

EMPLOYER-LABOUR CONFERENCE

Report of the Working Party on Alcoholism

Department of Health
A/c No _____
_____ 08
_____ Information Unit

WORKING PARTY ON ALCOHOLISM

Report to the Employer-Labour Conference

13th May, 1983



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WORKING PARTY ON ALCOHOLISM

Report to the Employer-Labour Conference

TERMS OF REFERENCE AND SUMMARY OF RECOMMENDATIONS

In September, 1981 the Employer-Labour Conference set up a Working Party on Alcoholism with the following terms of reference:-

"To assess the economic and social effects of alcoholism on business and industry and on employed persons. To recommend suitable procedures and arrangements for coping with the human, social and economic problems involved."

The Working Party recommends

- (i) that the Department of Education, in conjunction with the Health Education Bureau undertake a sustained and vigorous programme of education in all educational establishments and at the workplace (Page 16);
- (ii) that the Department of Health formulate a long-term policy aimed at changing the social attitude to the use of alcohol (Page 16);
- (iii) that employments generally should adopt jointly agreed programmes on alcohol-related problems (Page 17);
- (iv) that employers embark on the compiling of records of absenteeism on a systematic basis (Page 18);

- (v) that consideration be given by the Department of Health to a proposal for research in industry aimed at assessing the proportion of workers who might have drink-related problems (Page 18);
- (vi) that consideration be given also to having research undertaken by the Department of Health on the relationship between advertising of alcohol and its consumption (Page 18);
- (vii) that the imbalance between Dublin and the rest of the country in specialised facilities for counselling and treatment be corrected (Page 18) and
- (viii) that the law relating to the sale of alcoholic drink to under-age persons be strictly enforced by vendors and the Garda (Page 18).

A list of treatment and counselling facilities in the various Health Board areas is set out in Appendix 1 (Page 19) while Appendix 12 (Page 65) contains a list of referral advisory and information facilities.

INTRODUCTION

In September, 1983 the Employer-Labour Conference set up a Working Party on Alcoholism with the following terms of reference:-

"To assess the economic and social effects of alcoholism on business and industry and on employed persons. To recommend suitable procedures and arrangements for coping with the human, social and economic problems involved."

The Working Party comprised the following members:-

Chairman: *Staff Services Officer,
Mr. Michael R. Blair, Electricity Supply Board*

*Members nominated by the Employers' side of the
Employer-Labour Conference*

Mr. B. R. Fairclough, *Director of Personnel Services,
Jefferson Smurfit Group Ltd.*

Mr. Stephen Boyle, *Personnel Programmes
Superintendent, Aer Lingus.*

Ms. Caroline Walsh, *Research & Information Officer,
Federated Union of Employers.*

Mr. Austin Vaughan, *Assistant Principal Officer,
Department of the Public Service.*

Mr. Cyril McHugh, *Assistant Principal Officer,
Department of the Public Service
replaced Mr. Austin Vaughan on the
Working Party on 16th June, 1982.*

Members nominated by the Trade Union side of the Employer-Labour Conference:

- Mr. Peter Cassells,** *Economic and Social Affairs Officer,
Irish Congress of Trade Unions.*
- Mr. Ralph Desmond,** *Irish Union of Distributive Workers'
and Clerks.*
- Mr. John Foster,** *Former President, Federated Workers'
Union of Ireland.*
- Ms. Brid Clarke,** *Local Government and
Public Services Union.*

The Working Party first met on 10th November, 1981 and subsequently continued to meet on a monthly basis, meeting in all on a total of 17 occasions.

The members wish to express their thanks to the following who gave their time and expertise to discuss the problem with the Working Party:

- Colonel J. Adams,** *Irish National Council on Alcoholism*
Dr. Dermot Walsh, *Medico-Social Research Board*
Dr. Brendan Walsh, *University College, Dublin*
Mr. Harry Hannon, *Irish Brewers Association*
Dr. C. S. McNamara, *Irish Society of
Occupational Medicine*
- Dr. J. G. Cooney,** *St. Patrick's Hospital,
James's Street, Dublin.*
- Dr. D. J. O'Byrne,** *Health Education Bureau*
Mr. John O'Connor *E.S.B.*
Mr. Denis Blanch, *Amalgamated Transport and
General Workers Union*
- District Justice o'Sullivan,** *Alcoholic Rehabilitation Centre*
Prof. James McCormack, *Trinity College*
Mrs. Mary O'Hagan, *Irish National Council
on Alcoholism.*

The members also thank Aer Lingus for making available to them their "audio-visual" on alcoholism in the workplace.

We would like to offer especial thanks to Professor McCormack and Mrs. Mary O'Hagan for their written submissions.

The members wish to place on record their appreciation of the invaluable service rendered by Mr. Gary Dixon of the Employer-Labour Conference, who acted as Secretary to the Working Party, and whose assistance in arranging meetings, inviting guest speakers, and, finally, in preparing this report, minimised the task of the Working Party.

BACKGROUND

For quite some time past there has been growing concern at the continuing increase in problem drinking in Ireland and its social and economic effects. As far back as 1966 the Irish National Council on Alcoholism was established. The Council provides a confidential service for all who are involved in problems due to alcoholism. It also promotes conferences, seminars and research, and gives expert advice and assistance, free of charge, to companies desiring to set up alcoholism control programmes. In 1973 the Council submitted a comprehensive report on "Alcoholism" to the Minister for Health and action in most areas of the Report is still awaited.

The concern of the Trade Union Movement was shown in July, 1972 when at the I.C.T.U. Annual Conference in Galway the following motion was passed:-

"Recognising that alcoholism in Ireland is an increasing social problem, that it is a serious cause of loss of man-hours in industry, and potential source of industrial strife, Conference instructs the Executive Council to enter into early negotiations with the F.U.E. with a view to establishing agreed principles or procedure in the treatment of workers who are victims."

This constructive approach by the trade union movement has been an essential element in the setting up of successful alcoholism programmes in industry and has resulted in a major new initiative to establish the Alcoholic Rehabilitation Centre (ARC).

In 1974 following consultation with the Trade Unions the E.S.B. drew up the first formal programme on alcoholism in Irish industry. The programme has been constantly updated in the light of experience of its operation. The E.S.B. programme was the forerunner of others in Irish industry.

"Absenteeism Control — a practical handbook for management action" published by the F.U.E. in November, 1980 included among its recommendations one to the effect that

"the Employer-Labour Conference should be requested to establish a joint working party to assess the effects of the abuse of alcohol in industry and business."

In the view of the Working Party the inclusion of a recommendation relating to alcoholism in a booklet on absenteeism supports a generally held opinion relating these two problem areas.

THE NATURE OF THE PROBLEM

At an early stage it became apparent to the Working Party that there were differences of expert opinion on such fundamental questions as the nature of, and appropriate treatment for, alcoholism. The main differences lay between those who described alcoholism as a disease which, like any other disease, warranted sympathetic understanding and in-patient hospital treatment under controlled conditions; and those on the other hand who saw it as a self-induced addiction or behavioural pattern for which out-patient treatment and counselling, without removing the individual from his or her normal surroundings, was more appropriate. It was also submitted that every case was different and should be dealt with on an individual basis. The Working Party, however, did not consider that it was part of its mandate to formulate a definition of "alcoholism". For the purpose of its own deliberations it preferred the term 'drink-related problems'.

(Note: The term "alcohol dependence syndrome" has replaced "alcoholism" in the W.H.O. International Classification of Diseases).

THE EXTENT OF THE PROBLEM

The Working Party realised from the outset of its deliberations that it would not have available to it definitive evidence as to the extent of alcoholism among workers in this country. The Irish National Council on Alcoholism, in its Statistical Report for 1982, states that there is no reliable information, nor is there any certain way of determining the number of alcoholics in the State at any given time. The reluctance of individuals to admit to problem drinking coupled with the protective approach adopted by fellow workers are factors contributing to the absence of a complete picture of the problem. Yet another factor is the failure of employers generally to keep detailed absenteeism records. While these records would not, in themselves, clearly identify individuals with drink problems, nonetheless they should alert a concerned employer to investigate further the causes of the absence.

In addition, it has been suggested to the Working Party that medical certification tends to camouflage the role that alcohol and its related problems play in absenteeism. Despite the absence of precise figures there is sufficient general evidence to bring us to the inevitable conclusion that the problem of alcohol in Ireland is significant. For example:-

1. In 1980, £700 million was spent on alcohol in the Republic — almost £2 million daily, or twelve pence out of every £1 of total expenditure on all goods and services.
2. Excluding those under 15 years of age, Ireland ranks 2nd in the E.E.C. league table for the per capita consumption of beer.
3. In the 10 year period 1971 to 1981, the number of prosecutions for drunken driving has almost quadrupled.
4. Recent studies revealed that up to 40% of driver and 50% of pedestrian fatalities involve people with blood alcohol levels above the legal limit.

5. The treatment of alcoholism is now the most common reason for first admission to psychiatric hospitals. Statistics show that out of every 100 men and every 100 women surviving to the age of 65, 10.61 men and 2.55 women will require to be treated for alcoholism at least once in their lifetime.
6. In 1970, 3,073 persons were admitted to psychiatric hospitals for treatment of alcoholism; 7,021 persons were treated in 1980. (These figures do not include persons attending for treatment at other centres).
7. In 1970, 78 persons under the age of 25 years were admitted to psychiatric hospitals for treatment of alcoholism. In 1980, the admissions in this group had risen to 278.

FACTORS INFLUENCING THE DEVELOPMENT OF DRINK-RELATED PROBLEMS

As we have already mentioned the Working Party listened to wide ranging opinion on factors linked with the development of drink-related problems. We feel it necessary to mention that the order in which we list these factors is not to be regarded as being indicative of their importance.

Advertising

We were told by a representative of the Irish Brewers Association that the effect of advertising of alcohol generally is not to increase the overall size of the market but rather to capture a bigger share of the existing market. We are not in a position to dispute this view. However, we would like to see the effect of drink advertising researched with a view to determining its impact not only on consumption but also on inducing non-drinkers, particularly the young, to take up drinking. Certainly the image of comfort and glamour portrayed in drink advertisements and also the relatively recent association of sponsorship with sporting activities may be exercising an influence on very young persons.

Social Acceptability

All the views presented to the Working Party were agreed that there appeared to be an over-emphasis on drink as an integral part of Irish social life. Further, that while in other aspects of life there were forms of behaviour which were unacceptable, excessive drinking on social occasions was accepted with a high degree of tolerance.

Working Environment

The working environment would appear to have a significant influence on the development of drink-related problems.

- (a) Well paid young people with disposable income can be vulnerable if their fellow workers have already established an after-work drinking routine.
- (b) Where drink is an accepted part of the business scene, dangers of developing alcohol-related problems exist there for individuals of both sexes, all ages, and at all levels of employment.

While there are some occupations which carry a higher risk than others of developing a drink problem it would appear to the Working Party that it is in the work environment that one of the first positive steps can be taken towards confronting individuals with their problems and encouraging them to accept treatment. In this area of early intervention the supervisor or first line manager has a key role by virtue of his/her day-to-day contact with staff where he/she can observe an incipient drink-related problem and advise early remedial treatment.

DRINK-RELATED PROBLEMS — THE COSTS AND EFFECTS

Economic Effects

Alcohol-related absenteeism reduces production which in turn can give rise to loss of sales in both export and domestic markets and can reduce quality standards. The end result may well be job losses

caused by reduced efficiency. Dr. Brendan Walsh, in "Drinking in Ireland" (September, 1980) estimates lost output attributable to alcohol to be in the region of £30 million per annum. At a time of high unemployment these are costs which the country can ill afford. Other costs to industry may arise out of the increased likelihood of accidents at work and bad business decisions taken when judgement is clouded by drink.

Social Effects

The social effects of drink-related problems are every bit as disturbing as the economic ones. Dr. Crawley, Director of the Health Education Bureau, estimates that 10% of drinkers will have severe alcohol-related problems at some time in their lives. The proportion of road accidents in which alcohol abuse featured is reported to be in the region of 40% and public concern is growing at the number of deaths and life-long disabling injuries resulting from road accidents in which alcohol was a factor. Yet a further consequence of drink-related driving offences is the high risk of loss of employment in occupations where a clean driving licence is essential.

Another unfortunate feature of drink-related problems is violence in the home involving wife and child beating which may give rise to the break up of marriage and, in some cases, the taking of the children into care.

In any discussion on drink-related problems it is generally male drinkers who spring to mind but sight must not be lost of the fact that problem drinking among women is steadily on the increase. There are great dangers in heavy drinking during pregnancy and these have already been brought to public attention.

AVAILABILITY OF TREATMENT CENTRES AND COUNSELLING SERVICES

We note that the majority of treatment centres and counselling services available are concentrated in the greater Dublin area.

We have attached as Appendix I to this Report a list of these specialised facilities.

RECOMMENDATIONS

Prevention Through Education

The Working Party accepts conventional medical opinion that successful treatment and rehabilitation is possible only with the wholehearted commitment of the person who has the drink problem but that there is no complete cure for alcoholism except total abstinence for life. Accordingly, more emphasis must be placed on prevention. The Working Party recommends therefore that the Department of Education, in conjunction with the Health Education Bureau, undertake a sustained and vigorous programme of education in all educational establishments.

At the level of the workplace, we recommend that the Employer-Labour Conference, in conjunction with the Health Education Bureau, undertake a programme of education aimed at the workplace. As part of that campaign we recommend that all employee induction courses should allocate some time to the problems to which alcohol can give rise. In addition, employers and trade unions should place more emphasis on prevention in educational programmes for their members.

Changing Social Attitudes

The Working Party recommends that the Department of Health formulate a long-term public policy aimed at changing the social attitude to the use of alcohol so as to bring about a more responsible approach in this area. The Working Party sees a major role for the Health Education Bureau and active participation by employers and trade unions in giving effect to any such policy.

Features of Company Programmes on Alcohol-Related Problems

The Working Party recommends that the Employer-Labour Conference agree that employments generally should adopt jointly agreed programmes which should incorporate the following:-

- a clear statement of company policy relating to alcohol-related problems
- recognition of drink-related problems as widespread
- a sympathetic approach by the employer

- an offer of facilities to those who volunteer for treatment (where applicable paid sick leave, time off with pay for out-patient attendances at treatment centre etc.) on condition that medical certification is submitted confirming regular attendance for prescribed treatment and/or counselling, and follow-up to ensure compliance with continued after-care programme
- measures to maintain confidentiality
- a guarantee that job prospects will not suffer in the future, provided recovery is sustained
- provision for reference to the normal disciplinary procedures as agreed with the union(s) (including ultimately suspension and/or dismissal) where the problem drinker repeatedly refuses to avail of the facilities for treatment and continues drinking to the detriment of work performance and attendance.
- an appendix listing the appropriate treatment and counselling services in the area in which the company is located.

The Working Party also recommends that a successful programme requires a trained welfare person experienced in this field to monitor treatment and after-care. In employments where there is already a safety, health and welfare person this responsibility should be integrated with his or her other functions. The Working Party recognises that because of cost considerations some employments might not be in a position to employ their own trained welfare person. Accordingly we recommend that these employments should consider employing such a person on a group basis. The services available from the Irish National Council on Alcoholism, which are free of charge and countrywide, and the Alcoholic Rehabilitation Centre, which is funded by weekly contributions from individual trade union members, could also be made use of for this purpose.

For the information and guidance of employments who may wish to consider implementing an alcoholism programme, we have included as Appendices 2 to 10 such existing programmes as were made available to us by various employer bodies.

Statistics

The Working Party feels that it is necessary to highlight the absence of definitive statistics on the possible prevalence of alcohol-related disorders in the workforce. As a move towards remedying this lacuna we recommend that employers embark on the compiling of records of absenteeism on a systematic basis. We have been advised that the F.U.E. has devised a form of absenteeism reporting (see Appendix 13) which it is recommending to its member companies.

Suggested Research

Professor McCormack made a submission to the Working Party for research in industry aimed at assessing the proportion of workers who might have drink-related problems. The full text of Professor McCormack's proposal in this regard is set out in Appendix 11.

The Working Party feels that Professor McCormack's proposal is worthy of consideration by the Department of Health.

Advertising and Alcohol Consumption

The Working Party has made reference in the Report to the possible rôle which advertising may play in encouraging people to drink. We recommend that consideration be given to having research undertaken by the Department of Health which would study the relationship between advertising and alcohol consumption.

Provision of Treatment Facilities and Counselling Services

The Working Party drew attention in the Report to the concentration in the greater Dublin area of treatment centres and counselling services for persons with drink-related problems. Accordingly we recommend that this imbalance in specialised facilities between Dublin and the rest of the country should be corrected.

Availability of Alcohol to Under-age persons

A point of concern to the Working Party is the apparent ease with which under-age persons can purchase alcoholic drink. The Working Party recommends that the law insofar as it relates to the sale of alcoholic drink to these persons should be upheld by the vendors and also enforced by the Garda.

APPENDIX 1

TREATMENT AND COUNSELLING FACILITIES IN HEALTH BOARD AREAS

EASTERN		<i>Phone No.</i>
Public:	*Drug Advisory Centre, Jervis Street Hospital.	748412
	*St. Brendan's, Upper Grangegorman, Dublin 7.	302844
	*St. Dymphna's, North Circular Rd., Dublin 7.	300105
	*St. Ita's, Portrane, Co. Dublin.	450337
	*St. Loman's, Palmerstown, Co. Dublin.	264077
	*Newcastle, Greystones, Co. Wicklow.	819233
	*Jervis Street Hospital, Dublin 1.	723355
Private:	Bloomfield, Morehampton Rd., Donnybrook, Dublin 4.	683815
	Highfield Private Mental Hospital, Hampstead Ave., Glasnevin, Dublin 9.	371087
	Kylemore Clinic, Ballybrack, Co. Dublin.	852403
	*St. John of God Hospital, Stillorgan, Co. Dublin.	881781

*Trained Alcoholism Counsellor available.

	*St. Patrick's Hospital, James's St., Dublin 8.	775423
	Edmundsbury, Lucan, Co. Dublin.	280211
	Verville Retreat, Vernon Ave., Clontarf, Dublin 3.	332598
	St. Vincent's, Convent Ave., Richmond Rd., Fairview, Dublin 3.	375101 379231
	*The Rutland Centre, Monastery Rd., Clondalkin, Co. Dublin.	516966
	Cuan Mhuire, Cardington, Athy, Co. Kildare.	0507/31493
Counselling Services:	Stanhope Alcoholism Counselling Service, Stanhope Street, Dublin 7.	773965
	The Hanly Centre, The Mews, Eblana Avenue, Dun Laoghaire, Co. Dublin.	809795 807269
	Alcoholics Anonymous, 26 Essex Quay, Dublin 8.	774809
	E.H.B., 140 St. Lawrence's Rd., Clontarf, Dublin 3.	338252 338253

SOUTH EASTERN

Public:	St. Dymphna's, Carlow.	0503/31106 0503/42156
	St. Luke's, Clonmel, Co. Tipperary.	052/22300
	St. Senan's, Enniscorthy, Co. Wexford.	054/33110
	St. Canice's, Kilkenny.	056/21341

*Trained Alcoholism Counsellor available.

*St. Otteran's, Waterford. 051/74991

St. Joseph's, Clonmel, Co. Tipperary. 057/21900

Cahir Social Service Centre,
Cahir, Co. Tipperary. 052/41294

Private: *St. Patrick's, Belmont Park, Waterford. 051/32211

Bon Sauveur Home, Carriglea,
Dungarvan, Co. Waterford. 058/41322

NORTH EASTERN

Public: St. Brigid's, Ardee, Co. Louth. 041/53264

*St. Davnet's, Monaghan. 047/81822

SOUTHERN

Public: Our Lady's Hospital, Cork. 021/41901

St. Raphael's Auxiliary Mental Hospital,
Youghal, Co. Cork. 024/2422

St. Finan's, Killarney, Co. Kerry. 064/31022

St. Stephen's, Sarsfieldcourt, Cork. 021/508222

St. Anne's, Skibbereen, Co. Cork. 028/21677

S.H.B. Georges Quay, Cork. 021/965511

Private: Lindville, Blackrock Rd., Cork. 021/292482

MID-WESTERN

Public: Our Lady's Hospital, Ennis, Co. Clare. 065/21414

*St. Joseph's, Limerick. 061/46166

*Trained Alcoholism Counsellor available.

Counselling Services:	Cuan Mhuire, Bruree, Limerick.	Bruree 5 or 55
	Clare Social Service Centre, Ennis.	065/21178
	Clare Social Service Council, Alcoholism Counselling Service, O'Connell St., Ennis, Co. Clare.	065/21178
	Social Worker, Community Office, Town Centre, Shannon.	061/74704
	Social Worker, Community Centre, Kilrush	Kilrush 269
	Social Worker, Convent Hill, Killaloe.	061/76346

WESTERN

Public:	*St. Brigid's Hospital, Ballinasloe.	0905/42117
	St. Patrick's, Castlerea, Co. Roscommon.	Castlerea 16
	St. Mary's, Castlebar, Co. Mayo.	094/21333

NORTH WESTERN

Public:	*St. Conal's, Letterkenny, Co. Donegal.	074/21022 074/21991 074/21857
	St. Columba's, Sligo	071/2111

MIDLAND

Public:	St. Loman's, Mullingar, Co. Westmeath.	044/80191
	St. Fintan's, Portlaoire, Co. Laois.	0502/21103

*Trained Alcoholism Counsellor available.

APPENDIX 2

ESB ALCOHOLISM PROGRAMME

Policy:

The Electricity Supply Board maintains a programme to assist their employees at all levels, who have a drink problem because:

- alcoholism is an illness which, in the great majority of cases, develops almost unnoticed in the individual over a period of time;
- when the illness develops, the sufferer has a swiftly declining control over his drinking, and will almost always require professional assistance towards recovery;
- alcoholism causes serious social, economic and family problems, and seriously damages the mental and physical health of the person involved;
- the ESB is concerned with the welfare of its staff as individuals as well as workers, and with their personal contribution to the efficiency of the Board. In certain work areas in the ESB, such as live line work, driving, operating major power plant, and maintenance work, a person with a drink problem can be a safety risk to himself and to colleagues;
- the ESB is aware of Government concern at the level of alcoholism among Irish drinkers.

In maintaining this programme the Board in no way implies that alcoholism is a serious problem among its own employees.

Object of Alcoholism Programme:

The object of the programme is to help the problem drinking employee to:

- 1 identify and deal with dependency in its early stages;

- 2 control the problem so that an early and permanent return to normal working is possible.

In maintaining this programme, the Board affirms:

- (a) that it will offer assistance to those who require it;
- (b) that the decision to undergo treatment is the responsibility of the employee, and no employee will be forced to accept assistance;
- (c) that presentation for advice and treatment will not prejudice promotion or employment;
- (d) that the Board is not concerned with the individual drinking practices of its employees, except insofar as they may affect adversely their work performance, in which case the suitability of persons who will not undergo proper treatment/rehabilitation must be considered;
- (e) that the handling of problem drinking will be on a confidential basis;
- (f) that the ultimate aim of its policy is to retain the services of valued employees who may be developing a drinking problem, by helping them to recognise, treat and arrest its further advance, before they become broken in health and unemployable.

Co-operation:

The Board considers that the success of its programme depends on the extent of the co-operation given by the Trade Unions and employees and acknowledges the widespread co-operation that has already been given by Trade Unions at national and local level, and by staff and management at all levels.

Operation of Alcoholism Programme:

1. The Alcoholism Programme is available to all ESB employees. It is operated through the Medical and Welfare staff and involves the positive co-operation of the individual concerned and his/her family, line managers, supervisors, shop stewards and colleagues.

2. Referrals to the programme may be made by:
 - (a) individual employees who suspect that they have or are developing a drinking problem;
 - (b) family members of problem drinking employees;
 - (c) management or supervisory staff. These may include referrals brought to notice by poor work performance and/or attendance on the part of the individual;
 - (d) Medical Officer, Medical Section, Welfare Officers and Staff Services Officers;
 - (e) Colleagues or Trade Union representatives who are concerned about an individual's drink problem.

3. The Medical Officer or Medical Section or Staff Services Officer / Welfare Officers (as appropriate) may refer the employee, with his consent, to:

- (a) any of the other helping agencies or treatment centres set out in Appendix A;
- (b) INCA (The Irish National Council on Alcoholism).

4. The employee will be allowed sickleave with pay (within the normal sick pay allowances and regulations) to avail of these facilities.

5. Referral, in relation to ESB staff, and taking account of treatment requirements, involves some or all of the following steps:

- (1) The initial intervention (referral to the alcoholism programme) as at 2. and 3. above.
- (2) Suitable specialist inpatient or outpatient care.
- (3) An aftercare programme specially arranged for each individual covering the period from the employee's return to work until he/she is judged by the caring agency involved to have reached full acceptance of their alcoholism. This can involve

regular attendance at outpatient clinics attached to specialist hospitals or A.A. or Health Boards. The frequency is once/twice a week for some years. Proof of regular attendance may be required, to ensure adherence to individual rehabilitation programmes.

6. Notwithstanding the provisions of the preceding paragraphs, which indicate the steps which the Board, in its programme, is prepared to take, the employee, should he so desire, will be quite free to make his own private arrangements regarding advice and treatment with his own doctor or other agency.

7. Should Steps 1 to 6 outlined above, not lead to control of the individual's drinking problem in a reasonable period, then inability to work or non-attendance at work will become subject to the normal disciplinary procedures.

During the recovery period, after returning to work, the person involved will have support and help from management, supervisors, Staff Services Officers, Welfare Officers and colleagues to complete his/her rehabilitation programme. His or her family will also be involved in this After Care Programme. For his/her part the individual concerned has to demonstrate determination to control the drink problem. If a lack of motivation is shown by poor attendance at clinics, renewed and continued drinking etc., then normal disciplinary procedures may come into operation.

8. Prevention Education:

So that staff may be alerted to the dangers of alcohol abuse a continuing educational programme aimed particularly at new and young employees is provided.

The aim is that employees will be encouraged to attend regular talks and discussions on this subject.

The programme is organised as follows:

- All induction courses for new employees will have a session on sensible attitudes to alcohol.
- Development courses for supervisors/managers, etc., will have a session on the ESB alcoholism programme, the responsibility of managers/supervisors to recognise the prob-

lem among their colleagues and staff at an early stage, and how they can help and support the person involved and where they can look for advice and expert help.

- Where line managers/staff/trade unions see the need for a special local educational initiative, this is facilitated as far as possible.
- Staff Services Officers, on behalf of local managers, arrange this educational programme.
- When appropriate outside specialists can be involved in these talks.

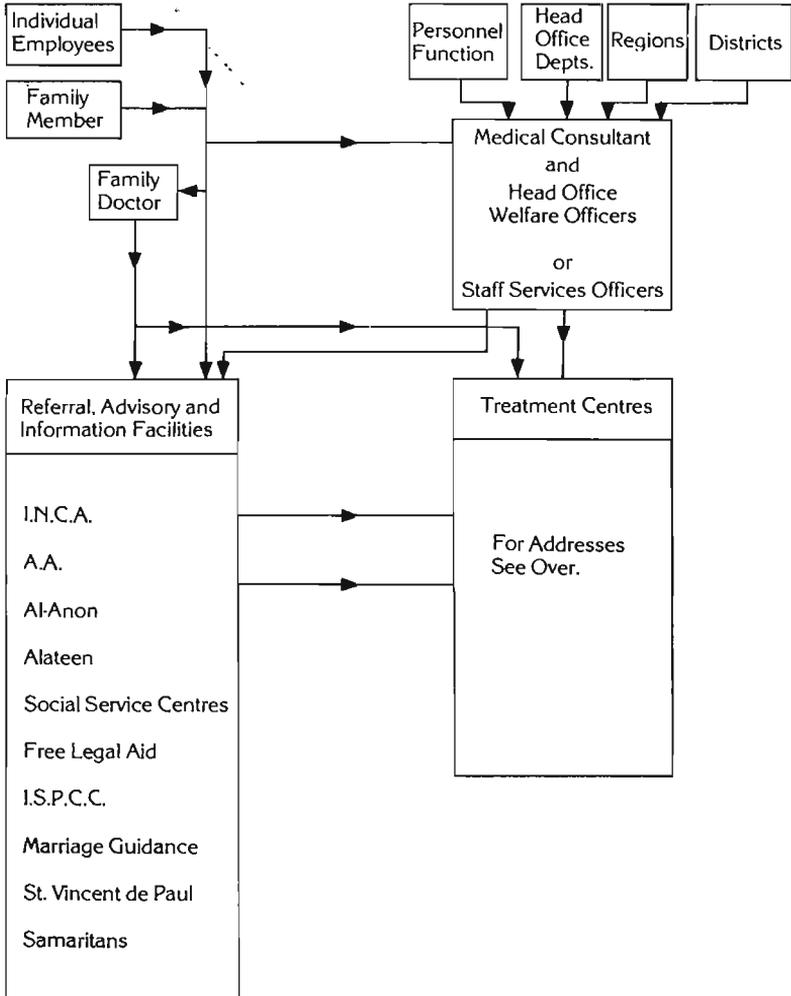
Appendix 'A'

REFERRALS

Referrals may be made in any of the following ways:

Private Arrangements

ESB Programme



APPENDIX 'A' (Contd.)

Name and Address	Phone	Contact
Hanly Centre The Mews, Eblana Ave., Dun Laoghaire.	809795 807263	Mrs. Odette Thompson or Counsellor
St. Dymphna's North Circular Rd., Dublin 7, (including O.P.D.)	302844	Dr. P. Stevenson or Social Worker
Social Service Centre (Alcoholism) Stanhope St., Dublin 7.	784114	
St. John of God Hospital Stillorgan, Co. Dublin.	881781	Dr. P. Tubridy or Social Worker
St. Patrick's Hospital James's St., Dublin 8 (including O.P.D.)	775423	Dr. J. Cooney or Social Worker
Drug Centre Jervis St., Dublin 1.	748412	Dr. Kelly or Social Worker
Cluain Mhuire Newtownpark Ave., Blackrock, Co. Dublin. (O.P.D. only)	807120 802193	Dr. P. McCarthy
Rutland Centre Monastery Rd., Clondalkin, Co. Dublin.	516189 516966	
St. James Psychiatric Unit James's St., Dublin 8.	781442	

Note: Some general hospitals hold Psychiatric Out-Patient Clinics at which alcoholics may be seen with a doctor's referral, e.g.

The Richmond Hospital

The Mater Hospital

St. Vincent's Hospital, Elm Park

The Meath Hospital

The Adelaide Hospital

Sir Patrick Dun's Hospital

St. Michael's Hospital, Dun Laoghaire

Location	Name and Address
Mullingar	Marion Rackard, I.N.C.A. Advisory & Counselling Centre, Castle St., Mullingar.
Ballinasloe	Liam Curley, St. Brigid's Hospital, Ballinasloe.
Letterkenny	Hugh McBride, St. Conals, Letterkenny.
Monaghan	Dr. J. Owens St. Davnet's Hospital, Monaghan.
Waterford	Belmont Park Hospital
Skibbereen	Sister Finbar, St. Anne's Hospital, Skibbereen.
Limerick	Redemptorist Fathers, Counselling Service, O'Connell St., Limerick.
Cork	Dr. David Dunne, Clinical Director, Con Twomey, Counsellor, St. Stephen's Hospital, Sarsfield Court, Cork.

Appendix 3

AnCO POLICY ON ALCOHOLISM

The Policy

It is policy to encourage the early identification and treatment of drink problems before the illness has a serious effect on physical or mental health, social, economic and family circumstances.

It is AnCO policy to provide confidential assistance, without prejudice to career prospects, to all employees who undergo treatment for problem drinking.

The Intention

The intention of this policy and its procedures is to aid staff, who have a drink problem, to achieve recovery and the permanent return to normal working.

The programme will encourage those with a drink problem, their friends, supervisors and family to confront the problem and seek an early solution.

By providing a confidential and professional service AnCO hopes that early resolution of a drink problem will avoid the extreme results associated with alcoholism e.g.:-

- marital and/or family breakdown;
- economic problems;
- premature death;
- loss of employment.

Definition of an Alcoholic

*"Any person whose drinking causes a **continuous** problem in any department of their lives."*

N.B. In providing an alcoholism programme the Organisation in no way implies that drink is a serious problem among its staff.

Misconceptions about Alcoholism

- An alcoholic has to want help before he/she can be helped.
- A person must hit 'skid row' before intervention is possible or appropriate.
- That the disease will stabilize without help.
- The problem drinker will have a spontaneous insight and solve his/her own problem.

AnCO's Position

By providing an alcoholism programme AnCO confirms:-

- (i) That alcoholism is a treatable illness;
- (ii) That the presentation for advice and treatment will not prejudice career prospects;
- (iii) That the decision to undergo treatment is the responsibility of the staff member and that no employee will be forced to accept assistance.
- (iv) That the aim of the programme is to retain the services of staff who may have a drinking problem by helping them to recognise, treat and arrest its further advance before the staff member becomes unemployable.
- (v) That AnCO is not concerned with the individual drinking practices of its staff, except insofar as they may affect adversely their work performance.
- (vi) That staff who fail to undertake appropriate action to arrest the disease and aid recovery, will be subject to the normal disciplinary procedure which may result in loss of employment.
- (vii) The managing of problem drinking will be handled in a strictly confidential and discreet way.

Co-operation

AnCO considers that the success of this policy is dependent on the co-operation of each member of staff and the F.W.U.I.

The Procedure

1. AnCO will make known its policy and procedures to staff through information booklets, this policy document and suitable education programmes.

2. Referrals

Referrals to the programme may be made by:-

- (i) Individual staff who suspect that they have or are developing a drinking problem.
- (ii) Family members of problem drinking employees.
- (iii) Supervisory staff.
- (iv) Colleagues and/or Trade Union Representatives.

— Referrals may be made to an established agency or treatment Centre.

— The decision to undertake treatment is the responsibility of the staff member.

A member of staff may pursue treatment through the doctor of their own choice, however, diagnosis must be made by a competent medical authority.

— It should be noted that, where alcoholism affects job performance, the failure to follow a suitable programme may result in the implementation of the disciplinary procedure.

3. Special Arrangements

AnCO recognises St. Patrick's Hospital, Dublin as being very successful in the treatment of alcoholism. For this reason AnCO has an arrangement by which staff may be referred, by a competent medical authority, directly to that hospital.

The cost of the first visit to St. Patrick's Hospital, for diagnosis, will be covered by AnCO and will be strictly confidential between the hospital, the patient and his/her family doctor.

Contacts: Dr. J. Cooney or Social Worker (01-775423)

Treatment and future visits are at the patient's own expense.

4. Cost

The Voluntary Health Insurance Board (V.H.I.) treat alcoholism the same as any other illness.

Staff who are not covered by V.H.I. may be aided by an advance of their salary.

Staff will be eligible for normal sick pay and leave to avail of the treatment facilities.

5. Support and After-Care

The programme will encourage the support of the patient's spouse, peers and supervisor, with the consent of the problem drinker.

An after-care programme will be arranged for each individual. This can involve regular attendance at out patients clinics attached to special hospitals, Alcoholics Anonymous or Health Board Clinics.

Proof of regular attendance may be required to ensure adherence to individual rehabilitation programmes.

6. Education and Identification

Staff will be alerted to the dangers of alcohol abuse through the distribution of relevant literature, and attendance at special programmes.

Programmes to aid the identification of problem drinking will be directed towards supervisors or staff.

7. Positive Intervention

The role of line supervisors is to manage a positive intervention programme. Positive intervention is a well planned session with the alcoholic which penetrates denial, blame and deception; this would be carried out by-

- meaningful people;
- with factual data;
- in a non-judgemental way.

8. Drug Addiction/Abuse

The above policy and procedures would also be undertaken in circumstances where there is drug addiction/abuse.

9. Local Treatment and Referral Agencies

See the AnCO Community Services Directory 1980 for details of treatment centres and out-patient departments.

Acknowledgements

AnCO wish to thank the E.S.B. and St. Patrick's Hospital for their assistance in writing this policy.

Appendix 4

PFIZER CHEMICAL CORPORATION ALCOHOLISM PROGRAMME

1. INTRODUCTION

Alcoholism is the greatest single cause of lost time and inefficient performance in industry. It is a safety hazard, not only as a direct cause of accidents, but also as a cause of faulty workmanship in critical areas. It gives rise to occasional industrial relations disputes and disruptions.

This paper does not attempt to make the manager an expert diagnostician nor therapist for the alcoholic employee. It sets forth the Company policy on the problem and provides a general framework of guidelines for the purpose of consistency. It is part of an overall Company effort to improve productivity by reducing absenteeism and improving job performance. Although the focus here is on alcoholism, the concept is to provide aid and referral to professional sources for any drug abuse problem which affects an employee's job performance.

2. GENERAL POLICY

2.1. The Company recognises alcoholism as a health problem and therefore, will regard alcoholics as sick people who need treatment and help.

2.2. The Company defines alcoholism as an illness in which an employee's consumption of any alcoholic drink definitely and repeatedly interferes with his health and/or work performance.

2.3. Employees who believe that they have an alcoholism problem or who are identified by Management as possible alcoholics following poor work performance will be encouraged to seek diagnosis and/or treatment voluntarily from professional sources. Company guidance may be provided on request.

2.4. The employee bears the onus of responsibility for ensuring an improvement in his condition and work performance.

2.5. An employee who declines to seek diagnosis and/or treatment, and whose work performance continues to be unsatisfactory, will be regarded as failing in his obligation to secure an improvement. He will become liable to the normal and recognised disciplinary procedures (outlined in the policy document on Absenteeism) which Management will action to remedy the situation; in the ultimate, the employee's contract may be terminated if his work performance continues to suffer.

2.6. The policy provides for more immediate disciplinary action (including the possibility of termination of employment) where an employee's alcoholism manifests itself in behaviour which endangers the safety of personnel or Company property.

2.7. The confidentiality of records relating to employees with alcoholism problems will be strictly preserved.

2.8. This policy recognises that alcoholism can occur at all levels of the organisation, and accordingly, is applicable to all employees, irrespective of position.

3. GENERAL GUIDELINES

3.1. First Contact

3.1.1. Alcoholism tends to manifest itself in unusual behaviour, in particular a deterioration in work performance and an increase in absenteeism. The employee's immediate supervisor is best placed to observe this.

3.1.2. The absence of such developments does not necessarily exclude Company involvement where it is established from other information that an employee is an alcoholic. The employee should be encouraged to seek help, but whether he cooperates is his choice entirely for so long as his problem does not affect his work.

3.1.3. The supervisor must scrupulously avoid making a diagnosis or suggesting to the employee that alcoholism is his problem. Unless the employee volunteers that information, he should proceed only on the basis of objective evidence.

3.1.4. It is important that the supervisor keep careful records to support his observations.

3.1.5. The policy is not intended to override the supervisor's normal managerial function. In the first instance, he should use all his own techniques to secure improvement. If no improvement occurs, he should refer the problem to the Personnel Department, but continue to maintain communication with the employee and encourage improvement.

3.2. Referral for Diagnosis / Treatment

3.2.1. A member of the Personnel Department will be chosen to train as a counsellor for suspected cases of alcoholism at the request of departments, and to coordinate efforts. He will establish links with the various professional service agencies in the area.

3.2.2. When the supervisor refers an employee to the counsellor, he will interview the employee and try to establish his problem. If this is alcoholism, he will explain Company policy, assure the employee of confidentiality and encourage him to seek diagnosis and/or treatment from a suitable professional source.

3.2.3. The Medical Officer may work closely with the counsellor and assist in diagnosis if required — but will not normally engage in the actual treatment of alcoholism, except in an emergency.

3.2.4. While an employee is undergoing treatment he will be considered absent on sick leave, and, therefore, entitled to whatever sickness benefits and other rights are provided for by his conditions of employment.

3.2.5. The Company will make every effort to ensure that an employee returns to the same job after treatment unless doing so would lessen the chances of reaching a satisfactory level of work performance again.

3.2.6. If an employee rejects referral for diagnosis and/or treatment, or discontinues a course of treatment before its satisfactory completion, and work performance problems continue or recur, he will be referred back to his supervisor who should give him a final choice between accepting referral and accepting appropriate discipl-

linary action. The employee must accept treatment where he has a problem, or consider his job in jeopardy.

3. Further Treatment

3.3.1. The problem should be considered resolved when work performance returns to an acceptable level, even if such an improvement does not result from treatment.

3.3.2. Following a return to employment, after or during treatment, if work performance should suffer again as a result of alcoholism, each case will be considered on its merits, and, if felt appropriate, a further opportunity to accept and co-operate with treatment may be provided.

4. Other Alcohol Problems

4.1. This policy applies only to alcoholism. It is not meant to apply to employees who behave contrary to standards of safety and conduct as a result of drinking alcohol to excess on random occasions. Such instances will be dealt with in accordance with the normal and recognised disciplinary procedures covering misconduct.

Appendix 5
FERODO LTD.
COMPANY POLICY ON ALCOHOL DEPENDENCY
AND ALCOHOLISM

1. Preamble

1.1 Ferodo Limited recognises Alcoholism as an illness and that Alcoholics are sick people who require help and treatment. Alcoholism is here defined as that state in which the employee's consumption of alcohol definitely and repeatedly interferes with his job performance and/or his health and/or the safety of himself and others.

1.2 The concern of the Company with Alcoholism is strictly limited to its effect on the employee's health and performance in the job. The Company is not concerned with social drinking.

2. Policy

2.1 The purpose of this policy is to ensure that any employee suffering from this illness will receive the same help and consideration that is now extended to employees with any other illness and it will be the responsibility of all Managers, Superintendents, Supervisors, Union Representatives, Welfare and Medical Officers to implement this policy. Employees who suspect or know that they have an alcoholism problem are encouraged to seek help and treatment voluntarily.

2.2 The encouragement to seek and accept treatment is on the understanding that:

- (i) the employee will be granted the necessary leave to undergo treatment; such leave will be treated as sick leave,
- (ii) every effort will be made to ensure that after treatment, the employee is able to return to the same job unless resumption of the same job would risk undermining a return to a satisfactory level of job performance,

- (iii) no punitive action will be taken unless matters of indiscipline are involved.

2.3 It is realised that the employee suffering from Alcoholism may be aware of his or her illness and that it is the cause of disturbance in his or her work performance. Therefore, there will need to be confirmatory evidence from among the Manager, Superintendent, Supervisor, Union Representatives, Colleagues, Welfare and Medical Staff, that the employee's unsatisfactory work performance is due to alcohol.

2.4 It will be the duty of Managers, Superintendents and Supervisors to note unsatisfactory work performance (which may or may not be due to alcoholism) and to refer such employees to the Medical Department.

2.5 When the Company Medical Officer diagnoses that such an employee suffers from Alcoholism he will declare his intention to refer the employee for confirmatory diagnosis and treatment. It will be the responsibility of the employee to comply with the referral for diagnosis and to co-operate with the prescribed therapy.

2.6 If an employee refuses to accept diagnosis or treatment or if he fails to respond to treatment, a meeting will be convened involving the employee and from amongst the following: Manager or Superintendent, Supervisor, Union Representatives, Industrial Relations, Welfare and Medical Officers. The case will be fully discussed and the employee made aware that the Company will handle the situation from then on as it would any other personnel/disciplinary problem.

2.7 It is hoped that this policy will encourage employees who suspect that they may have a drinking problem to seek medical advice and, when indicated, to follow through with the prescribed therapy. In such a case, no employee with Alcoholism will have his job security or promotional opportunities jeopardised by his request for diagnosis or treatment.

2.8 The medical records of such employees with Alcoholism will be regarded as highly confidential, like any other medical records.

2.9 Implementation of this Policy will not require, or result in, any

special regulations, privileges or exemption from the standard administrative practices applicable to job performance requirements.

2.10 The Company will use its best endeavours to educate its employees on Alcoholism and its detection.

2.11 This Policy is applicable to all employees irrespective of the position they hold, and does not discriminate at any level.

Appendix 6

J. & L. F. GOODBODY LTD.

COMPANY STATEMENT OF POLICY ON ALCOHOLISM

It is recognised that in Irish industry the number of employees who have drink problems is significant enough to warrant joint action by Management and Unions to ensure that those who need help will have the procedures available to deal effectively with their problem.

The Company recognises that alcoholism is an illness, which if treated in time, can return the sufferer to a normal healthy life. This Statement of Policy does not infer in any way that employees of this company have drink problems in excess of what can be considered the national average.

The Company recognises that the consumption of alcohol is a private matter and will not interfere unless it has an adverse affect on job performance, attitude or behaviour.

Therefore, it is the intention of the Company to seek the full support and co-operation of the Unions to introduce procedures to deal effectively with this serious social problem and to extend the present medical service to include the effective rehabilitation of those who become physically dependent on alcohol. The Company considers that the success of its programme will depend on the extent of the co-operation given by the Trade Unions and employees.

Responsibility:

It is the responsibility of the individual employee to request diagnosis and accept treatment for alcoholism.

Early Identification and Help:

Early identification of a drink problem is desirable if the person is to achieve full recovery in the shortest possible time. With the assistance of supervisors, shop steards, or other employees, the person may be encouraged to seek help at an early stage when the chances of recovery are greatest.

Where it is evident that a drink problem is adversely affecting a person's work, management will advise that person to seek the necessary help.

Refusal to Accept Help:

An individual's refusal to accept referral for diagnosis or to follow prescribed treatment will be handled in accordance with the normal practice covering unsatisfactory work performance.

Confidentiality:

Requests for diagnosis and treatment will be dealt with on a strictly confidential basis.

Drug Problems:

This statement of policy will also apply to employees with other drug related problems.

Management's Responsibility:

Nothing in this statement of policy is to be interpreted as constituting waiver of management's responsibility to maintain discipline, or the right to take disciplinary measures in the case of misconduct that may result from alcoholism.

Policy:

It is the Company's policy —

1. To treat with sympathy and understanding employees who are suffering from alcoholism and/or drug addiction and their related illnesses.
2. To ensure that employees who undergo successful treatment for alcoholism will enjoy the same job security or promotional opportunities as other employees.
3. To provide them with the normal sickness benefit throughout the period of treatment.
4. To try and eliminate the social stigma attached to alcoholism through an appropriate education programme with a view to encouraging people to come forward voluntarily for help.
5. To make this help readily available to those seeking it.

Alcoholism:

The Company agrees with the generally held medical viewpoint that excessive consumption of alcohol can, over a period of time, lead to alcoholism and related illnesses, which, if left untreated, can result in an untimely death, or permanent disablement.

For the purpose of this policy alcoholism is defined as an illness in which a person's physical dependence on alcohol interferes with that individual's health and/or job performance.

Social Drinking:

This policy is not concerned with social drinking, but rather with alcoholism and related illnesses. The main concern is the effect of uncontrolled drinking by an individual with resultant poor job performance and health. The detrimental effects on home and family life are also a matter of serious concern.

Objective:

The ultimate objective of this policy is to retain the services of valued employees by helping them to seek early treatment and avoid deterioration of health to the point where they might become unemployable.

Appendix 7

ARTHUR GUINNESS, SON. & CO., (DUBLIN) LTD.,

ALCOHOLISM PROGRAMME

Introduction

Alcoholism can be described as the use of alcohol which leads to harm. Alcoholism has many aspects and people with alcohol problems go through various stages in the development of the problem. The physical, emotional, social and financial destructiveness of alcohol problems are enormous.

AGS (D) recognises the hardship suffered by people with alcohol problems and their dependants and will help in every way possible to treat and thereby ease and overcome the problem. This concern with alcoholic people is in keeping with the Company's long standing health care programme for its personnel. The value of returning a healthy, responsible, functioning person to the family is incalculable.

Alcohol problems can also be very expensive with regard to lost productivity, absenteeism, industrial accidents, training and re-training costs, which add up to a substantial cost to any industry.

AGS (D), as a manufacturer of alcoholic beverages, has in common with all other employers, a social responsibility. As such, it is imperative that the Company introduces, with the agreement of all representative groups, a programme on alcoholism, the purpose of which is the rehabilitation of problem drinkers. An agreed alcoholism programme, embracing prevention and treatment, will take alcoholism out into the open and will demonstrate the effectiveness of alcohol treatment programmes in the workplace which will benefit the total Brewery community.

The programme will aim to assist the individual with an alcohol problem by offering a way back to normal life through treatment.

Involvement

In the drafting of the policy document, it will be necessary to gain the support and co-operation of various representative groups, for

no policy or programme can hope to succeed without the active participation of everyone in the Brewery.

Once the programme has been agreed, it must be communicated at all levels.

AGS (D) Programme on Alcoholism

The Company recognises that alcoholism is a medico-social problem, and wishes to assist those, and their families, who suffer from this condition.

The Medical Department will be responsible for the organisation of the overall alcoholism treatment programme. An alcohol counsellor will form part of the team. This counsellor, responsible to the Chief Medical Officer will be the day to day co-ordinator.

Any individual who thinks that he or she may have an alcohol problem may voluntarily come forward at *any* time and seek *confidential* advice and treatment from the Medical Department.

When an immediate superior is concerned about an individual's work performance, he/she should refer the person to the medical Department for health evaluation. If the Medical Officer diagnoses alcoholism, he will recommend a suitable treatment programme and will make use of all available community resources.

Sick pay arrangements will apply during treatment.

The treatment and rehabilitation programme will include close involvement with the family.

When an individual returns to work following treatment, the alcohol counsellor will be responsible for the follow-up care as prescribed by the Medical Department.

Former position within the Company will be retained unless there is considered to be a risk conducive to relapse.

Having completed a period of treatment and rehabilitation, the individual will resume work. He/she will receive guidance concerning his/her employment.

When an individual has been unsuccessful in his/her treatment, and his/her work performance continues to be unsatisfactory, the standard procedures as laid down by the Personnel Department for dealing with unsatisfactory work performance will apply.

Implementation of the Programme

The Company will take all steps necessary to implement the programme. (see appendix).

Appendix

1. The agreed programme will be disseminated to the entire Brewery population.
2. Selection and training of the alcohol counsellor will be undertaken.
3. Immediate superior/supervisor training will be undertaken.
4. An alcohol education programme for the Brewery population will be undertaken.
5. Information will be assembled on all community resources.
6. The programme components will be evaluated.

Appendix 8

CORAS IOMPAIR EIREANN

PROGRAMME ON PROBLEM DRINKING

1. Introduction:

Alcoholism can develop almost unnoticed in a person over a period of time. As it develops the person's control over his drinking will decline. Some people can overcome the problem by their own efforts, particularly in the early stages, but may well require assistance to help their recovery. If the problem is not arrested its effects are progressive and it will cause increasing damage to the person's physical and mental health.

As alcoholism develops it will create serious problems for the sufferer in his personal and family life and also in his employment. It is a major cause of absenteeism, poor work performance and safety hazards for both the employee himself and for others.

Alcoholism is a health problem, but because of its nature, the primary responsibility to take the necessary steps towards recovery rests upon the person himself and assistance to him is designed to motivate and support him to secure his recovery. The earlier his condition is identified and assistance is given to him the greater are his prospects of recovery, but it is a feature of alcoholism that many of those who suffer from it are unable to recognise that they have a problem and are reluctant to seek assistance or treatment.

The Irish National Council on Alcoholism strongly favours the introduction of programmes on alcoholism within industry. Experience elsewhere, and particularly in the United States, is that industrial programmes can assist many employees in achieving recovery. The motivation to seek treatment and to overcome the problem is stronger in the work environment than in other areas of the person's life, especially when he is aware of the assistance available to him under a programme, and when he is encouraged by his supervisor to seek assistance and treatment.

2. The Programme:

Advice and treatment are already provided to employees with a drink problem who come to the attention of the Chief Medical Officer and his staff. A formal programme is now being introduced to ensure that the Board's policy and the medical assistance which is available are known as widely as possible among the staff and to encourage all members of the staff who may have a drink problem to come forward for assistance, either voluntarily or when they are advised to do so, and at the earliest possible stage.

The introduction of the programme does not imply that there are exceptional drinking problems among CIE employees. The problem will be introduced initially for a period of two years and will be subject to review during that period.

3. Operation of the Programme

3.1. The programme will be operated by the Medical Department under the supervision of the Chief Medical Officer. It will be concerned with problem drinking, that is, with cases of alcoholism in an incipient or later stage and the aim will be to identify such cases at the earliest possible stage. The confidentiality of records relating to treatment of employees will be maintained.

3.2. Employees with a drink problem will be offered advice and treatment which they will be encouraged to accept but recognising that their co-operation is essential to secure their recovery, *they will not be compelled to accept advice and treatment*. Treatment will be provided by the Board's medical staff or under their supervision.

3.3. Employees who accept treatment under the programme will be given every reasonable medical assistance to help them to overcome the problem and to continue in their existing jobs or, if they have been on sick leave, to enable them to resume work in their previous jobs. If, however, the Chief Medical Officer considers that an employee's ability has been impaired to such an extent that he should not return to the same job or that resuming in the same job would create a serious risk, including the risk of undermining his recovery, the benefits available to employees suffering from illness, including resettlement where possible, will be applied to him.

3.4. The overall aim will be to help the employee to overcome his drinking problem and to maintain his recovery and to avoid the situ-

ation where he would become progressively more incapacitated and more subject to disciplinary action and where termination of his employment would become unavoidable.

3.5. Medical examination and any necessary treatment under the programme will be arranged on request. Requests may be made:

- by individual employees who suspect that they have or are developing a drink problem. Requests in such cases may be made to their supervisor or their local medical officer.
- by the employee's medical officer.
- *by the employee's supervisor or manager (see 3.9 and 3.10).*
- by the employee's trade union.

The employee will be allowed leave of absence with pay to attend for examination in the Medical Department, or by another medical officer nominated by the Chief Medical Officer.

3.6 Sick leave and sickness benefit in accordance with the terms of the C.I.E. Welfare Scheme will apply for any medically certified absences from work by employees receiving treatment under the programme.

3.7 The programme does not relate to non-addictive drinking which is within the employee's own control and the Company's rules in relation to employees showing signs of having taken drink or drinking while on duty remain unchanged.

3.8 Supervisors are not expected to decide if an employee is suffering from alcoholism. This is a matter for medical diagnosis.

3.9 In cases of breaches of discipline where a warning by the supervisor would be the normal action, *the supervisor should in association with the warning and if he believes the employee has a drink problem, recommend to the employee that he should seek medical advice.* The employee should be encouraged, but is not obliged to seek medical advice.

3.10 In other disciplinary cases, except cases of serious negligence or misconduct, where:

- (a) a plea is made by the employee or on his behalf that he has a drink problem or
- (b) the manager dealing with the case believes the employee may have a drink problem,

and where it is the first occasion following the introduction of this programme on which the employee is involved in a disciplinary case in which the possibility of his having a drink problem arises, disciplinary action will not be taken provided that the employee agrees to undergo a medical examination and to cooperate in any recommended treatment. If the employee refuses or if his progress under treatment is considered unsatisfactory by the Company's Medical Staff, or if medical examination shows he is not an alcoholic or an incipient alcoholic, the original case will be dealt with under the normal disciplinary procedures. Where, in a disciplinary case in this category, the employee was suspended from duty and where the subsequent medical examination shows that he has a drink problem, he will be regarded as having been on sick leave from the date of his suspension.

3.11 If the employee is involved in a further disciplinary case in the same category, *the manager concerned will consult with the Chief Medical Officer before deciding* on the disciplinary action to be taken.

3.12 In cases of serious negligence or misconduct by an employee, disciplinary action including the possibility of termination of his employment will not be precluded by the fact that he has previously been found, or is subsequently found, on medical examination, to be suffering from alcoholism.

4. Other Information relating to Treatment:

4.1 Disability benefits and hospital treatment are covered for those insured under the Social Welfare Acts, as in any other illness.

4.2 For those insured with the Voluntary Health Insurance Board, the same benefits apply as in any other illness.

Appendix 9

EXTRACT FROM AER LINGUS STAFF MANUAL ALCOHOLISM AND DRUG PROBLEMS

Policy

It is the airline's policy

1. To treat with understanding employees suffering from alcoholism and/or drug addiction and their related illnesses in the same way as employees having other illnesses.
2. To ensure that they will not encounter prejudice in relation to job security or promotional prospects provided that they achieve and maintain the capabilities, competence and qualifications necessary for performing their work.
3. To provide them with the normal sickness privileges throughout the treatment phase of rehabilitation.
4. To take appropriate steps to raise the level of staff awareness about alcoholism, drug addiction and their related illnesses with the purpose of eliminating the social stigma and encouraging people to come forward voluntarily for help.
5. To make this help readily available to those seeking it.

Alcoholism

The airline subscribes to the medical opinion that excessive drinking can lead to chronic progressive alcohol-related illnesses and to alcoholism which if untreated can result in permanent disability or death. It is also recognised that it is an illness for which treatment and rehabilitation can be successful, given the full co-operation of the individual.

For the purpose of this policy, alcoholism is defined as a condition in which a person's consumption of any alcoholic beverage defi-

nately and repeatedly interferes with that person's health and/or job performance.

Social Drinking

This policy is not concerned with social drinking but with alcoholism. The primary concern is the effect of excessive or uncontrolled drinking on the individual's job performance and health, but it is recognised that such behaviour will also have detrimental effects on home and family life.

Objective

The policy is designed solely to achieve restoration of health and full recovery.

Responsibility

The decision to request diagnosis and to accept treatment for alcoholism is the personal responsibility of the individual.

Early Identification and Help

The effectiveness of this policy in achieving recovery depends to a great extent on early identification of the problem and professional care. The help of colleagues, shop stewards and supervisors can play a vital role in encouraging the person to seek help at an early stage when the chances of recovery are greatest.

Where a deterioration in job performance, behaviour or attitude may be caused by a drink problem, an individual will be encouraged to seek counselling and appropriate treatment.

Information Programme

An information programme incorporating advice on how to encourage an individual to seek help is being developed in consultation with organisations catering for this problem. When completed, its relevant points will be incorporated in this manual.

Refusal to Accept Help

An individual's refusal to accept referral for diagnosis or to follow prescribed treatment will be handled in accordance with normal practice covering unsatisfactory work performance, if appropriate.

Confidentiality

All medical records and referral for treatment will be treated with the same confidentiality as applied to other illnesses.

Drug Problems

As indicated in the first paragraph above, this policy will also apply to employees with other drug-related problems.

Management's Responsibility

Nothing in this statement of policy is to be interpreted as constituting a waiver of management's responsibility, exercised through the supervisory chain, to maintain discipline or its right to take disciplinary measures for the reasons and in accordance with the procedure agreed with the appropriate trade union or set out in Chapter 1, Section 16 on Conduct and Disciplinary Procedures.

Appendix 10

DEPARTMENT OF POSTS AND TELEGRAPHS ALCOHOLISM PROGRAMME

Introduction:

The Department has traditionally adopted a sympathetic attitude towards problem drinkers. Arising out of discussions at the Departmental Council, policy and practices in relation to the problem of alcoholism and the treatment of staff who have a drinking problem or have become alcoholics have been under review with a view to drawing up a programme to deal with the problem of alcoholism.

The first part of this Appendix is a formal presentation of the Department's general policy towards alcoholism and problem drinkers, and the second part outlines proposals to improve the effectiveness of procedures and facilities for handling the problem of alcoholism.

Policy:

The Department acknowledges that alcoholism is an illness, and subject to provisions in this Appendix, will continue to apply staff rules and regulations to any members of the staff who are suffering from alcoholism in the same manner as for other certified illnesses. The Department is concerned with problem drinkers the nature of whose illness is such that, if untreated and allowed to develop, it progressively gives rise to unacceptable patterns of behaviour which, insofar as they impinge on the services and the officers' work performance, can ultimately render affected staff unsuitable for retention in employment in the Department. The Department, therefore, recognises the desirability of procedures to help prevent the onset of alcoholism and bring about early identification of staff at risk; and the need for supportive facilities to enable problem drinkers to avail of suitable treatment in order to restore them to functioning as reliable employees and to other roles in life. In implementing the programme the Department in no way implies that alcoholism is a serious problem among its officers.

Outline Programme for Handling the Problem of Alcoholism:

The outline programme set out below is proposed, on a trial basis, for the prevention, identification and treatment of alcoholism among the staff to ensure their well-being and their usefulness as employees as well as in other aspects of their social life.

In keeping with the general policy outlined above and the purpose of the programme, any member of the staff presenting himself or herself for participation in the programme will not thereby prejudice his or her promotion or employment prospects. Matters of a confidential nature which may arise from the working of the programme will be fully respected.

The effectiveness of any programme will depend on full co-operation between staff, management and unions and the medical and welfare services operating the programme; but it must ultimately remain the particular responsibility of individuals who have a drink problem to seek assistance through the programme and avail of and follow through a suitable course of treatment for their illness where necessary. Individuals with a drink problem who fail to accept assistance through the programme will be subject to normal disciplinary procedures. An aftercare programme will be arranged for each individual who avails of and follows through a suitable course. This can involve regular attendance at outpatient clinics attached to specialist hospitals or A.A. or Health Boards. (The frequency is once/twice a week for some time). Proof of regular attendance may be required, to ensure adherence to individual rehabilitation programmes.

During the recovery period, after returning to work, the officer involved will have support and help from management, supervisors, Welfare Officers and colleagues to complete his rehabilitation programme. For his part the officer concerned has to demonstrate determination to control the drink problem. If a lack of motivation is shown by poor attendance at clinics, renewed and continued drinking, then normal procedures may come into operation.

The main features of the proposed programme are:-

1. publicity of an agreed understanding about the problem of alcoholism, dissemination of information through brochures

and Department and staff journals and publications and education at staff training courses etc. about the abuse of alcohol and the help and treatment available through the programme.

2. special training of supervisors, who will have a key role to play in the process of combating alcoholism, to enable them better to identify the early signs of drinking problems emerging among staff and how to advise and motivate affected staff to seek remedial aid. Development courses for front line supervisors would include a session on the programme, the role of supervisors recognising the problem among staff under their supervision at an early stage, and how they can help and support the person concerned. When appropriate, outside specialists could be involved in these talks.
3. reorganisation and expansion of the Department's welfare service to cater specially for the problem of alcoholism.
4. procedures and arrangements for counselling and courses of treatment for problem drinkers.

It is envisaged that the treatment for alcoholism may be sought or arranged in three ways and these are presented schematically in the accompanying Sub-Appendix.

Course 1

An individual who recognises he or she has a drink problem may personally or through family, colleagues, Union or Doctor arrange a course of treatment. The facilities of the Department's welfare service will be available at all stages on a strictly confidential basis.

Course 2

Where an officer's behaviour or attendance record comes under notice in the appropriate personnel section and further investigation discloses a drink problem, the officer concerned will be asked to undergo a suitable course of treatment which will be arranged and monitored through the Department's welfare service. An officer's refusal to accept referral for specialist diagnosis or treatment or continued failure to respond to treatment will be treated in the same way as for any other officer who fails to achieve satisfactory standards of conduct, efficiency and attendance. However, the Department reserves the right to deal with certain offences such as theft, assault etc. on the normal disciplinary basis.

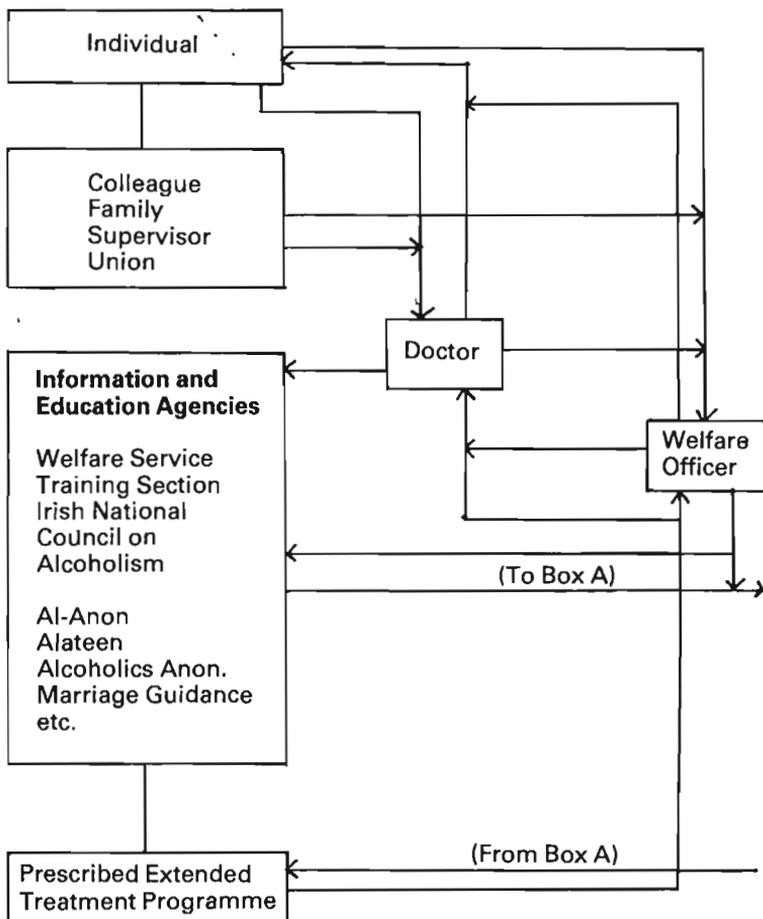
Course 3

Where the record of an officer who is regarded as an alcoholic has become so unsatisfactory that the question of termination of services arises, the Establishment Branch, Welfare Section and Union will jointly support the undertaking of a mandatory course of treatment as an alternative to termination of services. If the officer concerned cannot be rehabilitated by an extended course of treatment or fails to co-operate in the prescribed treatment his or her services will be terminated on grounds of ill-health.

Sub-Appendix
HEALTH PROGRAMME — ALCOHOLISM FACTOR —
TREATMENT PLAN

Initiated by Individual or other than
Department/Management source as such

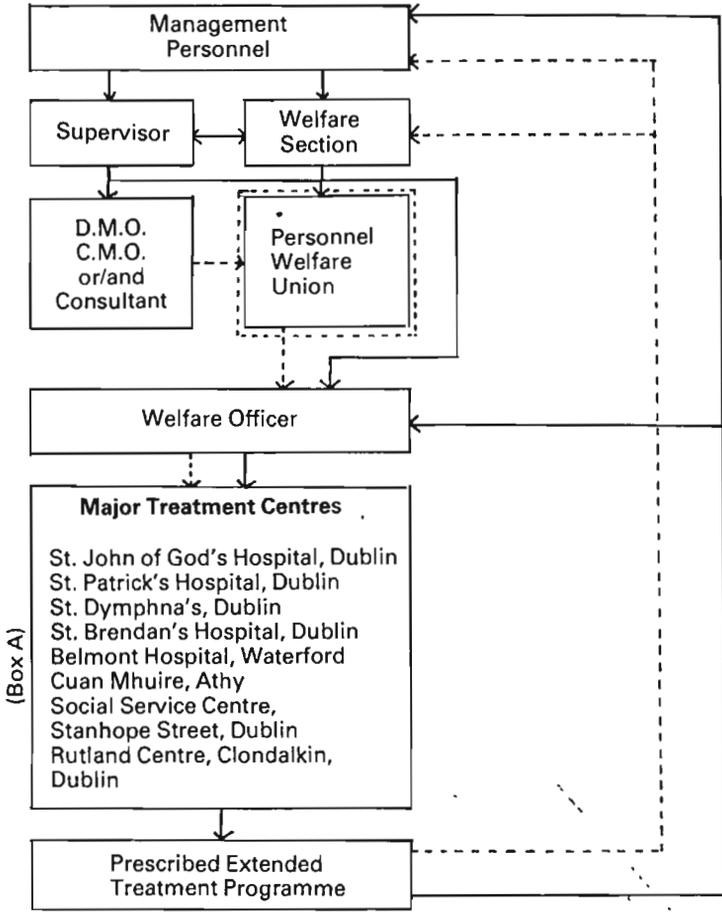
Course 1



Sub-Appendix (contd.)

Initiated by Departmental Management

Course 2 and Course 3



"Mandatory" Procedures indicated - - - - -

- (1) Social Insurance, V.H.I. and Post Office Sanatoria Fund Membership cover treatment charges for Alcoholism.
- (2) The Post Office Sanatoria Fund also assists members with other specific expenses which may arise during treatment.

Appendix 11

PROFESSOR J. McCORMACK'S PROPOSAL FOR RESEARCH ON THE PREVALENCE OF ALCOLHOL-RELATED DISORDERS IN THE WORKFORCE

Introduction

There is no doubt that alcohol-related disorders interfere with productivity, increase accidents and are associated with family unhappiness, marital breakdown and increased premature mortality.¹

Unfortunately there are no specific or sensitive tests for their existence as early diagnosis and subsequent confrontation and intervention might lead to an improved prognosis.

It may, however, be possible by using a small battery of tests to increase the predictive power, that is, to identify with greater confidence, those who are likely to have alcohol-related disorders.

Objective

- (i) To assess the possible prevalence of alcohol-related disorders in the work-force.
- (ii) To examine the correlation between three indicator tests.

Method

Using an appropriate sampling frame and with the co-operation of management and work-force three simple tests would be applied. The results would be confidential to the research workers, and unless individuals sought their own results, could not be linked to individuals.

The Sampling Frame

The success of the study depends upon extremely high compliance rates as non-responders may be biased towards high alcohol intakes. A number of sizeable concerns (work-force greater than 100) would be identified and co-operation sought from a stratified sample: that is, different sorts of industry would be selected.

If agreement to co-operate was obtainable a sample of employees and management would be selected on the basis of random numbers. The sample would again be stratified to include all grades of staff, including higher executives and management. Those selected would be invited and most strongly encouraged to attend for screening.

It will be necessary to run a pilot study to discover hidden snags, but the full study should aim to recruit a minimum of 1,000 individuals.

The Screening Procedure²

1. The M.A.S.T. questionnaire.³

This is a very brief questionnaire which may discriminate between those likely and unlikely to have alcohol related disorders.

2. Mean Corpuscular Volume

This is a blood test, requiring venepuncture, which may be abnormal in those with a high alcohol intake. (It might be possible to add liver-enzyme tests).

3. Blood Alcohol

This would be estimated by using a "breathalyser". The total time involved should be less than five minutes.

1. Alcohol related Death. PETERSSON et al.
Lancet, 1982. ii. 1088.
2. Screening Tests for alcoholism.
Lancet, 1980. ii. 117.
3. The Michigan Alcoholism Screening Test.
SELZER, M. L. American Journal of Psychiatry. 1971. 127.
1653

Staff

Project Supervisor:

Professor James McCormick, M.B., F.R.C.P.I., F.R.C.G.P., F.F.C.M.

Project Director:

Mrs. Mary O'Hagan, B.Soc.Sc.

Project Nurse (S.R.N.):

To be appointed.

Costs (estimated)

STAFF: Project nurse for six months	4,500
Travel and subsistence	1,000
Syringes, Alcolometer, etc.	1,000
Administrative and analysis costs	1,000
	<hr/>
	£7,500

Appendix 12

REFERRAL, ADVISORY, AND INFORMATION FACILITIES

Irish National Council on Alcoholism (I.N.C.A.)

The Council, a government approved body, provides a free confidential and expert advisory/referral service for all who are involved in problems due to alcoholism. It also promotes seminars, conferences and research and carries out educational work.

Alcoholics Anonymous (A.A.)

A wide range of literature on alcoholism and the A.A. programme of recovery is available at nominal prices from the General Service Office, Alcoholics Anonymous, 26 Essex Quay, Dublin 8.

Al-Anon Groups

These are autonomous groups for adult relatives — particularly spouses — of alcoholics, operating on the same principles as A.A. For further details contact the Information Centre, 12 Westmoreland Street, Dublin 2.

Al-Ateen Groups

These groups consist of the teenage children of alcoholics. Further information regarding Al-Ateen can also be obtained from the Information Centre, 12 Westmoreland Street, Dublin 2.

Alcoholic Rehabilitation Centre

ARC is a charitable trust, funded by the weekly contributions of individual trade union members. It provides a range of services for the treatment of alcoholism and the rehabilitation of alcoholics mainly in an industrial situation in the greater Dublin area. ARC is located at Dame House, 24 Dame Street, Dublin 2.

Other referral, advisory and information facilities include social service and free legal aid centres, the Irish Society for the Prevention of Cruelty to Children, marriage counselling services, the Society of St. Vincent de Paul and the Samaritans.

Appendix 13

Absenteeism Records – Example 1

Individual/Lates and Absences Return for the Month of _____ **19** _____

CLOCK NO.	NAME	LATES	NO. OF DAYS OF ABSENCE		NO. OF DAYS OF CERTIFIED ILLNESS
		NO. MINS. LOST	WITH VALID EXCUSE	WITHOUT VALID EXCUSE	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					

Absenteeism Records – Example 2

Individual Yearly Absence Record by
Department

$$\frac{\text{DAYS ABSENT}}{\text{DAYS AVAILABLE}} \times 100$$

DAYS AVAILABLE																TOTAL AVAILABLE							
JANUARY 19				TO		19				NUMBER OF DAYS ABSENT (NO. OF OCCASIONS IN BRACKETS)												OCCASIONS	% ABS.
DECEMBER 19				TO																			
NAME	ABSENCE			JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.								
	DAYS	OCCASIONS	% ABS.																				
$\frac{\text{TOTAL DAYS ABSENT}}{\text{WORK DAYS AVAILABLE} \times \text{NO. OF EMPLOYEES}} \times 100\%$																							
DEPT. TOTAL =																							

Absenteeism Records – Example 3

Aggregate Absenteeism by Department (Hourly Paid)

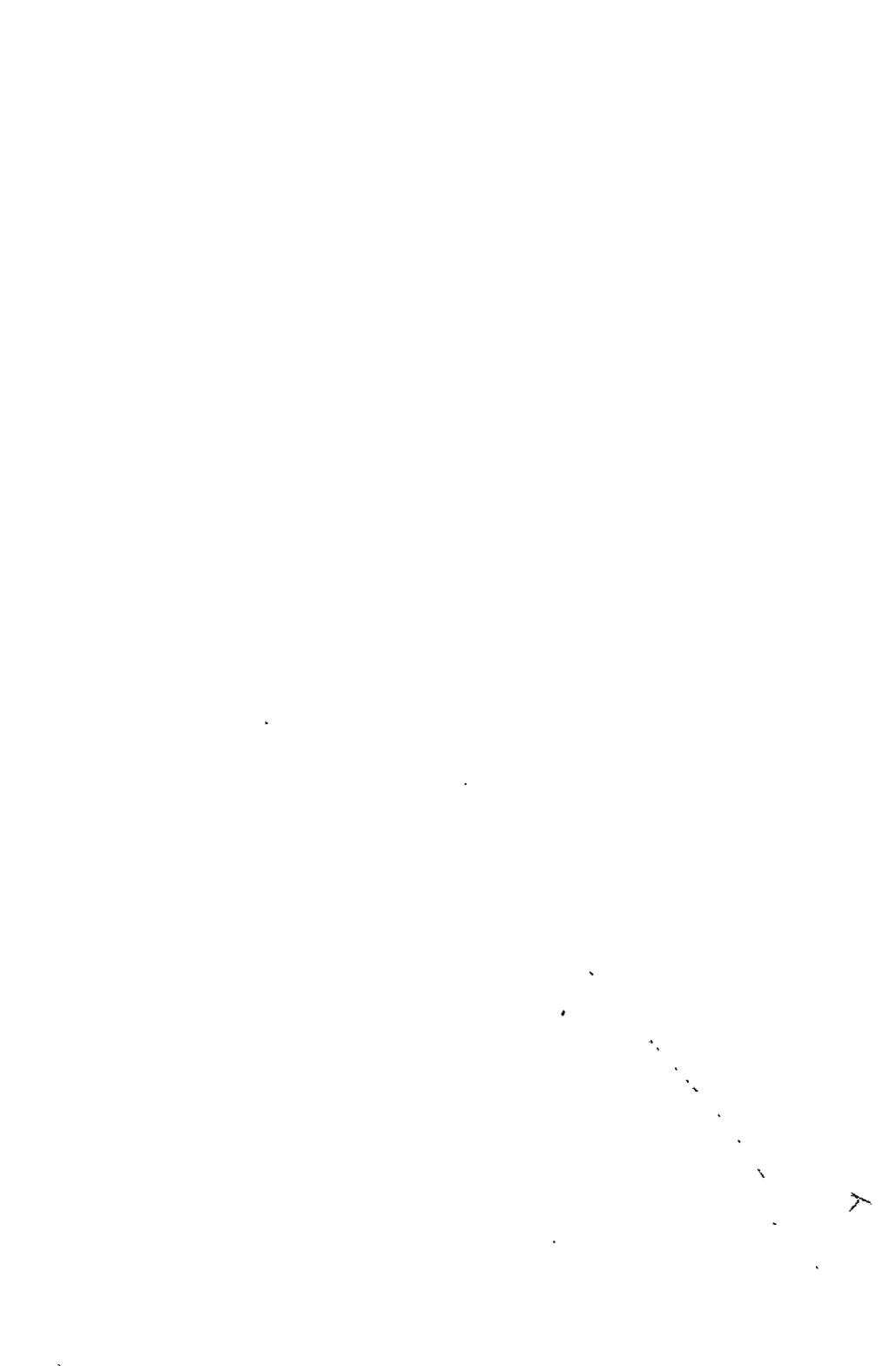
DEPARTMENT	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL TO DATE
PRODUCTION A —Days Lost —% Absenteeism													
PRODUCTION B —Days Lost —% Absenteeism													
ASSEMBLY —Days Lost —% Absenteeism													
PACKING —Days Lost —% Absenteeism													
DISTRIBUTION —Days Lost —% Absenteeism													
SHIFTS* —Days Lost Day Shift Morning Shift Evening Shift Night Shift —Total —% Absenteeism													

*Where appropriate, absences should be recorded by shift/total in the various departments.

Absenteeism Records – Example 4

Aggregate Absenteeism by Department (Staff)

DEPARTMENT	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL TO DATE
ACCOUNTS —Days Lost —% Absenteeism													
PRODUCTION —Days Lost —% Absenteeism													
MARKETING —Days Lost —% Absenteeism													



S.O.142/83.147069.Sp.10m.11/83.Mount Salus Press Ltd.