EMPLOYERS, UNIONS, AND ALCOHOLICS

By John F. Sherry, Jr.*

In 1978, 180,400 people participated in the civilian labor force of the Quad Cities. Labor unions represent approximately 19% of these workers. Many of these workers are part of the blue collar aristocracy described by LeMasters (1975). Many larger non-union corporations are currently closing the wage-benefit gap to halt further unionization and mitigate pirating of skilled hourly employees by unionized companies (Sherry 1980:1-3). Increasingly, coverage for alcoholism (treatment) is being included in benefits packages, and much attention is being focused on problem drinking in the workplace. Informal labor-management agreements, formally mandated but selectively implemented "paper programs" and conscientiously implemented formal employee assistance programs currently serve Quad Cities workers.

From its inception to its recent efflorescence, occupational alcoholism programming has afforded researchers an opportunity to investigate the interplay between labor relations, health care management and social control, as well as to explore conceptions of alcoholism and work as they are framed in blue collar worldview and ethos. A dovetailing of concerns in each of these arenas suggests that an anthropological perspective can both improve understanding of and increase the efficacy of occupational programming. Virtually no attention to union-management relations is paid in the programming literature (Beyer and Trice 1978:233). Roman and Trice (1976:511-513) have called for comprehensive investigation of program process from initial identification of a troubled employee, to the reaction of supervisors and coworkers to that identification, through the manner in which that referral progresses, to the ultimate resolution of the conflict. The patterning of referral processes, the experience of the referred individual (including initial resistance, treatment, reintegration, stigmatization, reception by coworkers, recidivism and subsequent career development) and the differential perception of program operation and efficacy would be explored in such a comprehensive study. Equally pressing is the need to examine an individual's bypassing of the formal programming system on the way to treatment, and the relationship of this bypassing to job reentry (Trice 1980:16). From inception through implementation, occupational programming is shaped by several key premises: formal location within the corporate structure (e.g., medical, personnel or industrial relations departments); orienting model (e.g., psychosocial, medical); program philosophy (e.g., joint, two-track); program scope (e.g., "broadbrush" vs. narrowly focused); the existence of diagnostic assessment criteria (impaired performance vs. collective awareness).

A unilaterally prepared and implemented program, imposed for whatever intention, by management upon hourly employees, is frequently met with suspicion and resistance. A jointly negotiated program in which labor and management collectively bargain for and mutually influence both policy and implementation is an ideal espoused in both camps. Differential interpretation of the concept "joint" produces a range of alternatives: passive

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acceptance by labor; adoption of dual programs or standards tailored to salaried or hourly status (with concomitant resentment and resistance an inevitable by-product); a "paper program" which exists de jure, but which is viewed with mutual suspicion as an opportunity for each camp to exploit the other. Frequently, an infrastructural regulatory mechanism informally constituted by local union and AA members evolves to circumvent formal programming. The circumvention of policy and formal program staff by supervisors, and situational or selective application of policy is also common. The use of the principles of ineligibility (MacAndrew and Edgerton 1979:167) - considering a class of "troublesome" people chronically incapable of meeting minimal standards of competence - and labelling by supervisors in the service of social control is frequent. Finally, the phenomenon of "scamming" or "getting over," by which an employee exploits the formal programming mechanism by capitalizing on institutionalized indecision, or by manipulating the grievance procedure (and by which he may be elevated by coworkers to the status of folk hero) occurs with significant frequency.

A conflict between human welfare and human capital orientations to behavior in workplace is operative in the Quad Cities. If some percentage of human wastage is perceived to be the by-product of a system of production, both management and labor may be skeptical of, if not hostile to the merits of altering the system. While an assistance program may be viewed by employees as yet another organ of social control (Trice, Hunt and Beyer 1977), management may view grievance precipitation growing out of such a program as yet another union-sanctioned attempt at social control (Beyer, Trice and Hunt 1980). The union itself may be caught in a compromise between rehabilitation and expedient outcome (Beyer, Trice, Hunt 1980). The double bind dilemma of the steward (Trice ans Roman 1978:201) and the committeeman (Trice 1980:13; Schramm et al., 1978), which arises when an individual is committed both to a policy entailing disciplinary measures and to an advocacy role in the grievance procedure, jeopardizes his tenure in elective office and subjects his brokerage function to manipulation by the alcholic worker. The efforts of the Rock Island County Council on Alcoholism to market an employee assistance program on a contract basis to local industry have met with much resistance over the last few years, and have only recently begun to show promise. Only a handful of local companies have a formal program for identifying and rehabilitating alcoholic employees. The human capital approach to program evaluation developed by Schramm (1980) is useful in explaining the resistance of corporate officials to adopting formal programming. An employer establishes a stock of capital in a worker, anticipating an income stream which will exceed the cost of the capital investment. Treatment represents a reinvestment, the return on which will be lower than the return on the original investment. The reinvestment may be viewed as an attempt to recoup part of that originally anticipated return. A risk exists that no recoupment may be made at all, given factors such as age at onset of alcoholism, expected tenure and recidivism (Schramm 1980:707-710). Overtly, many employers deny that alcoholism is a problem within the company. Covertly, they may wish to cut their losses through termination or exploitation of problem workers.

The number of alcoholics identified in the workplace is significantly greater than the number referred to treatment. Further, the number of identified alcoholics referred to the formal program is relatively small compared to the number receiving therapeutic support from sources beyond the

purview of the company. Weiss (1980:iii) has noted a tendency for joint labor-management efforts to identify and to rehabilitate fewer alcoholic employees, and to terminate more alcoholic employees than other types of programs. This interpretation may be only superficially valid, as the impact of the commonly antagonistic relationship between labor and management, as well as role overloading of program coordinators, on formal program statistics may effectively mask an infrastructural regulatory system serving to control, informally, problem drinking in the workplace. This informal mechanism frequently evolves in response to local unions' perceptions of formal programming inadequacies, attributions of ulterior motives or hidden agendas to policy application, and intentions of destigmatizing the labelling process. Diagnostic criteria are not limited to impaired performance, active case-finding is the rule, and a network of treatment brokers is employed in the referral and reintegration process. Supervisory personnel frequently use the informal mechanism, rather than pursuing formal policy options.

Reasons advanced by Quad Cities workers for low referral rates are legion. Identification is only marginally problematic, and is an issue primarily in terms of a collective resistance to (or denial of) the connotations of the label "alcoholic." For some workers, the roles of "alcoholic" and "job holder" are incongruous. There is still an unwillingness in the shops to stigmatize a worker as "alcoholic." Damage to a worker's reputation, to work group solidarity and to occupational mobility are considerations here. The fear of losing a "reliable" worker who is industrious when sober or who can be manipulated into performing undesirable tasks is also common. An unwillingness to antagonize subordinates, coworkers, dependent families, and, in some cases, voting members, further hampers referral. The fear that confrontation would backfire and necessitate a personal justification of one's own behavior inhibits many workers. A fear of recidivism and subsequent disciplinary consequences militates against self- and supervisor- referral. Misconceptions of treatment philosophies and local therapeutic modalities are similar hindrances. Finally, a depressed economic climate has fostered a spirit of tolerance among potential change agents who are unwilling to jeopardize a coworker's income.

That the community treatment agency, as an entrepreneurial institution, can offer an important brokerage function to local union and corporate officials has become apparent. If perceived as autonomous and nonpartisan, the community agency can effectively mediate between labor and management in cases involving substance abuse issues. Further, the agency is in a position to tap both formal and infrastructural referral networks. Diagnostic services, training seminars and primary treatment (especially aftercare) can be provided to both labor and management, thereby eliminating duplication of effort and scheduling differentials. Designation of one agency member as an industrial consultant responsible for facilitating referrals to serve as a liaison between local and corporate officials would greatly enhance programming efficacy. Such an individual would prove useful in both facilitating implementation of existing program policies and in helping to design policies appropriate to given worksites.

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A Handbook

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