.

DESCRIPTORS *Agency Role; *Alcoholism; Federal Government; *Government Employees; Government Publications; *Program Development; Program Planning; Rehabilitation Programs

IDENTIFIERS *Employer Responsibility

ABSTRACT

This publication on Federal Employee Alcoholism Programs, printed for the use of the Committee on Government Operations, contains hearings on Federal agency compliance with the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. (JLL)

FEDERAL EMPLOYEE ALCOHOLISM PROGRAMS

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON GOVERNMENT OPERATIONS HOUSE OF REPRESENTATIVES

NINETY-FOURTH CONGRESS

SECOND SESSION

JUNE 25 AND 28, 1976

Printed for the use of the Committee on Government Operations

U.S. GOVERNMENT PRINTING OFFICE
76-616 WASHINGTON : 1976

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FEDERAL EMPLOYEE ALCOHOLISM PROGRAMS

FRIDAY, JUNE 25, 1976

HOUSE OF REPRESENTATIVES,
MANPOWER AND HOUSING SUBCOMMITTEE
OF THE COMMITTEE ON GOVERNMENT OPERATIONS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in room 2203, Rayburn House Office Building, Hon. Floyd V. Hicks (chairman of the subcommittee) presiding.

Present: Representatives Floyd V. Hicks, Fernand J. St Germain, Robert W. Kasten, Jr., and Joel Pritchard.

Also present: Joseph C. Luman, staff director; James L. Gyory, staff investigator; Louise Chubb, assistant clerk; and Jordan Clark, minority professional staff, Committee on Government Operations.

Mr. HICKS. The subcommittee will come to order.

We are meeting today to consider Federal employee alcoholism programs.

Five years ago, the Civil Service Commission issued its Federal personnel manual letter 792–4. That Federal personnel manual letter set forth guidelines for Federal agencies in developing policy statements on what would be done when an employee's use of alcohol interfered with work performance.

The Commission, in issuing these guidelines, was responding to Public Law 91–616, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 which gave the Commission the responsibility of seeing that Federal agencies instituted comprehensive occupational health programs.

Over 2 years ago, our predecessor subcommittee held hearings on occupational alcoholism programs. As part of the hearings, we asked the 18 Federal agencies employing the largest number of civilian employees to respond to questions about their programs. We also took testimony from the National Council on Alcoholism, the National Institute on Alcohol Abuse and Alcoholism, the Rehabilitation Services Administration, and the Civil Service Commission.

The Committee on Government Operations subsequently published a report based on that investigation, which recommended, among other things, that Federal agencies institute effective alcoholism programs in compliance with the 1970 act.

This report called for high-level support and commitment at the headquarters level and greater efforts to insure compliance in field installations. It also recommended that the Civil Service Commission should act more aggressively in its supervisory role and that Federal agencies should work closely with employee unions to enlist their support.

We believe that the 2 years that have elapsed since our hearings have provided enough time for Federal agencies and the Commission to upgrade their efforts to comply with the Comprehensive Alcoholism Act. In our past investigation, major Federal agencies agreed on the value of programs to identify and assist workers whose performance was impaired as a result of the use of alcohol.

The majority of the agencies agreed that the accepted incidence figure of 6 percent of the work force having problems with alcohol was probably applicable to their employees. The majority also agreed that more emphasis was needed, along with increased efforts to develop employee awareness of and confidence in agency programs.

The 1974 investigation resulted in a general consensus that programs for troubled employees did increase the efficiency of the Federal work force as well as reduce the many personal tragedies associated with alcohol abuse. This investigation also showed that the Nation's largest employer needs to make greater efforts to implement alcoholism programs for its workers. These current hearings are being held to assess how well this is being done.

Last October, we wrote to the Comptroller General to request that the General Accounting Office undertake a survey of selected Federal establishments to determine the level of effort being made to institute employee alcoholism programs and the success of these programs.

The GAO will report to us this morning on what they have found.

In addition, we are fortunate to have with us Dr. Harrison Trice, who will be our initial witness. Dr. Trice, along with Dr. Paul Roman of Tulane, conducted a separate study of Federal installations to determine the strengths and weaknesses of their programs for employees with drinking problems.

Thus, we will have two independent assessments of how Federal programs are progressing.

On the second day of these hearings, we will hear from the Civil Service Commission, which monitors Federal agency programs. We are interested in determining whether the Commission is in general agreement with the findings of Dr. Trice and the GAO and what they can do to strengthen agency programs through the use of their supervisory authority and agency inspections.

In the 1973 amendments to the Act, Congress ordered the creation of the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism. The chairman of that committee, Dr. Ernest Noble, who is also the Director of the National Institute on Alcohol Abuse and Alcoholism, will discuss what role this committee can play in insuring that Federal employee alcoholism efforts are effective.

We have learned from our investigations that alcoholism is a major contributor to lost work time, accidents, absenteeism, and medical costs. It has been estimated that the economy loses $25 billion a year through alcohol abuse and that five million workers are less effective because of it. Occupational programs have reported encouraging success with employees who have been referred for counseling and treatment. It has been demonstrated again and again that alcoholism can be arrested and that its victims can recover to lead satisfying and productive lives. Federal programs that help arrest alcoholism among employees should be among the best. We intend to find out if they are and, if not, what needs to be done.

We are privileged this morning to have Dr. Harrison Trice from the New York State School of Industrial and Labor Relations.

He is accompanied by Professor Janice M. Beyer and Mr. Richard E. Hunt.

STATEMENT OF DR. HARRISON TRICE, NEW YORK STATE SCHOOL OF INDUSTRIAL AND LABOR RELATIONS, CORNELL UNIVERSITY, ITHACA, N.Y.; ACCOMPANIED BY DR. JANICE M. BEYER; AND RICHARD E. HUNT

Dr. TRICE. Mr. Chairman, let me introduce my colleagues. We are a research team at Cornell University. I would like to demonstrate that by assuring you that this statement is the product of our collective efforts. Although I am the formal director of this project, our efforts have been so intertwined that it is impossible for me to give anything but collective credit for what I am about to report.

On my left is Dr. Janice M. Beyer of the School of Management of the State University of New York at Buffalo.

On my right is Mr. Richard E. Hunt, research specialist, New York State School of Industrial and Labor Relations.

Mr. HICKS. We welcome you. You may proceed in any way you desire.

Dr. TRICE. In the spring, summer, and fall of 1974 the program on Alcoholism and Occupational Health of the School of Industrial and Labor Relations at Cornell University collected extensive data from a stratified random sample of 71 Federal installations in the Philadelphia, New York, and Boston regions concerning implementation of FPML 792–4, the formal alcoholism policy of the U.S. Civil Service Commission. The group conducted the study with a grant from the National Institute on Alcohol Abuse and Alcoholism and consequently focused on analyzing the implementation of the alcoholism policy with only a minimum of attention to other troubled employees.

The sample for this research included installations from nine executive branches of the Federal Government, excluding highly sensitive agencies and those attached to military bases. These departments included Agriculture; Commerce; General Services Administration; Health, Education, and Welfare; Housing and Urban Development; Interior, Justice; Transportation; and Treasury.

From these installations a random sample of 661 Federal managers was drawn. Within the 71 sample installations, there was 1,868 Federal managers and 14,554 employees; the data reported here can be considered, on statistical grounds, to be representative of not only these supervisors and employees, but also of all other supervisors and employees in installations in the three Northeast Civil Service regions.

Trained research crews interviewed each sample manager using a variety of methods to assess attitudes and behavior relative to the policy, always informing potential respondents of their right to refuse to participate—only one installation and six managers did so. In addition, the group used special instruments to interview installation directors and alcoholism coordinators. Each installation director and all the respondents who agreed to participate were also assured complete anonymity.

Not only did this policy accord with our professional ethics and those of Cornell University, but it provided a background for maximum cooperation with an outside, well-known research institution and was consistent with our original agreement with the Commission. Consequently, all of the findings presented here will be "aggregated" ones, that is, no one installation or department will be identified. Rather, the major trends and themes of the findings will be presented for the entire representative sample. One caution: Since our sample is confined to the Northeast, in strict terms, results cannot be generalized beyond that region. Hypotheses about other regions can, however, be drawn from these data. Practically all findings reported are as derived from multiple regression analyses.

The major themes of this statement are as follows:

Consistent with our assignment from your chairman, we want to comment at length and in detail on the success of the alcoholism policy in Federal agencies. In this regard two major themes characterize the interpretation of our scientifically collected data: (1) Constructive criticism of what can be regarded as a good beginning on a difficult personnel policy, and (2) suggestions on how the implementation of the alcoholism policy can be improved. The short-range success of the policy is shown by the following: 11 percent of the Federal managers in our sample reported cases of alcoholism policy use, that is, occasion to use the policy.

These supervisors reported a total of 164 cases, or occasions to use the policy, for an average of 0.253 cases per supervisor. Projected, this figure produces an estimated prevalence or occasion to use the policy of 473 employees within the 71 installations.

These figures yield a prevalence rate of 3.3 percent of all employees. Using statistical procedures, we can be 95 percent certain that the actual prevalence of cases of problem drinking detected by supervisors falls between 1.9 percent and 4.6 percent.

This figure conforms closely with conservative reports from the private sector, indicating substantial use of the policy in Federal agencies even though, as we shall soon see, its implementation is deeply flawed in many ways. Furthermore, the Federal policy had been underway only 3 years at the time we collected our data.

Thus, our constructive theme: If the policy receives this type of use under flawed and poor implementation, and in a short time span, its use would probably jump appreciably should practical measures be taken to remedy obvious deficiencies revealed by our data.

Furthermore, the alcoholism policy and program is quite new. The history of these policies in the private sector shows that years are needed to implement and get results.

In short, we interpret our data to indicate that the Commission has made a good start. Our deep fears, however, are that numerous installations have failed to be aggressive enough in executing the policy, in providing it with sufficient administrative emphasis, and apparently have deprived it of even the most modest resources as of middle and late 1974.

Our suggestions for improving policy implementation center around ways for increasing policy familiarity, increasing resources available to it—especially resources for local alcoholism coordinators, stim-

ulating the taking of a position by Federal unions and stimulating a readiness to use the policy by Federal managers.

Less amenable to change, but nonetheless potent as predictors of policy use, are skill levels of employees and education levels of managers, producing suggestions for approaching and changing the resistant director.

Finally, we make suggestions about the impediments to policy use found in the formalization of numerous Federal installations and the equally difficult problem of centralization of installation decision-making.

The next topic I would like to discuss is policy use and the readiness of Federal managers to use it.

First, we analyzed the data from the key person involved in policy use: the line manager. In our pretest work we quickly discovered two basic ways they looked at policy use: actual use in the past and expected use in the future.

The reason why expected use is so important is that managers have relatively little real opportunity to use the policy, and so data about their expected use throws light on "readiness to use" even though an occasion for actual use fails to immediately present itself.

Their actual use of the policy is best explained in our data by the presence of various kinds of diffusion of information about the policy. We have termed this, generically, policy familiarity. The stage is set for policy familiarity by the use of various forms, such as memo, manual insertion, brochure, special meeting, and bulletin board, and various sources, such as Washington headquarters, regional office, installation head, and fellow workers.

As basic as these are, their value is remarkably enhanced when they are combined with supervisory opportunity for learning time following these diffusions. That is, even if an installation does diffuse many forms of information about the policy, but no followup time is spent learning about the materials, policy familiarity is significantly less than had such learning time been facilitated and encouraged.

In addition, some supervisors had received information about the alcohol policy in training sessions.

In general, diffusion, learning, and training are mutually reinforcing and all contribute to greater use of the policy.

The small number of forms and sources of diffusion that have been used compared to the possible forms and sources indicate underdiffusion of this policy. This is important because we found that policy familiarity was explained by the number of forms and sources of policy diffusion, as well as by the number of training topics and by training and learning hours experienced by a given supervisor. The resulting policy familiarity was a potent factor in producing alcoholism policy use by line managers.

Mr. LUMAN. Would this be an example of what might be called a paper program? That is, you put out the memorandum and do not do anything after that.

Dr. TRICE. Even if you don't do anything after that—diffusion definitely has an impact, beyond any doubt. For the real impact, for the payoff—where supervisors expected and actual use was the highest—

that is where diffusion was followed quickly by training opportunity and learning time.

When those two combine, that is where you get substantial use of the policy by line supervisors. After all, that is what we want.

I do not want to say that diffusion did not produce some results. It did produce some results.

However, the important thing for improvement is to see that an installation provides supervisors with some learning time following that use of memos, manual insertions, brochures, bulletin boards, or whatever.

So I probably would not want to characterize it as a paper program in that sense. You must diffuse the information before anybody can do anything at all.

Our first research emphasis was on how much diffusion had occurred and how did that relate to actual use.

We know it relates substantially—we call it the shotgun hypothesis.

Right now this policy is underdiffused. The policy and familiarity with it is underdiffused. If you scatter different forms of information, this situation will improve.

One of our recommendations is to increase the amount. Let me deal with that now.

We recommend that steps be taken at once to begin to increase forms and sources of information about the policy, making certain that learning hours and training efforts accompany them. If a choice between these becomes necessary, choose an increase in training topics and hours, or other methods for providing learning hours about the policy following another round of diffusion.

To a degree, I am agreeing with you, Mr. Luman. However, I do not think I would want to characterize it quite that way.

Diffusion about the policy is absolutely essential. It is underdiffused now, beyond any doubt. There is very little danger of producing a backlash if diffusion is increased. We checked that out very carefully. We have the data if you would like to hear about it.

What is needed is an increase of that diffusion about the policy combined with learning time.

We have the analysis and multiple regression data that demonstrates that, if you would like to have it.

Regarding expected use, we found the following: Training and learning time lead directly to managers having significantly higher perceived need for the policy which, in turn, is strongly related to expected use or readiness to use and somewhat less, but still statistically significantly related to actual use.

In sum, familiarity is most readily produced for both types of use by training diversity and higher amounts of associated training and learning time. Where these are absent or only modestly present, usage—especially expected—goes down sharply.

A caution: Training that is directed toward general supervisory skills, but incorporates materials about alcoholism as a general training mechanism, appears to be superior to "alcoholism only" training.

In those installations where this training emphasis prevailed and where supervisors also perceived that the policy was being emphasized by administrative actions, the emphasis in the policy on impaired work

performance received high agreement from supervisors and this, in turn, added significantly to expected use. In contrast, no systematic agreement or relationships with the medical model of acloholism emerged; it fails to "sell" them.

Mr. LUMAN. What we are saying here is that the man who says, "My job is not to reform drunks; it is to run this office" is missing the point, because this program is supposed to help him run the office better?

Dr. TRICE. Precisely.

The great spinoff value of this policy is that you get better supervisors.

If someone can handle an alcoholic employee well as a good supervisor, then he has demonstrated his ability as a manager.

Really all you are asking of him is to be a good supervisor. First, he must understand how to adequately deal with impaired performance and, second, understand the policies of his installation, including this one, and use it.

Mr. LUMAN. He is functioning as a manager, not as a social worker?

Dr. TRICE. Exactly. He is functioning as a Federal manager. There is nothing in the policy that asks him to be a diagnostician except of poor performance.

Our suggestion to you is this: Beginning at once, play down, even avoid, use of related clinical and medical materials in training and policy diffusion, and instead emphasize job performance and other work-related features of alcoholism as more relevant to the supervisory role.

We also found that administrative emphasis played a very prominent part in policy familiarity for both kinds of use. When supervisors perceive the policy as having been initially emphasized as much as other personnel policies by those in the administration above them, their familiarity with its provisions shot up significantly. Generally they felt this policy had received less than typical administrative emphasis.

Joining administrative emphasis in producing readiness to use the policy, but even more important, is the supervisor's assessment of how much the policy is needed in that installation. When need is perceived to be high, expected use is significantly greater. Unfortunately, the data show that line managers are lowest on perceived need, directors are somewhat higher, and, as you might expect, alcoholism coordinators are highest.

Where, however, line supervisors were aware of the union's position on the policy, they perceived need for the policy to be significantly greater than did supervisors unaware of the union's position. Present levels of administrative emphasis are not related to perceived need, which is so important for readiness to use the policy.

Moreover, our data show that installation directors disagree sharply with the job performance emphasis of the policy and that lower-level or line supervisors agree with it even less than directors. This lack of consensus, along with other disagreements within the managerial groups, throws grave doubts on whether the director is acting as an effective and positive opinion leader in his organization relative to the alcohol policy.

We suggest the following: Immediately incorporate and integrate information on this policy which adequately demonstrates need for the policy into executive development programs and into director training and briefings. Installation directors must be brought into positions of active support of this policy, so that they will give it at least equal emphasis with other personnel policies. Current negative assessments of the policy need improvement.

Now let me discuss another major finding concerning the alcoholism coordinator. We have termed him the program's Achilles' heel.

We collected a wide variety of data about local coordinators—an installation member appointed by the Director to carry out explicit duties related to the policy and to act as its general facilitator.

For example, the policy directs that she or he "should be allotted sufficient official time to effectively implement the agency policy and program." Specific activities such as supervisory training and liaison with community facilities are among the expectations for coordinators.

Our data clearly show that most of these coordinators operate with only the most meager resources, if any at all. Almost one-third, as of mid-1974, had no official time allocation at all. The remainder averaged just under 4 hours per week that was formally allocated to the alcohol policy. This is less than one-half day per week to perform, develop, and coordinate the alcoholism program, sometimes for more than one installation.

Of this amount, they typically spent only 1½ hours per week on policy-related matters. No wonder our data show that many line supervisors bypass them in handling cases of problem drinking.

Perhaps one reason for this finding is that more than one-third of the coordinators were appointed shortly before our visit and only about half are officially appointed to that role by the installation director. Also, the presence of a union with a clear position about the policy seems to overshadow the coordinator's influence on supervisors.

In addition, these data show that the persons selected for the role are significantly less receptive to policy changes and innovations, such as the alcoholism policy, and are in significantly less agreement with the policy provisions than are other line managers. Let us reiterate that at the same time, however, the coordinators express a significantly higher perception of need for the policy in their installation than directors or other supervisors.

The most practical finding, however, and the one on which action could be taken quickly with reasonable assurances of favorable results is the following: The more staff help available to the coordinator, the more she or he engages in developing and implementing the policy. Furthermore, actual money allocations fail to produce this relationship.

In this connection, the data show that practically no money was allocated or spent on policy-related activities. Beyond doubt, some monetary resources might help to generate training or other policy-related activities. Perhaps present levels of allocation are too low to produce any payoffs.

We projected a computerized estimate of what would happen if the coordinator had been available to work with him, and was clearly expected to use, a staff helper who worked with him the same or greater number of hours per week that the coordinator spent on policy-related tasks.

Should this happy circumstance materialize, the coordinator would, given past performance, increase his relevant activities by very substantial percentages. More important, the allocation and subsequent use by the coordinator of staff help would overcome built-in reluctances of line managers to work with the coordinator, and their use of the policy would probably increase substantially.

Table I shows how much improvement in policy-related activities could reasonably be expected with various amounts of staff help for the coordinator.

For example, if a 4-hour-a-week coordinator were assisted by a 4-hour-a-week staff helper, his caseload would probably increase approximately 14 percent, while the number of policy procedures he would use and apply on a given alcoholic employee would jump almost 40 percent. Should he receive and thoroughly use 8 hours of staff help per week, the improvement factor would be quite dramatic: Finding and learning about treatment facilities and consulting with key people inside the organization would go up almost 15 percent, while caseloads and use of policy procedures on those cases would go up by approximately 30 percent and 75 percent respectively.

In addition, it seems reasonable to assume that much the same projections would apply to that one-third of the coordinators who had no staff time allocation, should they receive and use 4 hours per week. Our projection, however, did not include them; and this conclusion is an assumption, but a reasonable one nonetheless.

It should be noted, relative to the coordinator's time allocation, that we had to base our projections strictly on using the mean of 4 hours per week for coordinators, without varying that either upward or downward. That is, we could not devise a formula to vary both time for staff person and coordinator simultaneously. It is obviously reasonable to believe that increased coordinator time also might help. We are inclined to believe, however, as our data clearly show, that emphasis should be placed on increasing the amount of staff help made available to coordinators, assuming that an average of 4 to 6 hours per week for the coordinator role is a minimum necessity.

One strong, and another less potent, warning should be added that comes from other data about the coordinator. His role can quickly become overformalized, producing negative reactions and lower policy use among line managers. That is, highly formalized job titles, job descriptions, and authorized dissemination of formal announcements about his role damages policy use rather than promotes it. At the same time formalization does lead to more coordinator policy activities per se, producing an obvious dilemma.

Our projected progressive increases in coordinator staff help steadily overcomes this problem, as shown by the projected 9-percent increase in actual use of the policy by line managers if a 4-hour-per-week coordinator receives equivalent staff help.

Should this help go up to a full day of staff help per week, 8 hours, managerial use jumps up by 18 percent, and so on.

Also, some mild risk is run by selecting persons for coordinators who express subjective feelings of work overload. Such persons will be especially lax in performing time-consuming policy expectations, such as holding conferences with a problem drinker's supervisor or helping him secure appropriate leave.

Another suggestion is to immediately provide local alcoholism coordinators with at least 4 hours of staff help per week and, if possible, allocate 6 or 8 hours as a minimum support for their role, and insist they use it. Provide negative sanctions for failure to use this staff resource.

In addition, insist on all coordinators actually using 3 to 4 hours of a formally allocated 4-hour-per-week time period on policy related activities.

Finally, avoid any further formalization of the role and deemphasize formal aspects such as job descriptions when appointing coordinators in the future.

Mr. LUMAN. Dr. Trice, your statement seems to be based on the assumption that more staff time and more coordinator attention are going to produce more results.

How do you answer the contention of the Federal manager who says, I don't believe in putting more staff time in because I don't have a problem?

Dr. TRICE. I would assume that that is a reaction that occurs so frequently. However, our data clearly show that over 10 percent of the managers do admit having this problem. I think it basically goes back to our first recommendation: Federal managers should be made much more aware of basic needs. They have not been sufficiently alerted to needs.

On the other hand, it would seem to me that there is sufficient authority with the civil service system to insist that the problem be confronted anyway.

Mr. LUMAN. You are saying that from your survey there is a problem?

Dr. TRICE. There is no question about it.

Mr. LUMAN. If they have no cases and no referrals, that is not because they do not have a problem; it is because they do not have an effective program?

Dr. TRICE. Exactly.

Let me qualify that by a major finding of the study.

This varies by skill level. It varies by educational level of the supervisor and the skill level of the people supervised. There is considerable epidemiological evidence to suggest that in all likelihood there is a lower prevalence rate of problem drinking at those higher skill levels.

However, when you have an alcoholic employee who is at a high skill or professional level, he is a much more valuable and important person. I do not want to imply that others are not, in the humanitarian sense.

We will clearly point out that this is a major finding. One of the biggest problems is trying to get this policy implemented at high skill levels and high educational, managerial levels. That is where we are not getting it implemented.

It is fantastic how at the lower skill levels it is implemented very quickly. It is agreed with. It is assessed favorably, et cetera.

When you get up to the higher educational, managerial levels, then it is different. I think it is understandable that the reluctant manager of highly sensitive employees is more reticent to use this policy. He is reluctant about it.

If you supervise highly skilled and highly professional people and if they are in sensitive occupations, then you become quite concerned about using this.

Mr. St Germain. The GAO testimony, which I read last night and which we will be hearing this morning, points out this:

There is a resistance on the part of management. They don't want to be bothered with this.

They are using personnel people as coordinators. The alcoholic is reluctant to go for treatment because of a very natural and understandable fear. That same individual who would be responsible for passing on a promotion or for perhaps discharging him is the individual the alcoholic employee is going to for treatment.

Also, when we talk about the more skilled professional and the more highly educated people, is there any reason to believe that the incidence of alcoholism is any lower than with the high school graudate?

Dr. Trice. Yes. The epidemiological data strongly suggests that.

Contrary to popular folklore, there is not an even distribution across occupational levels.

On the other hand, I would like to rely on some subjective data, which we did not intend to collect directly, but which clearly came to our attention very quickly as a result of volunteered statements and reactions, for this.

In effect, I think we can begin to explain why the supervisor of a very sensitive, highly skilled employee reacts the way he does. We need to know more about this. That is one of our research recommendations.

Our data clearly shows that in many ways it is a threat to him/her.

If you are a supervisor of a highly skilled and professional employee and if you use this policy on him and the person comes back from treatment, that manager has no assurance that that highly sensitive and highly professional person can perform the way he did before.

I see this in private industry as a consultant. I see a number of persons with drinking problems in highly sensitive occupations. The management of those situations almost inevitably demands some kind of monitoring to reassure them that when that person comes back on the job he can perform in that occupation,

So, I think we can understand why the manager feels that way.

We need to know much more about it.

I would like to come down hard on understanding why he is reluctant rather than stigmatizing him. He has good reasons to feel that way.

I believe when and if this policy is rewritten sometime, perhaps some awareness should be introduced of the fact that there are sensitive occupations covered by this policy and it is not that simple. You cannot make a uniform coverage across all occupational groups. Our data clearly show that.

Now let me discuss Federal employee unions and policy use.

Since unions are rapidly growing in numbers and influence among Federal employees, we decided to find out how they affected policy use by line managers, both actual and expected. We found that the mere presence of a union more than doubled the proportion of supervisors reporting actual cases of policy use. In terms of expected use, where unions were more active in adversary activities, expected use was

significantly greater among supervisors aware of the union's position on the policy than among those who were unaware of the union's position.

In sum, where supervisors were aware of the union taking a position—whether pro or con—on the alcoholism policy, expected use increased markedly. It seems that the influence of Federal employee unions on supervisory policy use is growing rapidly, apparently in proportion to their overall rapid growth.

It is appropriate, however, to remind you at this point that our sample represents the Northeast regions where union strength has traditionally been strong, and these results may, therefore, not apply to some other sections of the Nation.

In light of our findings, the fact that the unions were scarcely consulted, if at all, in the initial preparation and distribution of the policy has special significance. As in a large number of extant programs, unions have been largely overlooked in formalizing this policy.

Another suggestion is to immediately direct installation directors and local alcoholism coordinators, where a union is present, to determine what the union's position on the alcoholism policy is and seek their permission to use whatever channels are available to make supervision aware of that position.

In addition, direct these same functionaries to explore with the union how it might become more involved. For example, union-management committees have been useful in the private sector in promoting joint programs.

Mr. KASTEN. Your coordinator is essentially a part-time person generally?

Dr. TRICE. Yes.

Mr. KASTEN. Why is it that you are not saying that the coordinator should work more hours of the day rather than get staff help?

Dr. TRICE. We know, for example, that most of the coordinators coordinate at least one other special policy and that the vast majority of them work as personnel types, line managers, or directors themselves.

Our data does not show that an increase in that kind of time would materially help the policy. Similar projections were run for increased time spent by coordinators, and such increases did not yield increased policy use, on the basis of the data collected. What the coordinator needs is some staff help. That is what he needs.

He does not need much more time. He needs a little more. Perhaps if he were designated 8 hours a week, that might help, but I guess I am trying to say that you don't need to go that far with it. These things do not cost that much.

Mr. KASTEN. Hiring an additional person would cost more than having an existing person spend more hours doing a particular job.

Your table indicates that if you spend more hours per week, than you get more done.

Hopefully, that is correct. But it is not always correct in government.

Dr. TRICE. If he has additional staff help, four to 8 hours a week——

Mr. KASTEN. What kind of job would a staff person do that a coordinator would be unwilling or unable to do?

Dr. TRICE. Let me get my colleagues involved here.

The coordinator job is a matter of keeping records. It is a matter of going out into the community and learning about facilities. It is a matter of talking with line supervisors.

These people are personnel managers. They are line supervisors. They are busy people.

I can make a direct personal application to the extent that I have people like the two sitting on each side of me working with me. That is the extent to which I get a lot done. They don't always spend too much of their time working with me. They have other demands on their time. Yet without them I am pretty much lost.

Our data clearly shows that it is not money that this person needs, although money would be of some help obviously, but what he needs is someone to help him. He needs a staff person.

Dr. BEYER. You can imagine that for some of the diffusion activities within the installation, for some of the preparation for training, that good secretarial and clerical help might be very useful. We are not talking about using the staff help in a counseling or confrontation situation with a troubled employee, but doing simply the more routine kinds of tasks in terms of keeping records and this kind of thing.

Mr. HUNT. One finding that we found was this: Certain activities that involved a lot of time and effort were essentially paperwork-type activities. One example would be making application for leave. These were highly negatively related to the amount of work overload of the coordinator.

Here we are talking about a man who has this particular role as one of several duties that he performs. As Professor Trice pointed out, he is on the average administering between one and two additional policies.

In this sense, the fact that he could have someone to rely on to fill out paperwork and do the kinds of routine tasks, which would leave him open for doing the more important, highly-productive types of activities, is the point that we are trying to make.

There is a lot of paperwork involved in this if you are going to get somebody into some kind of treatment program or give him sick leave.

I am sure that it is not unreasonable to assume that a person whose regular role is a supervisor of a fairly high status, and most of the coordinators were in the GS–11 to GS–14 bracket, does not want to go out and make out forms and do the menial tasks that are required to do some of these things.

This is the point about the staff help. We need someone to do the menial tasks, so the coordinator can direct his actvities to the more important tasks with the high payoffs.

Mr. KASTEN. Was it your finding that most of these people who are personnel people and who are acting as coordinators did not have secretarial help? They were all alone?

Dr. TRICE. That is correct. If they had secretarial help, it was allocated to other purposes, and they did not see it as applicable to the alcohol problem.

We are projecting this on the basis of data and past behavior.

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Where they did have it, our computerized formula clearly shows that there was a much higher activity in terms of sustaining and implementing the policy.

In other words, this is not our opinion. This is a projection based on multiple regressions analysis, which shows that this is the most significant resource you can inject into this situation.

There is not a lot of new money needed, but a little bit of money would help.

It is not giving the coordinator a great deal more formal time for himself. It is giving him some help. That is the specific behavior which is associated with high coordinator activity and, in turn, is associated with high supervisory use, both expected and actual.

We did the same kind of computer projection with money. It didn't turn out. We did the same kind of computer projection with increasing his time. We did not find the same pattern.

So I guess I am trying to use data in its most constructive fashion.

Perhaps it sounds rather odd to come before a committee such as yours and say we do not suggest that you give them much more money. That may make you unhappy. But time is money, to use an old cliché. Help is money also.

Mr. KASTEN. Staff help is money. The question is how much empire building do you want to do. Do we want to do a better job with the people we have?

Mr. TRICE. Exactly.

Four hours of some other staff time does not strike me as empire building. It does not seem like it anyway. Four to six to eight hours of help per week would be sufficient.

I would assume that after 2 or 3 years the need for staff time would decrease. The thing you have to do is to overcome numerous flaws which are involved in the implementation of policy. Once you overcome them and get rolling, then I would not anticipate that level of staff need into perpetuity.

Mr. ST GERMAIN. Is not one of the problems the attitude? The coordinators have these attitudes. The managers of the facilities have these attitudes.

I think we ought to define "coordinator." From what I have read, it means they appoint John Doe or Richard Roe and they say, "You are going to be the coordinator of the program." It does not mean they have any special skills, background, or training.

Dr. TRICE. You are correct.

Mr. ST GERMAIN. Should there be some training? I do not imagine they would have to go to any lengthy courses, but should there not be some type of indoctrination for these coordinators?

Mr. TRICE. The training time point that we made in the first section applies to coordinators just as much as anybody else, if not more so. This is the Achilles' heel. These coordinators are more resistant to change than anybody in the system.

We have a great deal of data on how they interpret policy change. They are far more conservative than directors and line supervisors. This is unfortunate. We call it the Achilles' heel.

The selection of these people is done very badly. There is no question about that. Their training has been badly done.

However, we were trying to come up with something very practical that could be done at once.

Mr. ST GERMAIN. I recall a case of a chap who did not have too many Federal employees. His secretary was on vacation. He was sitting in his office, and the gal who replaced the secretary was sitting at the secretary's desk. The phone was ringing and ringing. He finally went out and said, "Why aren't you answering the phone?" She said it was not within her job description to answer the telephone.

Maybe some of these coordinators are resistant because they do not see that as their job description.

Dr. TRICE. I believe you are correct.

Mr. ST GERMAIN. This would be in contrast to a coordinator who has self-motivation or a little empathy for people with this problem. Therefore, he would be the ideal individual for this, rather than just picking the personnel director and saying, "You are in personnel. Therefore, you take care of it."

Dr. TRICE. We are talking about local coordinators. We are not talking about those at the national level.

Mr. ST GERMAIN. I am talking about the local level; yes.

Dr. BEYER. Let me comment about the attitudinal predisposition of the coordinator. As we mentioned, agreement with the medical model did not seem to be related significantly to use.

We went into each one of these installations personally. We got the impression that some of these people were chosen because they felt that they had some familiarity with helping roles or these kinds of issues.

I do not think our data would necessarily show that these types of people would be the most effective coordinators. I think perhaps we should emphasize again that the best use of this policy is in a context of job performance.

We call the heads of installations "directors." If these directors and the alcohol coordinators are sold on the idea that all this is another good management technique—in fact, it is a way of dealing with job performance, a way of getting managers to emphasize job performance and fiinding new ways to assess job performance and review job performance, and it is just being a good manager—then when you find problems, you have a mechanism for dealing with them.

It can satisfy the employee. You can deal with the union on a realistic basis also.

If you emphasize in the training that this is just good management, then it would be better. It does not have to be the helping idea that we have to be so humanitarian.

Of course, we are helping people. We are dealing with a painful problem. We are also being good, tough-minded managers. I think perhaps the coordinators are not uniformly convinced of this yet.

Mr. ST GERMAIN. I would have to take exception with you on one point. I feel that the coordinator should be able to project to those employees who have the problem the fact that he is not a social worker but that he understands that this is a so-called illness which can be cured if the employee is given some assistance. Then the employee will be encouraged to come forth and say, "Hey, look, I am sick and I need some help." Should that not be a factor?

I agree with you that you could sell the managers and director that it is good management. You will get better productivity. The reports will be better, and so on.

However, by the same token, there has to be somebody within the program who has a direct one-on-one relationship with the person who has the problem.

Dr. BEYER. There are two ways. There are two routes. One is self-referral. You are saying that for self-referrals they have to build up that kind of trust and there has to be that particular kind of person as coordinator with that kind of feeling.

But there is also the question of supervisory referral. There is the confrontation with the employee who is trying hard to hide his problem.

Here is where we are talking about the question of stressing their being good managers.

Dr. TRICE. Let's look upon it this way:

The policy says explicitly that the key person for implementing this is the line supervisor. He is the one who has, in effect, the muscle.

I think the policy is very well stated and very well formalized in this regard.

One of the problems we find in a good deal of the research about this subject is that people circumvent and bypass the power of the line supervisor. You have to be careful in this system not to dilute the power and influence of the line manager in using this policy. I think that is in and behind what we are talking about.

We are talking about a coordinator who acts to sustain and implement the use of the policy by the line supervisor. I would not disagree at all that he should have empathy and understanding of alcoholism. But in the process, if he circumvents this policy and takes all the action over himself and implements it, then he is basically weakening the strategy of the policy.

The fundamental thrust is beautifully pinpointed in its statement: The key person is the Federal manager.

I think we cannot lose sight of that point.

If the coordinator, in effect, weakens or gives the line supervisor the impression that he would do it for him, then that is where you really have trouble.

That happens in the private sector. Federal installations in terms of workplaces are not that different from many private companies.

In the private sector, one of the greatest problems that exists is forgetting or bypassing—in the zeal to help—the motivating power of the line supervisor in conjunction with the union.

I want to really underscore that your policy is excellent in this regard. I hope that nothing happens to dilute it.

At the same time, I would agree with you that the coordinator should have more of an empathetic ability.

We find that he ranks quite low.

Is this not correct, Mr. Hunt?

Mr. HUNT. Yes.

Dr. TRICE. He ranks very low in terms of willingness to change. This is a managerial innovation. He is one of the people who resists change.

You are quite right. I just wanted to be sure we put it in perspective.

I agree with you in terms of the empathetic ability.

We found that these people had not had the kind of background in the social sciences to be counselors in many instances.

Again, I come back to our major designation. That is that the Achilles' heel of the program is the local alcoholism coordinator.

Dr. BEYER. Let me return for a moment to another theme.

You asked about the attitudes and whether or not we think the attitudes are a barrier. Negative attitudes toward policy may be a barrier to use.

Certainly our data shows that constructive, positive attitudes toward the policy are related to use. Our data also shows that training and diffusion are related to those positive attitudes. So, you see, it is a process in which greater diffusion, greater training, and greater learning do seem to have some effect on these attitudes.

It affects whether the policy is seen as beneficial, how much people know about it in a cognitive sense—their knowledge of the policy. All of these are related to use.

We tend to feel that the key toward changing attitudes perhaps is training.

As behaviorial scientists, we know that if you can induce the coordinators to do some training, they will learn a great deal about the policy from doing it if they do not already know it.

Dr. TRICE. There are three major highly correlated forces producing familiarity. Familiarity is the name of the game.

To the extent that you increase familiarity with policy, it does not breed contempt; it breeds use.

The first is administrative emphasis. This has a very high correlation with familiarity and use.

The second is diffusion of policy information to supervisors.

The third, and I am ranking these, is the learning hours following diffusion.

The fourth is training topics—the number of training topics about the policy.

The diffusion of information to rank-and-file employees—subordinates—is fifth.

Those five forces primarily explain and predict familiarity. That is the place to come down hard.

The highest one is administrative emphasis by the local director.

We should come down hard on one of the major findings here; that is, familiarity.

This policy is underdiffused. To the extent that familiarity increases, you get greater coordinator awareness and implementation efforts, including the extent to which line supervisors use it and expect to use it in the future.

If we would leave you with any specific point, we would like to leave you with the notion of increased familiarity. There are a variety of ways of producing familiarity that are rather economical and these methods or forces are actually going on in many of these installations right now.

I would like to summarize for you now the structural and environmental features of installations that impede policy use.

We collected data on the makeup of individual installations; that is, the extent to which decisionmaking concentrated at the "top," centralization; the extent to which highly specific work rules governed work, formalization; the typical number of employees supervised, span of control; and other structural aspects of the specific workplace.

We found three major structural inhibitors to use of the alcoholism policy: (1) a strong central administration, centralization, within the installation where the director and those who report to him tend to make most of the decision; (2) high degrees of formalization of work; and (3) high educational levels within the supervisory work force.

For example, where upper management is most influential in decisionmaking within the installation, that workplace tends to be significantly lower than other installations on perceived benefits of the policy and on actual use of the policy.

By contrast, in more democratically managed installations, the use of the policy is much more likely. Thus, the influence of first-level supervisors in decisionmaking is positively related to familiarity with the policy, with agreement with its provisions, and with the actual number of policy uses by supervisors.

Where a high percentage of employees work under very specific work rules, formalization, policy implementation is lower than when work is less governed by rules. Although less intense in its negative effects than the other features, this characteristic joins the other structural impediments to slow down and impede use.

Where supervisors are highly educated there is a relatively low familiarity and agreement with the policy, quite low agreement with its job performance emphasis, and the number of uses by such supervisors is also very low. Reasons for their reluctance, even resistance, seem understandable and appear to us to command some respect.

Although our data were not originally directed toward explaining their reluctance, we did generate some insight into their feelings. For example, it may well be that the prevalence of alcoholism is actually less at higher skill levels. Furthermore, problem drinkers are likely to be less visible in these settings.

In addition, and calling for much more data, is our finding that high status managers, typically supervising high status personnel, feel they are forced by the policy to take unnecessary risks if they use it.

Their concerns center on the fact that they often supervise sensitive and highly skilled occupations with heavy responsibilities. They tend to believe that problem drinkers have been permanently damaged and cannot return to acceptable levels of performance following rehabilitation. They also do not feel they can tolerate them to continue on the job during treatment. Generally, they believe their employees are so selected as to make the probability of drinking problems very low.

In general they felt the policy as presently worded failed to sufficiently take into account their unique situation as supervisors of high-priced, highly trained and talented employees in sensitive occupations.

Also exerting a sometimes negative effect on the policy is the size of the installation. The larger the installation, the greater the perceived need for the policy and the larger the expected use of the policy. On

the other hand, larger installations perceive greater problems in administering the policy.

Looking at the surrounding community in which the employees within the installations probably live, higher education again has a negative effect on implementation of the alcohol policy, although the effects are less strong than they are within the installation. Low population density and a below-average age level also characterizes the community where installations with low use are located.

Thus, in profile, the installation low on policy use is a relatively small one with a highly-educated management whose upper levels exert strong influences in decisionmaking related to work matters in a setting governed by highly specific work rules. It is typically located in a community with low population density and relatively young citizens.

Growing out of this, we would make the following suggestion: Immediately authorize a study directed toward fuller understanding of the low usage of this policy among higher status managers who typically supervise highly skilled subordinates. Theirs is a unique position vis-a-vis the policy; that is, they may have reason to be more threatened by it.

Such a study should explore how much influence a positive position taken by their professional society on the policy might have and if a monitoring system for reassuring them about the effectiveness of rehabilitation of problem-drinking employees in sensitive occupations would reduce their reluctance.

Our suggestions are summarized as follows:

(1) Increase moderately within individual installations the forms and sources of information about the policy, making as certain as possible that opportunities for training time on policy provisions follow soon after. Also pay careful attention to diffusing policy information to the union if one is present. In this process deemphasize the clinical aspects, medical model, and increase emphasis on the work performance model that is incorporated into the policy statement.

(2) Within much the same format, but adapting it to the unique problems faced by well-educated managers who supervise highly skilled employees, incorporate and integrate policy information, need for policy, and also need for administrative emphasis on the policy into executive development, training, and briefings.

(3) Next, immediately require installations to formally allocate at least 4 hours a week to the coordinator role with, at least, matching staff time help. The latter is especially important. Urge that the role be only mildly formalized, playing down internal job descriptions and authorizations. Explore how both rewards and careful monitoring of whether or not coordinators use their allotted time can be introduced. These actions should, given past coordinator behavior, substantially improve their performance.

(4) Another action that can improve and increase supervisory use of the policy is to direct local installation directors and alcoholism coordinators, where a union is present, to find out what the union's position on the policy is and, then, use whatever reasonable channels are available to communicate that position to the installation's line management. Insist, next, that both local director and coordinator

engage in discussions with the union directed toward more union involvement in policy execution.

(5) Authorize a study of the reasons why highly educated managers of high status employees fail to respond to the policy. Apparently, there are good reasons, understandable ones at least, for their reluctance and disinterest. Moreover, our findings clearly show that where lower-level supervisors have substantial influence in decision-making relative to their work, readiness to use the policy, as well as actual use, significantly increases. Therefore, we suggest that in subsequent policy revisions the policy explicitly provide for decision-making authority by lower-level managers in consultation with one another relative to policy use.

We would also like to address the question of needs for additional research.

While we feel that data from the study reported here have been valuable in understanding and assessing the process of implementing this policy, even so large a research effort cannot hope to answer all questions. We suggest the following as research projects that would answer important questions:

More extensive, informal, and continuous case studies should be performed on a smaller sample of installations. In this research the interaction of policy activities with other work activities, attitudes, and with existing patterns of influences and authority could be explored more closely.

Specific questions to be addressed could include:

1. Why does the influence of upper management on policy implementation appear to be negative in many instances? Have they actually blocked policy use? Are they just neutral or actively opposed to the policy?

(*a*) How can upper management be reassured that use of the policy will not interfere with installation tasks?

(*b*) How do rank-and-file employees feel about the policy? Are they aware of it? Do they agree with its provisions?

(*c*) How can the policy message be better conveyed to more highly educated supervisors and workers? Are they hiding problem-drinking or using other channels to deal with it?

2. A study should be done of policy implementation at the national level. Such a study should focus on the issues of whether the policy has been sufficiently adapted to unique circumstances within agencies and whether it is receiving high-level support.

3. A study of the leadership of relevant unions should be undertaken to assess their awareness of the policy, their attitudes toward it and to elicit suggestions for their positive contributions toward policy use.

4. An examination of the weaknesses inherent in "penetration rates" as a method for assessing program effectiveness, and the testing of alternatives for improving this method of assessment should be undertaken.

Mr. LUMAN. Do you not have people here who go outside the system?

The vice president of a company might decide not to go through the company system but would find his own outside resource so that

very few people would know about it. Is this not occurring in the Federal sector, too, just as it does in the private sector?

Dr. TRICE. We have no formal data to answer your question. I can give you my opinion.

My opinion is that that is definitely happening. It is happening in the private sector as well.

The tendency to circumvent, especially for a high-status alcoholic, is quite tempting.

I know in the private sector it is happening. I would imagine it would happen here also.

That is my opinion. We cannot give you data to back up that opinion.

Mr. LUMAN. Can the supervisor tell someone that he does not know what the problem is but the employee's work is slipping and that he wants him to see the coordinator?

Dr. TRICE. We are referring to the question of centralization and decentralization in an organization.

Certainly that is the case in decentralized conditions where lower level managers have a good deal of decisionmaking authority.

We found a number of installations, however, where decisionmaking was extremely concentrated with the director.

Under those conditions you get relatively low policy use. Supervisors sit around and wait to see how the wind is blowing. Many times the director is not much of an opinion leader along this line. Consequently, under those conditions you don't get much policy use.

Where lower level supervisors have a good deal of decisionmaking authority, this policy is used substantially.

What we will be recommending is—this is a more difficult suggestion to implement. You cannot change the internal structure of work organizations very easily.

It would seem to me that you might insist that lower level supervisors have sufficient right to use this policy, that it be made very clear to them that they are expected to use it.

Mr. LUMAN. Do they not have that now?

Dr. TRICE. It seems to me they do, but when you get an installation where the decisionmaking authority is concentrated at the top, they do not use that right. We know that. Our data shows that as a surprising finding.

Under decentralized conditions they do use it. Under centralized they do not.

Mr. ST GERMAIN. In your summary you referred to something which provokes a two-pronged question.

I refer to the GAO report and I am also referring to the gut feeling as I listened to your suggestions.

It would seem as though the directors or commanding officers of many of the installations in many instances had not implemented any program whatsoever and had not diffused the information to their subordinates until such time as GAO came on board or it was known that the GAO was coming on board.

Could this be because people who feel that they are good managers hate to admit that there is time being lost and the performance level is low because they have on board people who are unfortunately afflicted?

Dr. TRICE. It puts them in a bad light.

Mr. ST GERMAIN. Second, have you done any studies on the attitude of management, whether it be in private industry or in the Federal Government, toward not only retaining, but toward hiring somebody who might have had a problem with drinking?

In other words, is there a situation which exists wherein if I apply for a job and I were asked why I left my last job and if I replied that I had a drinking problem; would there then be an attitude as far as management is concerned toward these types of employees that they do not want to take a chance with them?

Dr. TRICE. We can tell you quickly the overall reaction of Federal directors at installations in our sample. Their reaction to the policy and provision is here. We will find it in a minute.

We primarily focused upon line supervision, but we can tell you about the directors. We can do that in just a moment.

Dr. BEYER. While you are looking for that, let me discuss anecdotal evidence.

The question of the sensitive occupations is something we can deal with not so much in terms of our large scale data, but just because Professor Trice and I interviewed quite a few of the directors ourselves and from our work in pretests in developing the instrument.

If you have a person who uses lawyers for court cases, he might say, "I cannot have a lawyer whom I think might be drunk going to court to defend this case." Or there are other occupations like this where people would volunteer to us that they simply felt that to have a drinking person in that situation was almost inconceivable. They would have selected the person out as a lousy supervisor or that person would somehow be selected out because he could not perform. Therefore, it was more than they could imagine that they could run into drinking problems in these occupations.

We also interviewed some directors who still fully fail to appreciate enough of the detail of the policy. I would be told anecdotal stories about problems they had had in which it was clear they did not really understand the power of confrontation of the policy. They still felt relatively helpless in dealing with alcoholics. We sensed, underlying their remarks, a lack of belief, perhaps, that they could really be effective or that alcoholism could really be helped.

I do not think we have done the whole job by any means of convincing the people or changing their attitudes.

Where they have changed, it seems there is some use. There is work to be done, however.

Dr. TRICE. Let me make this point which I made earlier.

Their concerns center on the fact that they often supervise sensitive and highly skilled occupations with heavy responsibilities. They tend to believe that problem-drinkers have been permanently damaged and cannot return to acceptable levels of performance following rehabilitation. They also do not feel they can tolerate them to continue on the job during treatment. Generally, they believe their employees are so selected as to make the probability of drinking very low.

Mr. ST GERMAIN. That is because they do not want to admit it. Correct?

Dr. TRICE. Yes, and it puts them in a bad light.

But let me reemphasize again that these are, I believe, understandable feelings when you are supervising.

One of the major things they feel is, that the policy does not consider their unique position.

Mr. ST GERMAIN. We were talking earlier about the lack of training of the coordinators.

Let's talk about directors.

Would it perhaps be useful if there were a 1-hour indoctrination period for them wherein they could be exposed to a lecture with a few slides?

Then maybe they could understand that their attitudes, unfortunately, are wrong. Perhaps it could be demonstrated to them that with a little understanding and effort they could assist these people. Thereby they could assist themselves as directors by getting high productivity, as you show in your excellent table.

Dr. BEYER. This is why I tried to come down hard, or maybe a little too hard, on the issue of this being a practical management tool.

You cannot totally change people's attitudes immediately. The fact is you cannot sell this policy on this basis.

If people understand that, in fact, it can be an effective way to manage, then this may be a very good way of getting at the problem.

I assume that the managers are tough and are concerned with performance. This is a legitimate concern. This is a way they can be reached.

If they understand, then they will see that this policy can help them.

There may be some concern as to whether or not there could be backlash to them. They have to be assured, I suppose, that the management above them is sympathetic.

Mr. ST GERMAIN. Have you also looked at the problem with the directors themselves as having the problem?

I am not being facetious. I happen to know a few instances of this.

Dr. TRICE. Of course, they have their proportion. That is true beyond any doubt.

Let me remind you of my suggestion that I made earlier about dealing with the installation directors by bringing them into positions of active support of the policy.

We have suggested also the authorization of a study of the reasons why.

We just discovered this. We have some modest data to explain it, but you really need to know substantially more about their resistance and their disinterest before you mount a program.

I think we know enough about it already to do what you have just suggested.

Mr. Hunt has found specific data as to how directors react.

Mr. HUNT. Mr. St Germain, perhaps I can give you some idea of the kind of problem which may be emerging at the director level. Let me give you the figures on three separate attitudinal items.

These were items where we gave statements that were either directly taken out of the policy or slight rewordings and in some cases were created to reflect just the opposite of what the policy itself indicated.

We asked the directors on a six-point scale, with one being disagree strongly to six being agree strongly, what their level of agreement was with a particular statement.

On the one hand, we asked them the statement: "Supervisors should try to identify drinking problems before they affect job performance." The average response on this, with six being agree strongly, was 5.4. In short, they had very strong agreement with it, even though this goes beyond policy recommendations.

Two other items tend to have slightly different implications.

The next item was "Supervisors should concern themselves with employee's off-the-job drinking."

The policy does not say anything about that. In fact, that is totally inconsistent with the policy. Yet, on our six-point scale the average was 3.9. Even though it is not strong agreement, still it is above the mid-point. More directors are agreeing than disagreeing with this statement that is essentially inconsistent with the policy.

Dr. TRICE. What are some of those others?

Mr. HUNT. Three of them are important.

Mr. ST GERMAIN. How many of them do you have?

Dr. BEYER. About six.

Mr. ST GERMAIN. Give us all of them.

Mr. HUNT. I have given you two.

Here is another one.

Any person whose drinking causes a continuing problem with his health, his interpersonal relations, or his economic functioning is an alcoholic.

This is essentially the definition that was found in the policy.

The mean is 5.3 on a six-point scale.

"Supervisors can best help employees with drinking problems by concentrating on their work performance."

This is the very point that we have been emphasizing. Yet the mean on this particular item is only 3.60, which is just barely over the mid-point. That is slight agreement.

This may go a long way to explain why there has been less than enthusiastic support of the policy.

"Alcoholics should be granted sick leave to obtain treatment."

The mean is 5.3, which is strong agreement.

"If an employee appeals to his supervisor about a drinking problem, the supervisor should counsel him about this."

The mean here is 4.7. However, it should be pointed out that that is inconsistent with the policy.

Dr. TRICE. Highly inconsistent.

Mr. HUNT. In short, to me at least it indicates that they are very much enamoured with the normal managerial manners of dealing with subordinates rather than using the policy.

"Alcoholism is a treatable illness."

The mean there is 5.5, which indicates strong agreement.

Here is an item which is negative: "A drinking relapse indicates that treatment is a failure."

The mean here is 2.46. That is just slightly below the average. It would be like disagree slightly.

This last statement also, I think, indicates to some extent that there is some ambiguity about the policy.

Dr. TRICE. A great deal.

Dr. BEYER. Or a lack of knowledge.

Mr. ST GERMAIN. I think this points out the fact that it would be most useful if there could be a 1-hour training period with a training film. The Army has bundles of those.

Dr. BEYER. The Federal Executive Boards in the large cities, for example, could have active subcommittees on this.

If there was a feeling that this was an important part of the general task of the installation director, if he felt the administrative emphasis on him from his superiors that it is an important part of his job, then I think you would find they would find out more about the policy.

Dr. TRICE. I think the most fundamental finding here is this: Increased familiarity leads to a variety of mediating factors that produce much higher use.

Directors are low in that area of familiarity and diffusion, but they do not show what you might call resistance to the policy. They show relative agreement with it.

It is just that the agencies and installations have to be more aggressive in terms of familiarizing them.

We are suggesting that they already have the mechanisms. Most of the installations have some sort of executive development. The regions have executive development.

You have some kind of briefings also. You can incorporate knowledge about this policy under these ongoing things rather than being highly specific and saying, We are going to train you about alcoholism now. That produces substantial resistance.

When, however, it is incorporated into the ongoing types of executive development, in which it can be an excellent training tool, then you get much greater response and change of attitude.

Mr. ST GERMAIN. Incidentally, the GAO suggests that in many instances a coordinator could probably serve two or three facilities or more.

Take Providence, R.I. We have a lot of small units. They range from 30 or 40 people to maybe 75. We have one now that has 300 people, but unfortunately I think they are going to be moved out by this administration. So we will lose them.

But for the most part, it is SBA, Internal Revenue, et cetera.

In a State like Rhode Island you are not talking about a great many people.

Would you agree with the fact that in instances such as those in certain areas where you have three or four facilities with relatively few employees that one coordinator who is attitudinally terrific could handle the situation?

Dr. BEYER. There is a slight danger in this, however.

We had a variety of ways to try to get at this. We tried to devise our items in such a way that people could not just agree with them and come up with a high score. We tried to make them not too obvious.

We asked a series of what we called vignettes. We set up hypothetical situations. We said if this situation occurred, then what would you do?

Unfortunately, we found basically that no matter what the severity of the problem—it varies a little bit with the severity of the problem, whether the person has had bad work performance for a long time, how much he has been absent, et cetera—but the tendency always is for the supervisor and the employee to handle it between themselves.

One gets an overwhelming feeling that these Federal managers are very accustomed to handling problems. They want to do it themselves with their own employees.

Somewhere in the training it would have to be very strongly emphasized that the supervisor does have to refer this person on. That mechanism has to be effectively encouraged and they have to know that this other person is available so that the coordinator is used.

Basically our statistics also show that the supervisors report more cases of occasions to use the policy than the coordinators.

Dr. TRICE. Twice as many.

Dr. BEYER. A number of cases are being handled that are not getting to the coordinator at all.

If one can assume that the coordinators are the most effective means of being sure that the employee gets the full range of counseling followup and is made aware of the availability of medical resources and so on, then one wants to be sure that somehow these coordinators are so placed that the supervisor and the employee feels ready access to them.

Dr. TRICE. I do not think that operates at all, however, against one coordinator handling three or four smaller installations.

Our data covered installations of 50 and above. We did not go to installations lower than 50.

We did encounter a number of coordinators who did cover two or three installations. If they were to have this kind of staff help that we were talking about, that is the modest staff help, then that is really the answer to the small installation. That is what the data are saying. That is not our opinion.

Dr. BEYER. When you get into some of these small installations, you can see that there is a low level of clerical help. Not all the installations deal with paper-pushing activities. Therefore, they do not have large clerical staffs and for them it may really be a problem to assign the existing staff help to this specific function.

There may have to be some emphasis that this staff time and help would be formally set aside. They may have overload in that area.

Mr. HUNT. Mr. St Germain, let me point out two other items of a similar nature that I mentioned earlier. Maybe this will give a clue to why there is this low implementation level and, in turn, why there has been a low resource allocation to the coordinators.

We asked the directors a series of items in terms of assessing the alcoholism policy. In this case we used semantic differentials ranging from one to seven, with one being the worst possible evaluation and seven being the most favorable.

Yet me just read two of these because I think they point out more clearly than anything the kind of problem that you may be running up against.

First, we asked them, "Is it a bad idea or a good idea?" This was with reference to the alcoholism policy.

On the seven-point scale the average was 6.1, which is almost to the top end. There was overwhelming agreement that the policy was a good idea.

However, we also asked them whether the policy was needed in the particular installation: That is, not needed in this installation or widely needed.

Here the mean was 3.1. This was almost a whole point below the midpoint average.

Dr. TRICE. Statistically that is very significant when we have this big a sample.

Mr. HUNT. I think you can see that this may be part of the problem. Until the directors get the training to appreciate there is this problem, they are not going to use the policy.

Dr. TRICE. In this regard I think we can immediately bring to bear a very basic finding.

What explains assessed need? Assessed need is explained where there are training topics and training hours.

Under those conditions assessed need goes way up.

Mr. HICKS. If they do not perceive the problem in their installation but they perceive it governmentwide, I don't see where you have any validity in anything.

If you cannot perceive it in your own installation, you have no knowledge of what it is some place else. You are relying on folklore.

Dr. TRICE. I come back to where training topics and training hours had been expended, assessed need was very, very significantly higher.

I think it clearly indicates that the incorporation of such training topics and training hours would materially affect that particular attitude and position. It will sharply increase assessed need.

Mr. HICKS. I guess you can train anybody to think anything about anything. If you are pushing diabetes, or whatever it is, on this particular day, you can do it.

If you have a supervisor who is running his installation and is a hardheaded manager and he has not perceived this problem until you go out and sell him on it, I do not see where we have the problem.

Dr. BEYER. I think, Mr. Hicks, one of the issues is that part of the training topics is going through things like the signs of possibly developing alcoholism. There may be ignorance about it.

Mr. HICKS. I can agree with that.

Dr. BEYER. It may not be known that absenteeism is a sign of a drinking problem.

In some of the installations Professor Trice's research has shown that there are some occupations that are higher risk occupations.

For example, where you have a lot of people working out in the field, you may have more difficulty in assessing whether they have these kinds of problems unless you systematically go about trying to find out about it or become more sensitive to it.

There also is a natural human reluctance to feel that these kinds of things can affect people like us. That is a problem somebody else has. We do not have this problem. We are good guys.

Mr. LUMAN. If you have an installation whose supervisors perceive the problem and rank high on the scale in terms of recognizing that they have a problem, then do you also have people who are referred?

Dr. TRICE. You have supervisors who use it more and expect to use it more. They use the policy more.

Mr. LUMAN. That means that they identify the alcoholics and refer them to treatment?

Dr. TRICE. We assume so.

We can tell you that the supervisors under those conditions use and and expect to use in a very significantly higher sense.

Mr. HICKS. You can identify increased production after this has been done?

Dr. TRICE. Our data does not permit us to answer that question, but our assumption is that the person, on the basis of his experience within the policy, will be returned to his former level of job performance.

The data in the private sector suggests that, but this is one of the great research needs, the question you have just raised.

Most specialists in the field strongly believe that that is the case.

Data in the private sector suggests that in the majority of instances job performance definitely does return to an acceptable level.

This is a study of policy implementation, however. Our data does not permit us to specifically respond to that.

I will give you my opinion.

The data, which is relatively flawed data, that comes from the private sector would answer that question yes.

Dr. BEYER. Let me give two andecotes which come from my own interviewing. They illustrate two different kinds of problems. I remember these two. They happened to be directors.

In one case we went into an installation and we were told they had had a problem drinking employee. They had an alcoholic, but he had committed suicide.

This is all we learned at first, but in subsequent interviewing it turned out that the death had occurred just 10 days before we interviewed there.

When we got to the immediate supervisor of this person, it turned out that this person had not committed suicide in the normal sense that we think of it. In fact, there had been a "company party."

He had been known to have had drinking problems for a long time. People had tried to deal with that. He was a field person. They had brought him into the office. He had pleaded that this would drive him crazy. He did not like working in the office.

They allowed him to go back into the field. He had promised to do something about it.

He went to the party and drank so much that he died of hemorrhage of the throat that weekend.

The way that everyone in the installation dealt with this was by saying, "He knew all along what the risks were; the doctors had warned him and we did not know what to do about it."

We as researchers could not at that point educate them. But what was clear from this incident was that even though the problem had existed, there was a real lack of understanding of the policy.

In another instance which is undoubtedly more fortunate, but not due to the influence of the director, an employee had been confronted by the law because he got into trouble with his car. He was stopped for a traffic violation and started to fight with the police. He ended up in jail.

The director commented to me, "Well, you see, the judge had a way of bringing him around. He had some kind of leverage on that person. He could force him to stop drinking, but what kind of leverage do I have?

He failed to understand that he did have the leverage.

Dr. TRICE. He had tremendous leverage.

Dr. BEYER. Let me say that these two anecdotes do suggest some real lack of understanding.

This training might perhaps really lead to some increased use because people really do not understand the policy.

Mr. ST GERMAIN. Mr. Chairman, the witnesses have used charts. I would ask unanimous consent that we could have those charts inserted in the record.

Mr. HICKS. Without objection, these will be inserted in the record.

Dr. TRICE. These are what we call marginals.

[The information referred to follows:]

EXHIBIT 1. Responses of Installation Directors to Question on Agreement with Policy

Question: We would like you to assess the degree to which you agree or disagree with the following statements in terms of the alcoholism policy. Please circle the number which most closely corresponds to your feeling about each statement:

1. Disagree strongly
2. Disagree
3. Disagree slightly
4. Agree slightly
5. Agree
6. Agree strongly

	Frequencies						
	1	2	3	4	5	6	Mean
a. Supervisors should try to identify drinking problems before they affect job performance.	2	2	1	2	14	47	5.43
b. Any person whose drinking causes a continuing problem with his health, his interpersonal relations, or his economic functioning is an alcoholic.	2	2	1	4	18	40	5.30
c. Supervisors should concern themselves with employees' off-the-job drinking.	7	9	7	18	12	15	3.94
d. Supervisors can best help employees with drinking problems by concentrating on their work performance.	7	13	10	17	12	9	3.60
e. Alcoholics should be granted sick leave to obtain treatment.	3	0	0	5	22	38	5.31
f. If an employee appeals to his supervisor about a drinking problem, the supervisor should counsel him about it.	6	7	0	5	18	32	4.74
g. Alcoholism is a treatable illness.	0	2	0	3	25	39	5.49
h. A drinking relapse indicates that treatment is a failure.	14	31	9	9	2	3	2.46

EXHIBIT 2. Responses of Installation Directors to Question on Assessment of Policy

Question: Could you tell to your assessment of the alcohol policy?

	1	2	3	4	5	6	7
Mean = 3.13	not needed in this installation				widely needed in this installation		
Frequencies:	14	16	5	24	5	1	4
Mean = 4.77	1	2	3	4	5	6	7
	hard to administer				easy to administer		
Frequencies:	6	6	4	18	3	14	19
Mean = 5.60	1	2	3	4	5	6	7
	harmful to installation				beneficial to installation		
Frequencies:	3	3	1	14	3	13	33
Mean = 5.80	1	2	3	4	5	6	7
	socially harmful				socially beneficial		
Frequencies:	3	1	2	12	2	13	37
Mean = 4.09	1	2	3	4	5	6	7
	minimal step for government				giant step for government		
Frequencies:	5	4	1	19	15	7	19
Mean = 5.54	1	2	3	4	5	6	7
	this policy is useless to supervisors				this policy is useful to supervisors		
Frequencies:	1	3	3	12	10	13	28
Mean = 6.13	1	2	3	4	5	6	7
	bad idea					good idea	
Frequencies:	1	0	1	11	4	10	33

Mr. HICKS. Also, without objection, the table of projected percent of increase for various degrees of staff help upon coordinator policy activities and supervisor policy use will be inserted in the record.

[The information referred to follows:]

TABLE I.—PROJECTED PERCENT OF INCREASE FOR VARIOUS DEGREES OF STAFF HELP UPON COORDINATOR POLICY ACTIVITIES AND SUPERVISOR POLICY USE[1]

	Staff help per week (hours)				
	4	8	12	16	20
Finding treatment information	[2]7	14	21	28	35
Consulting with key personnel	8	16	24	32	40
Manager actual policy use	9	18	27	36	45
Coordinator case load	14	28	42	56	70
Number of procedures used with alcoholism cases	39	78	117	156	195

[1] Based on average of 4 hours per week official allocation of time for coordinator.
[2] Confidence limits can be attached to each of these projections; they will be eliminated here, but generally they become very wide as staff hours increase from 4 to 20 hours.

Mr. ST GERMAIN. I would like to comment on the significant finding where you had the low figure. That is where it happens every place else but not here.

That reminds me of this Congressman who received two letters on the same day a few years ago from the chamber of commerce in Providence, R.I.

One was from the full chamber yelling like the dickens about the pork barrel legislation known as the public works bill.

The other one came to the subcommittee on the port issue encouraging this member to exert every effort to make sure that there were funds authorized and appropriated for the deepening of the channel in the harbor.

On the one hand, it is great policy but, on the other hand, when it comes to us, we don't need it.

Dr. TRICE. Yes; that is exactly correct.

With respect to your observation, Mr. Hicks, about selling diabetes or whatever, I think we would come down very hard on the fact that ordinary, run-of-the-mill training, executive development and briefings—these provide a vehicle that does not come down hard on illness. They just use the policy as a device to underscore how to be a good executive or how to be a good supervisor.

In other words, the major thrust of the training effort is on what is on the executive's mind, namely, how to be a good executive.

But you can use alcoholism cases very effectively to demonstrate how to become a good executive and the principles of management and supervision.

At the same time you get a significant spinoff in increased knowledge, information, and acceptance of the concept of alcoholism.

I would agree with you. I would not want to go around selling one illness one day and another illness the next day. We are strongly urging that it be incorporated into the ongoing administrative efforts as a device to improve them.

Dr. BEYER. Let me say parenthetically that while we were often told that they did not need the policy, they were sure that Washington did. That is where the real drinking went on was the opinion.

Dr. TRICE. We were warmly received in Federal installations. As outside research people representing a large university, we were received so warmly that sometimes we had to make sure that we were not received so warmly as to jeopardize our objectivity, if you know what I mean.

For that we want to thank everybody involved: all those very cooperative directors and those large numbers of Federal managers.

Thank you very much.

Mr. HICKS. Thank you very much.

Our next witness is Mr. Gregory J. Ahart, Director, Human Resources Division of the General Accounting Office.

We welcome you.

STATEMENT OF GREGORY J. AHART, DIRECTOR, HUMAN RESOURCES DIVISION, GENERAL ACCOUNTING OFFICE; ACCOMPANIED BY CARL FENSTERMAKER, ASSISTANT DIRECTOR; EDWARB TASCA, STAFF MEMBER; AND FRANK GUIDO, STAFF MEMBER

Mr. AHART. Let me introduce my colleagues at the table.

On my right is Mr. Carl Fenstermaker, Assistant Director, Human Resources Division.

On my ieft are two other staff members of that division, Mr. Edward Tasca and Mr. Frank Guido.

We are pleased to have this opportunity to comment on the results of our review of Federal civilian employee alcoholism programs.

As you recall, in October 1970, at the request of the chairman, Special Subcommittee on Alcoholism and Narcotics, Senate Committee on Labor and Public Welfare, we issued a report entitled, "Substantial Cost Savings From Establishment of Alcoholism Program for Federal Civilian Employees."

On the basis of information furnished and views expressed to us by various authorities in the field of alcoholism, we estimated that the prevalence of alcoholism among the 2.8 million Federal civilian employees at June 30, 1970, could result in costs to the Federal Government ranging from about $275 million to $550 million annually.

We also estimated that the establishment of an effective governmentwide alcoholism program for Federal civilian employees, estimated to cost $15 million annually, might reduce these costs by $135 million to $280 million.

We reported that no one really knew how many people were suffering from alcoholism, although experts believed there were more than 9 million alcohol abusers in the United States. While there was a difference in opinion among those we interviewed as to the prevalence of alcoholism in private industry and government, we reported that there did not appear to be any disagreement that the number of alcohol abusers was significant.

On December 31, 1970, Public Law 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, became law. This law provided that the Civil Service Commission shall be responsible for developing and maintaining, in cooperation with the Secretary of Health, Education, and Welfare (HEW) and with other Federal agencies and departments, appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees.

In April 1974, this subcommittee, which was then known as the Special Studies Subcommittee, conducted hearings on employee alcohol abuse. The subcommittee concluded that many Federal agencies had not substantially complied with the Civil Service Commission directive that alcoholism programs be established.

The subcommittee also concluded that the high-level support was often lacking and that Government agencies were reaching only a small fraction of the employees who had performance difficulties due to alcohol.

According to the subcommittee's report, the most successful employee alcoholism programs were those designed to help any employee whose work is affected by personal problems, the so-called broad brush or troubled employee programs.

The subcommittee recommended that:

Federal agencies institute effective alcoholism programs in compliance with Public Law 91-616;

Federal agencies make greater efforts to insure and monitor compliance by their field installations;

The Civil Service Commission encourage the adoption of a broader approach to employee assistance through programs that offer sources of help for employees whose work performance difficulties may be caused by problems other than alcoholism; and

Agencies work closely with employee unions to enlist their support in developing programs to assist problem employees.

I turn now to objectives and scope of GAO review.

In November 1975, at your request, we began a review of Federal agency alcoholism programs to determine the:

Extent to which agency personnel perceived an employee alcoholism problem existed;

The type of programs being developed;

The extent of management and union support for alcoholism programs;

Level of employee awareness of the programs and extent of agency actions to train personnel how to deal with alcoholism problems;

Manner in which alcoholism coordinators were chosen, their qualifications, and the way they carried out their duties; and

Effectiveness of programs in getting alcohol abusers into treatment.

Our review was concerned only with civilian employees. On April 8, 1976, we issued a report to the Congress on alcohol and drug abuse programs of the Department of Defense for uniformed personnel. We found that alcohol abuse is more prevalent than drug abuse and that too little was being done to correct the alcohol problem.

During our current review we spoke with headquarters officials responsible for the development of employee alcoholism programs at 26 agencies to determine the type of programs being developed.

For 12 of these agencies, we visited a total of 81 different installations—both military bases and civilian sites—and interviewed installation directors, alcoholism coordinators, union officials, medical officers, and chaplains. Installations ranged in size from 75 to 20,000 civilian employees.

In addition, we sent questionnaires to 2,817 supervisory and 1,599 nonsupervisory personnel to determine their familiarity with, and feelings about, alcoholism programs. To date, we have received responses from 2,641 supervisors and 1,441 non-supervisors—an overall response rate of 92 percent.

Our preliminary analysis is based on two-thirds of the supervisors' responses and 90 percent of the nonsupervisors' responses.

We also visited or plan to visit five programs run by private industry which the National Council on Alcoholism believed were doing a good job in attacking the employee alcoholism problem. While we are still in the process of analyzing much of the data collected, we will attempt to summarize our findings to date.

I turn now to the extent of the alcohol abuse problem.

During the April 1974 hearings, a Civil Service Commission representative stated that more accurate information was needed on the extent of alcoholism among Federal employees. The Commission's 1971 guidelines for Federal alcohol programs called for agency administrators to develop data which could be used to estimate the alcoholism prevalence rate in the Federal service. The agency officials with whom we spoke were unable to supply us with any data which could be used to more accurately estimate the prevalence of alcohol abuse among Federal civilian employees.

Many agency officials indicated to us that an alcoholism problem did not exist at their installation because their employees were (1) different from employees of other installations, (2) more professional, (3) located in geographical areas where there was less pressure, (4) subjected to rigorous hiring standards, or (5) more job conscious than employees of other agencies.

Installation officials' opinions often seemed to be based on the fact that there were few or no reported cases in the alcoholism programs.

Mr. LUMAN. Mr. Ahart, what was your assessment of that argument based on what you have seen?

Mr. AHART. I think it ties in very closely with the discussion you had with Dr. Trice.

People tend to think the problems are elsewhere and there are other indications in our study that indicate the same thing.

There is a problem, but it is felt that all other installations have it but not that particular one.

Mr. LUMAN. Were you able to find an installation, for example, which had a good program and had identified employees with alcoholic problems that had the same characteristics as some of the installations that claimed they did not have a problem?

Mr. AHART. Yes. I will be discussing at least one of those later in my statement.

The characteristics of the installation, since it was randomly selected, would generally be comparable to one where they did not feel they had the problem.

Mr. LUMAN. In other words, the installation that had been able to identify and assist workers could have made some of these claims, such as "we have rigorous hiring standards, our people our conscientious," just like the ones that did not have a program?

Mr. AHART. Yes.

In many instances, the installation directors or their spokesmen estimated the problem to be less extensive than the coordinators believed it to be.

For example:

At three of five Department of Agriculture sites, top management officials estimated the problem to be less than 1 percent of the work force; the coordinators' estimates ranged from 5 to 10 percent; and

At five of nine Air Force installations and four of eight Veterans' Administration sites the coordinators' estimates were at least double those of top installation officials.

Union representatives and medical personnel assigned to various sites also estimated a more extensive problem than that perceived by the installation directors.

Our analysis of the questionnaire data obtained from supervisors and nonsupervisors also disclosed divergent views on the extent of alcoholism problems.

For example, supervisors tended to believe there was a greater alcohol problem at their installation than did nonsupervisors. In total, 24 percent of the supervisors believed there was at least a moderate alcoholism problem at their installation.

In contrast, only 13 percent of the nonsupervisors classified the problem as moderate at their installation. Seven percent of the supervisors and 5 percent of the nonsupervisors classified the alcoholism problem at their installation as substantial or great.

Mr. LUMAN. Do you find the phenomenon mentioned by Dr. Trice to be true; that if the people had been trained and knew what this program was, they were more likely to say that there was a need for the program and to perceive that they had problems?

Mr. AHART. At the installations where we felt they had a good program, the ones that we visited, a lot of the things which Dr. Trice talked about were being done. There was diffusion of information. There was training, and so on.

Yes; I think there is a good correlation between getting the word out in an effective way, the learning experience, and the response on the part of the supervisors and employees to make use of the program.

Mr. LUMAN. If he does not understand the program, he is more likely to say that he does not have a problem. Is that correct?

Mr. AHART. That is correct.

I turn now to attitudes of installation management.

At numerous installations it appeared as if management was simply going through the motions of establishing an alcoholism program only because agency regulations required one. Officials at some cites told us that they were concerned with the amount of time and money being devoted to social problems. Over 46 percent of the installation directors with whom we spoke believed that it should be the individual's responsibility to recognize an alcoholism problem and ask for assistance.

At a number of sites, top management officials advised us that there was no problem at their site or they were not aware of a problem because no one came forth and admitted that they had a problem or because they had not seen anyone with a problem.

To illustrate, at a western Veterans' Administration regional office, the installation director stated that he felt personnel at the location did not have a drinking problem because he had an open door policy and no one had come forward and identified himself as an alcoholic. The installation director advised us that neither he nor his supervisor staff had received alcoholism training.

At a midwestern Army base the commanding officer stated that alcoholism was not a significant problem among civilians because the civilian work force in the Midwest is composed of hard-working people who are not under the same pressures as people in dense population areas.

A medical officer at this installation stated there was general apathy toward the civilian work force at the post and there was a real need for an alcoholism program because the post was socially isolated. He

stated that top management gave little more than lip service to the problem and was under the impression that everyone hoped the program would die and the problem would disappear.

I turn now to type and organizational location of programs being developed.

At the 74 installations where we have completed our data analysis, we found that:

Twenty-four had developed "broad brush" or "troubled employee" programs;

Thirty-one had developed combined alcohol and drug abuse programs;

Eleven had developed programs solely to deal with alcohol abusers;

Three had no program; and

Five had informal programs not subject to classification.

We are continuing our analysis of the advantages and disadvantages of the various types of programs being developed and are not in a position to comment on the relative merit of each at this time.

Of particular interest was the fact that about 65 percent of the programs we reviewed were being operated out of the installation personnel departments. Coordinators for these programs sometimes were also responsible for carrying out disciplinary actions against employees, or were top installation officials in whom subordinate personnel were not likely to confide

Regarding the organizational location of programs for alcohol abusers, the alcoholism coordinator and union local president at an eastern Department of Agriculture site both expressed their concern about a possible conflict of interest because the alcoholism coordinator was also a personnel officer.

The coordinator at a western Naval installation likewise stated that the program's relationship with the personnel office could cause a possible conflict of interest.

At a southern Internal Revenue Service site, the local union president expressed similar concern about the alcoholism coordinator being in the personnel department. In this case the coordinator also had responsibility for disciplinary action against employees.

The program at this installation made use of a psychologist who was available on a part-time basis to see employees with problems. A monthly list of employees seeing the psychologist, however, was sent to the personnel department where personnel management assistants attempted to determine the nature of the employees' problems and the actions that were taken or needed to correct them.

One manager at this installation advised us that most employees would be hesitant to talk to a coordinator and voluntarily admit to having an alcohol problem for fear of being fired.

I would like to discuss now management and union support for alcoholism programs.

Management and union support for alcoholism programs varied considerably from installation to installation, even within the same agency. In many cases support appeared to exist in name only. Union officials many times expressed concern about management's objectives and motives in establishing alcoholism programs and were sometimes convinced that the programs were means of identifying problem em-

ployees for the purpose of terminating their employment. In many cases, unions had little to do with the establishment of the programs, and in other cases the unions seemed disinterested. In some cases, unions so distrusted management's motives that they set up their own programs.

Of the 74 installations where we have completed our review, 51 had developed specific alcoholism guidelines in addition to those furnished by agency headquarters. Coordinators at 67 percent of the 74 installations viewed management support of the program as strong or very strong in comparison with 53 percent of the supervisors and 24 percent of the nonsupervisors sampled. Almost 50 percent of the nonsupervisors stated that they did not know the extent to which management supported the program indicating a marked lack of communicating below the supervisory level.

Coordinators at 13 installations stated that they did not have private office space for counseling purposes and 25 coordinators expressed their opinion that employees would be reluctant to be seen in their office.

The following examples illustrate how officials at some installations viewed the effort being made to combat alcoholism.

A union representative from a midwestern Federal Aviation Administration site advised us that not enough publicity was given to the program and characterized it as "just another program buried in the archives."

The alcoholism coordinator at a midwestern Social Security Administration site expressed his opinion that management was only giving lip service to the problem. At this location, the union was very concerned that employee confidentiality was not being respected and had set up their own program. (The coordinator's office at this site was located next to the personnel department.) On the other hand, management representatives felt that the union's problem regarding confidentiality had been blown out of proportion.

The Director of Personnel at a western Air Force base expressed his concern that so much money was being spent on social actions—such as alcohol, drugs, EEO problems, et cetera—as opposed to the primary mission of the installation—"fly and fight."

The commander of a midwestern Defense Supply Agency site advised us that he was "not in the hand-holding business."

Similarly, the commanding officer at a western naval shipyard stated that his "main job was overhauling ships, not reforming drunks."

At this installation, union officials offered their support for the alcoholism program but stated that management would not get behind the program. Union representatives informed us that they attempted to gain permission to hang educational posters on bulletin boards but were not permitted to do so by the commanding officer.

At a western naval facility, the alcoholism coordinator was told by the industrial relations director to place the alcoholism program at the bottom of his priority list because of his heavy workload in other areas. The local union president informed us that reprisal for alcoholism was a way of life at this installation and the alcohol program was not important there.

The next item I would like to mention is employee awareness and management efforts to inform and train personnel.

Most installations have made some effort to make employees aware of the alcohol problem. Most have distributed program literature to employees, posted material on bulletin boards, and devoted a portion of training time to a discussion of alcoholism and the alcohol program. In a number of cases the efforts to educate and train personnel intensified considerably about the time of our visit to the installation.

Our analysis of supervisor responses to our questionnaire showed that the majority were: (1) aware that their agency had an alcoholism policy, (2) aware that there was a coordinator at their installation, and (3) familiar with agency guidelines for implementation of the program.

Most supervisors had been informed of their agency's efforts to deal with the alcoholism problem within the past 3 years and 73 percent had received some type of training. The majority of the nonsupervisors were also aware that their agency had a policy dealing with employee alcoholism, but less than half had received any educational material or recalled seeing any memorandums or posters relating to the alcoholism program.

In addition, of the 49 percent of the nonsupervisors who knew that there was an alcoholism coordinator at their installation, only 43 percent were aware of his or her name.

While installations generally had made an effort to educate employees and to train supervisors, we found the following with respect to the time period when some installations had acted to notify their employees:

A western Department of Transportation installation issued a memorandum to all employees on March 26, 1976, advising them of the program. The memo was dated after we called for an appointment.

A western Air Force base begin the practice of briefing all new employees about the program on April 16, 1976—after our visit.

About 3 weeks before our visit to a southern Internal Revenue Service center all managers were notified to review the agency's alcoholism program in preparation for our impending visit.

A local union official at an eastern Internal Revenue Service district office stated that he first became aware of the agency's program as a result of our visit and would have handled a recent alcoholism case differently had he been aware of the agency's program.

Now I will turn to selection, qualifications, and performance of alcoholism coordinators.

For the most part, we found that coordinators had been assigned to their position by virtue of previous positions they had occupied. Many had no special qualifications for dealing with alcoholism and most acknowledged the need for training. Most coordinators devoted very little time to the alcohol program but expressed a desire to continue as coordinators.

At the 74 installations visited we were advised that:

Fifty-two coordinators were assigned their alcoholism duties;

Twelve volunteered to be coordinators;

Seven were hired for the position; and

Three installations had no coordinator.

Twelve stated that they did not desire to continue as coordinator.

Forty-two coordinators interviewed advised us that they spent 5 percent or less of their time on alcoholism program activities. While only two coordinators spent 100 percent of their time on alcohol-related matters, seven others were fulltime administrators of troubled employee programs.

The following examples illustrate some particular problems associated with the selection and activities of coordinators:

The coordinator at a southern National Park Service site was appointed to that position although she had no special qualifications. She advised us she had no time for the program and did not want to get involved. She admitted that the time spent preparing for our visit was the most time she ever spent on the program.

The coordinator at a southern Coast Guard installation informed us that she was appointed alcoholism coordinator because "she got the short straw."

At a southern Federal Aviation Administration site, the coordinator was assigned to his position having had no prior alcoholism training. He advised us that he had had only bad experiences with alcoholics and therefore "could not stand drunks." He stated that he did not want to continue as coordinator and felt the program should be handled in the medical unit.

Let me discuss for a moment effectiveness of programs in getting alcohol abusers into treatment.

The 74 installations for which we completed our data analysis had a combined work force of about 183,000 civilian employees in fiscal year 1975. During that year these installations had a total of 586 alcohol abusers in their programs. Twenty-nine installations, having a combined civilian work force to about 27,000, had no people in their programs during fiscal year 1975.

The National Council on Alcoholism has estimated that 6 percent of American workers have problems caused by alcohol abuse and that an effective program should reach about 15 percent of the total number of employees having alcohol related difficulties. Assuming these estimates to be correct, 70 of the 74 installations included in our review were operating programs that did not measure up to this level of attainment. The programs included in our review reached 5.3 percent of those persons estimated to have a problem.

For those people who did participate in a program, we found only minimal records showing the extent to which people were helped by the program. In many cases, however, informal information received by coordinators indicated that the alcohol abusers' job performance had improved.

Supervisors responding to our questionnaire believed that out of 283 cases 63 had greatly improved; 93 had somewhat improved; 66 were unchanged; 6 had somewhat worsened; and 14 had greatly worsened.

In the remaining 41 cases supervisors were unaware of the results in 27 cases and believed it was too early to tell in 14 cases.

The reasons why programs have not succeeded in attracting more alcohol abusers may be somewhat evident in the statements by the following officials:

A coordinator at a western Food and Drug Administration installation felt that supervisors would not move on problem drinkers but would rather let them ride and not refer them for assistance.

The alcoholism coordinator at a midwestern Army base advised us that alcohol abusers were being protected by lazy bosses and fellow employees who were not acting in cases where problems existed.

A nurse at a Defense Supply Agency site expressed her opinion that supervisors lacked education and training and were too busy being good guys.

The union local president at an eastern Internal Revenue Service site stated that most supervisors are not able to recognize the problem and others are reluctant to do anything when it is recognized. In his opinion, management has to work to alleviate employee fear of reprisal.

An official at a midwestern Federal Aviation Administration flight center told us there is no incentive for air traffic controllers to enter the program because controllers who have problems are medically disqualified from ever holding that position again, based on their current policy.

Another FAA official at this center told us that controllers may be eligible for medical disability benefits amounting to 75 percent of their salary, tax free, after 5 years of service. The regional flight surgeon said that because of the liberal retirement benefits a controller would retire rather than seek help for his problem.

Some additional perspective may be gained by looking at the nonsupervisor responses to our questionnaire. Seventy-seven percent of the nonsupervisors stated they would be willing to contact the alcoholism coordinator at their installation if they had a problem, while 23 percent said they would not.

For those responding to our questionnaire the primary reasons cited for not wanting to go to an agency coordinator were: One: Fear of not getting promoted; Two: desire to try community-based program first; and Three: fear of losing job.

On the other hand, 63 percent of the nonsupervisors believed that less than half of their fellow employees would be willing to contact an agency alcoholism coordinator.

In our opinion, this could indicate a poor acceptance of the agencies' programs to assist employees with alcohol or other personal problems.

Now I would like to talk about the successful programs.

Several installations appeared to be doing a good job of operating their programs and serve to illustrate what can be accomplished with an effective program.

At a western Army installation with a work force of about 2,800 civilians, about 25 alcohol abusers were served by the installation's broad brush program in fiscal year 1974; 35 were served in 1975.

The program appeared to have the enthusiastic support of the base commander and the headquarters commander responsible for this activity.

During fiscal year 1975, the program operated with a specific budget of $43,200 and utilized a full-time counselor and a secretary and chaplain on a part-time basis.

The program also makes uses of, one: The services of 23 paraprofessional counselors who were evenly distributed throughout the base, and two: AA meetings conducted on the base.

The local union appeared to be fully supportive of the program which received extensive publicity around the installation. Base officials estimated that 100 percent of all employees and supervisors had received some literature about the program.

The coordinator estimated between 9 and 12 percent of the employees on the base had an alcoholism problem. The base commanding officer strongly agreed that alcoholism was a problem at the installation and advised us that whatever the program cost, he believed it would be recovered through savings realized by the increased productivity of those persons helped. In his opinion, any commander who objected to the initial cost of a program was not really concerned with cost, but rather simply was not supportive of the program.

The alcoholism coordinator advised us that the program is strictly for civilians and that disciplinary action is taken if employees do not avail themselves of the program.

While the files on individuals participating in the program did not contain information on whether the employees were helped by the program, the coordinator estimated the program's success rate at better than 50 percent in fiscal years 1974 and 1975. Success in this case was considered to include progression in counseling and improved job performance.

The coordinator felt that changing the name from an alcoholism program to a troubled employee program helped remove some of the stigma associated with alcoholism.

The Government Printing Office in Washington, D.C., employs about 8,000 persons full-time and 600 part-time. It established an alcohol abuse program in 1971. The program is under the immediate direction of a full-time administrator who has had extensive prior experience in the alcoholism field.

The program operates out of the health department with an annual budget of $36,000.

In fiscal years 1974 and 1975 a total of 197 alcohol abusers were identified. The program coordinator advised us that 110 were helped by the program.

We asked the coordinator at this installation what makes an alcoholism program work and he responded as follows:

First, a program needs top management support. Without it, the program will never get off the ground.

Second, a program needs the support of lower-level personnel and union officials because here lies the heart of the program.

Third, supervisors must document employee leave patterns and productivity. Without this, a supervisor has no leverage over the employee. With adequate documentation of the existence of a problem, an employee is less apt to deny that a problem exists and more prone to accept help, particularly if faced with the prospect of losing his job.

Fourth, the alcoholism program should be located in the medical department. The alcohol abuser feels safer surrounded by people who are in a helping profession as opposed to the personnel office which often is associated with disciplinary action.

Fifth, there should be established lines of communication between the counselor, client, supervisor, and treatment facility. A signed release should also be obtained giving permission for program personnel to talk to the alcohol abuser's family and outside agencies before admitting him to the program.

Sixth, all documentation concerning an employee should be considered strictly confidential. Without this, an employee will not be willing to put his trust in a counselor.

Seventh, an employee's job level or chance for promotion should not be affected by his decision to seek help.

Eighth, the alcohol abuser, once in the program, should be encouraged to seek new social relationships and avoid situations where there is social pressure which encourages him to drink.

Ninth, the program itself must have a formal structure which includes a written policy, training for supervisors, supervisory confrontation of employees, diagnosis, and therapy.

The National Council on Alcoholism also considers many of these factors as necessary for the development of an effective alcoholism program.

The next item I would like to discuss is development of interagency cooperative programs.

About 90 percent of the installations we visited operated their own alcoholism program regardless of the number of people assigned to that location.

Coordinators and directors generally commented that (1) they never thought about operating a program in conjunction with other Federal agencies in the immediate area, (2) they thought their installation was large enough to support its own program, or (3) there was no need for a cooperative effort because there was no alcohol problem among their employees.

Possible advantages of a cooperative program include:

Availability of trained personnel to handle cases and make referrals to community-based treatment facilities;

Removal of the program from the personnel office;

Less reluctance on the part of employees to contact someone outside their agency; and

A focal point for training and educating supervisors and non-supervisors.

Although our analysis of the data collected during this review is not complete, our work has led us to the following observations:

Management frequently does not appear to recognize the potential seriousness of alcohol abuse problems and often appears unwilling to act until a problem of sufficient magnitude surfaces.

Programs that operate out of agency personnel departments appear to be viewed with considerable suspicion by unions and non-supervisory personnel. In many instances, employees do not trust management's motives in establishing alcoholism programs. Those programs which seem to have the best chance of succeeding are those which are run by a full-time coordinator who is independent of the personnel department and who has a specified budget with which to work. Those programs which have union support, particularly those which involve union stewards in the counseling process, appear to have considerable merit.

Most agencies appear to be making reasonable efforts to provide information to supervisory and non-supervisory personnel about alcoholism and the agencies' alcoholism programs although a number of agencies' efforts intensified around the time of our review.

Alcoholism coordinators for the most part have not been selected on the basis of any special qualifications, background, or interest which would enable them to deal effectively with this problem. Additional training is needed in most cases. Moreover, it appears that

some should never have been designated as coordinator because (1) they occupied positions which other employees viewed as a threat to confidentiality, (2) they evidenced little or no real interest in the program, and (3) they had little time to devote to the program.

For the most part, the installations included in our review have attracted far fewer alcohol abusers into their programs than was originally anticipated on the basis of past hearings.

There appear to be several reasons for this: (1) Employees do not believe confidentiality will be respected and fear reprisal, (2) alcohol abusers are protected by lazy or indifferent bosses and fellow employees who refuse to take action, and (3) management appears willing to tolerate poor performance rather than take positive action.

Mr. Chairman, this concludes our statement. We will be happy to answer any questions that you or other members of the subcommittee may have.

Mr. ST GERMAIN. Mr. Ahart, I assume that the GAO has in its possession the names of officials who have been quoted as to making statements to the investigators.

I would urge that these individuals be heard on the record in defense of these statements.

I trust the subcommittee will request that names be furnished to the Civil Service Commission and that the Commission advise this subcommittee as to actions taken either to change the individual's attitude or to replace them with individuals who can better administer this program in their respective commands.

Frankly, when I hear statements such as, "Too much money is being wasted in this area as opposed to the primary mission of this installation—to fly and fight," I am shocked that such a statement would be made to a director of personnel.

If a practicing alcoholic is flying or servicing any of those planes, I think it is terrible.

I understand there were three F–14 crackups recently. The F–14 has been grounded. I heard that on the news last night.

I hope that the F–14 was not grounded, perhaps, because the installation commander was more interested in flying the planes than in the condition of the people who are servicing or flying the planes.

Likewise, to be told that the commanding officer of a Naval shipyard stated his main job was overhauling ships, not drunks, suggests to me that the statement should be brought to the attention of the Secretary of the Navy immediately.

He is a neighbor of mine in Rhode Island. If no one else does, I will mention it to him. You can bet your life on that.

That perhaps is why some of these ships might sink after being overhauled by some alcoholic.

His denial to union representatives to hang educational posters on bulletin boards should be sufficient for the Navy Department to take appropriate action.

Frankly, Mr. Chairman, I do not see that we can wait much longer.

If we are serious about this and if we do not insist on immediate action, then we are derelict.

These are instances where immediate action can be taken.

It is one thing to legislate and vote for appropriations, particularly in this area, but then to be told about these incidents involving

high ranking employees, both military and civilian, is quite discouraging.

No matter how much we authorize and appropriate, there is not going to be anything accomplished in this area.

Mr. Ahart, relating to my earlier comment, have you discussed the statement you have given here today with the Civil Service Commission?

Mr. AHART. We have had several discussions with the Civil Service Commission. We made the statement available to them several days ago. My staff has talked to Civil Service representatives.

Mr. ST GERMAIN. They will be aware of it when they testify before us on Monday?

Mr. AHART. Yes.

Mr. ST GERMAIN. It seems that this act has been in effect for 6 years. The commission has not put out classification schedules for alcoholism counselors or coordinators nor have they come up with any standards for education and experience; have they?

Mr. AHART. Not to my knowledge. My staff might have different information.

Mr. FENSTERMAKER. The information that the commission has put out is rather vague as to what the qualifications of the coordinator should be.

Mr. ST GERMAIN. Do they have any registers established or appropriate guidelines to Federal agencies? Do they leave it totally to the discretion of the commanding officer and agency heads as to who shall fill in part-time?

Mr. FENSTERMAKER. It is pretty much up to the installation directors. It is up to them to select the individuals whom they want.

Mr. LUMAN. Did you ever run into an occasion where the coordinator had been advised of his or her duties within 2 weeks before you came?

Mr. GUIDO. One was appointed the day that we wanted to go out and visit.

We found a lot of instances where training was held the day before or the day after we came. There was a directive talking about a new policy and which was circulated to all employees the day we were there.

It was not uncommon for things like that to happen.

Mr. LUMAN. A remarkable coincidence?

Mr. GUIDO. Yes, I would say so.

Mr. ST GERMAIN. You say that there was a difference of opinion among the interviewers as to the prevalence of alcoholism in government and private industry.

Are you saying that the incidence of known alcoholism is higher in private industry or higher in government or are there those who disagree with the basic 6 percent figure that you use elsewhere?

Mr. AHART. The 6 percent is a rough estimate by people who have done a lot of study in this area. No one has really documented the true extent of alcoholism problems in either the private sector or the Federal sector.

I do not know of any particular reason that anyone has to believe that they would be substantially different, given the same geographical situation and same type of employment.

Mr. FENSTERMAKER. On that point, I think one of the more persuasive pieces of information we picked up was the response to our questionnaire to supervisors.

We asked 1,788 supervisors whether or not they had ever had to deal with employees who had a drinking problem. Twenty-four percent of those supervisors responded that they had.

I think even more remarkable is that of those who said they had had to deal with employees or subordinates with drinking problems, 43 percent dealt with more than one individual case. We thought that was rather high.

Mr. ST GERMAIN. It would justify the 6-percent figure then?

Mr. FENSTERMAKER. Yes.

Mr. ST GERMAIN. Mr. Ahart, you mentioned a cost reduction. I assume that is based upon your previous report that GAO submitted in 1970; is that correct?

Mr. AHART. That is correct.

Mr. ST GERMAIN. Was the purpose of that report to provide additional justification for passage of Public Law 91–616?

Mr. AHART. This study was done at the request of the Senate subcommittee which held hearings on this problem and handled that legislation. It was issued to the Congress prior to the passage of that act in December 1970.

The Senate, I believe, had actually passed the bill prior to that time, but the subcommittee had available from us advance information on what we had come up with in our study and discussions with the experts in the field.

Mr. ST GERMAIN. Do the cost figures relate entirely to savings that would be experienced as a result of increased work performance by the employee himself? If that is true, do you take into consideration loss to the Government from excessive sick leave as well?

Mr. AHART. These would be increases in productivity of the employees who are involved.

What we assumed here was the number of people in the work force at that time was 2.8 million and an average wage of about $9,800 and, based on what we got from experts, the loss of productivity of a person with a serious problem is about 25 percent. This is straight costing out.

The range was based on assumptions from 4 percent of the work force being affected up to 8 percent. In other words, there were 2 points on either side of the 6-percent figure.

Mr. ST GERMAIN. Has any thought been given to attempting to estimate the medical costs and the costs incurred by those affected by the alcoholic and his conduct; for example, family members, et cetera?

Mr. AHART. We have not done that.

The staff may have information on people who may have looked at this aspect. I have to turn to them.

Mr. TASCA. The National Institute on Alcohol Abuse and Alcoholism has published a recent study that relates to the cost benefits of delivering alcohol treatment services in the community. They would probably be the more appropriate people to respond to that question.

Mr. ST GERMAIN. You mentioned the responsibility of the Civil Service Commission for development and maintenance of adequate

programs. Is this a general statement of the enabling legislation or does the law specify specific remedies where there appears to be willful noncompliance with the general intent of the act?

Mr. AHART. The law is very general. It basically states what we state here. That is that the Civil Service Commission shall be responsible for this.

It does not go beyond that as to specifically what the Commission is to do or what approaches are to be used or what remedies they might have, except that they should get advice from the Department of Health, Education, and Welfare.

Mr. ST GERMAIN. Do you feel that the Civil Service Commission, under its general authorities under appropriate acts, would have the authority to take stringent action in such cases where there is neglect?

Mr. AHART. In our discussions we have not gotten into this to any great depth. We will before we finish our work.

In our discussions with the Civil Service Commission representatives it was our understanding that they do not feel they have sufficient authority to do what they really should be doing. We have not discussed specifically with them what authorities they feel might be helpful to them.

Mr. HICKS. Who was the lead civil service representative that you were talking to?

Mr. AHART. Mr. Phillips, I believe, was his name.

Mr. HICKS. Thank you.

Mr. ST GERMAIN. Has the Commission itself, either by pronouncement or statement from members of the Commission, issued appropriate warning, either publicly of privately, to the agencies that are not in compliance?

Mr. AHART. No, I do not believe so.

Mr. LUMAN. Of the installations you did visit, do you know how many had been visited by the Civil Service Commission in the exercise of its inspection authority under the act?

Did you run across installations where the Civil Service Commission had looked at the alcohol program?

Mr. TASCA. Generally the Civil Service Commission reports on an exception basis.

In the reports that we looked at we only found one mention of an agency or installation being visited for purposes of reviewing its alcohol program.

Of the 58 installations and three regions that we looked at, we only found 12 reports for fiscal year 1974–75. Of those 12 reports, only one of them mentioned alcoholism as being reviewed. In the others it may have been reviewed, but we just cannot tell from the records that are available to us.

Mr. LUMAN. If it had been reviewed, it was not considered significant enough to be included in the report?

Mr. TASCA. That is correct.

Mr. LUMAN. You visited installations that had been subjected to a Civil Service Commission review; is that right?

Mr. AHART. There were 12.

Mr. LUMAN. You looked at the reports and only one had any mention of the alcoholism program?

Mr. TASCA. That is correct.

Mr. LUMAN. Did you find the alcoholism program to be rather good in the other 11 installations, so good that there would not be any point in making a note about it?

Mr. TASCA. In general we did not find that situation.

Mr. LUMAN. So even if the Commission had found something wrong, it was not in the report?

Mr. TASCA. That is correct.

Mr. LUMAN. Did you find any installations that you visited which had been visited by higher headquarters? When you went to an installation, did you find anywhere the higher headquarters had looked at the alcoholism program at that installation?

Mr. TASCA. Of the agencies we reviewed?

Mr. LUMAN. Yes.

Mr. TASCA. In general, no. I cannot recall any.

Maybe there were a few defense installations where the coordinator from the Washington area went out to that particular installation, but for the civil agencies it was definitely no.

Mr. LUMAN. The higher echelon does not go out and check?

Mr. TASCA. That is correct.

Mr. ST GERMAIN. In 1974 you note that the Civil Service Commission acknowledged before this subcommittee the need for more accurate information.

Here we are in 1976, 6 years after the act was adopted. The agency officials are still unable to supply GAO with any data that could be used to estimate prevalance of alcoholic abuse among Federal civil employees.

Your statement is silent on any efforts whatsoever that have been made by the Commission since the 1974 statement.

Have there been any efforts made in this direction to get these figures of prevalance among Federal civil employees?

Mr. AHART. I do not think there has been a concerted effort.

This gets back, Mr. St Germain, to some of the testimony by Dr. Trice and his colleagues.

It is a matter of the administrative emphasis which is placed on this.

The issuance of a directive from the Civil Service Commission or from any other central authority, without a followup and a real indication of the seriousness, the administrative emphasis part of it tends to be neglected on the list of priorities within the agencies to which that directive went.

I think it is important to have that strong followup and indication that it is serious and it is really desired to be done.

The administrative emphasis is needed to get it done.

Mr. ST GERMAIN. Could you elaborate somewhat on what you said when you talked about a broad brush or troubled employee program?

Mr. AHART. This is the type of program that is available to the employees on their own volition or by referral by supervisors where they can get counseling related to any number of personal problems.

They can get help for alcohol abuse, drug abuse, financial problems, or other kinds of personal problems.

There is a place within the agency where they can go in a confidential way to discuss their problems and perhaps get some help and can be directed to resources. This can be helpful.

This is distinguished from a program labeled strictly an alcoholism program where the person only gets referred if primary emphasis is to assist people suspected of having an alcoholism problem.

Mr. ST GERMAIN. Is there not a danger of lumping this together?

What you are doing is turning back sustained efforts which have been made to have the medical profession accept alcoholism as a disease.

When Congress adopted the legislation in 1970, it certainly took note of this fact and caught up with modern thinking by encouraging "the development of methods for diverting problem drinkers from criminal justice systems into prevention and treatment programs."

Should not some thought be given to that factor?

Mr. AHART. We have not completed our consideration of it from the standpoint of the people we have talked to as to what type of program is better.

There may be some danger there of a lessening of emphasis on the alcoholism program.

On the other hand, it seems to me that there are some advantages to having the broader program.

I as a supervisor, for example, who notes a loss of performance of an individual, if I don't have the technical skills or whatever it takes to identify that as a drinking problem as opposed to something else that might be bothering that employee, I can make a much better case to the employee as to why I am referring him to a broad program to help with whatever personal problem might be interfering than if I had to tell him that he had an alcoholic problem. There is that advantage to it.

It would seem to me off the top of my head, with our not having completed our consideration, that it might have more pluses than disadvantages to it.

Mr. ST GERMAIN. By the same token, the vast majority of alcoholic treatment programs, where viable, are apparently made part of the personnel operation of the various agencies using ill-trained people.

We heard that in your report and from previous reports.

These are people with no training at all. They are given the responsibility for disciplining agency employees.

Does it not seem that there is something basically wrong with the leadership and guidance the Commission has given in this regard?

In the 1974 report you said that thef act that the high-level support was not available contributed to the situation.

I go back to the LEAA studies, which stated that well over 50 percent of our court dockets, both criminal and family courts, involved alcoholically-related programs.

It says the more enlightened thinking has been to devise ways to treat the problem before attempting to achieve permanent solutions to difficulties giving rise to the courts being interjected into the situation.

We have to take these together. We have the studies available to us and we have the facts and figures.

Mr. AHART. The data that we have gathered shows the relationship of the unit to the personnel department and the relationship of the coordinator's alcoholism-related duties to his other duties.

At the same time, it is my understanding that in some of the private industry programs there is a very direct link between the disciplinary process and the alcoholism rehabilitation process.

I guess this is tied into the fact, as was discussed earlier here today, that it is a management responsibility in terms of the productivity of the employee.

If the employee does not recognize and get help with the problem, then there has to be some disciplinary sanction taken.

I think it could be argued both ways. We have not come down on one side or the other. Perhaps it is something that needs more study. Perhaps it is something we can shed more light on at the end of our study when we have completed our data analysis.

Mr. ST GERMAIN. As a result of your study to date and as a result of what you have heard from the previous witnesses, would you not agree that certainly the administering agency, in this instance the Civil Service Commission, should give some serious thought to the training and selection of coordinators who are best suited for this type of work?

Also, as you suggested, in many areas we could have a coordinator for two or three facilities.

Has not the time come after 6 years to look at that?

Also, should we not look at the attitudes of the directors and the commanding officers?

In my earlier question I mentioned the fellow who wants to get the planes flying and repaired and the other one overhauled ships.

By the same token, should the man in charge ignore the program entirely? Should he not be made to understand that this is very important and that in the long run it could effect a savings?

Mr. AHART. Certainly our data would suggest, as Dr. Trice has suggested, that there needs to be much more done in terms of diffusing the information about the policy and why it is the policy and the relationship of that policy to good management practices.

There is nothing really incompatible or inconsistent between the manager taking an interest in the employee's performance and his overall management job.

To the extent that the use of alcohol affects that performance, it is part of his job to take care of the problem.

To change these perceptions I think is very important. Certainly the Civil Service Commission with its responsibility under the law should be giving help to the agencies and guidance as to how this could be done and perhaps dissemination of literature, and so on.

Mr. LUMAN. Did you find that the managers who made these remarkable statements that Mr. St Germain alluded to had been trained?

You had someone who said, "I know we do not have a problem, because I have an open door and no one has come to me and said he has a problem with alcohol. Therefore, we have no one with a problem with alcohol."

I cannot imagine that person getting any training.

Have these managers been through training?

Mr. TASCA. For the most part, they had not received any specific training. They may have reviewed the policies as they crossed their desks, but for the most part they had not received specific training for the purposes of alcoholism education.

Mr. ST GERMAIN. You four gentlemen have done the interviews?

Mr. FENSTERMAKER. Four of our regional offices were involved.

We developed a structured interview guide for use in interviewing the installation director and a similar instrument for interviewing the coordinator.

We also developed questionnaires which were mailed out by the regional offices to a sample of supervisors and nonsupervisors.

We then, in turn, analyzed the responses that we received from each of the 81 installations.

Mr. LUMAN. Did any of you at the table participate in the interviews?

Mr. GUIDO. I was at a few of them.

We went to five or six locations in the Washington area.

Mr. ST GERMAIN. You must have had no problem with their admitting the high alcoholism in their installations because you have heard what was said earlier. You heard that the problem was in Washington; correct?

Mr. GUIDO. From my experience at the installations, the directors here would have a tendency to disagree.

Mr. ST GERMAIN. That leads me to this. The reason I asked how many of you had actually been in the field is:

You have given us some good figures and statistics, but beyond statistics is the feeling or reaction you get when interviewing as to whether or not on the whole, broad brush so to speak, the people who are charged under the act—the directors—have any enthusiasm for the program.

Or did you just find that in a few instances there were some directors who felt, "Yes, this could be helpful because it could help me in the long run have a much more efficient installation."

After 6 years have we gotten anywhere in all truth with the program?

Mr. AHART. Overall, Mr. St Germain, the impression I get from the data from the interviews is that it is largely a problem of indifference.

There are some who are antagonistic to the program, but mainly it is a matter of indifference to the program on the part of top management.

It gets back to the administrative emphasis, the priority which the higher echelons, as well as the central agency such as the Civil Service Commission, place on this program.

Mr. ST GERMAIN. In other words, whether it be indifference or antagonism, the end result is the same; is it not? You do not have a real program.

Mr. AHART. That is correct.

Mr. FENSTERMAKER. The feeling that prevails is that the problem exists, but it exists somewhere else and not at any particular agency.

Mr. ST GERMAIN. All of the world is out of step except me.

Mr. FENSTERMAKER. Yes.

Mr. LUMAN. You said you went out to talk to these people and looked at the programs. You said three had no programs.

Mr. FENSTERMAKER. That is correct.

Mr. LUMAN. What sort of response do you get from an installation where you go in and say, "We are here to look at your alcoholism program. Here is the Civil Service letter issued on July 31, 1971. Tell me about your program," and they say they do not have one?

Mr. AHART. Let me ask Mr. Guido or Mr. Tasca to respond.

Mr. TASCA. Basically, at two of the installations, they were Department of Justice sites and the Deprtment of Justice has not established a policy yet. It is in draft form. I understand it is with their legal counsel for review.

Mr. LUMAN. They were supposed to put that out by December 31, 1971; were they not?

Mr. TASCA. That is correct, according to the guidelines.

Mr. ST GERMAIN. The Department of Justice?

Mr. TASCA. Yes.

Mr. LUMAN. They are supposed to enforce the law, sir.

Mr. TASCA. At another installation, that is the third one—it was an installation of approximately 110 people in California—they said they were drafting a policy. For the current time they were using the Department of the Interior's policy. Basically they did not have any particular program at that site. They felt there was no problem there.

Mr. HICKS. Everybody says there is a problem that is somewhere else. Where have you established that there is a problem? Who has established there is a problem? What figures do we have that there is a problem?

Mr. AHART. An alcoholism problem?

Mr. HICKS. Yes.

Mr. AHART. Let me talk——

Mr. HICKS. Everybody agrees that we have one, but what do we have to back up this common knowledge?

Mr. AHART. As Mr. Fenstermaker pointed out earlier, 24 percent of the supervisors included in our random sample responded that they had, at some point in a supervisory responsibility, an alcoholism problem with one of their employees.

Mr. HICKS. They are identified as an alcoholism problem?

Mr. AHART. Yes.

In many of those they were multiple cases where they had to deal with more than one.

In my own experience I have had the experience of dealing with them.

Mr. HICKS. These supervisors never let it get up to the top management? They closely held that until you sent this questionnaire out?

Mr. AHART. There has been no data gathering that we could find within the agencies for them to try to identify the extent of the alcoholism problem within their agencies, despite the fact that they have been asked or directed to do so by the Civil Service Commission.

There has been inadequate attention given by the agencies and, I would suspect, by the Commission because of the difficulty in trying to identify just how extensive this problem is.

Mr. HICKS. We can have supervisors saying, "Yes, there is a problem," but we can have top management saying, "I am not going to recognize any such problem, so we do not have a problem."

Mr. AHART. That is basically the situation, yes.

Mr. FENSTERMAKER. Of the coordinators that we interviewed, about half of them felt that the problem was 5 percent or greater.

Of the supervisors, about one quarter of them indicated that the problem was either moderate, substantial, or great.

Mr. HICKS. Did your questionnaires go to the union people also?

Mr. FENSTERMAKER. Yes, some of the people were union members.

Mr. HICKS. No, I am mean union officials.

Mr. FENSTERMAKER. We interviewed union officials as part of the job.

Mr. HICKS. Did they take the same position the top management did; that is, "We do not have a problem"?

Mr. FENSTERMAKER. No.

In some cases we found the unions were very involved in getting the programs established. In other cases we found that there was indifference on the part of the unions. In still other cases we found that management itself had taken the initiative to develop a program but that unions were supportive of the program.

I think for the most part the unions were coming forward in favor of the programs.

Mr. AHART. But there were also other cases, Mr. Chairman, where the unions were suspect of the motives of the management in the establishment of programs. They went ahead and developed their own to help their own people because they did not trust management's motives in establishing the program in the first place.

Mr. HICKS. I assume this is one of the things they can bargain about in their negotiations with management if they want to.

Mr. FENSTERMAKER. It is possible.

Mr. ST GERMAIN. I think the only thing they could be suspect of is that this would be a means of discharging an employee.

If they were familiar with the act, the act specifically states that no person may be denied or deprived of Federal civilian employment or license or right solely on the grounds of prior alcoholism abuse or prior alcoholism.

It is made very specific in the act. It is not a ground in and of itself for discharge or for loss of employment; is that not correct?

Mr. AHART. It could be a ground for discharge if the employee does not accept treatment or if the treatment is not successful and his work performance stays low.

Mr. ST GERMAIN. That being the case, the unions should be made aware of the fact that the idea of the act is to assist.

If the employee is cooperating in rehabilitation, then there is no way that that employee could be discharged.

Mr. AHART. It may be that the union understands that but they are not sure that management does.

Mr. ST GERMAIN. By the way, Mr. Chairman, on the point as to whether or not the problem exists, the Congress in its "unbounded wisdom" in 1970 declared it a problem. That is why we are here.

Let me ask this question: In the interviews did you come across any agency heads or directors who were supposed to implement the program who themselves had a problem with alcoholism?

I think that is serious. I happen to know of a few.

Has it come to your attention?

Mr. AHART. Not to my knowledge.

Mr. TASCA. Not to my knowledge.

Mr. AHART. Of course, we made brief visits.

Mr. ST GERMAIN. Sometimes you talk to the director and then you talk to some of the supervisors. The supervisors might have said to you, "How can you expect that when he has a problem himself?"

Mr. FENSTERMAKER. We did note some cases where the questionnaires that we sent out to the non-supervisors came back with a notation on them: "Why are you so concerned about us? Why don't you spend more time worrying about the supervisors? That is where the problem exists."

These were unsolicited statements.

Mr. TASCA. In some programs the people in treatment were primarily non-supervisory personnel. There was a question in the mind of the coordinator and possibly the union people at the installation: "Where are the supervisors?" For the most part they were not in the programs.

Mr. LUMAN. Back to the prevalence figure, if you take the 6-percent incidence then you can extrapolate into a penetration rate. The National Council on Alcoholism has said we should be reaching about 15 percent of these people in the second year of a good program.

Did you find any installations that were reaching 15 percent or more of the predicted number of problem employees?

Mr. AHART. Yes, I think we found four of them.

We can give you the statistics.

Mr. GUIDO. The penetration rates at those four installations ranged from 19.8 percent to 30 percent.

At these installations, also, it appeared that management was behind the program and that they had had a well-qualified coordinator who was interested not only in the job of coordinator, but the problem.

At these installations it appeared that the efforts made by the coordinator to train the supervisors and inform the employees was also fairly high.

In addition, at these installations there was staff help, either on a voluntary, para-counselor type basis or a salaried position where he had at least a secretary or a couple of paid counselors.

Mr. LUMAN. You mentioned differences in the sense of support of the alcoholism program.

Was there that much difference in the kind of work these agencies did or the way they hired their employees which would cause them to have more employees who had alcohol problems?

Mr. GUIDO. Looking at the data that we got and the reviews of the installations, I would say no to that question.

Mr. LUMAN. In essence, then, when they put the program into effect and gave it full support and they had a good coordinator, suddenly they were able to discover people who had problems with alcohol in the same kind of work setting where it was claimed previously that the problem did not exist.

Mr. GUIDO. That appears to be correct.

Mr. LUMAN. Those rates ranged up to 30 percent?

Mr. AHART. Thirty percent of the 6 percent or about 2 percent of the total population.

Mr. ST GERMAIN. I would like unanimous consent to submit questions in writing.

Mr. AHART. We would be happy to respond.

[See p. 58.]

Mr. AHART. Let me comment on a suggestion made earlier about the names of the people that were interviewed and the taking of action against them or educating them.

I have two concerns here. These people were selected at random. I am not sure it would be justifiable, at least in my mind, to haul them up and hold them up as examples for that reason.

My more parochial concern is this: We need, as the General Accounting Office, the cooperation of people in these kinds of studies.

We ought to think very seriously about whether hauling people up in public on this kind of a problem would be helpful overall. It could have a backlash on our effectiveness to be able to do these kinds of studies in the future.

So I would ask the subcommittee to give this careful consideration. We would like to discuss it with you prior to any specific action.

Mr. HICKS. Without objection, so ordered.

Mr. CLARK. Has the Civil Service Commission established performance standards by which it could judge whether or not an agency has a good or bad alcoholism program?

Mr. AHART. I do not think they have specific criteria.

Mr. CLARK. The coordinators who are on full time in the agencies you reviewed, do they have a position description? How do they remain in that position if, in fact, the Commission has not put out a position description?

Mr. AHART. Position descriptions—if you are familiar with them—often contain a phrase "other duties as required." In a lot of cases this type of part-time responsibility fall in the category of other duties as required.

There were some full-time coordinators. Let me ask my colleagues if they know if there was a specific description for that position.

Mr. GUIDO. At some of the installations we visited where the coordinator was full time, he did, in fact, have a position description stating that his position was the administrator of the alcoholism and drug program or an employee assistance program. As a function of having that position, he would have those related duties.

Mr. CLARK. This position may be, in fact, illegal if it has not been approved by the Civil Service Commission; is that not true?

What series would it be if it has not been established by the Commission?

Mr. AHART. It might be a broader series. There are employee counselor position descriptions. You could take one of those to deal specifically with these kinds of employee problems.

Mr. CLARK. The coordinators you spoke to, were they enthused about their jobs in general? Did they look at this as a good thing to be doing?

Mr. FENSTERMAKER. What is interesting is that of the 74 coordinators with whom we spoke, I think about two-thirds of them had been appointed to that position rather than having volunteered; but yet only 12 of the 74 indicated that they would not elect to remain if given a choice.

So it appears that what is happening is this: Initially they may not be too caught up in the whole alcoholism idea, but it appears that after a period of time they tend to become more enthusiastic about their duties.

Mr. CLARK. You mentioned the Government Printing Office as an example of an agency which has an excellent alcoholism program.

What is the carrot or the stick to make an agency head or an administrator or an office manager do a good job in the alcoholism program? Does one exist?

Mr. AHART. In an agency such as the Government Printing Office there are an awful lot of safety problems and other problems. If you do have an extensive alcoholism problem, it is going to show up very quickly in ways perhaps not identified as alcoholism problems, but which do not reflect very well on the performance of top management. There are high safety and accident rates and this kind of thing.

If you have ever seen a papercutter work, I am not sure we would want an alcoholic running one because they are pretty tough.

Mr. CLARK. Would you say then that where it can be demonstrated that performance is affected in a negative way in an agency, those agencies do have good alcoholism programs?

Mr. AHART. As a manager I would think that where performance can be more closely measured because it is a physical kind of a thing, there would probably be more motivation on the part of management to deal with the problem than there would be where it is a more fuzzy thing, such as a staff office or something like that where you cannot measure performance precisely.

Mr. CLARK. Can we conclude then that it is not the fact that a law is passed that says the agency has to have an alcoholism program, but the fact that performance has been hampered, which provides the motivation for that agency to have a good program?

Mr. AHART. It is probably both.

The Government Printing Office's program was established shortly after the passage of the law. I am sure it was prompted by the law and the Civil Service Commission directive. I would think it would have more followthrough in an agency such as that where they can identify it perhaps more easily and get more emphasis on it on a continuing basis.

Dr. Trice called this the administrative emphasis on the program within that agency.

Mr. LUMAN. Did you not find some depots, for example, that had excellent programs and other depots that did not have them?

Mr. AHART. We found divergence in very similar types of operations, yes.

Mr. LUMAN. So sometimes the measurability of the work still is not enough to induce all managers to put in the program. Some did and some did not.

Mr. AHART. It would make it easier to convince managers that there is payoff for them, but not all would respond the same way.

Mr. LUMAN. Is there a problem in these jobs where it is a little harder to document performance, in that the supervisors do not take time to document poor performance and, therefore, are really not in a strong position to confront an employee?

Mr. AHART. That is certainly the case.

There are also cases where it is awfully difficult to document poor performance.

One example was given by the previous witnesses of the people who are in a field status. They are out on the road some place. It is very difficult for a supervisor to have enough contact with them in a lot of different kinds of jobs to measure whether the performance is good, bad, or indifferent. It is even difficult in that kind of a case to document leave practices, which is a good indicator of employee problems.

Mr. LUMAN. You say in your statement that some people say the bosses are too lazy. In essence, it does take some work on the part of the supervisor, which he should be doing to manage correctly anyway, to make note of instances of poor performance so that he can use these in dealing with employees; is that right?

Mr. AHART. Quite a few people said it was laziness, but it might have been a matter of perception. People tend to be lazier about things they do not think are a part of their responsibility than they are about things they perceive as being their responsibility.

Mr. FENSTERMAKER. Many of the people with whom we spoke also indicated very strongly that documentation was one of the keys to the success of any alcoholism program.

If a supervisor can sit down with an employee or with a subordinate and can document in rather specific terms the problems that the employee has had in terms of his work performance and can establish that kind of confrontation, then it becomes much more difficult for the employee or the subordinate to try to talk his way out of the fact that he does have a problem.

So documentation does appear to be very critical to any good program.

Mr. CLARK. Would not a good manager or supervisor have that characteristic trait—documentation?

Mr. FENSTERMAKER. You would expect that.

Mr. CLARK. At the same time, he would want to have a good alcoholism program, don't you think?

Mr. FENSTERMAKER. I think so.

Mr. CLARK. It is the poor manager we have to deal with.

That is all I have, Mr. Chairman.

Mr. LUMAN. You say that the programs which seem to have the best chance of success are those run by a full-time coordinator who is independent of the personnel department and who has a specified budget.

How many employees would justify a full-time coordinator?

Mr. TASCA. The information we obtained from the National Council on Alcoholism by interviews with people from that organization indicated about 4,000 people would be sufficient to support a full-time coordinator.

At the installations where we found full-time coordinators, they generally had 4,000 or more employees. At the installations that had

less than that, they had people who were appointed to the position and had some training but not very much.

Mr. LUMAN. With the clustering of Federal agencies, would it not be possible for quite a few more full-time coordinators if you have interagency cooperation?

Mr. TASCA. That is a distinct possibility.

Mr. LUMAN. Is it being done anywhere?

Mr. TASCA. Yes, it is.

The National Institute on Alcohol Abuse and Alcoholism has funded a training grant with Boston College to operate a program in the JFK Federal Building in Boston.

Based on interviews with the people responsible for running that program it has the full support of the Federal executive board in Boston, and appears to be doing quite well.

The people from Boston College are responsible for getting the training out to the people.

There is a board made up of coordinators. They are a focal point in each of the agencies. They fully support the program. So there is management support in Boston, in addition to the program being operated by the people from Boston College.

Mr. LUMAN. This was triggered by NIAAA, I take it?

Mr. TASCA. Yes, and the Civil Service Commission, Occupational Health Representative in Boston was also very instrumental in getting the program established.

Mr. LUMAN. Do you see cooperation in any other region?

Mr. FENSTERMAKER. I think 90 percent of the installations we visited indicated to us that they had never considered a cooperative-type program, either because, (1) they felt the problem did not exist or, (2) they were large enough to justify their own program.

Mr. LUMAN. Even if they were not large enough to justify a full-time coordinator?

Mr. FENSTERMAKER. Yes.

Mr. LUMAN. They had not given it consideration?

Mr. FENSTERMAKER. Yes, they had not considered a cooperative program.

Mr. LUMAN. You seem to have problems with the idea of the coordinator in the personnel office because that is the office that disciplines people and so forth.

Where do you think the coordinator ought to be?

Mr. FENSTERMAKER. The feeling on the part of a number of people with whom we spoke was that it would be more appropriate to locate it in a health unit of the agency. The health unit is normally associated with helping people. You do not have the stigma of disciplinary action associated with it as you frequently do with the personnel department.

Mr. LUMAN. Is that all bad to have the stigma of discipline associated with it if you really want to convince someone to face up to his problem?

Mr. FENSTERMAKER. It is a little difficult to convince someone voluntarily to go to a program if there is a fear he is going to be disciplined.

Mr. LUMAN. You are talking about the program's effectiveness in self-referral as opposed to supervisor referral?

Mr. FENSTERMAKER. Yes.

Mr. LUMAN. Do the people who want to see this in the medical division think that you can run as a broad brush program out of the medical unit, which is going to refer somebody to marital counseling, psychological counseling, or financial counseling?

Mr. FENSTERMAKER. I think there is some fear on the part of the people about the medical model. There is no reason why within a medical unit you could not have para-professionals who would be highly trained or highly skilled in the alcoholism field.

Mr. LUMAN. You mentioned the fear of loss of confidentiality that seems to inhibit some unions from cooperating and some employees also.

You found some places where this was not a problem apparently.

What seems to make the difference where the employees believe they can trust a program?

Mr. FENSTERMAKER. There are certain key factors.

One is the emphasis given to the program by management and the involvement certainly of the lower-level people in the program and whether or not they feel confident and feel that they can trust a program and the individuals running it.

We ran into some situations where we were advised that it was common knowledge as to who was in the program.

There were other situations where the coordinator had very little privacy in the way of having private offices.

Certainly these situations have to be alleviated to combat the problem.

Mr. LUMAN. That is all I have, Mr. Chairman.

Mr. HICKS. Gentlemen, thank you very much.

We will adjourn until 10 a.m. Monday in this room when the Civil Service people will be here.

[Submissions to additional subcommittee questions follow:]

SUBMISSIONS TO ADDITIONAL SUBCOMMITTEE QUESTIONS

Question 1. How would you categorize the progress the Civil Service Commission and participating agencies have made in the last two years?

Answer. There has been minimal progress by CSC and participating agencies in regard to developing effective employee alcoholism programs in the past two years. Civil Service Commission reports showed that 5,347 persons with alcohol related problems were identified in fiscal year 1973 and 6,727 in fiscal year 1975. In each of these years there were approximately 1.9 million Federal Civilian employees. While these figures may be considered an indication of progress, much more remains to be done if the assumed prevalence rate of 6 percent is accepted.

Question 2. I find it totally and absolutely incomprehensible that after six years the Commission has not put out classification schedules for alcoholism counselors or coordinators with a combination of educational and experience requirements. Are you saying that since neither appropriate guidelines nor registers have been established in this area, that these positions are filled part-time and at the discretion of commanding officers and agency heads? This appears to be what you are saying throughout your statement, and I merely am asking for reconfirmation.

Answer. We were advised by Civil Service Commission officials that the Commission has not developed specific position descriptions for alcoholism coordinators or counselors. Federal Personnel Manual Letter No. 792–4, dated July 7, 1971, which covers Federal Civilian Employee Alcoholism Programs makes no reference to coordinator or counselor qualifications and states only that persons designated as program administrators at field installations should be allotted

sufficient official time to effectively implement the agency policy and program including bringing education and information to the work force, arranging or conducting supervisory training, developing and maintaining counseling capability, establishing liaison with community education, treatment and rehabilitation facilities and evaluating the program and reporting to management on results and effectiveness.

As pointed out in our statement, only 9 of 71 coordinators spent 100 percent of their time on their installations' alcohol or troubled employee programs. This is not necessarily due to the lack of guidelines or registers, however. Many installations may not be large enough to justify having a full-time coordinator. A National Council on Alcoholism official told us that an installation of fewer than 4,000 employees would not justify a full-time coordinator.

Of even greater concern than the amount of time alcoholism coordinators spent on the program was their qualifications. In this regard 24 coordinators advised us that they had no special qualifications for their position as alcoholism coordinator.

Question 3. Could you elaborate further on what is meant by a 15 percent penetration ratio? Is this acceptable, in your opinion, in view of the Congressional directives given this program? Is it correct that 70 of the 74 installations you reviewed failed to meet this minimum standards?

Answer. The guide originally used by the National Council on Alcoholism was that an effective program, after allowing a year for it to become operational, would reach 15 percent of the total number of employees having alcohol-related difficulties. A 15 percent penetration rate means that in a given year, roughly one person out of every seven that have problems with alcohol will be identified and referred to counseling. Currently, NCA feels that 1 percent of the entire employee work force should be reached. Assuming that 6 percent of the employees have an alcohol related problem, this 1 percent figure is roughly equivalent to reaching 15 percent of those with an alcohol problem. For the purposes of our study we used the 15 percent guideline.

The 15 percent figure represents a guideline rather than a minimum standard. Seventy of the 74 installations we reviewed did not reach the guideline. The overall penetration rate was 5.3 percent for all the installations we reviewed. We believe that the use of the 15 percent figure (or the figure of 1 percent for the total employee population) is an appropriate guideline for measuring the effectiveness of the Federal Government's employee alcoholism program.

Question 4. Am I correct in assuming from your statement on page 20 that the rank-and-file employee is willing to accept far more help than upper-middle and upper-level management is willing to give?

Answer. As part of our review, we were concerned with employee acceptance of an agency's alcoholism program and whether they would be willing to use the program if they thought they had a problem. The responses by nonsupervisors to our questionnaire which are summarized on page 20 of our statement, indicate an apparent high degree of acceptance of the program by nonsupervisors. They also indicate, however, that many nonsupervisors do not believe their fellow employees would be willing to contact an agency alcoholism coordinator.

Question 5. You have highlighted several successful programs, beginning on page 21. In addition to favorable attitudes, which I am not certain can ever be legislated, one of the key elements seems to be the requirement for a specific budget. Should thought be given to funding alcoholism counselor services separately? For instance, should there be line-item appropriations for these services? Would this be one way to compel reluctant agency officials to discharge their duties?

Answer. We believe that additional Federal dollars spent for Federal civilian employee alcoholism programs would have a positive impact on program activities. Our 1970 report to the Congress concluded that the estimated cost of a Federal civilian employee alcoholism program was about $5 a year for each employee in the work force. However, to require a line item in the budgets of each agency may not be the answer. The amounts involved generally would be much smaller than other elements of an agency's budget. In addition, budgeting for that portion of an employee's time that is related to alcoholism program activities may not be warranted.

Question 6. Was GPO's success accomplished as you have stated by a total budget of $36,000? How many personnel are actually working full time for that

amount, and what type of interview facilities have been made available for the full-time administrator of their program? If in fact these results can be accomplished for so little, then I am completely at a loss to account for your findings that 70 out of 74 installations have failed to come up to even a minimum penetration standard. Could these other agencies accomplish the same degree of success with similar resource allocations?

Answer. GPO's operating budget for fiscal year 1975 year was approximately $36,000.

At this time GPO has one full-time counselor who is the program administrator and one part-time counselor who handles the night shift. The administrator has a private office located within the medical department and has complete privacy for counseling.

Although resources are important to any program, we do not feel that an effective alcoholism program is strictly a matter of dollars and cents. Management support, interested and trained coordinators, an effective counseling staff, supervisory training, and employee education are all important factors in program effectiveness. GPO appears to have all of these elements in their program. Many of the programs included in our review did not contain all these factors.

[Whereupon, at 12:10 p.m., the subcommittee adjourned, to reconvene at 10 a.m., Monday, June 28, 1976.]

FEDERAL EMPLOYEE ALCOHOLISM PROGRAMS

MONDAY, JUNE 28, 1976

HOUSE OF REPRESENTATIVES,
MANPOWER AND HOUSING SUBCOMMITTEE
OF THE COMMITTEE ON GOVERNMENT OPERATIONS,
Washington, D.C.

The subcommittee met, purusant to notice. at 10 a.m., in room 2203, Rayburn House Office Building, Hon. Floyd V. Hicks (chairman of the subcommittee) presiding.

Present: Representatives Floyd V. Hicks, Fernand J. St Germain, and Robert W. Kasten, Jr.

Also present: Joseph C. Luman, staff director; Geraldine A. Fitzgerald, clerk; and Jordan Clark, minority professional staff, Committee on Government Operations.

Mr. HICKS. The Subcommittee on Manpower and Housing will come to order.

The hearings will continue this morning on Federal employee alcoholism programs.

This morning we have Mr. Thomas A. Tinsley, Director of the Bureau of Retirement, Insurance, and Occupational Health, Civil Service Commission, accompanied by Mr. Donald A. Phillips, as our first set of witnesses.

Will you proceed, please.

STATEMENT OF THOMAS A. TINSLEY, DIRECTOR, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, CIVIL SERVICE COMMISSION; ACCOMPANIED BY DONALD A. PHILLIPS, MANAGER, ALCOHOLISM AND DRUG ABUSE PROGRAM

Mr. TINSLEY. Good morning, Mr. Chairman. This is my first appearance before this particular subcommittee.

Mr. HICKS. Is that because you deliberately ducked it last time, and sent Mr. Rehn up?

Mr. TINSLEY. No. The primary reason last time was a conflict of hearings.

Mr. HICKS. That is a good reason. We are glad you could come this time.

Mr. TINSLEY. I certainly appreciate the opportunity to appear before the committee and to report to you on our responsibilities under this program.

I have submitted a rather lengthy prepared statement. If you wish, I can summarize it and you can put the entire statement into the record.

76-616—76——5

Mr. HICKS. We will appreciate your doing that, and your entire prepared statement will be printed in the committee record.

[See p. 80.]

Mr. TINSLEY. Very briefly, Mr. Chairman, you asked that we address ourselves to four broad points in our testimony. First was whether progress has been made in the implementation of the Federal program since the 1974 hearings before the subcommittee.

You also asked that we suggest how many program weaknesses indicated by the GAO study and the Trice study might be overcome, and whether the results of the Commission's evaluation concur with or vary from the findings of these independent studies.

Finally, you asked that we describe the limits of the Commission authority in this area so that the subcommittee might gain a better picture of the improvements that might be made or that we can bring about through monitoring where it must rely on persuasion of agency management.

Let me first say that, under Public Law 91–616, the Commission shares program responsibilities in cooperation with the Secretary of Health, Education, and Welfare, and with the heads of other agencies and departments. The statute as we interpret it gives the Commission no authority to insure that these responsibilities are carried out by either the Department of Health, Education, and Welfare, or any of the other heads of Federal agencies.

While such lack of Commission authority may be consistent with the dispersion of responsibilities in the statute, the result is that we must promote the programs not through the use of sanctions, but as a very positive effort that should be a very integral part of our personnel management system.

In short, our efforts to assert the lead role given us by the law have been based less on statutory authority than on our overall responsibilities and authorities as the lead personnel management Agency of the Federal Government.

Despite these limitations, we have continued to see steady progress in the program since our meeting with you in 1974.

In terms of policymaking activity, perhaps our most important issuance required agencies to broaden their alcoholism policies and programs to include employee drug programs. This was done in response to Public Law 92–255, The Drug Abuse Office and Treatment Act of 1972, which gave us parallel responsibilities to those mandated in the alcoholism act.

In terms of promotional activities, we have enjoyed success with the materials we have developed to date. Agencies have now purchased 1,600 copies of the supervisory training film which we developed, 164 copies of an employee education film, and, at the time of the 1974 hearings, had already purchased over 700,000 copies of an employee brochure which we developed.

We are currently in the process of developing fresh material and updating those that are in existence for both employees and supervisors, which we expect will also be effective.

Our training activities have continued at both the national and regional levels, and we continue to try to refine, improve, and polish these efforts.

Some of our activities, which we find most promising, have been in the evaluation and research area. We were pleased to cooperate with the study of the Federal employees alcoholism program conducted by the General Accounting Office and commissioned by this subcommittee. We look forward to the publication of their full report and to an opportunity to discuss the review in much greater depth with their staff. We are sure this will produce greater results.

We have continued our cooperation with Professors Trice and Roman in their research on the adoption of the Federal alcoholism program policy. We are extremely appreciative, not only of their work, but of the continuing funding support given them by NIAAA, and the cooperation extended to them by the various participating Federal agencies.

Also the Commission continues to place much of the responsibility for ongoing program evaluation with the agency, we have continued trying, to a limited extent, to monitor program progress in several ways. We have continued onsite evaluations conducted by the Bureau of Personnel Management Evaluation in the Commission.

More recently we have begun to examine the data appearing in the information systems of other Commission programs, specifically the disability retirement program, the employee appeals program, and the labor management relations program.

While these information systems are all relatively new, we believe they will become valuable sources of information for us in administering this program.

Perhaps of greatest interest to us, however, is the reporting system that we have developed for our Occupational Health program, of which the Alcohol and the Drug programs are a part. This system was begun in May 1975 with a 1-year approval from the General Services Administration under their interagency reporting requirements. The system has proved to be an extremely rich source of statistical data, and we are asking the General Services Administration for permanent approval. This new report has three significant differences from previous reporting requirements. For the first time we asked for individual reports from all Federal installations with 50 or more employees.

Second, we expanded the information requested to include the disposition of cases where employees had not been helped, for example, where they were removed, resigned, retired, or some other disposition of the case was made.

Third, we have asked for figures relating to drug abuse and other types of employee problems for agencies operating under the broader employee assistance model. We also requested information on a number of voluntary referrals as opposed to management-initiated referrals. Installations were also required to provide the names of their program coordinators.

During 1975, agencies reported 6,727 cases involving alcoholism, 643 involving drug abuse, and 5,678 cases falling in the other categories. A total of 0.68 percent of Federal employees, 13,000, were counseled by agency programs. Of the alcoholism cases, 71.7 percent were identified as having been helped. The corresponding figures for drug abuse and other were 59 percent and 82 percent respectively.

Comparing the number of alcoholism cases reported in 1975 with other years, it shows an increase of 25.8 percent between 1973 and 1975.

Based on the information analyzed thus far, we are able to say that we concur with the findings of GAO and Dr. Trice, recognizing, of course, that Dr. Trice's study attempts to analyze as well as describe.

As a result of these studies, we have identified four broad areas which need attention. These areas are receptivity on the part of installation heads, supervisors, and the general work force; the role of the coordinator; union involvement in program utilization. We have discussed these areas and our responses to the issues raised in some detail in our prepared statement. We will be glad to discuss them further, if you wish.

This, Mr. Chairman, very briefly is a summary of the prepared testimony. I and our program manager, who is very knowledgeable and expert in this field, will be glad to answer any questions the committee may have.

Thank you.

Mr. HICKS. Thank you.

Mr. Luman, do you have questions?

Mr. LUMAN. Mr. Tinsley, at one point you had experts available to you to assist agencies in developing their programs. I think the committee pointed out in its earlier report that these were not used very much.

In talking to this point in our 1974 hearings, the Commission witness said that there were "30 people made available to us at the time when the climate was not really right for consultation. The agencies were not ready yet. I think we could now well utilize a consultation capability to operate out of the Commission in terms of carrying out our leadership role. I think it is incumbent upon us to tell agencies how to look at their particular situation, how to develop a response to the program."

Where do you stand today in furtherance of that particular capacity?

Mr. TINSLEY. In terms of our own internal staff, I do not think there has been any increase in our resources or in our spending in this area in the past few years. Therefore, we are still continuing to operate with a very limited staff internally. We have produced, with the cooperation of outside experts, a variety of materials. Ones that were mentioned in the prepared testimony were some films to be used in terms of educating the supervisors particularly in terms of alcoholism and the alcoholism program and how to handle it, as well as informational material aimed at the employee to make him knowledgeable and aware that the program existed and what it is all about.

Mr. LUMAN. Let us focus on the consultations.

At the time we had those hearings in 1974, we had gone through a period where NIAAA had 30 people, I think, and any installation that wanted to set up an alcoholism program could pick up the telephone and have an expert come down and talk with their coordinator. The Commission's witness at the time said the time wasn't quite ripe and that is the reason these experts were underutilized, even though they did not cost the installation a penny.

Now the time is becoming ripe.

We heard from the GAO that we have coordinators today that do not know what their job is and who have not been trained.

Are experts available today to installations, if they call up, to come down and train the coordinators?

Mr. TINSLEY. I believe there are. These are the experts that are out in the various States and regions that are financed by NIAAA. Mr. Phillips, will you expand?

Mr. PHILLIPS. I think the use of the 30 consultants, by and large—the need for those—has decreased as a result of two things, primarily. One is the development of the occupational program consultants in each of the States, and also the development of the consulting capacity within the NCA, the National Council on Alcoholism, affiliates around the country.

We have those two capabilities now in addition to the consulting capability of our own occupational health reps in each of the 10 regions.

Mr. LUMAN. Do we have the problem that we had in 1974, with experts available for consultation but not being used very much?

Mr. PHILLIPS. I would venture to say that probably they are not being used as much as we would like to see them used. I think the GAO testimony and the results of the Trice survey indicate that, on the part of significant decisionmakers in many installations, there is no perception of this problem and hence little likelihood that they are going to call in any outside expertise to gain additional skills and knowledge in an area where they do not believe there to be a problem to begin with.

Mr. LUMAN. Is this expertise free, as it used to be?

Mr. PHILLIPS. Yes.

Mr. LUMAN. So there is little excuse really for an untrained coordinator, is there? If anyone has the incentive, all they have to do is ask for a consultant and he will come down and work with the coordinator. Is that correct?

Mr. PHILLIPS. That is correct.

That is not training for the coordinators, as such. The input from the outside consultants generally is in the area of helping the coordinator assess what needs to be done in order to man a program. Training is another thing. Training is also available to coordinators.

Mr. LUMAN. Do we have installations that are not using either the training or the consultation, even though it is there for them to use?

Mr. PHILLIPS. That is correct.

Mr. ST GERMAIN. Will you describe this training for us that is available to the coordinators?

Mr. PHILLIPS. There is both internal training capability within the Commission. The Commission, within its Bureau of Training, offers a variety of training experiences.

Mr. ST GERMAIN. Tell us about them.

Mr. PHILLIPS. Here in Washington, we have a 1-week training course for program administrators and coordinators. These are the people with the programmatic responsibility, as opposed to counselors for agency programs.

During the course of that 1-week experience, the administrators and coordinators are exposed to the elements of an effective program,

how to go about putting those elements together to develop a program that is meaningful.

Mr. HICKS. What is a meaningful program?

What do you do specifically? When you find someone who is having an alcohol problem, what do you do with him?

Mr. PHILLIPS. Those are two different questions.

Let me address the second one. What do you do?

There needs to be a systematic approach for supervisors to identify employees who job employment problems are manifest in a variety of ways. We need to have supervisors trained in terms of recognizing employees whose performance is heading downhill. That is No. 1.

Supervisors must understand what their role is. Then we need a point of referral, either within or outside the agency, to which to refer this employee. At this particular point of referral, a problem of definition occurs. A counselor assists the employee in defining what his problem is.

At that particular point, a referral is made into the community—a resource to meet that particular defined problem.

Then, as a followup type of procedure, that counselor, or in many cases it happens also to be the coordinator, needs to follow up to see that the employee's needs are being met and the appropriate adjustments are being made on the job.

Mr. HICKS. That is what you do with an individual. You say that differs from a program?

Mr. PHILLIPS. Yes. Setting up a program involves setting up a mechanism so that that, in effect, will happen. Beyond what I described in dealing with an individual employee, a coordinator, in setting up a program, would first be involved in finding what natural resources exist within his organization that can be brought to bear on assisting him in the program. A medical unit would be one. There are a variety of natural resources within the organization.

I think many coordinators have found it useful to, at that point, establish a committee and get the people on board who can play a natural and useful role.

The coordinator then has to define procedurally what he wants from management, what his expectations are from supervisors. He must make sure that the overall agency policy is clearly understood by supervisors, so he is involved in supervisory training. He must make sure that employees are aware of the program.

Mr. HICKS. In the Puget Sound Naval Shipyard, with which I am familiar, what do you people do to see that this facility is doing what it ought to be doing?

Mr. PHILLIPS. First of all, we issue guidance to the Federal headquarter agencies here in town—guidelines in terms of how effective programs should operate.

Mr. HICKS. Who does that? You?

Mr. PHILLIPPS. That is the responsibility of our office.

Mr. HICKS. Your particular shop? Not this training bureau that you spoke of a minute ago?

Mr. PHILLIPS. In effect, that statement is a statement of our interpretation of congressional intent and how it might best be met. The headquarters, then, of each department is expected to issue implementing instructions to their field installations, so the particular in-

stallation you are referring to is responsible primarily to its own headquarters here in Washington.

Mr. HICKS. So, if you don't motivate the Sea Systems Command over here, and if they don't motivate the shipyard out in Bremerton, then your regional office out there is not concerned with what is going on?

Mr. PHILLIPS. The regional office becomes concerned as a result of our Division of Personnel Management Evaluation which may go in and evaluate broad aspects of personnel management programs.

Our occupational health representative on the regional staff also is concerned about the installations in his particular region, and he schedules periodic visits, technical assistance visits, to ascertain the progress that is being made.

Mr. HICKS. That is in theory. Do you know if that has actually happened?

Mr. PHILLIPS. I do not know how recently our Division of Personnel Management Evaluation has been to the particular agency or installation in question. We can find that out and get back to you.

Mr. HICKS. Thank you.

Mr. LUMAN. You mentioned that you have these personnel management evaluations. The General Accounting Office told us that 12 of the installations they visited had been subjected to one of these personnel management evaluations in the preceding 2 years, but when they read the reports of the evaluations, I think they found reference to only one alcoholism program.

Your statement points out, on page 7, that virtually all evaluations cover alcohol and drug abuse programs. So, I would assume that all these 12 installations had their alcoholism program looked at. Yet it was only mentioned in one report. Does this mean that the alcoholism is not considered important enough to put in the report on the installation? Or, as your statement suggests, if they have a basic policy and have a coordinator appointed and have supervisory training, then they do not make any reports, even if the program is not effective?

Mr. PHILLIPS. First of all, let me say that we just heard about these 12 installations Friday, so we have not had a chance to fully take a look at what happened. We were able to find out that, of the 12 evaluations which you refer to, 3 of them were agency-led; they were not Commission-led. They were done under the agencies.

Five of them were special evaluations in which very specific problem areas were addressed. No broad review was made of the personnel management function. So the alcohol and drug abuse programs were not looked at in any of those found.

Finally—the numbers do not quite add up here—five were CSC general evaluations. The reason we end up with a total of 13 is because we had two evaluations happening in one agency, and we do not know which one it was that the GAO looked at.

So, really we are talking about five general evaluations that were made. Two of those evaluations were found to be satisfactory by GAO and not mentioned by us. One of the evaluations was determined to be okayed by us but not okayed by GAO. Two of the programs were rated poor by GAO, and were not mentioned by us at all. So we are talking about three of the evaluations, and, to be perfectly frank with

you, I have not had the time to specifically investigate each of those cases to find out what transpired in terms of the investigation.

Mr. LUMAN. Take Mr. Hicks' case here. I do not know how often you would be at an installation with one of these general evaluations. It would probably not occur all that frequently. Second—there is indication here that it is not quite as bad as it originally looked—but even if an installation gets subjected to an inspection, and there is an inspection of the alcoholism program, two things can happen. First, according to your statement, page 27, if they have a policy, if they have a coordinator, if they have supervisory training, that is all that is deemed worthy of mention. You could have a zero program with that situation, couldn't you?

Mr. PHILLIPS. You are correct.

Mr. LUMAN. Second, even if this coordinator does find something wrong, he might not get it in the final report. Whoever writes the final report might say, well, we have a lot of other things to put in the report.

So I do not know if the scenario you describe to us, Mr. Phillips, is going to help us determine whether there is an effective alcoholism program at the Puget Sound Shipyard, or anywhere else.

Mr. TINSLEY. The general evaluation practices of the moment would not do what you are looking for, Mr. Luman. It would not, at this point in time, dig deep enough in this particular program to really evaluate the effectiveness of the alcoholism or drug abuse program. You are quite right.

Mr. LUMAN. You say, on page 6, that much of the responsibility for ongoing program evaluation is placed in the agencies.

Mr. TINSLEY. Correct.

Mr. LUMAN. The GAO said they could not recall if any of the places they visited had been inspected by the parent agency for the alcoholism program. I imagine a little bit of this is done.

How effective is this today? If you are not nailing it with your evaluations, are the agencies nailing it with theirs?

Mr. TINSLEY. I do not know if we have reviewed enough of the agency evaluations in recent years. Agency evaluations are encouraged. Rather than the Commission building huge staffs to go out and inspect and evaluate agencies, the policy has been to get the agencies to evaluate their own programs—not just the alcohol programs—but all programs.

They are encouraged to build in internal audits that would be readily available to the management of the agency. In certain instances, when the Commission goes in to evaluate an agency, they will review and see what type of internal evaluations have been conducted.

At the moment, I do not know how much has been done in this particular area. You would have to go back to the evaluation schedule that the Commission has conducted, through work papers to determine exactly to what extent the agencies had evaluated their own programs. If I were guessing, I would guess that there has not been a great deal of evaluation done in this area because agencies, as the Commission, are operating on priorities as to what they will do internally.

Mr. LUMAN. But you say in your statement that you follow this general trend of relying on the agency to police itself, which no one can argue with as long as you check on that.

Mr. TINSLEY. Right. Our evaluation group should check on it. But they would not check in depth. They would review evaluation reports and findings of the agency—how far they went, what their program called for.

Mr. LUMAN. Let us take, as an example, the Navy. Do they have a good self-policing program?

Mr. TINSLEY. At this point in time, I am unable to answer your question. I would have to talk to the Director of the Bureau of Program Management Evaluations and see what their reviews of Navy evaluation programs showed.

Mr. LUMAN. Would Mr. Phillips know?

Mr. PHILLIPS. I am not aware. I would have to check on it, too. The only agency I am aware of that has done a good job of internal evaluation is Army.

Mr. LUMAN. Haven't they recently cut back on the staff they used for that internal evaluation?

Mr. PHILLIPS. The evaluation responsibility was decentralized out of Washington to the various command levels.

Mr. LUMAN. We are back to the same problem then, aren't we? We take a command in the Navy, let's say the Sea Systems Command. Let's assume the boss of that command is not educated about alcoholism and he thinks that this is just another program. You decentralize to him the responsibility of checking his own installations to see if they have programs. If he doesn't believe in it himself and does not send out any orders, how is he going to check on it?

Mr. PHILLIPS. That is right.

Mr. LUMAN. What can we do to make the system work?

Mr. PHILLIPS. I think you just pointed out something, and I think the GAO pointed out almost the same thing, and I think anyone who has looked at this or any other program with an agency and an agency manager. If the agency head or the agency manager is not interested in this particular aspect of his managerial responsibility and gives nothing more than lipservice to it, if that at all, you are not going to have a very effective program in the agency, whether it be alcoholism, drug abuse, or any other type of a program.

Mr. LUMAN. Then I guess the question is: "How do we identify these people who aren't doing a good job, and who gets told about that?" We have a congressionally passed law, we have a Federal personnel letter from the Commission in furtherance of that law. Now, let's assume that you go out on one of these evaluations to an installation, and you are a member of the team. The alcoholism expert says: "These people do not have a good program." Who finds out about that? To whom does that report go?

Mr. TINSLEY. That report would be discussed not only with the head of the particular installation involved, but the report would be funneled up through the line of command to the headquarters of the particular agency.

Mr. LUMAN. In every case?

Mr. TINSLEY. It should be in every case. To say that it is done in every case, I would have to go back to the evaluation reports and see to what extent every report was channeled in that way. That is what should be happening.

Mr. LUMAN. How far up does it go in the agency?

Mr. TINSLEY. It should go to the highest level in the agency. Certainly any reports that are filed involving my area of responsibility are sent directly to the Chairman of the Commission and to the Executive Director of the Commission.

Mr. LUMAN. In a Navy shipyard, would it go to the Secretary of the Navy—at that level?

Mr. TINSLEY. It should eventually reach the secretariat level. It would certainly go above the Navy shipyard.

Mr. LUMAN. Is it made available to the Congress?

Mr. TINSLEY. I am not sure to what extent the evaluation reports are made available to the Congress. I do not think they are made available to the Congress on a routine basis.

Mr. LUMAN. Supposing we have an agency that is not really committed to the alcoholism program. Your inspector goes out to the installation and says: "The program here is terrible. You are not doing anything at all." And he furnishes the report to the head of the agency who says, That is nice, and puts it in the file box. Then what happens?

Mr. TINSLEY. Insofar as the Commission is concerned? There is little more that the Commission can do other than keep working on that agency; to have the Chairman of the Commission bring it up in the course of his meeting with, usually, the Under Secretary of that Department in an effort to try to have him do something about it.

Mr. LUMAN. To your knowledge, does the Chairman of the Commission raise the point of noncompliance with his particular FPM letter, and the law, with any agency head or Under Secretary?

Mr. TINSLEY. Yes.

Mr. LUMAN. With what result?

Mr. TINSLEY. I think with some results at least in the instance I am aware of. It was not one of the defense agencies.

Mr. LUMAN. Do you have any plans to get more involved in agency evaluations, if that is what we are relying on so much—to really monitor those closely?

Mr. TINSLEY. Again, it is a matter of resources. The only thing we can do—and there are a variety of programs the Commission has similar responsibilities for—is to weigh internally the priorities against the resources that are available to us, and what the demands are at any existing point in time.

Then, we attempt, at that point in time, to see what is to be done with those resources.

Now, one, I do not make the decisions on priorities as to what the evaluations will include at any given point. Many times the pressures of the existing situations determine what will be evaluated.

Mr. LUMAN. Here we have a law that I think is rather clear. We have an FPM letter from your agency that is rather clear. It says to the installation manager or agency head, We are not giving you the option of determining whether you think it would be nice to have an employee alcoholism program. We are saying you will have it. And, I guess, the basic question here is. How do you enforce it? From what you have described, it sounds like we are not enforcing it. If the agency chooses not to comply or the installation chooses not to—in the first place it is unlikely to get looked at even if they do—there

might not be anything in the report about it Even then it goes to the agency itself, which might decide to ignore it.

Then if they have their own inspection system, you do not know how good it is.

How do you make people comply?

I think the argument about resources is fine, but I do not think you have any choice.

Mr. TINSLEY. We certainly have no enforcement authority.

Mr. LUMAN. Could you go to the President?

Mr. TINSLEY. The chairman could very well send a memorandum to the President, and it would be entirely up to the President. I do not think we have ever done that in this particular program.

Mr. LUMAN. Here we have the Department of Justice, for example, which is responsible for enforcing the laws of this country. The Civil Service Commission sent a letter to the Department of Justice on July 31, 1971, which said, in 6 months time, that is, on December 31, you should promulgate a policy making this kind of statement about alcoholism as a disease, and so on. To this day, has the Department of Justice done that?

Mr. TINSLEY I do not believe they have.

I believe they are the only department of the Government that has not.

Mr. LUMAN. Surely there has been enough time.

What has been done about the failure of the Department of Justice to comply with your letter and the law?

Mr. TINSLEY. Here again we have been unable, or are in no position, to force the Department of Justice to issue such a statement. I am sure that we have had a number of exchanges with staff of the Department of Justice. I do not know if the Chairman has spoken with the current Attorney General or his predecessors.

Mr. HICKS. Assuming, in an extreme case, that the Attorney General would say, "I am not interested in the program; I am not going to do anything," it ends there, doesn't it, as a practical matter?

Mr. TINSLEY. Just about. If he is adamant.

Mr. HICKS. That happens lots of times, doesn't it?

Mr. TINSLEY. It happens lots of times.

Mr. HICKS. I am going to vote. Mr. St Germain will be back momentarily. Mr. Luman will continue.

Mr. LUMAN. Do you have any plans for verifying agency inspections beyond what you have done so far?

Mr. TINSLEY. I think we are going to have to. Gathering all this data and never checking the reliability of it would be a little foolhardy. If we have a group of agencies sending us data saying, There are this many cases and they produce this kind of results, and we say That is beautiful, and forget it at that point. I think we would be rather stupid. I think we are going to have to find some way of at least testing the accuracy and the validity of the data that we are getting from agencies.

Mr. LUMAN. How about testing the validity and the effectiveness of the agencies' inspection of some programs? Are there agencies that have no inspection systems today, to your knowledge?

Mr. TINSLEY. I am not sure. You are in an area that does not come within my primary responsibility. It is the overall evaluation pro-

gram. I will be glad to get you whatever information I can in this particular area in response to some of your detailed questions as to how that evaluation system operates.

Mr. LUMAN. Let me just ask you a general question.

You recall the discussion we had about the Department of Justice. It has been 5 years and they haven't moved yet on the law. They have not moved yet on your letter in terms of complying fully with it. I am sure they have been drafting things and they have talked with you, but they have not done it. You mentioned that the agencies are supposed to inspect themselves. Some do; and some probably don't. If they choose not to follow your recommendations, then they get away with it. In essence, what do we need here then? Do we need an Executive order from the President, as we got for Federal safety?

Have we admitted to ourselves that it is a failure to rely on agencies to institute this program because so many of them haven't done it well enough?

If that is the case, what do we need to get it done?

Mr. TINSLEY. As I indicated earlier, certainly it would not hurt the program to have the head of the executive branch—the President—issue, if not an Executive order, I don't know if that is necessary, but a memorandum to heads of agencies. It would be a good stimulus.

Mr. LUMAN. There is nothing you see on the horizon that is going to change the situation we have seen in the past 5 years, is there?

Mr. TINSLEY. I think it will gradually continue to improve. I think we will continue to change some attitudes gradually, and some views of some of the installation or agency heads who, for one reason or another, are not paying any attention to this program that many of us might feel is warranted.

In some of my own conversations with installation or agency officials, it usually isn't a lack of interest so much in any one program that they indicate their problems arise. It is just which one of these programs. All of them are important, and they have proliferated today. Many of them, by law, or executive orders.

How many are there, and which ones—how do I spend my time and my efforts—in addition to that, I have a primary responsibility in terms of an agency mission that I have got to achieve. These are some of their problems.

Mr. ST GERMAIN. Tell us about the proliferation. How many programs are snowing them under?

Mr. TINSLEY. I hear varying numbers, and I do not know how many there are. They range anywhere from 15 to 20-some.

Mr. ST GERMAIN. What are some of them?

Mr. TINSLEY. Safety, equal employment program, drug abuse, alcoholism, rehabilitated offender program, handicap programs, disadvantaged youth programs, and so on.

Mr. ST GERMAIN. We do not have disadvantaged youth programs in the Navy, do we?

Mr. TINSLEY. I am not sure about that.

Mr. ST GERMAIN. You've given us several. Keep going.

Mr. TINSLEY. I will be glad to furnish you a list. I hear varying numbers from agency heads in my conversations with agency heads as to where they place their emphasis.

Mr. ST GERMAIN. As agencies differ, so do these proliferations of programs differ. However, there are some programs that cut across all agencies. Drug abuse, right?

Mr. TINSLEY. Right.

Mr. ST GERMAIN. Alcoholism?

Mr. TINSLEY. Correct.

Mr. ST GERMAIN. Equal employment opportunities?

Mr. TINSLEY. Right.

Mr. ST GERMAIN. It seems, in those that cut across all the agencies and where the Congress has definitely made its views known and it has issued reports—and here it is 6 years—we ought to get off the dime on this.

Has the Civil Service Commission, in view of this long history of noncooperation that you admit to in your statement, given any consideration to requesting legislative authority to implement a program such as this?

It has been 6 years. How patient can we be?

Mr. TINSLEY. I do not know what type of legislative authority you could use in this particular area.

Mr. ST GERMAIN. Has any thought or discussion been given to what type of enformement of powers the Civil Service might need to effect compliance?

Mr. TINSLEY. Not in terms of this specific program, but in terms of progams in general. In recent months, yes, there has been a great deal of consideration and discussion within the Commission as to what types of enforcement authority it should have. Apparently the Commission has not reached any conclusion as to exactly how much enforcement authority it should ask for in these various areas, including alcoholism, drug abuse, and a variety of others.

Mr. ST GERMAIN. Some of these other programs came into being long before the alcohol abuse program, right?

Mr. TINSLEY. Correct.

Mr. ST GERMAIN. You have just recently been sitting down wondering how you could better effectuate it, and what powers you need?

Mr. TINSLEY. Some of these problems, as you are well aware, have become critical in the last year or so. Government, in terms of management, like even most private industry, runs in cycles. Once it will want strong centralization, strong control, strong direction and guidelines for its agency and managers, including the heads of agencies.

Then you run through a period of decentralization, and say, "Give the manager some authority. He has got the responsibility. Let him loose on this for a while." They just try to use another approach. Then you get your fingers burned when you do that in some instances, and then the tendency is to pull back and strangle that manager; let's just give him a list of things—one, two, three, four—and he will do these.

I think this happens in any organization.

Our recent experience in a variety of fields has been a failure. However, I do not know if we should react to those failures by strangling the managers.

Mr. ST GERMAIN. Maybe by replacing the managers?

Can you do that with tenure?

Mr. TINSLEY. Some of these managers are at a relatively high level.

Mr. ST GERMAIN. Can you do that with tenure?

Mr. TINSLEY. Yes; you can replace managers. Managers are easier to replace, usually, than employees.

Mr. ST GERMAIN. Let's get back to my question. You started telling us about the training for coordinators and administrators here in Washington. You said there was a 1-week course for administrators and coordinators. Is that correct?

Mr. PHILLIPS. That is correct.

Mr. ST GERMAIN. Then you started describing to us what that course did. Would you pick up on that?

Mr. PHILLIPS. To recap, I was talking about the fact that agency administrators and coordinators are made aware of the various elements that go together to make up an executive program.

They are also apprised of the various resources that possibly exist within their agency that should be brought to bear in the implementation program.

A considerable amount of time is spent in terms of allowing the participants to identify what they perceive to be their problems—perhaps their unique problems—within a given organization. There is a discussion of those and how they might be overcome.

We try to make it a participatory kind of training experience.

Coming out of that, we advise the people that we train that consultation is available. We do not expect that, coming out of this 1-week training period, these people are going to be experts. We tell them that, in manning this effort, they are going to need some outside expertise, and it is available.

Some of the other training experiences include the training of counselors. Our effort there has been one of trying to improve communication skills with people who are serving in the counseling role. We have a relatively new course that we have developed and tested here in Washington, and we are now ready to distribute it to the field. The reaction and response from the people who have taken it have been very encouraging.

We also developed a program for medical personnel—nurses and doctors. Unfortunately, the response to that program has not been good. I think it has only run two or three times. I think that identifies a particular problem that we have, but also it is a problem that exists, I think, throughout the alcoholism field. That is, that we have great difficulty impacting nurses and doctors.

Most of these training experiences that I have described here in Washington are also duplicated in some extent out in the field in our regional training centers. In addition, we here in Washington, and also our regional occupational health representatives, try to keep the local program coordinators apprised of local or regional training opportunities so that they can avail themselves of these. These are training opportunities outside the Federal sector.

Currently now there is a course going on at Rutgers, for instance, and there is an occupational sector to that course. It is a 3-week course. There are about 9 or 10 individuals attending Rutgers who have responsibility for that employee program within their particular Federal installation. So, some of our Federal personnel are reaching outside the system in this way.

I think that probably recaps it.

Mr. ST GERMAIN. You have a 1-week course for administrators and counselors in Washington. You say sometimes they administer as well in the regional offices.

How many administrators are taking the course?

Mr. PHILLIPS. I do not have the statistics available. They are relatively easy to come by. I can submit those to the committee.

Mr. ST GERMAIN. How many 1-week courses have you run in Washington?

Mr. PHILLIPS. I would say roughly 12 to 14, and I would estimate that probably about 300 people have been trained in the Washington course.

Mr. ST GERMAIN. That is a mix of coordinators and administrators?

Mr. PHILLIPS. That is right.

Mr. ST GERMAIN. In describing the course, do these people come here voluntarily, or are they assigned to come to these courses?

Mr. PHILLIPS. In some cases, the agency tells them. "You will go to the course." In other cases, the coordinator or administrator learns of the course himself and applies.

Mr. ST GERMAIN. How long a period of time has this course been available?

Mr. PHILLIPS. The first time it was presented was in November 1971, here in Washington.

Mr. ST GERMAIN. Then you have had 12 courses in 6 years?

Mr. PHILLIPS. That is correct. It runs about three or four times a year.

Mr. ST GERMAIN. You told me you have had 12 1-week courses.

Mr. PHILLIPS. Twelve or fourteen, I am not sure.

Mr. ST GERMAIN. You have had 300, so you are training approximately 60 coordinators and administrators per year?

Mr. PHILLIPS. I think that was heavier during the first couple of years of the program. Now we are reaching a point—at least here in Washington—where we have reached a large number of people, and the need for training is trailing off a little, so I think the enrollment and the number of times the course is offered is less frequent that it was at the beginning.

I might mention one other type of training that is going on, too, and that is agencies themselves are also conducting training courses. I am aware of the fact that Army and Navy have both gone out into the field and conducted training for the people with program responsibilities in their various installations.

Mr. ST GERMAIN. I asked the question whether these people come voluntarily or are they assigned or told to come by someone else, because in the testimony of GAO, and of Dr. Trice, and in your testimony we have learned that one of the big problems is attitude.

Do you, during that 1-week participatory course, evalute the attitudes the administrators have, since they are the ones that set the norm or standard?

Mr. PHILLIPS. Just 3 weeks ago we ran the administrators and coordinators course here in Washington. The first day included sessions on alcoholism and drug abuse and other aspects of emotional health. There was a one-half day session ——

Mr. ST GERMAIN. Excuse me. Are you saying that this course is a combination course of alcoholism and drug abuse?

Mr. PHILLIPS. Yes. We deal with alcoholism and drug abuse from the standpoint that it is the recommendation of the Civil Service Commission at this point that agencies operate a combined alcoholism and drug abuse program.

Mr. ST GERMAIN. What else is taken into account? What other programs are they indoctrinated in in this 1-week course?

Mr. PHILLIPS. Some agencies are interested in operating programs which are sometimes described as broad employee assistance plans or troubled employee programs. Those types of programs include the addressing of alcoholism and drug abuse, and also other mental health types of problems are dealt with. So we found it useful to provide to the administrators and coordinators some brief kind of review of the types of mental health problems that might impact job performance on the job.

The guidelines that we have issued call for supervisors to identify employees on the basis of impaired job performance and not to be diagnosticians. So in a program that is functioning according to our guidelines, the coordinators or counselors may end up seeing a variety of people problems coming into their office, and we feel it is only fair to give them some background in terms of the types of problems they might be encountering.

However, the main emphasis in the training experience is on alcoholism and drug abuse.

I was about to say that one-half day of the training experience is used to deal with attitudes. We do not evaluate their attitudes, but we attempt to project a climate within the training experience wherein they will take a look at their own attitudes.

Mr. ST GERMAIN. Mr. Tinsley, in the 1974 report of this subcommittee, recommendation No. 5 dealt with the relationships with the employee unions. What has Civil Service done at the national level to encourage understanding and cooperation by the Federal employees unions?

I am sure you are aware of the testimony last week that in some instances there was a fear on the part of the employees in some of the unions that, if people turn themselves in, so to speak, and ask the counseling department—particularly when you have a coordinator who is also the personnel director—that this would be adverse to their employment opportunity or what have you.

What has Civil Service done on a national basis with the Federal employees unions?

Mr. TINSLEY. Our dealings have been primarily at the national level offices of the employee unions.

From the early days of this program, we have had both formal and considerable informal consultation and discussion with the national officers of the various employee unions concerning alcoholism and the alcoholism program. In fact, at the present time, in terms of some material that we intend issuing—policy material—it is in the hands of all 28 national unions in the consultation process.

During the development of some of this material and some of these problem area discussions, we would meet with the national officers of the unions.

I think a great deal of this fear, and some of the reactions discovered by GAO, and which could be discovered by anyone looking at the problem, are at the local level, and they are largely reflective of local management. Certainly, in some areas where they have developed into their union contracts a provision concerning alcoholism, and they have established both labor and management groups in this area, those fears do not seem to exist—at least, the potential for fear has been reduced, and so the employee is not reluctant to participate in the program.

There, again, it is attitudes, and I think to some extent it is local attitudes. In my own experience, and not only in this program but in the health program, there are areas and people in this country today who are convinced that alcoholism and drug abuse is sinful, that it has nothing to do with a health problem.

I get letters in the health insurance areas which blast at me, "Why is my money being spent to treat an alcoholic? Why is my money being spent to treat a drug abuser?"

This business of attitudes is not something that you can change overnight. It will vary from section to section.

Mr. ST GERMAIN. On page 22 of your testimony, you referred to the fact that 291 union agreements contain provisions relative to the alcoholism program. That is 291 out of how many?

Mr. PHILLIPS. My recollection is that it represents about 10 percent.

Mr. ST GERMAIN. The provisions you referred to, are these mainly as you stated—provisions whereby management and unions agree that they will cooperate in the establishment of these programs?

Mr. TINSLEY. We will be glad to give you some of the standard type agreement provisions. Or, for that matter, we can produce all those provisions that are contained in the various contracts. They usually involve things where the union gets an agreement from management that there very definitely will be some kind of an alcoholism program, and the ground rules under which it will operate. There will be a labor-management committee that will participate in the development of policies and procedures in terms of alcoholism programs. Some even go so far as, in effect, to almost require that certain things be done, that certain services be rendered in the counseling area.

Mr. ST GERMAIN. I am finding that we have a very dismal record. There appear to be few very successful Federal programs that NIAAA could use as examples for State adoption pursuant to recommendation No. 6 of the 1974 report.

Have there been any programs pursuant to that recommendation brought to the attention of NIAAA—successful programs—that the States could then look to as examples?

Mr. PHILLIPS. We are just in the process now of being able to ascertain who is doing a good job, and those particular agencies that are not doing such a good job.

Much of our ability to take a look at that is dependent upon the new annual reporting system that we have installed. I made a copy of the new annual reporting system available to NIAAA approximately 10 days ago. At this particular point I have not sat down with them yet to specifically zero in on those particular installations and agencies that appear to be doing a good job. We plan on doing that.

I think one of the things that is very encouraging, from my standpoint, is the combination of our own annual reporting system, the

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GAO survey, and the Trice-Roman research project. That makes our particular program area the most highly researched occupational program in existence. Coming out of that, we are going to be able to identify problem areas in much finer detail that it has ever been possible to do before in the occupational area.

Hopefully coming out of that will be the kinds of things that need to be done, not only to strengthen the Federal program, but that can positively have impact on programs in the private sector, and the State and local governments.

Mr. St Germain. Recommendation No. 7 of this committee's report addresses itself to what you just mentioned, Mr. Tinsley, the subject of health insurance coverage for people with alcohol-related problems.

In a June 10 story in the New York Times, there is described what is termed as a first step. This seems rather discouraging, in view of the fact that we are just reaching the first step, and yet the recommendation is 2 years old.

I would ask you now what the role of the Commission has been in this crucial area during the past 2 years.

Mr. Tinsley. I am not familiar with the New York Times story.

Mr. St Germain. It mentioned a Blue Cross step. It states:

> Blue Cross to Study Coverage of Non-Hospital Alcohol Care, the first step toward extending full coverage to its subscribers in comprehensive nonhospital treatment of alcoholism.

Mr. Tinsley. Our contracts with all our carriers——

Mr. St Germain. The contracts with NIAAA.

Mr. Tinsley. All right. Our contracts, our health insurance contracts, going back a number of years, in these we have consistently followed a policy and pressed the carriers in connection with our contracts to treat alcoholism as they do any other illness or disease. I think you will find that is the case with the Aetna contract and in the Blue Cross–Blue Shield contract that we have as well as most of the other contracts.

Every contract that we have today, whether it be with an HMO or one of the employer organizations covers alcoholism and drug abuse. They will cover it the same as they do any other illness or disease.

In some instances, particularly where you are talking about Blue Cross–Blue Shield, you get involved in a member hospital-type situation and, I believe, in recent years, we as well as some other people in this field have been attempting to get the carriers to use some of the specialized treatment facilities that are available for certain things, not just alcoholism–surgicenters in the surgical field, certain other types of centers, what they call free-standing facilities, to provide treatment for various things.

I think, however, under our health insurance contracts, every carrier right now is providing for alcoholism and drug abuse the same as he will provide for any other illness.

Mr. St Germain. On page 4: after 6 years, the Commission is responsible for the training of 140 counselors. Is that an accurate number?

Mr. Phillips. That is the new course that I talked about. The course has been available not quite 2 years.

Mr. St Germain. Was there a course previously for counselors?

Mr. PHILLIPS. There was a course, prior to that, for counselors, and we identified a certain potent weakness in that initial course offering. That was that we were just providing too much didactic material to the counselors. That resulted in our structuring a new course which is much more skills-oriented and designed to provide the people who are in training with the opportunity to test out these skills and experiment with them. It is very much small group-oriented.

Mr. ST GERMAIN. How many counselors do you project would be needed for this program?

Mr. PHILLIPS. That is a very difficult question. I cannot project that off the top of my head.

Mr. ST GERMAIN. Could you, for the record, give us some kind of figure?

Mr. PHILLIPS. We can make certain assumptions; then, on the basis of those assumptions, project the figures.

Mr. ST GERMAIN. On page 4, you refer to a training film. The GAO, in their report, did not mention any use of this training film. Do you get back from the agencies which purchase these training films—whether they purchase them or have them provided—what the usage of these films is?

Mr. PHILLIPS. No; we get no report back on these.

Mr. ST GERMAIN. They have intriguing names. The Dryden file, for one. Do you know how many people have seen the Dryden file?

Mr. PHILLIPS. I have no way of knowing.

Mr. ST GERMAIN. You do not think that is of any benefit to determine if that film is being used?

You know, there is an old saying that you can lead a horse to water, but you can't make him drink.

Here, you are providing all the water. Are they drinking?

Mr. PHILLIPS. The one positive is that the installations are purchasing these films themselves. I assume they would not be expending money to purchase something that they are not going to use. It represents a significant investment on the part of installations, particularly in terms of their limited budgets.

Mr. ST GERMAIN. This may have been asked while I went over to vote, but, on the evaluation situation, you stated in your testimony you leave it to the agencies. Yet, GAO's testimony indicates that the agencies just have not done much evaluation.

Do you feel that it is profitable to continue to allow the agencies to do the evaluation, or should civil service do a little more of the evaluation itself?

Mr. TINSLEY. With the size of the Federal Establishment and the installations and the locations that we deal with, in order for the Civil Service Commission to really evaluate the program down to the level where they are either successful or not successful—which is down there at the grassroots level—you would need one tremendous staff to accomplish that type of task. I do think possibly evaluating the agency evaluation programs and moving them in the direction of improving their own internal evaluation programs, from a cost-benefit standpoint and from a program standpoint, would be the only way you could hope to achieve this.

Mr. ST GERMAIN. You gave a reply of GAO No. 12, and then you said it was 13 because of an overlap. It sounded like a numbers game to me. It truly wasn't very responsive. I think the important thing is to determine whether or not these agencies are, in fact, performing these evaluations. When they go in, are they evaluating, among other things, the alcoholism problem?

On page 7, you give the number of general and special evaluations of the last 3 years, following up on this.

On the evaluations that you refer to from fiscal years 1974, 1975 and 1976, first three-quarters—do you have the results of these evaluations? It is all right to say that there were 233 generals and 552 specials, but what did they indicate as to the effective implementation of these programs on alcohol abuse counseling and assistance?

Mr. TINSLEY. As to whether or not all these general evaluations cover the alcoholism program to any extent at all, there one would have to go back into the work papers of the individuals who conducted the evaluations.

I can guarantee you this. I do not think there was anything in-depth in any one of these evaluations of the alcoholism program. We will find that as we go back into them. We are checking primarily to see, one, whether the agency had implemented or established or issued any policy pronouncements, whether coordinators had been appointed, and things of that general nature.

Mr. ST GERMAIN. Your next sentence states: "Our evaluation bureau advises that virtually all general evaluations cover the alcoholism and drug abuse programs."

Mr. TINSLEY. I think they would have covered it, but not in any depth.

Mr. ST GERMAIN. Therefore we may conclude that these figures are not very significant one way or the other?

Mr. TINSLEY. Not in terms of knowing how effective the program really was.

Mr. ST GERMAIN. Thank you, Mr. Chairman.

Mr. HICKS. Are there any other questions—Mr. Luman or Mr. Kasten?

If not, thank you very much, gentlemen.

[Mr. Tinsley's prepared statement follows:]

PREPARED STATEMENT OF THOMAS A. TINSLEY, DIRECTOR, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH, CIVIL SERVICE COMMISSION

Mr. Chairman and members of the subcommittee, we appreciate the opportunity to again testify on our responsibilities under Title II of Public Law 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970. Your letter requesting us to testify asked that we:

Provide a general evaluation of Federal programs with reference to whether they are advanced over those that existed when the subcommittee held its hearings in 1974.

Suggest ways in which weaknesses indicated by the GAO study and the Trice study might be overcome.

Describe the limits of Commission authority so that the subcommittee might gain a better picture of the improvements the Commission can bring about through monitoring and where it must rely on persuasion of agency management.

Discuss whether the results of Commission inspections concur with or vary from those made by other witnesses.

Our testimony will proceed along those lines.

I. GENERAL EVALUATION OF FEDERAL PROGRAMS

To assess program progress made since the 1974 hearings, it is necessary to look both at the Commission, in its leadership role, and at the agencies implementing programs.

Turning first to the Commission, our most important policy issuance since the 1974 hearings has been FPM Letter 792-7 of June 1974. This issuance required agencies to expand their alcoholism policies and programs by incorporating employee drug problems into the existing program framework. This was in response to Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972 (March 1972), which gave us identical responsibilities to those mandated by Public Law 91-616. The only programmatic differences related to the statutory provisions governing confidentiality of drug patient records. A subsequent statute, Public Law 93-282, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1974 (May 1974), has since amended both Public Law 91-616 and Public Law 92-255, equalizing the confidentiality accorded both alcohol and drug patient records. As required by Public Law 93-282, HEW has developed implementing Federal regulations on the confidentiality of patient records; these were issued July 1, 1975. Since that time, the development of confidentiality guidelines for Federal employee programs has been one of our major policy efforts. A draft of that issuance is now with the unions for their comments.

Two other policy matters have required substantial effort during the last two years. One was the development of an issuance on employee assistance programs. The draft of that issuance will begin to move through the clearance process once the guidance on confidentiality of client records has been finalized.

The second issue of concern relates to the impact of the alcohol and drug programs on agencies or positions which are sensitive for national security reasons. We believe that it was Congress' intent to provide rehabilitative opportunities to the largest possible number of Federal employees. However, the language of subsections (c) of sections 201 and 413 of the alcohol and drugs acts respectively has given rise to some controversy about both the rehabilitative and employment opportunities which must be offered where sensitive agencies or positions are involved. As indicated in our letter of June 4, 1976, to Chairman Hicks, we believe the Commission has reached a reasonable interpretation of the statutory language, and we will be preparing implementing policy guidance for the agencies in the near future.

In the area of training, we have continued offering training at the national and regional levels for Federal personnel involved in the program—the administrators, coordinators, counselors, medical personnel, personnel specialists and supervisory and management personnel.

One new course has been developed in response to a need for a highly skills oriented communications course for counselors. With the assistance of the National Drug Abuse Training Center, we modified their Short Term Client Referral Counseling Course and offered it for the first time in June 1974. We have trained 140 counselors in the 7 sessions conducted in Washington. The course package is scheduled for distribution to our Regional Training Centers this September for offering to field counseling personnel. We have also developed a new communications skills course using the techniques of transactional analysis and we hope to offer it by the end of the calendar year.

In our previous testimony, we described our cooperation with Newsfilms, U.S.A. in the development of a supervisory training film, and our efforts to promote its widescale use in the Federal government. Agencies have now purchased more than 1600 copies of "The Dryden File" to facilitate their internal supervisory training activities. We have since cooperated with the same filmmaker in the development of a second supervisory training film entitled "Webber's Choice." This film differs from "The Dryden File" in that it is directed toward the supervisor of blue collar employees.

Turning to promotional activities, we have prepared a revision of a 1967 Civil Service Commission pamphlet, "Recognizing and Supervising Troubled Employees." The pamphlet has been prepared by the same Commission writer who developed our highly successful employee brochure, "Here's Looking at Us . . ." The new brochure is tentatively entitled "Problems on the Job . . . A Supervisor's Guide to Coping." Its issuance will be timed to correspond with the issuance of the guideline for broader employee assistance programs. Agencies had already purchased over 700,000 copies of our original employee brochure,

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"Here's Looking at Us . . ." at the time of the last hearings We are currently developing a second publication for employees which will describe both the alcohol and drug programs. We have also consulted with Newsfilms, U.S.A. on the development of a third film which will be a short 10- to 12-minute management promotional film. It will be available in early fall and we will be exploring the ways this film might be used to promote wider program acceptance.

Other efforts to assist program personnel include issuances concerning the following areas of program responsibility:

Civil Service Commission (CSC) Bulletin 792-14 (March 31, 1975) defined the communication channels between the Commission and the agencies. In addition to the Federal Personnel Manual system and CSC Bulletins, our monthly publication the "Occupational Health Reporter" (copies attached) would provide expanded coverage of the alcoholism and drug abuse fields. In addition, the bulletin described national alcohol and drug organizations and their publications.

CSC Bulletin 792-15 (April 11, 1975) provided criteria for agencies in the internal evaluation of their programs.

CSC Bulletin 792-18 (December 15, 1975) defined the types of treatment needs required by alcoholic and drug dependent persons. It also provided a guide on a process for identifying, assessing and utilizing community resources to meet these needs. The bulletin also identified national and State organizations that could be useful in developing an effective program.

In terms of our evaluation and research responsibilities, the Commission has continued to place much of the responsibility for on-going program evaluation with the agencies. We have continued our own evaluation and research efforts, using a number of different mechanisms.

We were pleased to cooperate with the study of the Federal Civilian Employee Alcoholism Program conducted by GAO, and commissioned by this subcommittee. We look forward to the publication of their full report and to an opportunity to discuss the review in-depth with their staff.

As indicated in previous testimony, the Commission's Bureau of Personnel Management Evaluation conducts evaluations, on a rotating basis, of agency personnel management functions—alcohol and drug programs included. The number of general and special evaluations over the last three years is:

	General	Special
Fiscal year:		
1974	233	552
1975	141	260
1976 (1st 3 quarters)	58	181

Our Evaluation Bureau advises us that virtually all general evaluations covered the alcoholism and drug abuse programs. Approximately one-half of the specials included the programs. The reduction in the number of evaluations conducted represents the shift from external Commission to internal agency evaluations. We continued our cooperative efforts with Professors Trice and Roman in their NIAAA funded research regarding the implementation of the Federal program. We have begun to receive results from Professor Trice and we will comment later on some of his findings. Professor Roman's results are expected in September. As we mentioned in our previous testimony, their work represents the most in-depth analysis of occupational programs ever undertaken and should have implications for occupational programming far beyond the Federal program.

Some limited analyses of those parts of our personnel systems which are remedial in nature—the disability retirement system, the adverse action appeal system and the various third-party appeal systems available under the Federal labor-management relations program—are now yielding information regarding those employees not helped by the alcoholism program. Since the inception of the program, 65 percent to 70 percent of employees identified as alcoholic have been helped (job performance returned to an acceptable level on a sustained basis). This compares favorably with private sector programs. There remains that 30 to 35 percent of those employees counselled who are not helped. Without tracking individuals, which we will not do, it is impossible to determine pre-

cisely what happens to each person, and what the cost is to the government of a refused or unsuccessful rehabilitative opportunity. However, the three systems do report the following:

(1) Under the Civil Service Retirement System, disability retirement for alcoholism per se is precluded by 5 U.S.C. 8337; however, attendant disabling conditions may be grounds for granting disability retirement. Such conditions might include cirrhosis of the liver, polyneuritis, chronic brain syndrome and certain psychiatric problems.

A recent Commission analysis of causes for disability retirement from 1955 to 1974 shows increased rates per 100,000 employees for the following disabling conditions, often associated with alcoholism:

The rate of disability caused by nervous and mental conditions was about four times higher in 1974 than in 1955. (20 percent vs. 15 percent of total disability retirement cases.)

Disabilities due to gastrointestinal and genitourinary conditions were about three times higher in 1974 than in 1955. Among these conditions, cirrhosis of the liver is most consistently related to alcoholism. Disability due to cirrhosis increased over ten-fold in the 20-year period. The report concludes that "since alcoholism is practically always the cause of cirrhosis it can be assumed that alcoholism has also increased." We are not certain whether the incidence of alcoholism has actually increased; these figures would however seem to indicate that its cost to the Federal government has.

(2) The Commission's Federal Employee Appeals Authority is the body to which Federal employees may appeal when their agencies have taken stringent adverse or disciplinary action against them.

The problem drinking employee apparently most often appeals removal actions. Even then, they are a rather small proportion of the appellant population. During the first six months of fiscal year 1976, FEAA decided 582 appeals from removal actions. Twenty-nine or 4.8 percent have been related to alcohol problems. Of the cases received by the FEAA in fiscal year 1975, 945 appeals from removal actions have been processed; 27, or about 2.7 percent were alcohol related. The increase from fiscal year 1975 to fiscal year 1976 may be real; however, it is more likely a result of a more refined case coding system begun in fiscal year 1976.

Alcohol is also doubtless a hidden problem in many cases where the disciplinary charges speak only to leave abuse, inappropriate job behavior, and the like. We suspect that the percentage of alcohol-related cases will rise as FEAA's information system becomes more refined, and as unions and employees become more assertive about the problem drinking employee's right to rehabilitative opportunity.

(3) Similarly, the Commission's Labor Agreement Information Retrieval System records alcohol as a relatively minor employee problem in arbitration cases. Of the 846 arbitrations in the LAIRS file as of March 1, 1976, only 12, or 1 percent involve alcohol-related matters. Nevertheless, of the 2,988 agreements in the LAIRS file as of December 1, 1975, 291 or 9.7 percent of the agreements contain an alcohol or drug rehabilitation provision. Such agreements now cover over 210,000 Federal employees, and we have begun a review of those agreements to determine what sort of activity they may generate.

While we have only recently familiarized ourselves with data from the three systems discussed above, we plan to study them in depth to gain a more accurate understanding of the finer machinations of the program.

Finally, turning to agency activity as a measure of the status of the Federal programs, we can provide a brief analysis of the new agency annual reports. In May 1975, Commission Bulletin 972-16 announced a new reporting format for agency occupational health and alcoholism and drug abuse programs. There were three significant differences from previous reporting requirements. For the first time we asked for individual reports from all Federal installations with 50 or more employees. Secondly, we expanded the information requested to include the disposition of cases where employees had not been helped, i.e., removed, resigned, retired, etc. Thirdly, we asked for figures relating to drug abuse and other types of problems (for agencies operating a broader employee assistance model). We also requested information on the number of voluntary referrals as opposed to management initiated referrals. Installations were also required to provide the name of their program coordinator.

Table 1 attached provides a complete listing of all reporting agencies for fiscal year 1975.

During fiscal year 1975, agencies reported 6,727 cases involving alcoholism, 643 cases involving drug abuse, and 5,678 cases falling in the "other" category. A total of .68 percent of Federal employees (13,048) were counseled by agency programs. Of the alcoholism cases, 71.7 percent were identified as having been helped (percentage of those helped compared to total number of cases in which final disposition has been reached). The corresponding figures for drug abuse and "other" were 59.3 percent and 82.7 percent respectively.

Comparing the number of alcoholism cases reported in fiscal year 1975 with other years we have:

Fiscal year:	
1973	5,347
1974	6,258
1975	6,727

An increase of 258 percent is noted between fiscal year 1973 and fiscal year 1975. Individual agency activity ranges from no employees counseled for alcoholism to a high of 1.46 percent of the total employee population counsel.

We have prepared a more detailed analysis of specific agency activities. We have included the agencies which the subcommittee queried for the 1974 hearings. Table II shows the number of cases counseled by the eighteen agencies in question during fiscal year 1973, 1974 and 1975. Among these agencies an increase of 27.4 percent is noted between fiscal year 1973 and fiscal year 1975. Of the major agencies in Table II, the percentage of total employee population counseled during fiscal year 1975 ranges from a low of .10 percent to a high of 1.18 percent. The average for all employees is .36 percent.

Table III provides a further analysis of the 18 major agencies. We have shown the number of installations submitting negative reports and the number of employees at those installations. We have also shown the number of installations reporting some counseling activity and the number of employees at those installations. Approximately 62 percent of the installations report no counseling activity while 38 percent report one or more cases counseled. While the overall percentage of employees counseled was .36 percent, the percentage at installations reporting counseling activity was .48 percent.

The charts attached and the statistical information provided represent only the beginning of our analysis of the computer reports which we have just recently received. We are, for the first time, in possession of a wealth of statistical data that will take some time to analyze and assimilate. We can offer some comments on the data.

First, we not a continuing increase in the number of cases reported. We still feel that this figure is too low and is a reflection of the number of installations where inadequate programs or no programs exist. For the first time we and the agency headquarters have listings which specifically identify these installations. We do note that Professor Trice is relatively certain that only about 50 percent of the identified cases are being referred to the coordinators. The installation reports are prepared by the coordinators. The conclusion to be drawn is that during fiscal year 1975 an additional 6700 cases were presumably handled by someone other than the coordinator, most likely the supervisor. Professor Trice further feels that his data indicates that the employees in this group are getting an opportunity for rehabilitative assistance indicating that supervisors have been positively impacted by the program. Assuming this is so, .72 percent of the Federal employees may have been reached as a result of the programs.

How does .36 percent or .72 percent compare to other occupational programs? The old method of determining penetration which was discussed in the first round of hearings in 1974 has to a large extent been abandoned. The National Council on Alcoholism has now indicated that an effective program will identify and work with 1 percent of the total employees in an organization per year. While we are not aware of any research data to support this benchmark, we have programmed our computer reports to correspond with this measurement.

In discussions with NCA we have voiced our concerns about this measurement, particularly as it applies to organizations with a variety of field installations. NCA concurred that the measurement is only useful in applying it to specific locations. Hence it is not useful to use the measurement government-wide or DOD-wide or Army-wide. It is only useful in analyzing the performance of individual installations. We do not at this time have a figure on the number or percentage of Federal installations that meet or exceed the NCA benchmark.

However, it is obvious that the vast majority of Federal installations fall short even allowing them the Trice factor of doubling the percentage of employees reached.

We feel that a comment is necessary regarding the 1,449 installations on Table III reporting no counseling activity. It should not be assumed that this is an indication that all of these installations do not have programs. Many of them are relatively small. As an example, 55 percent of the HEW installations reporting no counseling activity have less than 100 employees. In Navy the corresponding figure is 36 percent. Some of these installations may have conducted aggressive program activities but quite legitimately had no occasion to use the program. They may also have dealt with some employees but not through the coordinator (the Trice factor).

Conversely, some of the installations reporting some counseling activity may have rather ineffectual programs when the case load is compared to the total employee population. The table does point out that programs are more functional at larger installations. On the positive side, the 892 installations reporting some counseling activity cover 75 percent of the employees reported in Table III and this table, in turn, covers 86 percent of the Federal employees.

While we will be continuing our analysis of the data, we have also made the computer reports available to the agencies and our regional offices. In addition, we have provided them with Table I which provides the national summary. We have asked that the agency headquarters staff review the reports and be prepared to discuss them with our staff. We will be scheduling meetings with the forty-five largest agencies between now and the end of the year to review program successes and inadequacies surfaced by the report. Hopefully, we can learn more about what has positively influenced some installations and develop strategies to multiply the positive effects. Our occupational health representatives will use the reports in much the same way in following up with installations in their regions. We will suggest a priority assignment to the largest installations. We have also suggested that the Commission evaluation teams review the reports prior to evaluation visits.

In summary, reports indicate greater agency activity than in April 1974, but far too many installations have no programs or inadequate programs. For the first time we have hard data reported by the installations that enable us to identify them for a concerted effort both at the headquarters and at the installation level.

II. PROGRAM WEAKNESSES INDICATED BY THE INDEPENDENT STUDIES

We have received several working papers from Professor Trice and were briefed on his approach to the testimony. In addition, we received a very brief overview of the GAO testimony. In comparing the two, we feel that the program weaknesses which have been identified by both can be summarized as follows:

Receptivity on the part of—
- The installation head;
- Supervision; and
- The general work force.

Role of the Coordinator.
Union Involvement.
Program Utilization.

We agree in general with the findings and offer the following comments.

Receptivity

Trice reports that receptivity to the program at all levels is low. He measures receptivity through an analysis of four factors:

Familiarity with the policy;
Agreement with the policy;
Perceived benefit of the policy; and
Perceived need for the program.

Trice has studied installation heads, supervisors and coordinators. Lack of receptivity is strongest among installation heads. We suspect that this relates specifically to a low perceived benefit and low perceived need for the program on the part of the installation head. The GAO study supports this finding.

The problem of receptivity on the part of installation heads is a difficult one. Installation heads are primarily concerned with the accomplishment of their primary agency mission and rightly so. Other program areas thus have lower

priority. Their prevailing perception that alcoholism represents no significant problem in their installations would appear to relate directly back to old stereotypes and misconceptions. Changing these is a rather slow and gradual process, but we expect that our continuing promotional activities will gradually bring about the necessary change.

The problem of differential use of the policy by management is noted by Trice. Managers supervising other supervisors or professionals are less likely to use the policy than supervisors of lower graded employees. We do not have a ready solution to this problem but recognize the need to study the effect more closely to isolate the impeding factors. Hopefully this may lead to new supervisory training approaches that will overcome this particular problem.

While supervisory receptivity appears to be somewhat greater according to the Trice data, much remains to be done to strengthen it. In Trice's terms, we need greater diffusion of the policy among supervisors and managers. Increasing familiarity and agreement with the policy appear to be key factors that cause a corresponding increase in supervisory policy use. Our continuing emphasis on supervisory training, our proposed new supervisory brochure and additional program aids that might be developed should continue to strengthen supervisory readiness to use the policy. Trice's point that this needs to be an on-going activity is highly pertinent since some time may elapse before some supervisors have occasion to use the policy.

Supervisory perceptions of the coordinator are noted as a problem by Trice. There is a natural reluctance on the part of supervisors to formalize a particular case by going to the coordinator. There also appears to be a distrust of personnel offices (where most coordinators are located) on the part of supervisors. This can only be overcome by vigorous and highly visible program activity by the coordinator to gain greater trust and acceptance. It is critical that coordinators have sufficient time to execute their responsibilities to overcome this supervisory reluctance and distrust. We concur with these specific findings by Professor Trice and will continue to stress their importance in training and promotional activities.

General employee receptivity was not measured by Trice but GAO reports a relatively high "awareness" regarding the policy. GAO also notes the distrust by many employees of the program, particularly if it is located in personnel. Our new confidentiality guidelines, which should be issued this summer, may help to alleviate this. Beyond that, receptivity to the program will most likely be affected by the vigorous and credible program activities of the coordinator.

Trice has noted that such organizational factors as geographical area, makeup of work force, organizational structure and decentralization of authority will effect supervisory policy usage. While these are factors beyond our control we intend to make the agencies aware of them.

Role of the Program Coordinator

Both Trice and GAO found that program responsibility has been assigned as a collateral duty and must compete for the Coordinator's time with other responsibilities which are frequently accorded higher priority. Both have also reported that, at least in some cases, personnel assigned as Coordinators have skills and attitudes which are clearly inappropriate for the job. Trice has reported that, on the average, coordinators were devoting only 7 percent of their time to the alcoholism program. He also notes that where the role of the coordinator becomes highly formalized, i.e., a formal job description, official appointment, etc., supervisory policy usage declines. This tends to be offset where the coordinator devotes sufficient time to the execution of his policy responsibilities.

The evolvement of the role of coordinator is of paramount concern to us. This concern focuses on encouraging management to allocate sufficient time to the coordinator for the accomplishment of his policy responsibilities. Those responsibilities as stated in Federal Personnel Manual Letter 792–4 are:

Informing and educating the work force;
Arranging or conducting supervisory training;
Developing and maintaining counseling capability;
Establishing liaison with community resources; and
Evaluating program effectiveness.

Failure on the part of the coordinator to accomplish the first two will have a direct negative impact on the receptivity of the entire organization to the

program. Some months ago we established our fiscal year 1977 management improvement objectives. One of them was to survey a random sampling of coordinators to determine their training and program needs. On the basis of the information we now have from the Trice and GAO studies we will alter this survey to include job qualifications.

Union Involvement

Trice notes the salutary effect of union involvement on supervisory policy usage. The interesting point to note is that it makes no difference whether the union is favorably or unfavorably disposed toward the program. The fact that they have taken a stand one way or the other, if known by supervisors, will increase supervisory policy usage.

The question of union involvement is one which the Commission views as highly important. In our basic policy statement (FPM Letter 792–4) we state that "The support and active participation of labor organizations will be a key element to the success of an alcoholism program," and we tell agencies to deal with union representatives on program policy formulation, and maintain open lines of communication with union leaders. This policy is further stressed in Commission sponsored training courses for supervisors and program administrators. We see it as a measure of some success that 291 union agreements now contain provisions relative to the alcoholism program.

We must point out however that the Commission's role in Labor-Management relations is limited by the provisions of E.O. 11491 (Secs. 4 and 25(a) and (b)). This role is one of policy guidance, review, technical assistance, and training for agencies, as well as administrative support and services to the Federal Labor Relations Council. The Commission's role is not one of attempting to influence the policies of the unions. While this prevents us from engaging in any direct efforts to engage the support of unions for our programs, we encourage agencies to enlist such support and fully cooperate with unions in providing information about our programs and consulting with them about new policies and requirements. As noted earlier, a draft FPM Letter on the Confidentiality of Alcoholism/Drug Abuse Client records is now out for union comment. We plan to continue this cooperation in the future and hope to see increasing union involvement as the program is "diffused" through our training and information dissemination efforts.

Program Utilization

GAO reports a penetration of 5 percent under the old penetration formula. You will recall NCA's old formula that an effective program should identify 15 percent of the population at risk after the first full year of operation. Hence, the 5 percent figure is only one third of the old NCA benchmark. That ratio equates precisely with the results from our FY 75 annual reports. The number of employees counseled as a percentage of the total work force is .36 percent. This is just slightly more than one third of the new NCA benchmark of 1.0 percent of the total employee work force per year. GAO also reports no counseling activity at 29 of the 74 installations visited (39 percent). This does not correspond with our finding that 62 percent of the installations of the major agencies reported no counseling activity. We suspect that GAO's sample included larger installations than the government-wide average hence their lower percentage of installations with negative counseling activities. On the other hand, we find much encouragement in the Trice study. Eleven percent of the supervisors within the sample report use of the policy over the past three years. Even more encouraging is Trice's report that, within certain confidence levels, 3.9 percent of the employee population in the sample utilized the policy and this is based on actual supervisory policy usage—again over the past three years. For the first time we have some ideas of prevalence even though it is a minimal prevalence figure.

The discrepancy between the data from GAO, Trice and the annual reports is most probably explained by the Trice factor. GAO and the annual reports relied on coordinator reported activity. Trice's data includes supervisory policy usage which did not utilize the coordinator. Trice feels that adjustments to our figures should be made that would further substantiate his findings.

Nevertheless, as previously reported, we know that no programs exist at many installations and inadequate programs exist at others. Hence there is still apparent lack of familiarity and acceptance among a number of installation heads and a significant supervisory group. Once this is overcome overall program uti-

lization should be excellent. Even now the data supports the fact that we have excellent program utilization at some installations.

III. LIMITS OF AUTHORITY

We have attempted, as the Subcommittee requested, to define the limits of Commission authority so that an assessment can be made of what program improvements the Commission can bring about through monitoring programs, and where it must rely on persuasion of agency management. At the outset, it may be said that the Commission has many responsibilities in all areas of personnel management, and few absolute authorities by which to ensure compliance. Under PL 91-616, the Commission shares responsibilities in cooperation with the Secretary of HEW and with other Federal agencies and departments. The statute gives the Commission no authority or means of ensuring implementation of these responsibilities by either HEW or the other Federal agencies. While such lack of Commission authority may be consistent with the mandated dispersion of responsibilities, the consequence of our extremely limited authority is that we cannot promote the program based on the use of sanctions. It should be noted that in addition to the lack of sanctions available in this case, sanctions generally are invoked when prohibitions are violated, not when positive endeavors are not pursued as aggressively as we would like. In short, our efforts to assert the leadership role given the Commission by the statute, have instead been based on the Commission's other broad leadership responsibilities and authorities in Federal personnel management. Due to our responsibilities and authorities in other areas, we are, through the administration of other programs, able to indirectly monitor as well as guide the implementation of the alcoholism program.

Primarily, this can be done through two other functions. One is our responsibility to adjudicate employees appeals; this is a valuable authority in two ways. First, we are able to insure that individual employee appellants whose drinking problems have led to adverse action are handled in accordance with the alcoholism program guidelines as well as other pertinent regulations.

Second, the fact that we have this authority encourages agencies to deal appropriately with their problem drinkers, rather than inappropriately disciplining them. We are able to evaluate programs in two ways. One is through the collection of data in our annual report. As previously indicated, we believe this is an extremely effective means of monitoring program activity. However, our authority to impose this type of interagency reporting requirement is subject to GSA clearance. Our second means of evaluating programs, as already indicated here and in previous testimony, is the on-site evaluation of programs done as part of the Commission's overall personnel management evaluation programs.

Ultimately, however, the vigor with which programs are implemented depends on the resources available to develop and maintain them. The availability of those resources are not determined by the Commission; they depend upon the head of each agency who must determine what resources can be allocated to each of many competing demands.

IV. COMPARISON OF COMMISSION AND INDEPENDENT EVALUATIONS

Finally, the subcommittee has asked whether the results of Commission inspections agree with or vary from those made by other witnesses. As previously indicated, the Commission can evaluate program progress in two ways. One is through our on-site evaluation capability; the other is through the collection of data from individual installations accomplished by our annual report.

Turning first to our on-site evaluations, it must be recognized that by their very nature, these evaluations will not yield the same type of analysis produced by either Professor Trice or GAO. First, our evaluations must cover a broad range of personnel management programs; they cannot provide the intensive coverage to one program area afforded by the GAO or Trice study.

Second, the Commission's evaluations are designed to identify and correct problems in agency personnel management—not analyze the operation of the entire system. Our evaluation reports thus address areas which require corrective action, and rarely mention those operating satisfactorily. In evaluating programs attention is generally directed toward the accomplishment of prescribed tasks. Thus in evaluations of alcoholism programs, attention would be given to the basic tasks which we are still trying to accomplish at this stage

in program implementation—such as policy issuance, appointment of a coordinator, and supervisory training. Only if progress in such areas is not satisfactory would mention of the program be made in the evaluation reports.

Finally, the method for selecting installations evaluated precludes any type of precise, comprehensive assessment of the total Federal Employee Alcoholism Program. Each year, the Commission evaluates some agencies nationwide; generally, however, our regional offices select for evaluation the installations of various agencies within their region. Thus, the picture which emerges is that some installations are doing well and some are not; some agencies are doing better than others. However, until the implementation of the annual report requiring data from installations, we have not been able to develop any relatively precise, composite picture of an agency program, or the Federal program as a whole.

Based on the data collected in that report, we are now beginning to be able to evaluate program efforts on a much more comprehensive level. We are also able to say, as previously indicated, that the results of this evaluation substantially agree with the findings of other witnesses, as we know them at this writing.

V. SUMMARY

In summary, we would like to emphasize the extremely beneficial effects we see accruing from the independent studies and our new annual reporting system. The isolation of specific program weaknesses can lead to new approaches which will be useful not only to the Federal government in its programming efforts but to other public employers and the private sector as well. The Federal program is probably the most thoroughly researched occupational program in existence. While it has some unique characteristics, not least of al lits size, it has many more similarities with other occupational programs. We welcome the continued use of our program as a research laboratory and testing ground for new approaches. We hope we can continue to rely on the support of NIAAA and interested independent researchers.

Mr. Chairman and Subcommittee members, this completes our testimony. We appreciate this opportunity to review our program activities.

TABLE II.—FISCAL YEAR COUNSELING ACTIVITY

Agency	Fiscal year— 1973	1974	1975	Employees population reported (1975)	Percent employees counseled (1975)
Agriculture	85	135	247	78,140	0.32
Commerce	127	221	65	21,916	.30
Defense	193		210	69,538	.30
Air Force	626	351	393	258,034	.15
Army	1,152	1,414	1,283	344,698	.37
Navy	592	1,609	1,838	307,790	.60
HEW	644	665	364	104,426	.35
HUD	34		27	14,876	.18
Interior	19	240	202	39,291	.51
Justice		18	46	45,110	.10
Labor	20	13	24	14,524	.17
State	20	187	82	23,399	.35
DOT	105	91	183	66,756	.27
Treasury	119	112	207	124,375	.17
GSA	172	138	177	38,288	.46
GPO	88	76	102	8,643	1.18
NASA	99	94	144	29,476	.49
VA	531	665	807	203,818	.40
Total	5,026	6,029	6,401	1,793,108	.36

TABLE III.—FISCAL YEAR 75 ANALYSIS OF COUNSELLING ACTIVITY IN INSTALLATIONS REPORTING SOME PROGRAM ACTIVITY

Agency	Number of cases	Employees reported	Percent reached	Number of installations	Employee count with no counseling	Number of installations	Employee count with some counseling	Percent reached with counseling activity
Agriculture	247	78,140	0.32	210	55,983	53	22,157	1.11
Commerce	65	21,916	.30	25	5,702	19	16,214	.40
Defense	210	69,538	.30	79	21,378	39	48,160	.44
Air Force	393	258,034	.15	126	74,607	84	183,427	.21
Army	1,283	344,698	.37	102	33,437	107	311,261	.41
Navy	1,838	307,790	.60	184	50,622	146	257,168	.71
HEW	364	104,426	.35	132	34,294	43	70,132	.52
HUD	27	14,876	.18	50	7,068	15	7,808	.35
Interior	202	39,291	.51	76	15,320	32	23,971	.84
Justice	46	45,110	.10	76	15,469	19	29,641	.16
Labor	24	14,534	.17	18	4,011	11	10,523	.23
State	82	23,399	.35	9	3,446	11	19,953	.41
DOT	183	66,756	.27	43	18,976	32	47,780	.38
Treasury	207	124,375	.17	190	57,679	60	66,696	.31
GSA	177	38,288	.46	49	8,147	56	30,141	.59
GPO	102	8,643	1.18	3	268	4	8,375	1.22
NASA	144	29,476	.49	1	382	10	29,094	.50
VA	807	203,818	.40	76	40,564	151	163,254	.49
Total	6,401	1,793,108	.36	1,449	447,353	892	1,345,755	.48

Mr. HICKS. Our next witness will be Dr. Ernest P. Noble, Chairman of the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism. He is accompanied by Don Godwin, Chief of the Occupational Alcoholism Branch of the National Institute on Alcohol Abuse and Alcoholism.

Will you please proceed, Dr. Noble.

STATEMENT OF ERNEST P. NOBLE, PH. D., M.D., CHAIRMAN, INTERAGENCY COMMITTEE ON FEDERAL ACTIVITIES FOR ALCOHOL ABUSE AND ALCOHOLISM; ACCOMPANIED BY DONALD GODWIN, CHIEF, OCCUPATIONAL ALCOHOLISM BRANCH, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Dr. NOBLE. I thank you for the opportunity to appear before you today. I am here as Chairman of the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism to describe for you the activities of the Committee on Federal Employee Alcoholism programs and to comment on the findings of recent studies of these programs.

As you know, the Interagency Committee was mandated by Public Law 93–282. It was charged with three tasks: to evaluate the adequacy and technical soundness of Federal programs and activities relating to alcoholism and alcohol abuse; to provide for interagency communication and exchange of information; to seek to coordinate Federal efforts to deal with alcoholism and alcohol abuse under health, rehabilitation, welfare, law enforcement, highway safety, and economic opportunity laws.

The statute mandating the Committee also defined its membership to include: appropriate scientific, medical, or technical representation from the Department of Transportation, Department of Justice, Department of Defense, Veterans' Administration, and such other Federal agencies and offices, including those in the Department of Health, Education, and Welfare, as the Secretary determines, administer programs directly affecting alcoholism and alcohol abuse; and five members of the general public qualified by training or experience to participate in the performance of the Committee's functions.

The Committee held its first meeting last month. The meeting raised two important issues which we are currently addressing.

The first of these issues is the membership of the Committee. There seems to have been substantial misinterpretation of the Secretary's letter inviting other Federal agencies to participate on the Committee.

As a result, some persons designated by agency heads to serve on the Committee were those responsible for Federal employee alcoholism programs within their agencies. However helpful this may be for furthering Federal employee alcoholism programs, it is not appropriate to the Committee's statutory mandate.

We are now in the process of contacting the various agencies to encourage them to designate as Committee members, persons who are, one, familiar with the full scope of their agency's alcohol-related efforts, and, two, able to affect policy and make decisions.

The second issue raised by the Committee's meeting is our need for data on the alcohol-related efforts of member agencies. This need was identified early in discussion at the first meeting and articulated sharply. We are now in the process of developing guidelines for the collection of such data prior to the second meeting of the Committee, now scheduled for October.

I am confident that an interest in Federal employee alcoholism programs will emerge in the course of the Committee's discussions over

the months ahead. I personally believe the Committee's potential for promoting such programs to be great.

The range of activities which the Committee might undertake in this area is quite broad. The Committee could, for example:

Establish a task group to review the GAO and Trice studies and develop recommendations to the Civil Service Commission and/or the member agencies of the Committee for improvement and expansion of Federal employee alcoholism programs.

Recommend ways in which the National Institute on Alcohol Abuse and Alcoholism can further assist Federal agencies in their efforts to develop and improve programs.

Encourage cooperative arrangements between Federal agencies in development and delivery of employee alcoholism services.

Develop for the Civil Service Commission estimates of cost savings to be gained from providing insurance coverage for specialized alcoholism treatment services under the Federal employees health benefits program.

It is important for the subcommittee to understand that in these activities, as in others which it may choose to undertake, the Interagency Committee's role is to evaluate, to stimulate, to coordinate. Such a role can be a persuasive, even a powerful, force for change. But it stops short of implementation.

With the chairman's permission, I would like to change hats briefly and speak for a few minutes as Director of the National Institute on Alcohol Abuse and Alcoholism. You are aware, I know, that NIAAA and the Civil Service Commission have been working closely on Federal employee alcoholism programs for several years.

The Civil Service Commission's letter of July 1971 requiring agencies to establish employee alcoholism programs and the guidelines accompanying this letter were developed in close cooperation with NIAAA.

In fiscal year 1972, NIAAA made available to the Commission 30 consultants to provide onsite technical assistance on employee alcohol programs to Federal agencies throughout the country. These services were provided through 1974.

Federal agencies have also sought assistance from NIAAA-funded occupational program consultants in the States. NIAAA assisted the Civil Service Commission in developing specialized training courses for program administrators and coordinators, managers, employee relations specialists, supervisors and others with a role in Federal employee alcoholism programs. NIAAA financed the training of 30 Federal personnel with headquarters responsibilities at the Rutgers Summer School of Alcohol Studies.

The Civil Service Commission has cooperated in the research on Federal employee alcoholism programs by Profs. Harrison Trice and Paul Roman, which NIAAA has funded. We are continuing constructive dialog with the Commission on coverage of alcoholism under the Federal Employees Health Benefits Program.

NIAAA has also been involved in a variety of collaborative efforts with the Army and Navy to develop alcoholism programs for military as well as civilian employees.

Since we last testified before this subcommittee, NIAAA has been serving as lead agency within the Public Health Service in the devel-

opment of employee assistance programs in 110 installations of the six agencies of the PHS. This assignment will give us valuable first-hand experience in the details of program planning and development and will shape our approach to other Federal agencies in the future.

In all these efforts, our goal has been to help Federal agencies develop the capabilities they need to establish and maintain employee alcoholism programs comparable to the best in the private sector. We are still far from our goal, but sustained interagency cooperation is essential to achieving it.

I would like now to comment on the findings of the GAO survey of Federal employee alcoholism programs conducted at the request of this subcommittee. As you know, the GAO has not yet completed its report. However, GAO staff were kind enough to give me an oral briefing June 18 on the survey data they had tabulated as of that point in time.

On the basis of this briefing, it is clear there is great variance among Federal installations, both in levels of commitment to Federal employee alcoholism programs and in levels of performance. In my judgment, management commitment is the central issue—for without it performance is inevitably retarded.

Wide variance in performance may reflect the variety of ways in which these programs are organized and implemented. But performance below reasonable and widely applicable standards is a cause for concern not only because many alcoholic persons employed in an installation will continue to suffer but also because programs with meager results will discourage other Federal installations from ever making the effort.

In the private sector, both management and employees view occupational alcoholism programs as dramatically effective. There are large numbers of self-referrals to programs, and cost savings are well documented. These facts have stimulated the growth of more and more occupational programs. It is apparent that, without stimulation, Federal programs will not benefit from such an effect in the near future.

The GAO data also indicate the majority of program coordinators are assigned the job, that a number of them don't want it, and that a very large proportion spend less than 5 percent of their time doing it. Since the coordinator's role is critical to success of a program, methods for their selection should be improved. Among the qualifications which are important for a coordinator are: knowledge of the program's goals; belief in the program's goals; sufficient time to carry out the job; some experience and training in assisting people with personal problems; access to policymakers.

The GAO findings suggest also that better data must be kept by programs on the types of services they provide, the characteristics of persons served, levels of usage, and the outcomes of treatment. This information is necessary for program planning and development and for evaluation of program effectiveness. Despite impressions to the contrary, such records can be established and maintained in accordance with both the Privacy Act of 1974 and HEW regulations on the confidentiality of alcohol and drug abuse patient records.

I look forward to receiving a copy of the GAO report and to the opportunity to review it in detail.

I thank the subcommittee for its continuing attention to Federal employee alcoholism programs, and for the support and assistance

which this attention provides. You may be sure I will convey your concern to the members of the Interagency Committee.

I will be happy now to answer any questions which you may have. With me is Mr. Donald Godwin, chief of the Occupational Alcoholism Branch of NIAAA.

Mr. HICKS. Thank you. Do you have questions, Mr. Kasten?

Mr. KASTEN. You have had a lot of experience in the private sector, is the correct?

Dr. NOBLE. Yes, sir.

Mr. KASTEN. Has that been working with large corporations, or what kind of groups in the private sector?

Dr. NOBLE. All kinds of corporations. Standard Oil, banks, and others. Don Godwin, chief of the branch of occupational alcoholism programs, can give you more details on the types of firms that we have been working with.

Mr. KASTEN. You say that, in the private sector, both management and employees view occupational alcoholism programs as dramatically effective?

Dr. NOBLE. Yes.

Mr. KASTEN. From my experience in the private sector, I think that is true.

Are you suggesting, or are you saying, that right now in the Federal Government you cannot make anything close to that kind of a statement?

Dr. NOBLE. Our general impression is that the Federal programs, as they are constituted today, are not as effective as those we have seen in the private sector. In the number of private sector programs we have helped develop and the others that have been initiated in the private sector, there are tremendous advantages in terms of cost-benefits and the other ways that alcoholics and those with alcohol problems can be benefited.

Mr. KASTEN. Do you think that, because there is not always a cost-benefit motivation on the part of a Federal or a Government manager, and there always is a cost-benefit motivation in the private sector, we are not able to get that point across in the Federal Government? You are not really being paid, as a Federal Government manager on the effectiveness of your employees. There are a lot of other points that are brought up.

In the testimony we have had from GAO and others, people have explained that some say they do not have a problem, others do not care, or whatever. Do you think it is because the cost-benefit ratio is stronger in the private sector that we are having more trouble implementing these programs in the public sector?

Dr. NOBLE. That is certainly one possibility, although there are other factors, I am sure.

Mr. KASTEN. What other factors?

Dr. NOBLE. I think in the private sector there may be more flexibility in the terms of the kinds of programs they can set up. In the Federal Government that kind of flexibility does not always exist.

Would you like to comment on that, too, Mr. Godwin?

Mr. GODWIN. I think the private sector is more motivated by profit than we are in the Federal Government. I think you are right. Most Federal agencies are not. They do not put out a particular product. Although all agencies have a mission, they are not profit-oriented.

Mr. KASTEN. You state, in your judgment, management commitment is the central issue for, without it, performance is inevitably retarded.

Mr. ST GERMAIN. Mr. Godwin didn't really reply to your question on flexibility, and I thought it was a good one.

Mr. KASTEN. Why don't you go ahead and follow up on it.

Mr. ST GERMAIN. The question to you, Mr. Godwin, was, in the private sector Dr. Noble said there is more flexiblility in addition to the profit motive that you have cited.

Is there a lack of flexibility in the Federal area?

Mr. GODWIN. I don't think there is a lack of flexibility. I think Federal agencies are flexible. I think it is a matter of finding a way to motivate the top management of the agencies. That is what we have failed to do so far.

Mr. ST GERMAIN. Thank you.

Mr. KASTEN. That is the point that I was going to raise. You said, "In my judgment, management commitment is the central issue, for without it performance is inevitably retarded."

That point came up with other witnesses—Dr. Trice and others.

Why is it that you are getting stronger management commitment in the private sector than you are in the public sector? This has been the law since 1971. What is the difference between the commitment on the part of the managers? It is my understanding you have worked with people like General Motors, Standard Oil, and so on. You have got to be in with the top people, and they have got to make it clear that this is the way we are going to operate these programs. Why is it that the top people in Government haven't made this commitment?

Mr. Godwin. I think you have to realize, first of all, that there have been some efforts made predominantly in the private sector since 1945, and that, even today, we can count only somewhere around 1,000 programs, of which about 200 of them are public sector and the other 800 are private sector programs.

I think it appears that management in the private sector is more motivated to move because there are more programs, and because of what we already know. But what we already know comes about over many years of experience. Back in 1945 was when we began to make an effort in the private sector.

The effort in the public sector has been going on since about 1970.

Mr. KASTEN. My question was not how many programs exist. My question was, Why isn't the same degree of commitment given on the part of top management in the Federal sector as now exists in the private sector?

What makes the Government manager less committed to alcoholism abuse programs?

Mr. GODWIN. I am not sure. What I am saying is that I do not believe the private sector is that much more committed to developing programs. I am saying that I think what we are observing is companies that have had programs, many of them, for many many years.

Mr. HICKS. Is that the answer—time? The Federal people have not been at it as long, and so there are not as many of them embued with that, at least in Federal management?

Mr. GODWIN. I think that is part of it. Yes, sir.

Mr. KASTEN. Do you want to add anything to his answer, Dr. Noble?

Dr. NOBLE. No.

Mr. KASTEN. On page 6 you describe the role of a coordinator. You pointed out, on the top of page 7, that they need sufficient time to carry out the job. We had another witness here a couple of days ago who said that they do not need more time but more staff help. I am not sure if you have even read that testimony, but it seemed to me that these people were trying to make the point that more people were needed to be involved in the process, not just more time for the individual coordinator or the person that is in charge of the program.

Do you agree with that, or do you believe that if we just gave the people who are in charge more time to do their job that they would get the job done?

Dr. NOBLE. I think it is multifaceted. You cannot put your finger on any one thing and say this will resolve the issue. The people working in these programs are usually assigned the job, or they do not have much commitment to the field itself. If you do not have your heart in it, you do not give it that much time. We are saying, therefore, that when you get people in that position who are concerned with alcoholism programs, they will give it more time. The perfunctory may put 5 percent of their time in it just to show that they are working. I think it is an issue not only of time but of the person who is in that role.

Mr. KASTEN. Not necessarily more staff help?

Dr. NOBLE. More staff help certainly would not hurt. I think I read, in part of the Trice report, of benefits that can accrue by just assigning 4 hours of time to a person who is working that field—additional time. So, I think that, if the person himself is committed to that, and we have the appropriate resources so that he can do the job at hand, we will have better success.

Mr. KASTEN. Another point that you made about the qualifications of a coordinator, is his access to policymakers. In the Federal Government programs that you have worked with and reviewed, is there a lack of access to policymakers on the part of most of these coordinators right now?

Dr. NOBLE. Do you want to answer that, Mr. Godwin?

Mr. GODWIN. Generally speaking, I think most program coordinators do not have access to decisionmakers. NIAAA has the responsibility for direct implementation of the program in the Public Health Service. One of the things we have tried to do is to get people identified within each agency or installation at as high a level as possible, and hope that they would have access to the decisionmakers. To date, it appears that we have had some success in accomplishing that.

Mr. KASTEN. You have had some success, and you have had some failure?

Mr. GODWIN. I would say that the average GS level of the people who have been identified as headquarter-level people are 14's, 15's, and 16's. Most of these people do have access to the decisionmakers.

As a case in point, in the ADAMHA structure, the program coordinator there——

Mr. KASTEN. What is that organization?

Dr. NOBLE. The Alcohol, Drug Abuse, and Mental Health Administration, of which NIAAA is one of the institutes.

Mr. GODWIN. In this particular case, the program coordinator had access to the decisionmakers, and, when we wanted to do supervisory

training, the Administrator of ADAMHA said, Yes, we will do supervisory training. He set up some training courses, and he pulled the names of all supervisors within the agency off a computer and asked them to select the dates for attendance.

Dr. NOBLE. I would like to add to that, Mr. Kasten. I saw this dramatic event. I have been Institute Director just 4 months officially. As soon as I got on board, we set up this Interagency Committee. In contrast, one of the dramatic things we saw there was that the people who did come were low-level in a particular department. When we went around and asked them questions about how much access they had to the top—to the policymakers—we found that they had very little.

This was an Interagency Committee that was mandated by Congress, and this is the kind of representation we got.

Senator Hathaway addressed himself appropriately to that question. At the next meeting we would hope to get higher policymakers in that group so that we can begin to make effective decisions.

Mr. KASTEN. I would like to go to that specifically. You raised that point on page 2, point No. 2 at the bottom of the page, that you wanted people who are not only familiar with the full scope of their agency's alcohol-related efforts but are able to affect policy and make decisions.

The people who came to your meeting did not meet that criteria, in your opinion?

Dr. NOBLE. That is right. They did not.

Mr. KASTEN. What have you done, or what is being done, as a result of what you and Senator Hathaway and others have done? What now is being done so that your fall meeting will have stronger representation?

Dr. NOBLE. Two things, at least, have been done.

One, Senator Hathaway has written to Secretary of HEW Mathews expressing his concerns about the level of representation. Two, I, as chairman of that committee, am writing to the top people in each department, indicating to them that we would like to have higher representation, preferably at their level, or a designee, to attend this meeting. I think, in order to be effective, we have to address ourselves to the top policymakers and hope that they would have appropriate representation. These people, many of them on board at present, are four or five steps removed from the top level.

Mr. KASTEN. One of the things that I know members of this committee are interested in is the success of your group. Are there things that we could do to support your efforts not only to get the right kind of people participating in your interagency committee, but also to support you or the committee in general? Are there things that we ought to be doing as an oversight committee on this important issue?

Dr. NOBLE. I appreciate that.

I think Mr. Tinsley has indicated it would certainly not hurt to have things come right from the top man in the country. I think this kind of representation for this kind of policy would tremendously help our cause. At the other levels, we are already working in terms of top representation.

You are asking for specific things that you can legislate. I don't know exactly how one would go about that, but there has been a lack

of management commitment, and certainly a lack of identifiable resources. In those areas, any way you could address yourselves would help the cause.

Mr. KASTEN. Do you know that there are people at the White House who are necessarily interested in this? Do you know where they stand? It seems to me there should be people from the President on down who are interested in alcohol-abuse programs. Have they not gone on record for it? Is that the problem?

Dr. NOBLE. I do not know exactly. I think they are interested in it. Questions have been raised whether they have a greater interest in drug abuse or alcoholism. These are issues that have been raised in the Congress. From our point of view, they have shown some interest in the field of alcoholism, but not as much as, perhaps, for drug abuse.

Mr. KASTEN. I have one last question, and it is on that point.

Your interagency committee is alcohol abuse and alcoholism?

Dr. NOBLE. Yes, sir.

Mr. KASTEN. No; drug abuse.

The Civil Service people who testified a few minutes ago—Mr. St Germain addressed them on this point. How many other areas are you dealing with?

My experience is that we get the alcohol people or the drug people—whether you are trying to set up a hotline or set up any kind of an effort—you get battling back and forth, and it doesn't always work.

Through your experience and background, would you think you can successfully combine the two, or is it better to concentrate on just one?

Dr. NOBLE. I think what we have going on around the country is a mixture of different types of occupational programs. I do not think we can say one is superior to the other. It depends on the locale. It depends on the type, the sex. A number of factors seem to be important. In some places, combined drug and alcohol programs have been successful. In others, pure alcohol programs have been successful. In others, the broad brush approach, which captures a number of areas, has been successful.

We are in the process of finding out what programs work best for what type of individual, and what kind of an occupation. However, I do not think we have any firm data to give you at this time except that our data is beginning to show that perhaps the broad brush might capture, at least in some areas, more individuals with alcohol problems.

Mr. KASTEN. Your answer, then, is that you are not sure; but you wouldn't necessarily disagree with what the Civil Service Commission is doing by combining the two right now?

Dr. NOBLE. I would have no objection to that, but I would like to have Mr. Godwin comment on that. He is more intimately involved.

Mr. GODWIN. First of all, I think we need to look at what the broad brush program is. It is an alcoholism program. What we are basically doing, no matter what we call it, is that we are setting up a loss-control system, or a management-control system internally, which is going to focus on impaired performance. Once you identify the impaired performance, the individual goes behind door X and there he is helped

to ascertain what is wrong, and then he is gotten into the appropriate community resources.

Mr. KASTEN. Thank you, Mr. Chairman.

Mr. HICKS. Mr. St Germain?

Mr. ST GERMAIN. Mr. Godwin, I am afraid I am going to take issue with you on something you put into the record a few minutes ago.

You stated that the private sector went into these programs back in 1946, and the Federal programs began in 1970, and therefore it is a time element.

Is that correct?

Mr. GODWIN. The point I was making is that we have been making more of an effort in the private sector for a much longer period of time than we have been making in the public sector.

Mr. ST GERMAIN. I look at it this way. Thomas Edison invented the electric light. Once it was invented, all the time that went before was immaterial because then everybody had the advantage of it. Henry Ford came up with the mass production of the Ford automobile and brought it out at a low price. Eventually General Motors and Chrysler were established. Once you establish a program, recognition of the problem was the big thing by the Federal Government, by the Congress, and then they established the program. But it has had the advantage of everything that was done in the private sector for 24 years previously.

It seems to me that that should not be a reason for differentiating the success and the apparent difference in motivation of the administrators. That motivation, as Mr. Kasten brought out so well, is that in the private sector you have the profit motive, whereas in the Federal Establishment you do not have that much profit motivation.

It has been brought to my attention by staff that Navy, Labor, and Post Office had programs before 1970. That is perhaps why Navy was cited as one of those that are doing well.

In view of the GAO and the Trice reports, substantially agreed to by both yourselves and by Mr. Tinsley in your testimony this morning, how would you justify the administration's cutback in appropriations request? The President's budget cuts back 35 research grants in contract, some $4.5 million in the alcoholism training budget, and proposes a cutback of $45 million in alcoholism community programs. Frankly, in my opinion, we were low in that area already.

Isn't it about time that we put our money where our mouth is?

Dr. NOBLE. The justification for that is to consolidate alcoholism with other federally funded health programs to the States.

It can be argued whether in fact it is that significant a cut that the administration is now proposing. Overall, it is the feeling that the States should now begin to pick up some of these programs, because the Federal Government has initiated them. It is under that kind of philosophy that the budget has been prepared, as I understand it

Mr. ST GERMAIN. So you do not disagree with the reduction?

Dr. NOBLE. Could you be more specific?

Mr. ST GERMAIN. You have answered the question.

Are you aware of Congressman Mills' recent statement? I am sure you are. It was highly critical of the Rand study stating that perhaps

that was an unwise use of the taxpayers' money. However, by the same token, he was accurately highly complimentary of you.

Dr. NOBLE. Yes: I am aware of that. Would you like me to comment on that report, sir?

Mr. ST GERMAIN. I am going to give you an opportunity to in just a second. I would just like to set a stage here.

Could you tell us how much the Rand study cost?

Dr. NOBLE. Unfortunately, I do not have the information directly in my hand, but I think I have a figure. I could check on that and supply the exact figure. It was in the area of $300,000, I think.

[The information referred to follows:]

NIAAA awarded $489,248 to the Rand Corp. for this study.

Mr. ST GERMAIN. Since you are aware of Mr. Mills' statement, are you going to at all reevaluate the outstanding grants for scientific research that he suggests might or perhaps should be done?

Dr. NOBLE. In the field of alcoholism, it is important to stimulate and support areas where controversy prevails. Let me elaborate on that point. I come from a scientific background. I was a university professor before I took this position. I think there is entirely too much heat, perhaps, in the field, and little light.

It is my feeling, as an institute director that we should stimulate research and find out what the truth is.

The Rand report, unfortunately, has created a great deal of controversy. I feel it is unfortunate that the report itself was released directly to the press rather than going through the scientific forum where the results could be debated and discussed and honed.

Mr. ST GERMAIN. I would agree with you wholeheartedly.

Dr. NOBLE. I have talked with the Rand people and expressed my dismay. It is just unfortunate that that decision was taken.

I do feel that, nevertheless—I have read the report very carefully and I have had others evaluate it for me—what has happened is that the newspapers have latched on to certain rather dramatic parts of it. The headlines have come up: "Alcoholics May Go Back to Drink." The data does not show that at all. It would be extremely dangerous to come out and say that, and, indeed, I have just issued a press release expressing my views on it: that abstinence should continue to be the sole criterion as a goal for treatment. Until we get more data, I think we have to stick to that goal.

Mr. ST GERMAIN. As a matter of fact, the Rand study recommends that we expend further funds to determine which of the report's so-called subgroups could be trained to drink safely again. Is that not correct?

Dr. NOBLE. That is one of its recommendations.

What makes the whole thing very complex is that they use an umbrella definition of what an alcoholic is.

Mr. ST GERMAIN. That is right. The question is not could these people go back to drinking safely again. The question is, are they true alcoholics, or are they heavy drinkers?

Dr. NOBLE. I think you have raised a very important concern there. That is my concern, too.

Mr. ST GERMAIN. Maybe that is the subgroup that the Rand report was referring to.

Dr. NOBLE. That is possible.

Mr. ST GERMAIN. In view of the large needs in this field and the cutback that I referred to earlier in the President's budget, do you think that this particular proposal for further research on the subgroup recommended by the Rand report should be funded and followed through?

Dr. NOBLE. Let me indicate this, first of all. Our research budget for the Institute is only 8 percent of our total budget. NIDA, the Drug Abuse Institute, has 15 percent. The National Institute of Mental Health has 25 percent of its budget going to research.

I would like to see our research supported and funded. I will keep a careful eye on the kind of research that is done there. But, let me point out that applications for research grants receive two very careful reviews in our own Institute. The first is a scientific review by peers who know this area. After it has been recommended for approval or disapproval, it goes to our advisory council, and our council expresses its recommendation. So it goes through two fires before it is approved or rejected.

I think we are very cognizant about these sensitive issues, but I feel we have adequate protection about the kinds of studies that we have. However, what can you do when things come out in such a way where it is dramatized all over the newspapers and television? It has to do with the way a scientific study should be presented. To me, a policy is not made on one finding. We need repeated findings so that there is not a shadow of doubt in anyone's mind.

Mr. ST GERMAIN. Particularly when we are dealing in an area that is so controversial.

Dr. NOBLE. Yes, sir, I agree.

Mr. ST GERMAIN. There is no doubt of the strong differences of opinion here as to whether or not in fact there can be a return to drinking by these people.

Dr. NOBLE. Yes.

Mr. ST GERMAIN. We heard much about that in 1974, and again last Friday. In reading your statement, do you feel we should wait until October before developing guidelines for the collection of the data that has been testified to as being necessary?

Dr. NOBLE. We are already developing those guidelines, and they are going to go out in the next month to the various departments. So, we will have their input.

Mr. ST GERMAIN. When do you think those guidelines for the gathering of data will be cleared up and put into place, and made concrete?

Dr. NOBLE. The information we are developing now that will go out to the departments to get back what we need from them—that will be summarized and, if you would like I can send a summary of what the different departments are doing. I will be happy to do that.

Mr. ST GERMAIN. Thank you.

I would like to cite a horror story to you—the Rand report, which was paid for by funds appropriated by Congress. Is that not correct?

Dr. NOBLE. Yes, sir.

Mr. ST GERMAIN. On June 15, my office talked with Rachelle Farrar in Dr. Noble's office, phone number 443–3885. We asked for a copy of the Rand Corp. report so that I and my staff could go over it. We were told that Miss Farrar would check and report back to us.

Later that same day, she returned the call saying that the report was not prepared by them. They had no copies— meaning in your office. They gave us an address of the Rand Corp. in Santa Monica, Calif., and they were good enough to give us the phone number telling me that I could either write or call for a copy.

We then called Congressional Relations, HEW, and talked with Mr. Ballenger who said he would check and see about getting a copy and call me back. Later on that day, Jean Santucci called saying that a copy of the report could possibly be located and she would be calling again soon.

On the 16th, Mrs. Santucci called saying that she had located a few copies of the report in their office and she would let us have one which she would send by messenger. Then Mr. Ballenger called back later the same day saying he had talked with the secretary in Dr. Noble's office. Miss Farrar was not there. That secretary said they had several copies of the report in their office.

I'll agree, Dr. Noble, that the Rand report should not have been released to the press so that we would get these dramatic headlines and the wrong focus. But, since we, the Members of Congress, vote on the appropriations and authorizations for these things, I do not see why your office, or someone in your office, felt the need to guard with their life those copies that were available and tell us that we could't have a copy.

Dr. NOBLE. That is very unfortunate.

Let me indicate what the situation was on that.

We did not get copies of the Rand report until about 10 days ago. Before that, I think we had two copies that were circulating around the Institute.

As soon as we got two dozen reports, there was a tremendous demand for them. I am trying to find out who Miss Farrar is, and am sorry about this communication. Certainly the Members of Congress could get any materials they need.

Mr. ST GERMAIN. Particularly someone on the committee that will be participating in the hearing.

Dr. NOBLE. I will look into it, and I will report directly back to you.

Mr. ST GERMAIN. I would like to make one further comment.

Mr. Kasten asked what we might do to help you with this Interagency council.

In the conference report, on S. 3184, Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment, an act amended in 1976, on page 9, a statement of joint managers, they believe that this whole thing warrants a White House Conference on Alcohol Abuse and Alcoholism, and they encourage the President to convene such a conference early in 1977.

I think this should be a clear indication to the agencies that the Congress is looking for answers. If we are asking the President to convene a conference on this, then certainly they should cooperate with you and send some people at high enough level in the various agencies so as not to be embarrassing to you and to the people that you fly in from all over the country from the private sectors to participate and assist in this endeavor.

Dr. NOBLE. Mr. St Germain, we will take cooperation at any and every level.

Mr. ST GERMAIN. I am just rubberstamping what Mr. Kasten said, that, in this matter, we are trying to state that we hope that the various agencies will cooperate. You deserve that cooperation.

Thank you, Mr. Chairman.

Mr. LUMAN. Dr. Noble, yourstatement that management support is the key was made in 1974 by the Commission when we held the first hearings. In that statement, the Commission also alluded to the need for research to get data on the prevalence of alcoholism among Federal employees, and perhaps demonstrate how a good program was a cost saving.

Apparently we have in the Federal Government a lot of people who believe in alcoholism programs in general, but not for their agencies. What can your Institute do, and what has it done to equip agencies and the Commission and others with data that they can use to persuade managers? We seem to be way behind here.

Dr. NOBLE. Mr. Godwin, would you care to answer that?

Mr. GODWIN. We have studies which you are already somewhat familiar with—the Trice and Roman studies—which will, I hope, give us some direction in terms of how to go about better programing Federal installations.

We do have another study going on now that I think will give us some cost-benefit data. Unfortunately, only a couple of the companies or installations represented are public agencies. We approached this study on the basis of the companies that would let us in and let us have access to the data. It is a study that will be completed at the end of this month. Its design is to find out what kind of programs are the most cost effective. Two of the installations or two of the companies represented are public sector programs.

Mr. LUMAN. Do you have any ideas on how to tackle this problem? We can publish directives and laws. And we have. We can see also that the Commission apparently has no authority to enforce them. So, in a sense of directing somebody to put in a program, it doesn't seem to work in all cases. It seems to work better if a person who has the ability to put in a program believes in the need for one and believes that one can work. You have said that this seems to be catching on in the private sector perhaps to a greater degree than in the Government, even though the Government has a flat policy supporting it.

What can we do in this regard to educate the managers—the top-level people? We are producing films for the supervisors, and so forth, but we are not getting to the top people. What can you do to help?

Mr. GODWIN. In the development of programs in the Public Health Service, I think we are beginning to learn more about how to go about programing within a particular Federal installation. In this case, when we were held responsible for the direct implementation of the program by the Assistant Secretary of Health, we tried to channel everything out of his office. We started with a very firm letter to all the six administrative heads of the Public Health Service indicating his firm support of the program as something he wanted to see happen. As a result of that, we did have higher level people who were being designated as program administrators and coordinators, and installation coordinators.

Mr. LUMAN. You encourage the development of these programs in the private sector, don't you?

Mr. GODWIN. Through a third party—through consultants.

Mr. LUMAN. NCA people?

Mr. GODWIN. It runs the whole gamut. Most of them are State people. We funded States to develop the capability of two consultants in each State who, in turn, go out and work with the private and public sectors in the development of programs.

Mr. LUMAN. They go out and knock on the door of a private company and ask to speak to someone in charge?

Mr. GODWIN. That is one way it can be done.

Mr. LUMAN. It is done that way in some cases, is it not?

Mr. GODWIN. Right.

Mr. LUMAN. And they make a pitch to this person. They say, "You do not have an alcoholism program. You ought to put one in, and here is why."

Mr. GODWIN. Right.

Mr. LUMAN. Is anyone doing this to Federal installations? Is anyone going out to a shipyard, for example, and knocking on a door and saying, "I'd like to explain to you why it is to your advantage, as a manager, to put this program in"?

Mr. GODWIN. I cannot give you numbers. But it is happening. The capability that I mentioned includes working with Federal installations that are located in their States. So, yes, they are aggressively programing in Federal installations, State governments, local governments as well as the private sector.

Mr. ST GERMAIN. You are going to the consultants or the people working for the State governments under the State programs? Do you anticipate that they will go to the Federal agencies?

Mr. GODWIN. Yes, sir.

Mr. ST GERMAIN. And knock on doors?

Mr. GODWIN. And make themselves available as consultants to Federal installations.

Mr. LUMAN. Do they make a presentation? If they do, why do we have these installation commanders telling the GAO, "My job is to fix ships and not to fix drunks"?

Mr. GODWIN. We have got maybe 150 or 200 people around the country, and we have maybe 5,000 Federal installations. I cannot give you figures on how many of these consultants have been to how many of these installations, but I am sure some of them have, and are doing so.

Mr. LUMAN. What do they do when they go there?

Mr. GODWIN. They attempt to motivate them, to serve pretty much as a change agent for the organization. They attempt to develop a program internally, the system that I outlined earlier, which will identify people with impaired performance, and get them out to the community resources for treatment.

Mr. ST GERMAIN. Dr. Noble, you know this problem you had with the Rand report—the way it was released, and the fact that you did not have copies available in sufficient quantity indicates to me that whoever drew up this contract with the Rand Corp. was not very careful. They could well have asked that, prior to release, there would be a 30-day period within which you, the contracting agency, could go over this report with the Rand Corp. And, number two, prior to

release, you would have sufficient copies so that when the avalanche comes you are ready. Also, number three, that you not pay them until you have had this consultation. Until then, you withhold a little money.

Dr. NOBLE. You are absolutely right, for a contract, but this happened to be a grant.

Mr. ST GERMAIN. An outright grant?

Dr. NOBLE. It is a grant such as you would give to a university or a hospital.

Mr. ST GERMAIN. In a grant, can't you incorporate the same requirement?

Dr. NOBLE. It is not as easy as it is for contracts. It is much easier to do that in a contract where you can withhold payment a little.

Mr. ST GERMAIN. As a precondition of a grant, then, couldn't you have these items stipulated?

Dr. NOBLE. I think this raises a lot of other questions as to why you would do this for one particular source and you would not do it for another particular source, for a grant.

Mr. ST GERMAIN. We learn from our mistakes. This obviously was a little bit of an error. I think it has created a lot of furor and a lot of problems. Therefore, I would hope that we would learn from this, so that in the future these grants have a few conditions attached. After all, $300,000 is not a bad deal for them. They should be willing to cooperate a little bit.

I would ask you to consider that seriously.

Dr. NOBLE. I don't know what the situation was, but perhaps a contract would have been better for this type of application. I cannot speak about that now.

Mr. ST GERMAIN. Thank you, Mr. Chairman.

Mr. HICKS. Thank you, Dr. Noble.

The subcommittee will now adjourn.

[Whereupon, at 12:06 p.m., the subcommittee adjourned, to reconvene subject to the call of the Chair.]

APPENDIX

ADDITIONAL MATERIAL RELATIVE TO THE HEARINGS

STATEMENT BY RONALD J. CATANZARO, M.D., CHAIRMAN OF THE BOARD, THE PALM BEACH INSTITUTE FOUNDATION, INC.

There are several essential points which need to be attended to closely if any large organization is going to successfully treat their personnel who have an alcohol or drug related problem. They are as follows:

1. A well organized, tailor made plan which is written and widely publicized throughout the organization needs to be established and supported by top administrative officials as well as persons in responsible positions throughout the organization. The plan needs to be tailor made for each major organization as no two governmental units or industrial units will have an identical organizational structure or needs. For example, an occupational alcoholism program for the United States Department of Army which has available chaplaincy services, outpatient and inpatient medical services including sophisticated psychiatric and psychological services would certainly be much different for a plan for say the United States Post Office that does not have as a basic part of their organizational structure such sophisticated medical elements. Therefore, the entire referral and treatment system would be quite different in the two organizations.

2. A training program to which all members of the organization are exposed for at least from several hours to several days or longer is essential if persons at all levels of the organization are going to clearly understand what the program is and how to make it work. Simply sending written materials to all members of the organization is not sufficient to give them adequate information and attitudinal changes regarding helping persons with alcohol and related problems. Thus, contracting out with a specialized outside organization who has the experience and expertise to design a training program for the entire organization is one effective method of accomplishing this goal.

The Palm Beach Institute Foundation who is presently involved in such an educational-training program for Pratt Whitney Aircraft employees have experienced a great deal of credibility both in terms of their expertise and a willingness to confide confidential information in them in their efforts to establish an occupational alcoholism program in Pratt Whitney. A full time employee of Pratt Whitney who is considered "part of Management" finds it much more difficult to get the kind of cooperation or credibility from the general employees that a specialized outside organization can acquire.

3. Good third party health insurance coverage is essential if an employee is going to get treated for his alcohol and related drug problem. This third party coverage should include treatment at specialized centers which are approved by the Joint Commission and the American Hospital Associations. These facilities provide high quality care at much cheaper rates than such care would be available in programs which exist in general hospitals. Furthermore, the national programs for treating alcohol problems which have received the most credibility in terms of their results tend largely to be free standing programs which do not actually qualify for third party pay since they are not general hospitals. Thus the insurance program should be rewritten to allow patients the option to be treated at free standing approved alcoholism centers.

4. An essential part of treating the alcoholic should be to treat his spouse and other key family members. Alcoholism is a family illness and an occupational alcoholism program should be designed to include the spouse and other major family members as an integral part of its therapy program. This also includes providing third party pay for treatment of these family members along with

the alcoholic themselves. The experience of the Palm Beach Institute has been overwhelming in experiencing a much greater amount of success when the spouse is treated as a co-patient right along with the alcoholic themselves.

5. A program for treating alcoholics should also allow the diagnosis and treatment of other-chemical dependencies since if a person is taking sleeping pills, or is hooked on opiates or marijuana, it seems senseless that they should not receive medical attention because they simply chose the wrong drug on which to be habituated. Furthermore, the program should allow persons who are in great emotional distress and are thus subject to developing alcohol and related drug problems to receive proper diagnosis and treatment. It is totally ridiculous to say to your prospective patient "I know you're upset and depressed and that you're starting to drink too much but since you haven't developed full blown alcoholism and we can't really make a specific diagnosis of alcoholism in you, we're just going to have to wait until your illness advances far enough before we offer you any help".