

ORDER

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION

WP 3700.7A

3/18/82

SUBJ: ALCOHOLISM PROGRAM

1. PURPOSE. This order establishes Western-Pacific Region policy and procedures with respect to alcohol abuse and alcoholism.
2. DISTRIBUTION. This directive is distributed to all supervisors in the Regional Headquarters and to each field office and facility in the Western-Pacific Region.
3. CANCELLATION. WE 3700.7, Alcoholism Program, dated 10/25/73, is cancelled.
4. BACKGROUND. Alcoholism and the misuse of alcohol are sufficiently widespread that few institutions of our society, including the Federal government, escape the effects. Public Law 91-616, approved December 31, 1970, provides that the Office of Personnel Management is responsible for developing and maintaining, in cooperation with other Federal agencies and departments, appropriate prevention and rehabilitation programs for alcoholism and alcoholic abuse among civilian employees. In consonance with the public law, this order provides such a program for the Western-Pacific Region.
5. POLICY.
 - a. As an employer, the agency is not concerned with the private decision of an employee to use alcoholic beverages off the job. The use of alcoholic beverages is of concern to management only when it results either directly or indirectly in a job-related problem. A drinking problem exists when an employee's use of alcohol interferes with the efficient and safe performance of his/her duties, reduces the employee's dependability, or reflects discredit on the agency. In such cases the following action will be taken:
 - (1) Nondisciplinary action, which may include, but is not limited to, employee counseling, referral for treatment or rehabilitative assistance, and
 - (2) As appropriate, invoking regular disciplinary procedures for dealing with problem employees.

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Initiated By: AWP-16

b. The following declarations are a basic part of Western-Pacific Region's policy concerning alcoholism:

(1) We recognize alcoholism as a treatable disease.

(2) For the purposes of this policy, alcoholism is defined as an illness in which the employee's job performance is impaired as a direct consequence of the abuse of alcohol.

(3) Employees having the illness or other problems relating to the use of alcohol will receive the same careful consideration and offer of assistance that is presently extended to employees having any other illness.

(4) The confidential nature of medical records of employees with drinking problems will be preserved in the same manner as all other medical records.

(5) Sick leave will be granted for the purpose of treatment or rehabilitation as in any other illness.

6. DEFINITIONS.

a. Alcoholism is a chronic disease characterized by repeated excessive drinking which interferes with an individual's health, inter-personal relations, or economic functioning. If untreated, alcoholism becomes more severe and may be fatal. It may take several years to reach this chronic phase.

b. An alcoholic is an individual who has the illness, alcoholism. His/her drinking is out of control and is self-destructive in many different ways.

c. To Management, a problem drinker is any employee whose use of alcohol frequently affects his/her work adversely.

d. A recovering alcoholic is a person who has undergone rehabilitation and whose disease has been arrested through abstinence.

7. RESPONSIBILITIES.

a. Key Role of the Supervisor.

(1) The employee's immediate supervisor is the keystone for the success of the program. More than any other person, the supervisor can motivate the victim of alcoholism to stop drinking and seek help. Alcoholics usually ignore or rationalize the efforts of family and friends, but it is not easy for an alcoholic to ignore or rationalize the possibility of losing his/her job.

(2) Also, the supervisor is in the best position to observe the employee's attendance, on-the-job attitudes, conduct, and performance. Usually the supervisor is the only representative of management who has a close enough relationship to the employee to realize the existence of a job-related problem that may be due to alcoholism.

(3) However, the supervisor should not attempt to diagnose alcoholism. That is a function of a professional person - either the member of the Regional Flight Surgeon's Staff, medical consultants, or private organizations to which the employee is referred to for help and counseling.

(4) The specific action to be taken by the supervisor to correct a performance or job-related problem due to alcoholism does not differ basically from action to be taken to correct job-related problems resulting from other causes. However, because of the widespread misunderstanding concerning the appropriate methods of dealing with employees with drinking problems, supervisors should follow the procedures outlined in paragraph 8 when they are unable to pinpoint the cause of an employee's job related problem.

b. The Chief, Labor Relations Branch, AWP-16, serves as program coordinator and is responsible for overall program management including necessary training, guidance and periodic evaluation.

c. Aviation Medical Division. The Regional Flight Surgeon is responsible for providing assistance, advice, and counseling of a professional medical nature to supervisors and staff personnel including the following:

(1) Determining whether alcoholism or other medical conditions contribute to the cause of an employee's job-related problem.

(2) Initiating fitness-for-duty examinations when appropriate.

(3) Identifying and maintaining liaison with community resources available to assist in employee alcoholism treatment and rehabilitation programs.

8. PROGRAM REQUIREMENTS AND PROCEDURES.

a. General. The alcoholism program primarily consists of three steps, each of which involves the cooperative efforts of the program coordinator, aviation medical staff and supervisory personnel:

(1) Identification,

(2) Motivation to accept treatment,

(3) Referral to treatment.

b. Procedure for the Supervisor. No exact formula for handling drinking problems can be prescribed for no two individual cases are alike. However, the following outlines the normal procedure for supervisors in utilizing the agency alcoholism program. This procedure encourages supervisors to seek the assistance and advice of Aviation Medical Staff and program coordinator in dealing with employee alcoholism problems.

(1) Early Identification.

(a) Observation. The earlier a probable drinking problem can be identified the better the chances that it can be solved. Employees who develop alcoholism dependence invariably have job performance problems. The job related problems will surface before the definitive signs of a drinking problem become apparent. The latter usually do not manifest themselves in the job environment until the latter stages of the disease. Consequently, the supervisor should be alert, through continuing observation, to changes in the work and behavioral patterns of personnel under his/her supervision, including not only the day-to-day performance of their subordinates, but also their absence patterns and physical well-being.

(b) Documentation

1 It is extremely important for the supervisor to document observations concerning an employee's declining work performance or other job-related problems. This information provides the basis for taking whatever action is necessary to resolve the situation. The Regional Flight Surgeon needs the documentation to make a medical diagnosis of the employee's problem. Without specific documentation, the supervisor has little chance of motivating the employee to accept treatment for a drinking problem. Documentation is essential in those cases where all attempts at rehabilitation are unsuccessful and it becomes necessary to take progressive disciplinary action leading to removal.

2 In identification, it must be stressed that management's concern for an employee's personal drinking habits come into effect only if they manifest themselves in job performance problems. Witch-hunts and prying into personal affairs will not be tolerated. Accordingly, no action will be taken against an employee without documented evidence of a job related problem.

(c) Consultation. When an employee's performance or conduct is deficient and there is reason to believe that a drinking problem is a contributing factor, the supervisor should contact the program coordinator in the Labor Relations Branch, AWP-16, for assistance. The program coordinator will work with the Regional Flight Surgeon and the supervisor in determining an appropriate course of action.

(2) Motivation to Accept Treatment.

(a) Concept of Progressive Discipline.

1 The most important aspect of a successful recovery from alcoholism dependence is the motivation to accept treatment rather than the treatment itself. The supervisor has one of the most effective motivational tools known to date - the employee's desire to hold his/her job. The key to successful motivation of an employee to seek help lies in the fair and constructive use of existing remedial and disciplinary measures for deficient performance, absenteeism, and misconduct.

2 The concept of progressive discipline cannot be over-emphasized. As a rule, those who suffer from alcoholism will not accept treatment until they are convinced that the consequences of drinking will have an adverse impact on their employment. Therefore, the supervisor must apply firm pressure by insisting on the employee's satisfactory discharge of all job-performance requirements and the consistent application of disciplinary measures appropriate to documented violations. This process should be continued until either the employee, through treatment, corrects his/her job deficiencies or the problem has progressed to the point where removal from the position is warranted.

(b) Supervisory Counseling. The supervisor's primary concern is to improve the employee's performance, attendance, behavior, etc. In counseling a problem employee, the discussion should concentrate on this aspect rather than a diagnosis of the causes of the problem. A supervisor is not expected to be an expert on alcoholism. This is a job for a trained professional to handle. Any effort on the supervisor's part to play the role of "amateur diagnostician" usually results in an unsuccessful effort to improve performance or to motivate the employee. Any deviation from a firm and consistent administration of the procedures of this program based on misguided feelings of sympathy can only lead to serious delay in treatment and may be extremely hazardous to the employee's health and ultimate recovery and well-being. The supervisor's objective in these sessions is to get three messages across to the problem employee:

1 The employee's job performance is deficient and needs improvement,

2 That failure to correct job deficiencies will result in application of disciplinary measures which may lead to removal, and

3 That the employee needs professional counseling concerning diagnosis of his/her problem and cooperation in a treatment program, if indicated.

(3) Referral to Treatment.

(a) Professional Counseling. When an employee has requested assistance under this program, the supervisor should contact the Program Coordinator, AWP-16, who will refer the employee to the appropriate sources for counseling, diagnosis, and rehabilitation.

(b) Expenses of Rehabilitation. There is no provision for payment of rehabilitation costs by the government. An employee is responsible for the costs of treatment for the drinking problem just as he/she is for any other health condition. The employee may receive some financial help from his/her Federal Employees Health Benefits.

(c) Use of Sick Leave. Employees who have decided to undergo a prescribed program of treatment which will require an absence from work may be granted sick leave for the specific periods involved in undergoing such treatment. Sick leave is also appropriate when therapy is being obtained from a licensed physician or practitioner or when time is needed to consult counselors regarding potential treatment measures.

(d) Voluntary Requests for Counseling or Rehabilitation Sources.

1 Thousands of Americans have some problems with alcohol in highly varying degrees which are not necessarily manifested by deterioration of on-the-job performance to any recognizable extent. Many of these individuals recognize their own problem at an early stage and would seek resolution except for the social stigma of admitting they have some degree of dependence upon alcohol.

2 Employees in the situation indicated above or in behalf of family members, are encouraged to contact local rehabilitation resources. If they are not aware of what is available or need guidance, they may feel free to contact the Program Coordinator, AWP-16. Such contacts will remain absolutely confidential and the employee need not give their name if he/she wishes to remain anonymous.

c. Confidentiality of Records.

(1) Supervisory Records. General supervisory documentation of employee job performance and actions taken to motivate correction of job deficiencies should be maintained as with all employee records, in a strictly confidential manner. All correspondence from supervisors to the Program Coordinator or the Regional Flight Surgeon are to be forwarded in a sealed envelope addressed "TO BE OPENED BY ADDRESSEE ONLY - MEDICAL INFORMATION."

(2) Medical and Counseling Records. Records on employees who have been referred for counseling will be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided other medical records.

(3) Official Personnel Folders. OPFs shall not include information concerning an employee's alcohol problems or efforts to rehabilitate him except as they apply to specific charges leading to disciplinary or separation actions.

d. Relationships to Other Programs.

(1) Disciplinary Actions.

(a) This program supplements, but does not replace, existing procedures for dealing with problem employees. In those instances where employees with drinking problems commit offenses which warrant disciplinary action, appropriate disciplinary action should be taken concurrent with the offer of assistance for rehabilitation.

(b) It is important the the alcoholism program be carried out as a non-disciplinary procedure aimed at rehabilitation of persons who suffer from a disease. It should be clearly understood that it is not a program designed to shield problem drinkers by tolerating poor performance. However, failure on the employee's part to accept assistance offered through the program or otherwise correct performance should be dealt with through disciplinary procedures.

(2) Disability Retirement. This program does not jeopardize the employee's right to disability retirement if the condition warrants. Eligibility requirements and filing procedures are in FAA Order 3800.5B, Employee Benefits. Either the employee or the agency may submit an application for disability retirement.

(3) Medical Standards. Certain employees are required to meet the medical standards of their position on an annual or recurring basis. Participation in this program does not alter this requirement.


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