

Managing Substance Abuse Problems In Unionized Firms

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¶42,177 Abusive drinking and drug use are at once a response to and a cause of stress in the course of everyday living. Social, familial, and personal problems are created and aggravated by substance abuse. Problem drinking and drug use frequently threaten to disrupt the social order of the workplace. It has been estimated that an alcoholic employee may cost a company 25% of his or her salary annually as a result of such factors as absenteeism, accidents, shoddy craftsmanship, and excessive use of medical benefits. In keeping with the trend that has been described as the medicalization of deviance,¹ or more accurately, as the medicalization of life,² business organizations increasingly are assuming practices formerly restricted to clinical institutions in an effort to correct what has been described as industry's multibillion dollar hangover.

As corporations attempt to regulate problem drinking and drug use by establishing formal occupational programs—currently there are at least 8,000 such employee assistance programs in operation³—a number of interesting and potentially disastrous consequences can result. In unionized companies, formal employee assistance programs are often viewed by workers as another attempt by management to control their behavior toward no justified end. Consequently, workers routinely find ways to circumvent what they feel is a “company program,” and to regulate such problems unofficially or informally within the rank-and-file. While workers' suspicions are frequently justified, they are also often exaggerated. A knowledge of how occupational programming actually works within unionized firms is essential to creating and delivering an effective employee assistance program. This article outlines some of the measures that can be taken to produce the kind of therapeutic intervention that is capable of enhancing the quality of work life.

Factors affecting programming. A range of employee assistance programs exists among unionized companies. Informal labor-management agreements, formally mandated but selectively implemented “paper programs,” and conscientiously implemented formal occupational programs are examples of this range. The nature of programs within any particular company is shaped by several factors:

The *formal location* of the program within the corporation is one important factor. Vastly different perceptions of the program arise, depending upon whether it is administered through medical, personnel, or industrial relations departments.

The *orienting model* adopted by the company is another important factor. If the firm employs a medical model to inform its programming, substance abuse is framed as if it were a disease. A psychosocial model frames substance abuse more as a behavioral issue. In either case, the corporate perception of the nature of the program (whether abuse is conceived as a disease, a behavioral problem, or a personality flaw) is communicated to workers by program personnel.

The *scope* of the program is another significant factor. A “broad brush” program that incorporates substance abuse issues into a wider range of workplace concerns produces one set of perceptions. Often this type of program is billed as “wellness programming,” and promotes the development of healthy lifestyles among employees through preventive measures rather than merely through treatment in times of crisis. Programs more narrowly focused on alcoholism or drug abuse

(1) Szaz, Thomas (1985), *Ceremonial Chemistry, The Ritual Persecution of Drugs, Addicts and Pushers*, New York: Garden City.

(2) Conrad, P. and J. Schneider (1980), *Deviance and Medicalization*. St. Louis: Mosby; Illich, Ivan (1976), *Medical Nemesis*. New York: Bantam.

(3) Scanlon, Walter (1986), *Alcoholism and Drug Abuse in the Workplace*, New York: Praeger.

produce other perceptions. Broad brush programs often carry little stigma and can be popularly received. Chemical dependency programs, however, often meet with resistance and can be likened by employees to "witch hunts."

Another factor is the nature of the *diagnostic assessment criteria* employed by program personnel. Where impaired job performance is the standard for intervention, supervisors can be trained to recognize and document the problem and to intervene appropriately with the cooperation of program personnel. However, when supervisors are allowed to act upon their own conceptions of alcoholism or drug abuse, as if they were clinicians rather than managers, appropriate intervention is often impossible to accomplish. In fact, the problem is frequently aggravated.

Each of the factors mentioned above has a direct impact upon the way occupational programs operate within a company.

Program philosophy. Perhaps no factor is as significant in shaping the character of occupational programming within unionized companies as the program philosophy adopted by the firm. In some companies, "joint programming" is the norm. In other companies, a "two-track" program is implemented, whether or not the firm admits that this is actually the case. A joint program produces one set of reactions from workers, and a two-track program produces quite another. It is critical that a manager understand precisely what kind of program exists in the firm, aside from contract language and corporate directives, if effective intervention is to occur.

Unilateral or joint program? A program that is unilaterally prepared and implemented by management, no matter how noble the intentions, is frequently met with suspicion and resistance by hourly employees. 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. However, both managers and workers differ widely in the way that they interpret the concept of "joint." As a result, the number of alternative programs can be large. In some cases, labor passively accepts management's program. In other cases, two-track programming arises, with standards and procedures tailored to hourly or salaried status. Predictably, resentment and resistance are frequent by-products of programs that seem to discriminate between managers and workers.

► **PAPER PROGRAMS** — In still other cases, a "paper program," which exists more in concept than in practice, is the result. A paper program is often viewed with mutual suspicion by labor and management as an opportunity for each camp to exploit the other.

Finally, although a formal program may be established within the firm, it is common for an unofficial or informal regulatory mechanism to arise alongside the program. This informal mechanism is often composed of local union and Alcoholics Anonymous or Narcotics Anonymous members and is used to circumvent the policy and personnel of the formal program and may apply the formal policy in a highly selective fashion. Supervisors and union members may, in fact, use the same informal program in trying to manage the effects of substance abuse in the workplace.

Perceptions of programming. A dual perception of programming arises in many unionized firms. Program activities are perceived collectively either as a therapeutic enterprise or as a vehicle of social control. Two factors have combined to produce this dual perception. At the surface level, the traditional adversarial relationship between labor and management can be used to account for this double vision. In firms where labor-management interaction has been antagonistic over time, skepticism and fear of hidden agendas are predictable results. Both labor and management may view programming in terms of manipulation and countermanipulation. Further, the shared allegiance or loyalty that members of each camp might feel toward one another is frequently dampened by the belief that managers and hourly employees alike must protect themselves.

At a second and deeper level, a conflict between human welfare and human capital orientations to the workplace promotes a divergent perspective of program functions.⁴ This first orientation views workers as ends in themselves, while the second views workers collectively as a means to an end. Taken to extremes, the human capital orientation reduces the worker to a mere instrument of production. Where human wastage and deviant behaviors (such as alcohol or drug abuse) are presumed to be inevitable by-products of systems of production, neither labor nor management may be disposed toward altering the system. This presumption is common in our industrial society, where "work" is all too often a condition to be endured so that a rewarding life might be enjoyed during leisure hours. If treating a troubled employee is viewed as not worth the reinvestment, there may be no attempt to salvage him or her. Impaired workers who cannot be exploited may simply be terminated.

Overtly, many employers deny that substance abuse is a problem within the company. Covertly, they may wish to cut their losses through termination or exploitation of problem workers. This exploitation takes many forms. Commonly, an impaired worker will try to compensate for lost time by becoming unusually productive after a critical incident. Supervisors who manipulate feelings of guilt or who threaten termination may be able to increase such productivity and extract other concessions in the short run, but they invariably aggravate everyone's problems over the long run.

Ironically and tragically, the "impaired worker" is often assumed to be essential to the continued functioning of the present industrial system. Unfortunately, stress-related syndromes are often regarded as proof of successful initiation into workplace culture. Thus, ulcers, hearing loss, hypertension and the like can even be construed as badges of courage. As long as these assumptions go unchallenged and uncorrected, formal programming will remain a double-edged sword, and countless lives will be shattered.

For whatever reasons may be advanced, the formal occupational program is often viewed as a "company program" rather than as a joint venture. As a result, unions are often reluctant to advise their members to use it. Similarly, supervisors may be unwilling to jeopardize their own autonomy by delegating responsibility to program personnel and may also bypass the formal program.⁵ It is at this point that the existence of an alternative, informal mechanism for managing substance abuse problems must be recognized, and it is imperative that managers and workers alike cooperate to assure that formal and informal programs do not work at cross purposes.

Containment system functions. In many unionized firms, it is most accurate to describe the management of the consequences of substance abuse in terms of a comprehensive containment system, of which formal programming and informal processing are parts.⁶ The formal and informal mechanisms complement each other and cannot be understood independently.

Formal programming fulfills a number of functions. It serves a humanitarian purpose, and as a legal safeguard and as a visible symbol of corporate commitment

(4) Schramm, Carl (1980), "Evaluating Industrial Alcohol Problems: A Human Capital Approach," *Journal of Studies on Alcohol* 41 (7), 703-713; Sherry, John (1982), "Employees, Unions and Alcoholics," in *Community Approaches to Problem Drinking and Alcoholism*, eds. John Lowe, M. Donald Campbell and Ann Mandolini, Urbana, Illinois: Project on Community Dynamics, Social Competence and Alcoholism in Illinois; 40-43.

(5) Barriers to implementation are also discussed in Googins, Bradley and Norman Kurts (1979) "Supervisory Networks: An Alternative Training Model," *Labor Management Alcoholism Journal* 9 (1): 35-40; Roman, Paul (1982), "Barriers to the Initiation of Employee Alcoholism Programs," in *Occupational Alcoholism: A Review of Research Issues*, eds. Donald Godwin and Walter Pawlowski. Washington, D.C.: U.S. Government Printing Office. 139-168; Trica, Harrison and Paul Roman (1982), *Spirits and Demons at Work*, Ithaca: New York State School of Labor and Industrial Relations, Cornell University.

(6) For a detailed account of these functions see Sherry, John (1983). *The Management of Blue Collar Alcoholism: An Ethnography of an Industrial Containment System*, Unpublished Ph.D. dissertation, Urbana, Illinois; University of Illinois.

to occupational health and safety. It serves to prevent and recoup production loss, to minimize both insurance payments and the cost of formal grievance procedures, and as a good public relations vehicle on a community-and industry-wide scale. Formal organizational programming permits a manager to delegate responsibility beyond his or her technical range of expertise, which results in enhanced productivity. [It even permits the enterprising and manipulative worker to exploit the system and to receive an *ad hoc* vacation.] Finally, it serves as an important vehicle of social control, by reinforcing the record of just cause in the termination of a problem employee. Formal programming can also double as a coercive ideology, compelling conformity to organizational goals.

While informal regulation of problem drinking and drug use has advantages similar to formal programming's, several others are apparent. The informal mechanism saves the corporation much money in terms of direct service provision, both for intramural processing and extramural treatment. The substance-abusing employee comes under effective leverage technically beyond the scope of the impaired job performance criteria which restrict managers. For example, a supervisor and a union steward, aware that a family is suffering as a result of a worker's substance abuse, may collude, and through a combination of peer pressure, threats, and friendly persuasion, force that worker into a treatment program, even though the worker's job performance has remained satisfactory. Informal regulation protects job security and minimizes the threat to occupational mobility. It also militates against stigmatization. It protects the local union from potential lawsuits by disgruntled rank and file members who have been dismissed. In shielding a substance-abusing worker from formal recognition, the fear of losing a relatively reliable employee to the disciplinary procedure in the event of relapse is minimized. Unfortunately, the potential for exploiting such an employee is also preserved. Finally, an employee may be diagnosed and referred informally. Unlike many formal programs, the informal mechanism is often most effective in getting the troubled employee back on the job.

The number of substance-abusing employees identified in the workplace is much greater than the number referred to treatment. Ironically, the number of substance abusers referred to formal programs is quite small when compared to the number receiving therapeutic support from outside. One study⁷ has concluded that joint labor-management efforts generally identify and rehabilitate fewer—and terminate more—alcoholic employees than other forms of employee assistance programs. Given the existence of informal programs, this study indicates the glaringly apparent need of formal program personnel to forge an alliance with the existing forces of prevention within the workplace.

Recommendations for improving service delivery. From the perspective of each of the critical actors within a unionized firm, the mission of any occupational programming should be the identification and referral of the greatest number of employees at risk as is possible. To produce this result efficiently and humanely, it would help to integrate the formal and informal programs that exist within the firm. Where integration is not possible, steps should be taken to insure that all modes of problem management are not operating entirely independently or at cross purposes.

First, an expansion from narrowly focused, problem-specific programming to a "broad brush" assistance program is indicated. Such a shift would provide for comprehensive service delivery, facilitate destigmatization, and pave the way for a more holistic "wellness" program. Expanding program scope demands an increase in program budget and staff. This increase could be shouldered cooperatively by labor and management jointly underwriting salaries for human service workers. Manpower from unions and a corporate redefinition of "lost time" to "counseling time" reimbursable by the company would facilitate cooperation. In-house personnel who have access to informal company networks could be trained as

adjunct service providers. This would facilitate popular bonding to the program. Efforts to expand coverage by third party carriers need to be escalated.

Secondly, it is important to disaffiliate program personnel from perceptions of vested interest. Creating an autonomous unit with accountability solely to the insurance office would help. Separate offices in various corporate facilities and regularly scheduled office hours are desirable. Designating a conference room as a counseling site, drop-in center, or self-help group meeting room would increase shop floor visibility of the program. Off-site offices would also help overcome the reluctance of employees to risk disclosure, by assuring them of absolute confidentiality.

Thirdly, a consensus on the organizational programming to be implemented must be achieved. Will managers and workers participate jointly in the same program, or will a two-track referral pattern be observed? "Joint" programming⁸ might be more properly conceived as "cooperative" where the interests of labor and management coincide. A unified orientation must be forged. Regular joint training of supervisory and nonmanagement personnel in making referrals to the assistance program is necessary. Regular education seminars about emotional problems, stress management, referral procedures, and program dynamics could be incorporated into the work schedule. Investigation, evaluation, and improvement of community treatment resources may be jointly undertaken and mediated by employee assistance program personnel.

Finally, cooperation with existing diagnostic and referral networks within a corporation would be a principal objective of an employee assistance program. Easing return to the job through structured aftercare regimens, in-house self-help group meetings, reassignment to new duties, or even redesign of the job itself are all essential to a successful program. The need for follow-up in therapeutic support is universally recognized. Prevention and early intervention (to say nothing of cost-benefit justification for program funding) would be well served by collecting and studying data covering demographics of program participation and impact on job performance.

Perhaps even more than any other business operation, occupational programming must be thoroughly evaluated as it evolves within the firm if the rapidly changing realities of workplace substance abuse are to be effectively countered. The evaluation of organizational programming is in its infancy, and published studies report equivocal findings.⁹ Many program directors are reluctant to undertake program evaluation. Variable definitions of "success" further complicate the issue. Little quantitative data on demographics of program usage and impaired performance exists. Few case studies of organizational programming beyond in-house statistical profiles have been produced.¹⁰ Improved data collection must be given high priority if program impact is to be adequately assessed. We need to measure what and how much is happening, and compare this to doing something else.¹¹ Only by continual assessment and reevaluation can a program remain effective.

Conclusion. Effective occupational programming benefits the entire community. The rewards for labor and management are apparent. Apparent also are the gains

(8) "Joint programming" denotes equal participation in the planning, implementation, maintenance and actual usage of a program by labor and management. A two-track system creates role distance between labor and management, with essentially separate programming taking place.

(9) Williams, Richard, and Joseph Tramontana (1977), "The Evaluation of Occupational Alcoholism Programs" in *Alcoholism and Its Treatment in Industry*, ed. Carl Schramm, Baltimore: Johns Hopkins Press, 109-135.

(10) Sherry (1983), "Organizational Programming: The Challenge to Consumer Research," in *Advances in Health Care Research*, eds. David Smith and M. Vankateson, Provo, UT: Institute of Business Management, Brigham Young University, 45-48.

(11) Edwards, Daniel (1975), "The Evaluation of Troubled Employee and Occupational Alcoholism Programs," in *Occupational Alcoholism Programs*, eds. Richard Williams and Gene Moffat, Springfield, IL: Charles C. Thomas, 40-135.

for the individual and his or her family. Social service organizations are similarly served. When a productive, recovering person is returned to the personal, familial, and social groups essential to well-being, the overall quality of life in the community is enhanced. Business firms are in a unique position to set the wheels of recovery in motion, and to benefit enormously from their efforts.

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