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The alcohol problem in the Richmond metropolitan area and management's role in combating it

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THE ALCOHOL PROBLEM IN THE RICHMOND METROPOLITAN AREA AND MANAGEMENT'S
ROLE IN COMBATING IT

A thesis dealing specifically with the alcohol problem in
Richmond business and the attitude of it's management as
related to the whole problem.

This thesis is presented in partial
fulfillment of the requirements leading
to a Master of Science degree in Business
Administration

by

Edmund E Meredith

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PREFACE

The purpose of the thesis is to show something of the seriousness of the alcohol problem as it is effecting business and industrial organizations. At the same time I have tried to develop information which will be useful to management, especially in the Richmond area, in combating the problem.

Much of the information obtained has been on a confidential basis which has been necessary because of the nature of the problem.

I wish to thank all of those who have taken the time to furnish information. I particularly wish to thank Dr. Thomas S. Berry, Dr. Milton A. Maxwell, and Mr. Kenneth Lee for valued advice and encouragement.

Many others have contributed and include heads of business organizations and their medical staff members, statisticians, medical directors and others connected with medical centers. I wish to acknowledge the invaluable help of Dr. Ebbe Hoff and Mrs. George Ossman, members of the team at the Medical College Clinic for Alcoholics.

My thanks also goes to those in the community who are working so valiently to lessen the alcohol problem in the City of Richmond and Counties of Henrico and Chesterfield. Many of these people have offered suggestions and have allowed me to attend meetings and discussions held within the areas mentioned.

And lastly to "AA" who are doing an outstanding job in Richmond. My heartfelt thanks and appreciation to a wonderful organization and a fine Richmond group.

Edmund E. Meredith

CHAPTER ONE

THE ALCOHOL PROBLEM IN BUSINESS AND INDUSTRY

A majority of American adults drink. Information from the Yale University Center of Alcohol Studies has consistently shown that well over 60 percent of all adults in our country use alcohol¹ in varying degrees as a beverage. The greater number of these drinkers are social drinkers, commonly defined as those who take more than five drinks per year. As a rule, social drinkers do not create much of a problem in employment, but there is considerable evidence in police records to show that they cause considerable problem in the community. Another group of drinkers, called problem drinkers, consists of those who have discovered and are making full use of the pampering effects of alcohol. In the later stage of problem drinking, the drinker is sometimes called the "pre-alcoholic" or incipient alcoholic. This drinker is very difficult to detect in industry and the effects of his drinking are often a hidden factor. Finally, drinking progresses to what is known as early alcoholism. At this early stage the alcoholic may be seeking help because of his

1. The Problems of Alcohol, Alcohol Science and Society; New Haven, Conn: June 1957, Yale Press) pp. 13 et. seq.

inability to control his drinking. His drinking usually becomes quite apparent to his fellow workers. Alcoholics are usually divided into two other groups: the middle-stage alcoholic, and the later-stage alcoholic. Alcoholism has also been defined as a chronic behavioral disorder manifested by the repeated drinking of alcoholic beverages in excess of dietary and social uses of the community and to the extent that it interferes with the drinker's health or his social or economic functioning.²

Two methods have been used in determining the number of alcoholics in our country. Professor E. M. Jellinek, formerly of Yale University and formerly director of the Yale Summer School of Alcohol Studies, has developed a formula for estimating the number of living alcoholics. The formula is as follows:

A equals $\frac{PD}{K} \times R$ where³

A equals the total estimated number of alcoholics with and without complications living during a given year in a given area;

D equals the number of reported deaths from cirrhosis of the liver during a given year in a given area;

P equals the percentage of cirrhosis of the liver deaths attributable to alcoholism;

K equals the percentage of all alcoholics with complications who die of cirrhosis of the liver;

R equals the ratio of all alcoholics to those with complications.

The value of P was estimated from the difference between the decrease in liver cirrhosis mortality and total mortality during a

2. Keller, Mark (Editor)

3. Jellinek, E.M., "Estimating the Prevalence of Alcoholism", Quarterly Journal of Studies on Alcohol, XX 2 (June 1959), 255-256.

period in which prohibition was quite effective and alcohol relatively unavailable. For the United States this value was found to be about 40 percent or 51.5 percent for males and 17.7 percent for females. With the adoption of the Sixth Revision of the International Lists of Causes of Death these percentages were made to incorporate a comparability factor of 1.22 giving a P of 62.8 percent for males and 21.6 percent for females for 1949 and after.

The value of K was estimated from autopsy data for about 100,000 alcoholics with complications. The prevalence of liver cirrhosis among these was found to be 9.0 percent and, of these 7.71 percent had died from this cause. Thus K was computed to be 9.0 percent \times 0.0771 or 0.694 percent.

The value of R is 4 and represents a weighted mean of the experiment of various American clinics which had available data on large numbers of alcoholic patients.

In 1953 the total number of alcoholics, as estimated by the Jellinek formula, was shown to be slightly more than 4,500,000; in 1955 it was 4,712,000.⁴ There is reason to believe that his formula is substantially accurate in view of studies made in specific localities which have shown a close agreement with the estimates. The big problem has been to decide how many of the estimated alcoholics in the country are working regularly in the nation's labor force. Conservative estimates have placed half of this number in employable

4. Trice, H. M., "The Problem Drinker on the Job", Ithaca, N. Y.: Cornell University, April 1959. Bul. 40, pp 6.

status, with some two million of them in business and industry. Specific company studies (second method) have reported estimates varying from 1 percent to 10 percent of personnel. Such wide variation does not permit an exact estimate of the number throughout the economy. These figures have been interpreted by observers to mean that at least 3 percent of the working population are probably alcoholics.⁵

Business and industry leaders have been slow to examine the alcohol problem for several reasons.⁶ One is the widespread belief in management that alcoholics are weak-willed, morally disgraceful, disgusting characters. However, much of this belief has been changed in recent years largely because of educational programs directed toward the public. Another reason management has held off, is that it is felt that management would be meddling in the personal rights of the employee. Possibly the biggest reason management has not shown much interest in solving the alcohol problem is because of the stereotypical, preconceived idea of many that the alcoholic is a Skid Row, neurotic genius, a lost weekend, or a comic in a dress suit. Such a conception is far from truth. Most alcoholics, particularly those still holding jobs, show few outward signs. When they are drunk or suffering a severe hangover, they keep out of sight. Another reason that so many management people have felt disinclined to view the problem is that their records do not show much evidence of alcoholism. This is because many of the effects of alcoholism are not of the type that fit into

5. Loc. cit.

6. "The Drunk, Managements Baby", Business Week, (March 13, 1954.)

standard records. And finally, most management people simply do not care to get involved in the "liquor question".

While it is difficult to estimate the business losses due to the alcohol problem, it is not too difficult to ascertain the place alcohol has taken in the economy. In 1955 the annual consumption of alcoholic beverages was stated to be 2,635,000,000 gallons of beer and 344,000,000 gallons of distilled spirits and wine. The total amount of money expended on alcoholic beverages was around \$10,090,000,000 or \$61.05 per capita. Beer accounted for \$5,055,000,000 or \$30.59 per capita, whereas distilled spirits and wine took \$5,035,000,000 or \$30.46 per capita. The federal tax in 1956 amounted to \$4,105,386,968 and state and local taxes came to \$1,078,956,968.⁷

Various estimates have been made of the cost of the alcoholic to business and industry. The figure most often quoted is that of 1 billion dollars per annum. The problem is referred to as business and industry's "billion dollar hangover". Other estimates place the overall cost at a much higher figure. Some have stated that the overall direct and indirect cost combined may go as high as 10 billions annually.⁸ At a recent meeting held in Washington, D. C. Lewis E. Presnall, an official of the National Council on Alcoholism, Inc., gave the following reasons why alcoholism is costly to business and industry:

1. Overtime cost because of frequent absences of the alcoholic.
2. Extra clerical costs.
3. Disciplinary costs.

7. National Industrial Conference Board, Inc., "The Alcoholic Worker" (Studies in Personnel Policy No. 106; New York: 1958) pp 7.

8. Chesapeake & Potomac Telephone Co., "Problem Drinking and Alcoholism", (11-15-57) pp 2.

4. Extra sick leave payments.
5. Extra supervisory costs.
6. Insurance costs.
7. Accidents.
8. Early payment of pensions.
9. Increased tax payments.
10. Cost of replacing trained personnel due to the separation of alcoholic workers. 9

The leaders of business and industry in the Richmond area have had many opportunities to observe the drinking problem. There is scarcely a field of endeavor, type of business, or level of management, which has not been affected at one time or the other by the alcoholic. However, despite the proximity of Richmond management to the problem, there is reason to believe that it has, on the whole, only a limited insight into the overall nature of the alcohol problem. This is in no sense of the word an indictment of Richmond business and industry, in that other community leaders also appear to have a limited knowledge of this field. It is, nevertheless, my purpose here to show that business and industry leaders, in particular are far from fully cognizant of the alcohol problem.

It would be a waste of time to try to show that alcoholism is a new problem. The emphasis in this writing is to show that with new highlights and a fresh approach, management should be able to approach the problem better by use of planned programs to detect and rehabilitate those workers who are amenable to treatment. For those who cannot be treated or restored, community social planning must be undertaken. The problem is strictly one for management as in the case of any procedural

9. Author's notes on conference, The National Council on Alcoholism, Washington, D. C., March 18, 1960.

undertaking. At this point it may be wise to review the functions and responsibilities of management in order to view the overall picture more intelligently. In the first place management faces the responsibility of creating, organizing, and controlling the activities of an organization. It therefore administers the organic functions of financing, producing, and distributing goods or services as the case may be. It must be able to recognize and correct any problem which interferes with these functions. By employing, training, and educating its line and staff members, management maintains a strong and stable organization. Much specialization and interdependence is evident. Each employee has to become an integral part of the organization, hopefully trying to achieve maximum efficiency and maximum productivity. Much research has been done to increase his productivity and his income. The employee is protected by insurance plans, retirement funds, medical plans, sick and annual leave, credit unions, and other benefits.

Unfortunately because of the nature of the alcohol problem, very little can be done for the alcoholic in the average employment situation. Since alcohol is not a disease of the aged, retirement is not the answer. Statistics show that most alcoholics are in the age groups between 25 to 55.¹⁰ The illness is chronic and treatment is difficult unless it is handled specially. Many alcoholics use up their sick leave and hospital benefits by repeated treatment. The problem is further complicated by the inability to detect and diagnose the alcoholic in time. This is really a very difficult task even for

10. Department of Mental Health and Hospitals for the Commonwealth of Va. Annual Report (Richmond, Va. 6-30-57) pp 26.

trained observers, and unless supervisors have explicit instructions, many alcoholics escape the attention of management until they are beyond reasonable help.

I have recently completed a survey which finds several important attitudes towards alcoholism among Richmond management. It is noted in some quarters that one or two alcoholics in the upper echelons of the line or staff organization may cause more trouble than a host of alcoholics in the lower levels. Another opinion has been expressed to the effect that alcoholics are especially dangerous in certain operations because of the nature of those operations. It can be seen, therefore, that to measure the full impact of alcoholism would require specific studies of all components of the working forces and of the effects upon each type of operation. Time and space do not permit such an overall study in the limits of this survey. However, an effort is made here to reveal the seriousness of the problem and some of the means by which the problem may be approached by planning and executing programs for the detection and restoration of those alcoholics who are willing to accept help in their individual problems.

In Richmond, there is evidence of the drinking problem somewhat similar to that of other areas. Richmond is also like other areas in that alcoholism is a very prevalent illness. Nationally, alcoholism is now known as the third most prevalent illness in the country, outnumbered only by cardiac disease and mental disorders. Cancer and tuberculosis rank behind alcoholism.

As almost everyone knows, the alcoholic must be willing to accept help and treatment if he is going to conquer his problem. The changing attitude of people has eased his problem in that he can now generally seek help without suffering too much of a stigma. Very

fortunately, a new approach to the treatment of alcoholics has come about. This approach is known as the clinical method, and makes use of a team of experts usually including a physician trained in handling alcoholics, a psychiatrist, social workers trained in alcohol seminars, counselors, and psychiatric workers. In general the results are quite encouraging. However, it is seen below from my survey of Richmond business and industrial organizations that they are making very little use of this method of treatment.

The study of the alcoholic is especially timely, in view of the increasing emphasis being placed today on the detection, treatment, and rehabilitation of alcoholics. Much depends upon the action of management not only in solving its own problem but in cooperating with other groups in solving the community alcohol problem. As it now stands, the nation as a whole has a large army of alcoholics, some of whom have been restored, others who continue to need treatment and still others who have developed serious complications. New alcoholics are developing every day and alcoholics are currently being forced out of employment because of the severe, chronic, and non-reversible nature of the disease. Management has to consider both the pre-alcoholic by rendering the needed orientation and the alcoholic by rendering him treatment while he can still be saved.

CHAPTER TWO

ALCOHOLISM - HABIT OR DISEASE ?

There are four major groups working with alcoholics, each of which has a different orientation and has some degree of success in rehabilitating persons. In most instances at least two of the groups work together on the treatment of the alcoholic. These groups are: The Church, Alcoholics Anonymous, medical science, and the fields of psychology and psychiatry.

The Church is the forerunner of the groups working in the alcoholic area. Historically, the Church has held that alcoholism is a habit which can be broken by individual will supported by the Grace of God. To this end the alcoholic is encouraged to seek God, he is reinforced by counseling and by the prayers of interested parties. The more liberal churches tend toward the belief that alcoholism is an illness. The Church as a whole gives tremendous support to the alcoholic in his struggle and the resources of other groups are heartily endorsed. The Church can point with pride to many persons who have been rehabilitated.

Alcoholics Anonymous has probably been the most successful single group in the field. Its members have worked harmoniously with the other groups in providing support in the alcoholics fight

to return to normalcy. "AA" feels that alcohol provides the same comfort as religion and therefore supplants it in the alcoholic's life. "AA" utilizes: 1-support by means of the physical presence of persons who have undergone the same experience and can give empathy to the patient; 2-confession that the patient is no longer in control of his life and needs the help of others; 3-expiation, support of a brother who is fighting to give up liquor; 4-the gradual reconstruction of God as the center of man's life rather than alcohol.

Many, perhaps most, in the medical profession regard alcoholism as a disease. Current writings indicate that there is a bio-chemical change in the blood stream of an alcoholic. The alcoholic is given high vitamin dosages and one of the alcohol deterrent drugs such as Antabuse. As a group the medical profession also encourages the use of the resources of the other groups.

The fields of psychiatry and psychology have also had some success in the treatment of alcoholics. The orientation of this field is the so-called "soil of addiction" which is to say that an individual is conditioned to become an alcoholic by infant trauma and/or parental attitude toward the use of alcohol, whether over-tolerant or over-repressive. The cultural pattern of the society in which an alcoholic lives also fertilizes the "soil of addiction". Although the middle classes are usually strongly against the use of alcohol, the upper classes are over-casual regarding the use of intoxicants. Since the middle classes tend to copy the upper classes, a conflict is engendered which creates the mood for addiction. The upper class's too-casual concept also makes its members a prey to addiction. The lower classes also lack cultural controls but for

other reasons. Bernard Shaw has noted "middle class morality."

The common denominator of the thinking in these various groups is that the alcoholic cannot be cured to the point that he can ever take another drink. Total abstinence is a necessity for the ex-alcoholic. In recent years the theory that addiction is an illness has gained ground and is now generally accepted, though there remain plenty of individuals who continue to regard it as a character failure or habit.

The American Medical Association states that a disease may be defined, in general, as any deviation from a state of health; an illness or sickness; more specifically, a definite marked process body or any part of it, and its etiology, pathology, and prognosis may be known or unknown. The term "problem drinker" has more of a moral and social implication and exemplified that type of reasoning. Nevertheless, alcoholism certainly denotes a condition where there is a deviation from a state of health. Alcoholism, according to the AMA, can be divided into (1) primary alcoholism, which includes (a) those patients who from the very first drink of an alcoholic beverage are unable to control their desire for it and (b) those who through use over a great many years have developed an inability to take a drink or leave it alone and have become like group (a) and (2) secondary alcoholism, which includes those who use alcohol for its sedative action as a means to escape from reality and in particular, from personal problems. Psychosomatism commonly enters the picture here. The secondary group comprises by far the majority of patients suffering from alcoholism. Most alcoholics prefer to consider themselves in the primary group. Regardless of group, the individual who is under

the influence of alcohol, is ill.¹

Many theories have been advanced as to the causes of alcoholism. A recent conference on the problems of alcohol and alcoholism sponsored by the North American Association of Alcoholism Programs (NAAAP) held in Washington October 25 - 26, 1958 was attended by some one hundred and twenty conferees.² There were representatives of various disciplines including physiology, pharmacology, biochemistry, and psychiatry. Several interesting papers were read dealing with alcoholism. Perhaps the leading advantage of this conference was that it offered an interchange of views among these different disciplines. Some of the most interesting results are as follows: 1-alcohol depletes vitamin A in the liver, though not too serious in itself leads to the speculation that other substances may be released from the liver or other tissue. (Vitamin B-1 has been known for some time to be deficient in the alcoholic due to the substitution of alcohol for a normal diet). 2-detection of a pharmacological agent in the blood associated with the feeling of resentment by the patient, which agent disappears from the blood after an alcoholic bout. This not only gave the alcohol researcher valuable information but opened up a whole new approach in the field of psychiatry. (Schizophrenia, a functional mental disorder is being investigated as a possible organic disease). There have been no studies yet published on the effects of alcohol on

1. Editor, "Queries and Minor Notes", Journal of the American Medical Asso., (May 25, 1957) reprinted by N.C.A.

2. Report, "Proceedings of the Research Conference on Problems of Alcohol and Alcoholism", Quarterly Journal of Studies on Alcohol, XX 3 (Sept. 1959) 415-672.

tissue serotonin but it has been noted that its properties are not unlike those of the resentment factor. 3-though alcohol is inert, neutral, water soluble and diffusable, some believe it has a secondary effect upon glutamine metabolism and upon membrane constituents with possible strange phenomena. 4-alcohol is oxidized to active acetaldehyde which in turn may combine with elements of the blood stream to form harmful end products and produce harmful effects upon the body chemistry. 5-some believe that the desire to consume alcohol is an inner urge mediated by alcohol poisoning of the hypothalamus or by malnutrition of the hypothalamus. 6-changes in the personality, either antecedent or consequent. Psychological testing has also revealed a schizoid personality trend. This represents a basic sense of isolation, a kind of encapsulated narcissism which restricts the alcoholic to superficial, inconsistent and self-centered participation in interpersonal relationships. There is also evidence of extreme passivity and ambivalence. 7-prolonged drinking produces notable changes in the structure of the human body.

Among other new theories recently advanced on alcoholism is one called the Double-linkage theory of Alcoholism which states that a person may easily link stress with eventual excessive drinking if on the one hand his learning experiences have not taught him alternative modes of relief or have not taught frustration tolerance.

During the past few years there has been considerable success in a team approach to the evaluation of alcoholism. Management, medicine, psychology, psychiatry and counseling have formed teams to study various problems arising out of alcoholism. Much of the stigma associated with alcoholism has been removed, and more emphasis is being placed on the recognition of illness and disorders.

Most drinking, as previously stated, begins rather innocently. However, to understand the effects of alcohol on the body, it is necessary to study its effect from the beginning. When alcohol is swallowed it passes to the stomach and during this time it is diluted by various secretions. A portion of the alcohol is absorbed through the stomach wall. The major portion passes from the stomach into the small intestine, where absorption is complete. The alcohol is carried by the portal vein directly into the liver. From the liver it is carried to the right side of the heart. By this time it is thoroughly mixed with blood from other parts of the body. It is pumped into the lungs where a minimal amount escapes through the breath. From the lungs it passes to the left side of the heart, from where it is pumped to all parts of the body. Since alcohol is water soluble, it combines proportionately with those tissues having a large water content. The blood and the cerebrospinal fluids have such large water content whereas the muscle and bone tissue have less. It is much easier to measure the alcohol content of the blood than it is to measure the alcohol of the cerebrospinal. (A device known as the Alcoholometer can be used to measure the alcohol of the blood. This is possible because of the equilibrium set up when the blood passes rapidly through the lungs. Quantitative measurement of the alcohol in the breath is accomplished by the Alcoholometer.) It has been found that 0.05 percent of alcohol in the blood and a proportional amount that would be in the spinal fluid have little or no effect upon the drinker. When the percentage of alcohol rises to 0.15 in the blood there is an impairment of faculties. When the volume reaches 0.40 unconsciousness occurs.

The first effect of alcohol on the body after intake is a

stimulating one. The nerve ends of the upper alimentary canal are irritated so as to cause stimulation. After the alcohol has entered the blood stream and has been distributed throughout the body, the effect upon the nervous system is that of a depressant. It acts practically as an anesthetic. Relatively small amounts of alcohol have a mild depressant effect upon the higher part of the brain so as to affect judgment, inhibitions and tensions. Larger amounts have a greater effect upon the upper brain processes and in turn affect the lower brain, which controls muscle coordination.

It appears, therefore, that alcohol has certain anesthetic effects upon the body processes, even when the drinking habit has not firmly taken hold. It is not surprising that prolonged drinking produces some of the debilitating results so often seen in alcoholics. One of the surprising observations of those who work in the alcoholic clinics is that alcohol means one thing to the social drinker and another experience to the alcoholic. The alcoholic's experience is impossible to describe exactly. He appears to live within his own little world and the intake of alcohol is "a little bit of heaven".³ For this reason, the alcoholic finds it impossible to limit himself to the first drink. To "AA" every alcoholic is known according to his drinking status. A "dry alcoholic" is not drinking at all, and a "wet alcoholic" has not been able to abstain over a definite period of time.⁴

3. Hoff, Ebba (Med. Director, Richmond Alcoholic Clinic), Speech before Virginia Council of Social Welfare, Richmond, Virginia (February 1960)

4. Member of A.A., Address to State Meeting of Virginia Rehabilitation Counselors, Richmond, Virginia (1959)

Fortunately, much more information is being developed every year on the subject of alcoholism and the alcoholic, but for the present, like other chronic disease victims, has to learn to live with his impairment. He is quite fortunate in that he has the option of reaching out for values in life which do not require the anesthetic effect of alcohol.

CHAPTER THREE

MANAGEMENT'S ATTITUDE TOWARD ALCOHOLISM IN THE RICHMOND METROPOLITAN AREA

Questionnaires were sent by the writer in March, 1960, to sixty-two chief officers of Richmond's larger firms asking them to express their views on the subject of alcoholism as it affects business and industry. An effort was made to sample each major type of business and industry, except for firms engaged in the manufacture or distribution of alcoholic beverages, who were not included in the survey. As would be expected, not all the executives agreed. However, a pattern of thinking emerges from the forty-two replies on hand. The answers to the questionnaires have been compared with a national survey conducted in 1957 by the National Industrial Conference Board. So far as is known, no other formal surveys of this type have been made. Members of the Yale Study Group have expressed interest in a comparison of the Richmond survey with the survey done by NICB.

The executives were asked: "If your company were to offer help to employees with drinking problems would you regard this as an unwarranted invasion of the personal rights of your workers?" Forty executives responded in the following manner:

1. Questionnaire on Alcoholism and Management Attitudes, Richmond, Virginia. March, 1960. Conducted by writer to ascertain Richmond Business and Industry Attitude on Alcoholism.

	Richmond	NICB ²
Did not think it would be an invasion	80%	73.4%
Did think it would be an invasion	8%	26.6%
No definite opinion	12%	

When asked to estimate the number of alcoholics in the working forces of the various firms, the Richmond executives appeared to be saying that while it was recognized that social drinking was rather common among the employees, there were few alcoholics in the working population. This opinion is contrary to the general belief of many who have worked in research on the alcohol problem in business and industry. Most authorities agree that at least 3 percent of all working people are alcoholics. At least 2 million such workers are supposed to be in the total working forces of business and industry throughout the U.S.A. The survey of Richmond executives revealed the following estimations:

	Richmond	NICB
Over 5%	0	2%
3% to 5%	13%	5%
1% to 2%	21.2%	27.2%
Less than 1%	55%	66%
Did not know	10.5%	

A related question was asked to find out if management feels that the "alcoholic problem" was considered serious within the companies. The following information was obtained:

We feel the "alcoholic problem" is serious	12.2%	4%
Serious but not of grave concern	17%	32%
If a problem, it is small	34.3%	47%
No problem	36.5%	12%
Don't know	0	5%

Three questions were asked concerning the possible relationship of alcoholism to conduct and behavior:

². National Industrial Conference Board Inc., "The Alcoholic Worker", (Studies in Personal Policy No. 106; New York: 1958) pp 22-25.

1. Do you feel that absenteeism among your employees is aggravated by excessive drinking?

A. Little or no connection	27%	21.4%
B. Some aggravation	65%	71.4%
C. Considerable aggravation	7%	7.2%

2. To the best of your knowledge, what has been the relation of alcoholism to lost time accidents in your company during recent years?

A. No relation	63%	61.2%
B. Probably some relation	34%	34.6%
C. Undoubtedly in a number of cases	3%	4.2%

3. One large company found that alcoholism was involved in 10% of all disciplinary cases. What would be your confidential guess about the situation in your company?

A. Probably plays about the same role	16%	12.1%
B. Probably involves less than 10%	76.6%	85.8%
C. Probably involves more than 10%	8%	2.1%

Despite the tendency of management to minimize the alcohol problem, a considerable body of evidence points toward the conclusion that absenteeism and accident rates are both higher among alcoholics. This subject will be discussed in more detail in chapters below.

The executives were asked "Would you rehire a former employee who has been discharged because of alcoholism but who has since stopped drinking?" The answers were as follows:

The alcoholic is given the same consideration as other employees who have recovered from the illness	63%	27%
Our experience has shown that ex-alcoholics are good workers	8%	35%
Our experience has shown that ex-alcoholics are difficult to deal with	24%	38%
No experience with alcoholics	5%	0

The business leaders were asked to give their reaction to the following hypothetical statement:

"We select our people very carefully, if we find later that an alcoholic has slipped in, we dismiss him promptly, thus we have no alcohol problem in our organization".

- Statement 1. I'd say the practice of Company X in dealing with alcoholics is quite common in American business
31% 41%
- Statement 2. Company X is simply passing the problem to other companies
10% 40%
- Statement 3. If all companies followed Company X's example, the progress in dealing with alcoholics would be at a standstill.
51% 58%

(In this part of the questionnaire, some executives gave answers to more than one of the statements)

A part of the questionnaire dealt with management's attitude on what was being done to help the problem drinker. The following statement was made and the companies were asked to select one answer.

It is assumed that almost all companies do something about the problem of alcoholism. Three levels of activity are noted below. Please check the one that comes nearest to describing your company's position.

- A. The problem drinker is warned once or twice, if his drinking persists, he is discharged. No remedial work is attempted.
28% 20.6%
- B. Company makes some effort to help the problem drinker, especially, if he is a valued long service employee. Nothing is announced about this activity. Everything is done quietly and on a confidential basis.
69% 71.2%
- C. Company informs all its workers that it stands ready to help them if they have drinking problems. Alcoholism is regarded about the same as other illness. If employee sincerely wishes assistance, the company will do all it can to help him get back on his feet.
3% 7%

When asked about their experience with AA, the following answers were given:

Quite favorable	32%	35%
Somewhat favorable	10%	24%
Somewhat unfavorable	0	4%
Quite unfavorable	0	0
No information	25%	13%
Don't know if any have gone to AA	28%	24%

Finally, each executive was asked several questions about company plans on alcoholism. Only three of the firms had formal programs. The

remainder had the following to say:

We believe that the alcohol programs would be worthwhile	65%	68%
We are doubtful that the programs would be of value	10%	18%
Do not know	25%	14%

When asked, if it were possible to rehabilitate 50% of problem drinkers in business, would you consider setting up a program:

Yes	43%	58%
No	40%	22%
Would have to be higher	17%	20%

When asked if he felt that a company might save in dollars and cents by attempting to rehabilitate problem drinkers:

Yes	47%	40%
No	28%	22%
Maybe	25%	44%

Because of the nature of the problem, the survey was conducted on a highly confidential basis. However, many of the firms identified themselves and offered additional information. Excerpts from some of the most interesting letters are as follows:

- " I agree that 'problem drinking' is becoming a business as well as a social problem. "
- " I suppose we are just lucky, but it so happens that alcoholism is not now, and never has been, a problem in our company. "
- " We operate with explosive material and one mistake might cost the loss of lives or at least a bad fire. We have an expression of feeling from our employees during a labor negotiation that we are entirely justified in discharging anyone who reports to work intoxicated."

Here are some other comments taken from the questionnaires:

- " The effect of alcoholism on attendance and work efficiency is not fully known as the individual gives some other reason for his problem. "
- " The programs will not have much success unless the alcoholic first wishes to stop and is willing to seek outside help plus spiritual. "
- " We work with them on a friendly confidential basis and encourage them to get help from AA. "

" One accident involving death of two employees and serious injury to others. "

" All health problems are serious. "

" Frankly, I think the drinking problem has reached the point where it is a type of crime and should be policed and punished according to law. "

" I would be interested in the conclusions of your study. "

More specific information concerning the attitudes of firms where formal programs for combating alcoholism are in effect will be given in a later chapter dealing with the success of the plans in the Richmond area.

CHAPTER FOUR

THE ALCOHOLIC, HIDDEN MAN, HALF MAN AND HIDDEN COST

The story is told that one department store personnel director startled his president on a particular day by informing him that he had just discovered a \$32,000 annual loss in the store. The executive committee was convened and the personnel director was asked to give details. He told what his investigation had revealed about the drinking habits of some of the company's employees and supervisors, and the consequences of these habits. The story goes on to the effect that after the alcoholics were given an opportunity to avail themselves of counseling and treatment, a substantial number of the valued employees whose work had been deteriorating returned to their jobs competent and productive. The company's annual loss was reduced substantially.

In Richmond, this story can be told of at least three large business organizations, one a large manufacturing concern, another, a large utility, and the third, a large distributing company. Each of the three has a company plan for combating alcoholism, and makes full use of a medical staff in diagnosing alcoholism. In addition, each company has a definite policy and plan setting forth its fundamental procedure in the event alcoholism has to be dealt with among its personnel.

In the case of the large distributing company which employs 820 people, it was reported that over the long run the company has had to retire prematurely, some of its valued employees because of problem drinking. At the present time, under the watchful eye of the medical director, the company continues to employ 15 known alcoholics who no longer drink. In addition, according to the medical director, this firm has approximately 10 employees who are now drinking to excess and could conceivably become alcoholics if they do not stop drinking. Every effort is being made to help these people through the use of treatment and counseling available through the company.

In the case of the utility company, the alcohol program, is centered around the personnel chief and his assistants. The general plan is made known to most of the supervisors and they are advised in detail concerning the company's policy and plan for handling alcoholics. The company's plan is well written and published with limited distribution throughout the many local divisions. This particular organization employs 3,000 men and women in the Richmond area. Over the years, it has been necessary to discharge 15 employees because drinking interfered with their work effectiveness. At the present time there are approximately 22 employees who are termed alcoholics. During the past year, 10 of these required specific treatment because of alcoholism and are so documented in the company's insurance files. Other than these, there are approximately 40 employees who could be called problem drinkers.

In the case of the large manufacturer who operates more than one plant in the Richmond area, the personnel office of the larger plant reported 2,300 workers and supervisory personnel. During the past year, 7 of its 40 disciplinary cases were due to alcoholism. Over the past

years, at least 16 employees have been classified as alcoholics. In addition, there are approximately 20 persons in the plant who are drinking excessively.

In conversations with medical directors, all of whom have close contact with the employees and their families, one soon realizes that the alcoholic is a very much hidden person at times. However, in the plants where medical records are maintained, there are many ways to find the employees who may be drinking in excess. As one physician puts it, periodic medical examinations with laboratory studies reveal such telltale signs of drinking as destruction of liver cells usually brought about by alcohol. It was explained that alcohol when taken in excess over prolonged periods tends to break down liver cells. On the other hand, where employees are not examined thoroughly, many can escape attention for long periods of time. A physician with many years of experience in treating alcoholics is ready to admit that some patients in private practice who came to him for other complaints were later found, through relatives, to have been heavy drinkers. Diagnosis of the alcoholic is therefore difficult. There are certain clues such as absenteeism, uneven work pace, temperamental and physical irregularities, unusual drinking behavior off the job, domestic, financial and community problems which lead the average person to believe that the problem employee is an alcoholic. Sometimes, more is needed to establish the diagnosis of alcoholism, and may include psychological and medical examinations.

Two hundred case histories of AA members, secured by means of

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interviews and questionnaires, revealed that absences were widespread throughout the work week. In addition, the members, noted that they often gave unlikely excuses for absences. Also they began to note change in drinking behavior, to the point that they no longer found comfort among old associates. They also began to exhibit physical and personality changes. Of the 200 AA members selected at random, 30 per cent were in professional and managerial positions, some 31 per cent were in service, semiskilled and unskilled classifications and the remainder were from clerical, sales and skilled jobs. This is not a notable revelation because workers and professional staff members engaged in the treatment of alcoholics will quickly verify the fact that alcoholism is not a respecter of class, economic stratum or profession. In fact many physicians, ministers, scientist as well as people of lower occupational status are found among the alcoholics. AA membership includes all types of people.

Dr. Milton A. Maxwell, sociologist at Washington State University and a lecturer at the Yale Summer School of Alcohol Studies, in an, as yet, unpublished study, reveals that known alcoholics use many different devices to avoid detection while working on the job. The majority of the alcoholics in his study were successful in avoiding detection while on the job for a many as three years, many for longer periods.

2

While the alcoholic remains hidden, he has been characterized as

1. Trice, H. M., "Identifying the Problem Drinker on the Job," Personnel Magazine (May, 1957)

2. Henderson & Bacon, "Problem Drinking. The Yale Plan for Business & Industry", Quarterly Journal of Studies on Alcohol; XIV 2, (June, 1953) 247-262.

a half man. One local medical director stated that alcoholics found working within his firm were often referred to as being absent from work though physically present on the job. The Yale University literature dealing with the half man describes the alcoholic desk worker as one who sits at his desk with correspondence, accounts, layout, order books and whatever may be at hand. He will probably not make any mistakes chiefly because he is not performing any useful work. Thoughts related to his work are generally vague. Invariably his thoughts are depressing. The aspirin bottle, cigarette, water cooler, men's room, window, picture on the wall and other people may get more attention than usual. He may be lost in apparent thought but not likely about his work. The operator of a lathe or mechanic may be able to move his arms and legs, but his ability to do refined tolerance measurement or his flexibility in physical balance and timing are lacking. He may rely heavily upon a fellow worker who will hesitate to report him because of friendship or a regard for the alcoholic's family. The executive is also less efficient. He is usually a tired, harried, official of the company who has become less efficient. Drinking habits and the effects of drinking take much of the sharpness away. His decisions will affect larger groups and will usually be his second or third best.

Hidden costs are evident when alcoholics are present in the working force. Direct costs are related to man hours lost through absenteeism, disciplinary time dealt out to alcoholics, cost of hospitalization and disability payments. There are also direct costs such as the costs of replacing trained workers and executives dismissed at the peak of productive life. The indirect costs are difficult to estimate but are of such magnitude that they cannot be ignored. The

loss from inefficiency among workers suffering hangovers, the increased scrap and the waste, the slow down in production when an alcoholic is part of a team, the effect upon the moral of workers associated with alcoholics on the job and many other hidden factors are real costs.

A study of absenteeism, accidents, and sickness payment in one industry³ revealed that the permanent medical records of over 10,000 employees provided information on (a) all illness and injury absence of at least 8 days' duration; (b) all on-the-job accidents whether time was lost or not; (c) all off-the job accidents requiring an absence of 8 days or more. A group of 48 problem drinkers (32 men and 16 women), not representative of the prevalence of the problem in the company and including an excess of the long employed, was drawn and compared with two control groups of the same size. Each problem-drinker employee was matched by two counterparts in sex, age, length of service, job type and ethnic background. The findings of the two control groups were combined and the data were averaged for purpose of comparison with the problem group. The problem group had 2.5 times as many days' absence averaging 261.5 days per problem drinker compared to 91.6 days per control-group member. The cost of the sickness payments for the 32 problem-drinking men totaled \$38,719, compared to \$26,750 paid to the 32 men in the control group, a ratio of 3.3 to 1. In the case of the women the ratio was nearly 2 to 1. Combining the men and the women, payment to the problem group totaled \$108,495 and to the control group, \$36,912. In terms of sickness payment only, the problem drinker cost almost three times as much as the controls. The on-the-job accident rate of the problem drinker over 40 years of age was almost identical with that of the controls. The problem drinkers under

3. Observer & Maxwell M.A., "A Study in Absenteeism, Accidents and Sickness Payments", Quarterly Journal of Studies on Alcohol, XX 2 (June 1959) 302-312.

40, on the other hand, experienced twice as many on-the-job accidents as the controls. It is hypothesized that the high on-the-job accident rate of the early-stage problem drinkers is reduced in the later stage by the realization that a problem exists and the consequent adoption of various protective measures. Such measures were apparently not effective in connection with off-the-job accidents. A total of 21 off-the-job accidents requiring an absence of 8 days or more, was recorded for the problem drinker and none at all for the controls. When on-the-job and off-the-job accidents are combined, for both men and women, the total number of accidents recorded by the problem drinkers was 3.6 as large as that of the controls. Over-all, the problem drinkers in this study were absent 2.5 times as many days, cost 3 times as much in sickness payments, and had 3.6 times as many accidents as the matched controls.

We have discussed the alcohol problem as it exist in the three firms who reported definite plans for combating alcoholism. Interviews with these firms indicate that alcoholism exists at the rates of slightly less than 3%, 1.5% and 2.5% respectively. In each instance, these firms have reduced the alcohol problem by careful screening out alcoholics. Treatment and counseling has been given those who have been found suffering from the alcohol illness. In the cases of the companies reporting no plans, the problem is further complicated by the fact that these companies really have no way of determining exactly how many alcoholics may or may not be in the ranks at the same time. Some 15 of the firms questioned in my survey on attitudes were very definitely of the opinion that alcohol was not a problem. Many reported only two to three alcoholic in their working population. One company medical director, representing a large manufacturer of a durable construction material, was emphatic in his statement to the effect that his

company had done very little to help the alcoholic because it was felt that there were not sufficient numbers of alcoholics to deserve special consideration.

Such remarks as "we have so few", "no alcohol problem at this time", "none that we know of", "not in number, one individual case may cause serious trouble", "none", "since offenses have been infinitely few little, if any help to your factual study", "one or two out of 850 employees", "no reason to believe we have a serious problem", and "drinkers are small in numbers" would lead one to believe that the problem is not serious in the Richmond area.

On the other side of the opinion, there were several cases which suggested a rather serious and obvious number of alcoholics.

The problem of alcoholism in the Richmond area, though serious, as is any health problem, may not represent as serious a problem as reflected in some areas. Estimates of alcoholism in big cities of the United States, shows that Richmond has about an average incidence when compared with the average of all cities and states in the U.S.A. Some of the statistics below will show that the State of Virginia as a whole has a low incidence of alcoholism when compared with other states. Needless to say, the hidden aspects of the alcohol problem in Richmond are evident and will be discussed in a chapter on evidences of alcoholism in the Richmond area.

CHAPTER FIVE

THE GOVERNMENT AND THE ALCOHOL PROBLEM

Our country has gone through many years of "wet" and "dry" movements. Our first settlers came to this country with a rather relaxed attitude toward the use of alcoholic beverages. They brought with them beers, wine and distilled spirits which they regarded as beneficial to the human body. However, after "some abuses" considerable anxiety over drinking gave impetus to temperance movements. This was most evident from the later part of the 18th century. The pattern of drinking changed to that of drinking hard liquor during the 19th century. This prevailed to the present century and continued at the frontier long after it ceased to exist in other areas. In 1850, it was estimated that 90 percent of all absolute alcohol consumed was in the form of hard liquor. After the prohibition "experiment" in the early part of the 20th century, the drinking pattern changed again to that of about 31 per cent hard liquor and 51 per cent beer. France and Italy have not had so much change in pattern nor have they had much public disagreement over the use of alcoholic beverages. As a result, there has been very little neurosis and guilt feeling associated with alcoholism, in these two countries. In the United States, there has been a high degree of psychological vulnerability to alcoholism. Even today, approximately one third of the popu-

lation completely rejects drinking in any form. As a consequence of the difference of attitude, our people have had difficulty in facing up to a constructive alcohol program. They seem to prefer their violently differ-¹ing emotional fantasies about it. During the course of the controversy, the rate of alcoholism has increased, between 1940 and 1955, the consumption of absolute alcohol in all beverages per capita of drinking population rose by 24 per cent although the per capita absorption by actual drinkers declined by 5 per cent.²

At a recent meeting of welfare officials in San Francisco, California, national leaders told the assembled state representatives that our citizens have undergone sharp changes in the pattern of their living. Most people now live in urban areas, where drinking is more prevalent. Family life is not so strong as it was in rural living. Life's journey has become a lonely one. The alcoholic has been looked upon by the public as either an enigma, a character in a play or a worthless "dead beat". Business men, government officials, and community leaders have done very little planning with respect to the over-all alcohol problem.

Government agencies have a two-fold problem with alcoholism. First, there are alcoholics among government employees; and secondly, the government comes into contact with the alcoholic in its programs of health, welfare and law enforcement. In fact, until recently, the burden of looking after many of the alcoholics has been borne by the taxpayers. The impact has probably been heaviest at the state mental hospitals. In Virginia, for example, at least 10 per cent of all first admissions to

1. Leake, C. D., "Introduction to Harold Himwich", A Symposium AAES, Washington D. C. (1957) pp 2.

2. The Annuals of the American Academy of Political & Social Science (January 1958) pp 3-11.

mental hospitals have been associated with alcoholism. Readmissions for treatment have been 20 per cent or more over the years. In California, the rate of first admissions went to 20 per cent in 1957. There is little reason to doubt a recent health department announcement that alcoholism has become the fourth most serious health problem in the nation.

It is not surprising to learn that almost all welfare agencies are constantly battling the alcohol problem. Possibly the most sensitive areas are those where children are involved. In the foster care programs, it has been shown that around one half of the children referred to these agencies by the courts have come from homes where alcohol was a problem to one parent or both parents.³ It is also not surprising to find that police records show many arrests due to drunkenness. In the Richmond area, some 31.8 per cent of all arrests in recent years have been so classified. This percentage would still be higher if we included the number of arrest⁴ due to offences against decency and good order.

While the business man, the government official and the average citizen have expressed doubt about the rehabilitation of the alcoholic, a number of various groups have taken positive steps in this direction. Today, there is considerable interest in these circles, not only in the treatment of the alcoholic but also in research on the problem. In 1930, an organization which called it-

3. The Writer, personal contacts with Welfare Officials.

4. Commitment to County and City Jails and City Jail Farms, Commonwealth of Virginia, Department of Welfare and Institutions, June 30, 1958.

self the Research Council on Problems of Alcoholism began a preliminary study. The council adopted an approach now being used by the National Council on Alcoholism in coordinating a wide plan in an effort to mobilize all of the possible resources of the country.

In 1934, one of the most interesting and most successful rehabilitation groups began the one we now know as "AA". This quite benevolent organization was started by two alcoholics who called themselves Mr. Bill and Dr. Bob. The work of these two men initiated one of the great movements yet known to man for the rehabilitation of alcoholics. In Richmond, there are several white "AA" groups and one for Negroes. The writer visited one of the meetings recently, at the invitation of the local secretary and several members, during which the inspiration was noted to be of the highest quality. It is readily seen that these people are dealing with a problem they are fully cognizant of, and that every effort is being made to remove the insecurity from the spirit of the alcoholic and to replace it with maturity.

In 1943, the Yale University Alcohol Study group began its scientific study of the problem. Such men as Professor E. M. Jellinek worked with vigor and zeal to uncover many of the unknowns of the alcohol problem. The first government agency specifically dealing with alcoholism came into being in Connecticut, where the incidence of alcoholism has always been high.

There are now more than 30 state programs in the United States. These programs have a national coordinating medium known as the North American Association of Alcoholism Programs which meets at regular intervals to discuss refinements of the various organizational and aspects of the programs. At the same time, reports are read on recent research in the field.

In Virginia, the legislature approved an alcohol program under the direction of the Virginia Health Department in 1948. The first inpatient clinic was not ready until April 1949, but the outpatient began almost immediately in October 1948. The clinics began in Richmond and have now been extended to several of the other larger population centers in Virginia. Of 815 patients evaluated in 1952, better than half of them have obtained sobriety, a quarter have shown marked improvements, and less than a fourth were unimproved. At the end of 1952, 1,048 patients had been accepted, 136 women and 910 men.⁵ These patterns have continued throughout the programs and will be noted as a very significant fact among employees in plants where organized planning is taking place for the alcoholic. Many doctors and ministers have been concerned about cases which do not respond to counseling and treatment. The answer lies in the statistics, inasmuch as there are some for whom no real recovery can be attained, and for whom other types of planning are needed.

A recent visit to the Richmond clinic revealed that approximately 34 per cent of the patients gave their place of residence as either in Richmond, Henrico or Chesterfield County. Business and industry apparently accounted for comparatively few referrals but it was noted that many employees had been referred by physicians from the metropolitan Richmond area. Referrals by physicians constituted the largest group of patients. Organizations and agencies also showed up as being interested in having alcoholics treated.

5. Lee, Kenneth F. (Director Virginia Department of Health, Alcohol Treatment Service, Alcohol Studies and Rehabilitation in Virginia) A Recent Evaluation of 816 Patients, Richmond, Virginia.

Many people are prone to believe that government workers have a proclivity for drinking. Visits to government agencies and to personnel offices do not confirm the belief that alcoholism is a problem. The personnel director of the largest employer in the area, flatly refused to believe that alcoholism could be a serious problem in his working force. Of the 4,200 employees representing most every type employee, the personnel director and the medical director could only recall 4 to 5 cases where alcoholism was serious enough to require any type action on the part of the employer. In talking with heads of departments of government but very little problem could be noted from the conversations. The writer, being an employee of government, can truthfully say that drinking has never been a serious problem to more than one or two associates. In these cases, there is no evidence to prove that the employees are alcoholic in any sense of the word.

There are approximately 23,200 government employees in the greater Richmond area, counting county, state and Federal workers. The writer's knowledge of these groups, though not by any means complete, would not indicate a serious drinking problem. One personnel manager put it very well when he said that if there were 3 per cent alcoholics in his area of supervision, he would know about it and would have need of a larger medical staff.

However, despite the apparent absence of a large number of employees suffering from outward signs of alcoholism, there is no reason to believe that government employees do not drink. In fact, the writer can also substantiate the social drinking of many. The important fact to keep in mind is that many drinkers are hidden. Their cunning and sly actions allow them to remain in employment long after alcohol has become a problem.

While government has a responsibility in solving the alcohol problem, it is becoming more evident that it is going to take the combined efforts of business and the community before real success is attained.

In the Richmond area there are several community groups working to educate the public. The writer attended a recent church meeting at which time a well known physician, a DuPont counselor (whose special field was treatment of alcoholic employees of his company throughout the company's many plants over the country), and a community leader conducted a panel discussion. Interest was high, and it was apparent that many of those in attendance had immediate problems of alcoholic illness either in their families or in their social groups, however much more is needed before the public can properly appreciate the alcoholic, his difficulties and adjustments.

The government is making new strides in the treatment of alcoholism, such as the organization of a psychiatric ward for the treatment of alcoholics presently being set up at Eastern State Hospital.⁶ A new drug has also come on the horizon and is receiving somewhat the same enthusiasm as Thorazine received for its success in treating mentally disturbed patients. The drug which is known as Librium is currently being used on a somewhat experimental basis to measure its success in the treatment of alcoholics.

Possibly the most important steps we can take today are those

6. Schmidt, Kurt T., "A New Treatment for Alcoholics", Kentucky Psychiatric Asso. Report, (September 24, 1958).

which have already been stated by the Connecticut state organization as follows:

- 1 - Recognition of alcoholism as a sickness.
- 2 - Belief that alcoholism can be treated and that alcoholics can be rehabilitated.
- 3 - Recognition of the responsibility of government in solving the problem.
- 4 - Further study of alcoholism.
- 5 - Education of the public.
- 6 - Acknowledgment that punishment of the alcoholic is not the answer.
- 7 - Admission that a proper diagnosis of alcoholism is necessary before treatment can be started.
- 8 - The offer of free services to those who cannot afford to pay.
- 9 - Mobilization of skills.
- 10 - Separate administration.

CHAPTER SIX

EVIDENCE OF THE ALCOHOL PROBLEM IN RICHMOND

The writer has spent considerable time in trying to obtain facts and figures on the prevalence of alcoholism in the metropolitan Richmond area. Visits have been made to the offices of the two psychiatric hospitals, the Department of Mental Hygiene and Hospitals and State Department of Health. In addition, contacts have been made with the Richmond Veterans Hospital and other hospitals in the area. From the very first, after talking with officials of these institutions, it became evident that alcoholism is a very much hidden disease. Investigation of records at some of the hospitals plainly showed that many of the patients who had been diagnosed as having a physical or psychological disorder were, in fact, alcoholics. The reason given for it being that many patients objected to having the diagnosis entered in the records. Physicians have been prone to cooperate with patients in this respect.

The estimation of the prevalence of alcoholism in the Richmond area has been made by use of the Jellinek Formula which is recognized as a reliable scientific formula for determining the number of alcoholics in a given area. I have included certain statistics obtained from local hospitals but as stated before, the figures cannot be

considered as completely valid, although certain trends may be seen in the number of first admissions.

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A publication by the Yale Center on Alcohol Studies in 1956 has shown that in 1950 there were an estimated 1,130 alcoholics with complications per 100,000 or 4,520 alcoholics per 100,000, with and without complications over age 20 in the Richmond area. In Norfolk and Arlington the rates per 100,000 were considerably lower than the city of Richmond. These estimates were made by use of the Jellinek Formula. Urban areas throughout the nation generally have shown a higher incidence of alcoholics than the rural areas.

In 1955, Virginia was considered to be 36 in the nation insofar as the number of alcoholics was concerned. Statistics from the Yale Center on Alcohol Studies indicate that there were 2,790 alcoholics per 100,000 over 20 years of age, as an average, throughout the state. Strangely enough, the Richmond estimation of the ratio of alcoholics in 1950 was identically the same as the national average in 1955, which was 4,520.

In 1958, the University of Virginia population studies showed that in Richmond there were 238,303 persons residing within the corporate limits of the city. For Henrico County the number was 98,789 and in Chesterfield County the number was 63,558. An application of the Jellinek rate of alcoholics against an estimated number of persons over age 20 in Richmond, Henrico and Chesterfield counties

1. Keller M & Efron V., "Alcoholism in the Big Cities of the United States", Quarterly Journal on Alcohol Studies, XVII (March 1956) 63-72.

2. Keller M & Efron V., "The Rate of Alcoholism in the United States", Q.J.SA. XIX 2 (June 1958) 316.

produces a total of 7,187 for Richmond, (Using the rate of 4,520 per 100,000 over age 20) and a total of 2,732 for the two counties (Using the 630 rate per 100,000 for the counties) making a grand total of 9,909 for the three areas. If the Richmond rate were applied against the whole population of each area the number of alcoholics would be 12,069.

Mark Keller in his paper on Alcoholism in Big Cities of the United States makes reference to the disharmonious pattern in Virginia by referring to the rates of alcoholism in Norfolk as compared with the higher rate in Richmond. A similar situation occurred in the District of Columbia, where nearby Arlington showed a much smaller total than the District, which was 7,160 per 100,000. His explanation is that some of the increase in Richmond and Washington may be accounted for because of the better reporting techniques of medical centers in these two large cities. The Jellinek method of estimation is based on hospital records and/or vital statistics of the number of persons dying with cirrhosis of the liver as a result of alcoholism. Fortunately all death statistics show the number of persons who have died from cirrhosis and who have an alcoholic complication. The writer would like to say that it is his opinion that it is possible that some of the deaths reported as due to cirrhosis of the liver in these large government, political, economic and medical centers may have been people who had not lived in these areas for long periods of time and therefore could not be counted as completely indigenous to these areas. Nevertheless, the figures have stood up under the Jellinek estimations for many years.

As stated before, visits to the Richmond area medical facilities and to state offices has shown that some of the alcohol problem is hidden while other phases of it are not. The Department of Mental

Hygiene and Hospitals is able to report that as a general rule, over the years, the rate of alcoholic first admissions has stood at about 10 per cent over the state. In recent years this has shown some increase, with an average of 15.5 per cent over the past five years. In 1959 first admissions from the Richmond metropolitan area amounted to 48 out of a total of first admissions over the state of 345. (Fiscal Year ending 6/30/59). When it is considered that the Richmond metropolitan area represents approximately one tenth of the state's population, the rate of alcoholic first admissions for Richmond is above the average and is 13.9 per cent of a 11 first admissions throughout the state. It appears that the Richmond incidence is slightly higher, if one can rely upon one year's experience. Unfortunately, the department could not furnish admissions from the Richmond area for other years, without considerable time and expense. However, certain information was available as follows:

	First Admissions, all causes	First Admissions Alcoholism
1955	2,276	290
1956	2,297	498
1957	2,465	348
1958	2,793	449
1959	2,613	345
Average 5 years	2,489	386 or 15.5%

The trends of admissions of the various diseases handled by the mental hospitals have shown that most diseases follow a definite pattern so far as rates of incidence is concerned. Alcoholism has always shown a horizontal trend over the years, with some years higher than others.

While the rates of alcoholism have shown more or less horizontal trends over the years, the deaths from cirrhosis have also shown the same trends. In Richmond, for instance, it has been shown that over the years the rate of deaths from cirrhosis with alcohol complications has averaged out at a rather even percentage.

Since the annual average of approximately 386 first admissions has been noted over the past five years, it is safe to say that at least 40 to 50 first admissions per year have come from the Richmond area. Projecting this over a 30 to 40 year period means that at least 1,200 alcoholics have been admitted to state mental institutions within the average span of life, looking back from the present time. Of course the figure could be higher and very possibly does mean that some 2,000 alcoholics have been admitted from the Richmond area. These figures do not account for all alcoholics who may have entered the state hospitals for the reason given above—that neither the physician nor the patient was inclined to accept the diagnosis of alcoholism when it was possible to substitute another diagnosis.

Of the two psychiatric hospitals and one sanatorium visited in the Richmond area there were reported 70 first admissions during 1959. Statistics were available over a five-year period from one of the psychiatric hospitals which showed a more or less even trend of first admissions. Projecting these admissions over a 30 to 40 year period would increase the totals for Richmond to a possible 4800 alcoholics.

4. Vital Statistics of United States, Department of Health, Education and Welfare Tables 57 and 66, 1955-56.

At the Richmond Veterans Hospital it was reported that in 1958, there were 6,068 admissions, 130 of which were for alcoholism. When you consider that this hospital has a definite policy against admitting alcoholics, this is an alarming number. The officer giving the information could not establish that all the admissions were from Richmond but it is his opinion that a larger majority of the patients admitted were from metropolitan Richmond.

At the Medical College of Virginia Clinic, I counted an average of 136 new patients per year from the Richmond area over an 11 year period. Other patients were admitted from other areas which ran the total of all patients up to more than 4,300 since the Richmond Clinic was the only one operating in Virginia for a long time, and treated many patients from other areas.

The Blue Cross Hospital Plan reports that of 160,000 enrolled members in 1959 representing 64,000 family heads, there are 300 claims for alcoholism. The hospital plan allows a patient to have at least two such claims during a calendar year, so it is possible that there are some repeaters in the 300 claims shown above. Nevertheless, this is a rather high annual rate taking into consideration any repeaters that may be included. It does not represent a high figure when compared with total claims of 25,604 but it must be considered that many claims are for diseases that possibly occur more frequently among some of the younger members.

The Department of Welfare and Institutions, Commonwealth of Virginia in annual reports ⁵ from 1955 to 1959 shows the following

5. Report, "Commitments to County and City Jails", Department of Welfare and Institutions for the Commonwealth of Virginia.

admissions to city and county jails in the Richmond metropolitan area which were due to alcohol:

	Richmond City	Henrico & Chesterfield Cos.
1955	2,883	340
1956	2,736	267
1957	2,609	307
1958	2,674	296
1959	3,005	448

From the information above it can be seen that the alcohol problem is very much in evidence, both from the standpoint of treatment needed and from the standpoint of correction. The facts are that there are many early, middle and chronic later stages alcoholics in the community which are not accounted for in any one's records. In addition, there are many reformed alcoholics which we have noted as being back in employment. It should be stated also that there are many alcoholics who seek treatment in other states because of the stigma widely attached to alcoholism. It is fairly obvious to almost everyone working in the alcoholic treatment field that the task of counting the number of alcoholics at any one specific time, is an almost impossible task.

The above information leads this writer to believe that the estimations as made by use of the Jellinek Formula are somewhat in line for the Richmond area. In a letter from Dr. Jellinek, which was in reply to my question concerning certain revisions that have been suggested in the formula, he stated that a revision in his formula will probably increase the former estimates by including other factors which tend to pick up a few more alcoholics. Dr. Jellinek further stated that an actual count of alcoholics in some communities has

shown that his estimates are not so high as the actual counts. So we have no other alternative but to conclude that a very sizable problem exists in the Richmond area, not so big as it is in other communities but nevertheless large enough to give us concern. It is likewise large enough to warrant careful planning on the part of the business leaders, government planners and community representatives.

CHAPTER SEVEN
THE MANAGEMENT PLAN

The DuPont Company has been described as the pioneer in developing the management plan to combat the alcohol problem in industry. This company was one of the first in America to recognize alcoholism as an illness and to set up a program for helping employees who had drinking problems. The work actually started prior to 1943 but the early results were not successful. In 1943, a young man was brought into the organization who had been an alcoholic and who had regained sobriety through the A.A. program. The medical director of DuPont, who had previously tried to work out a plan for the alcoholics, and the young ex-alcoholic worked together to help employees deal with their drinking problems. The alcoholics were interviewed and examined by company doctors. In many cases, after it had been determined that the drinkers needed help, referrals were made to A.A. Today, after 17 years, DuPont continues to work with alcoholics whether in executive or operator status. Company spokesmen continue to say that the program is humane and economical.

1. The Alcoholic Executive, DuPont's Plan: Fortune Magazine January 1960.

The Allis-Chalmers Company began looking into the alcohol question in 1948. Two chief goals were: (1) to determine the extent of drinking among employees, (2) to measure the effects of alcoholism. One study established the fact that approximately 10 per cent of the employees involved in disciplinary actions were problem drinkers. Research also showed that drinking lowered production, caused absenteeism and grievances, increased scrap, interrupted time schedules necessitated closer supervision, decreased worker's efficiency, caused accidents and jeopardized other employees. As a result of the findings, management decided to set up a scientific program on alcoholism. Guided by suggestions from the Yale Center of Alcohol Studies and such companies as DuPont, Eastman Kodak and Consolidated Edison, Allis-Chalmers moved in a positive direction. A new counseling unit, called the Personnel Service Department was established under the Industrial Relations Division. The personnel of the new service included a trained social worker, counseling specialists, and others. The responsibility of the service was in the areas of education, counseling, obtaining information, therapy and rehabilitation. If the alcoholic had legal, financial or family problems he could receive advice and help, also he could receive social assistance through the social worker in the Department. No stone was left unturned in an effort to solve the employee's problems on the job and in his home. Once the alcoholic had been apprised of the company's willingness to help, he was offered further help. Inside the company, a fully-staffed medical department was available. A trained psychologist and testing service was at the disposal of the department in determining the

psychological needs of the alcoholic. Other inside help was rendered through A.A. groups, a credit union, a comprehensive recreational program and a cooperative union. Outside the company, there were sympathetic doctors, hospitals and sanatoria, social services and relief agencies. Also there were church groups, fraternal organizations, police, probation officers, and thirty five A.A. groups. In addition, the supervisors were given instructions as to the drinkers' need for help, why he drinks, and instructions as to the proper approach to the alcoholic's problem. Problem drinking was also explained to all management groups and its effect upon industry. The supervisors were told that Allis-Chalmers was interested in seeing that each member of management understood that the company was wholeheartedly in favor of the program and that all the services rendered to the alcoholics were fully approved by the company.

Another interesting company plan is that of the Consolidated Edison Company of New York. This company volunteered to finance a consultative clinic in New York in 1952 for industrial cases of alcoholism. The center was established at the University Hospital of the New York-Bellevue Medical Center. Con Edison's medical officers were of the opinion that treatment for alcoholism could best be carried on by specialists who were not directly identified with the company. Several years before, the company had embarked upon the course of action which brought the alcohol problem into the open and the underwriting of the clinic was decided upon after the institution of the beginning in-plant company plan.

Other companies which have programs for combating alcoholism

are the Bell Telephone Company, Eastman Kodak Company and approximately 30 others. Success in rehabilitating problem drinkers has been rewarding in each company. The average experience of companies with effective programs shows that the rate of long-term recovery for alcoholic employees, after initial rehabilitation, is about 65 per cent of those accepting treatment.²

Some of the findings common to the company plans are as follows: 1 - the problem must be brought into the open; 2 - it is constructive aid the alcoholic needs, not coddling; 3 - for those individuals who cannot accept treatment, other planning is necessary; 4 - it is necessary that managers and supervisors learn the signs of alcoholism; 5 - referrals must be made before the alcoholic reaches the advanced stages of alcoholism; 6 - the costs of the programs are nominal; 7 - more than half of those wishing help can be helped; 8 - employers are in a strategic position to help the alcoholic.

The consensus of company reports concerning programs in operation for two years or more shows that alcoholism affects from 2% to 6% of company payrolls. In many cases management's original estimate ran from "less than 1%" to not "over 2%" of personnel at the time of the inception of these alcoholism programs.

A few years ago Allis-Chalmers Company estimated that its alcoholism program, now 11 years old, was saving the company some \$80,000 yearly just in reducing absenteeism. The absentee rate has been slashed from 8% to 3%. The firing rate for problem drinkers has been cut drastically from 95% to 8% during that period. Other companies

2. A Basic Outline for a Company Program on Alcoholism; The Christopher D Smithers, Foundation, Inc. 60 E 42nd Street, N.Y.; pp 11.

have had varying degrees of success but the average company reported that at least two-thirds of cases referred recovered.³

Many employers object to setting up programs for rehabilitation of alcoholics because they feel that the cost is too great or because their company is too small. While it is true that most companies can not afford a large department, such as, the Allis-Chalmers Company Personnel Service Department or a private clinic, such as, the Consolidated Edison Clinic in New York, it has been found that the size of organization or wealth of the company are not the real factors. The three principal features of any program are: First, that management accept the responsibility in seeing that the programs are set up; Secondly, that supervisory personnel be trained to detect and counsel with the alcoholic, and finally that the alcoholic be given an opportunity, through the company, to obtain treatment and rehabilitation.

Strangely, it has been found that the alcoholic himself often desires to help in the cost of his rehabilitation. Alcoholics visiting the New York University-Bellevue Medical Center have been asked to pay two dollars per visit for treatment consisting of individual psychiatric therapy, group psychotherapy, and chemotherapy.⁴ In Richmond, the Virginia State Health Department Alcoholic Clinic located at the Medical College of Virginia has, through its staff members, has found that it helps in the therapy of the alcoholic

3. Cassels, Louis, "Can You Help the Problem Drinker?", Sales Management Magazine VXXI 5 (August 15, 1958)

4. They're Rehabilitating the Alcoholic Worker; Wall Street Journal, April 28, 1958.

when he participates in the expense of the service. It should be stated, at this point, that the clinic in Richmond is so organized that it can work with business and industry at a very nominal expense to the business organization. The Code of Virginia, Chapter 20, Title 32, states that persons admitted to the hospital or clinic because of alcoholism, should, insofar as they are able, pay for the treatment received.

Three companies in Richmond have been visited where active plans for rehabilitation of alcoholics are in effect. In each case, the management was enthusiastic and was proud to discuss its program. The importance of educating management personnel was immediately reiterated. It was brought out that it is not an easy job for untrained front line supervisors or foremen to deal with the alcoholic. Even with adequate briefing, these men are often in need of other supervisory assistance. In those cases where alcoholics have failed to respond to department efforts to give assistance, they have been referred to other levels of responsibility. These matters have almost always been accomplished in private conversations and on a friendly basis. When these attempts failed, other measures were taken.

All the Richmond plans include the necessary step of getting the alcoholic to admit his problem. Various techniques in handling alcoholics are accomplished by members of the management group responsible for working with the alcoholic employee. As is always the case, most of the people around the alcoholic are aware of the alcoholics problem long before the alcoholic is ready to admit it to himself. Methods used in getting the employee to admit his difficulty sometimes require stern talk, sometimes persuasion, and at times a

bit of intelligent objective thinking on the part of the supervisor, doctor or counselor. Once the difficulty of getting the alcoholic to admit his problem is overcome, a medical examination is given and a better diagnosis is established. Success of the treatment is usually assured afterwards. In the Richmond area, the companies have had the same success in rehabilitating alcoholics as the companies in the other cities with alcohol programs.

Labor has taken the stand that alcoholism is a health problem and has worked in cooperation with management to help whenever possible. As one CIO-AFL leader put it, alcoholics need understanding and fairness, and the union seeks to look beyond the illness to assist management in rehabilitating workers.⁵

Most of the replies to the questionnaires sent to Richmond business and industry executives indicate that management feels that programs for the rehabilitation of alcoholics are worthwhile. Only a small percentage think differently.

Richmond has an opportunity to reduce problem of alcoholics because there are many community resources such as the A.A., the local Richmond Clinic for Alcoholics, private and public hospital facilities, social and rehabilitation agencies and the churches. The right combination of any of these groups in combination with management's willingness to cooperate will produce the favorable results required in making the personnel of the companies more efficient and productive. The cost is minimal if considered only from the humanitarian viewpoint, but when viewed from the savings to the companies, it is even more appealing.

5. Labor Panel Member, Washington Council on Alcoholism, Washington, C.S. March 18, 1960.

CHAPTER EIGHT

HOPE IN MAINTAINING THE RECOVERED ALCOHOLIC IN AN EMPLOYMENT STATUS

The scientific methodology in solving problems in business and industry as advanced by such pioneers as Frederick W. Taylor, the Gilbreths,¹ and Hugo Munsterberg gives hope to business organizations that such an approach though planned alcohol programs can be made in solving the alcohol problem. In fact, with the changing attitude of management, it is now possible to approach the problem with more objectivity.

The changing attitude of management may well be reflected by the attitudes expressed by 63 per cent of the executives responding to the questionnaire sent to Richmond executives. When asked if they would rehire a former employee who had been discharged because of alcoholism but who had since stopped drinking, Richmond management executives indicated more inclination to rehire than did the 27 per cent who answered the same question on a similar questionnaire sent out by the National Industrial Conference Board in 1957.

1. Bellows, Roger M. "Psychology of Personnel in Business and Industry," Third Printing, Prentice-Hall, New York, (1950), pp 62.

Interest was also expressed by Richmond management to the effect in that more executives were willing to cooperate in alleviating the problem in the area. However, despite the interest and willingness to view the problem objectively, there has been little evidence to support managements action in making a positive approach.

Personnel directors, contacted during my investigation of Richmond management's attitude of the alcohol problem, usually admitted that they were not too well informed about alcohol programs and were somewhat apologetic in replying. Of those contacted none, of course, were interested in hiring anyone with recent history of alcoholism, Many were willing to try alcoholics who had demonstrated ability to remain sober. For those who are presently employed or who may have alcohol problems in the future, most of the directors expressed hope that something could be done to assist these employees in getting back on their feet. Many however expressed the feeling that alcoholics involved in serious difficulties with their supervisors or with the police should be discharged after one or two reprimands.

The continued employment of alcoholics depends upon the success of counseling on the part of management. Many instances were described indicating that efforts had been made to understand the alcoholic and his problem. Some degree of success had been made in assisting some of the alcoholics to give up drinking. Possibly the most serious type of alcoholic problem is that which has to do with the employee who had lost a member of his family. Others were those who could not adjust to marital problems. Another type of alcoholic was the employee who could not cope with frustration. Of course there were those who had been chronic drinkers for long periods of time.

These were some of the alcoholics encountered by personnel workers in business organizations. The beginning signs of alcoholism usually took the form of continued absence from work. At times, vague excuses were given for ineffective work. Usually, at one time or the other, employee's wife or friend would report that the employee was having a serious drinking problem and could not continue working for a while.

Many of those interviewed expressed hostile feeling toward alcoholics. One official positively refused to admit that any good could come from pampering the alcoholic.

These are but a few of the opinions of those responsible for the employees who work in business and industry in the Richmond area. These business executive, generally, were not prepared to make an appraisal of the alcohol problem within their respective organizations.

It can be seen that there is much to be done by the leaders of business and industry if real progress is to be made. An important part in understanding the problem is the knowledge that science has not come up with the real cause or causes of alcoholism. Any alcoholic or all alcoholics are likely to be alcoholics despite the underlying reasons for drinking. In fact, there may be employees who think they are social drinkers, but who in reality are alcoholics, but have not had the stress brought to bear, to precipitate drinking.

It can be seen that the alcoholic needs supportive counseling and treatment which usually can only be provided by some one else. With proper understanding and effective treatment, the alcoholic may be able to give up his crutch and return to a more normal way of life. Management has the opportunity to provide the necessary encouragement

whereby the alcoholic can obtain the relief he needs.

Elmo Roper has stated that "workers, too, have daily lives, personal problems, temptations, ambitions, loves and hates"². A human being has been described as a living responding organism which can be understood only when visualized as an active adjusting personality. Under certain circumstances, he may find the barrier in front of him too imposing and may retreat before trying to remove it. The alcoholic usually retreats to his bottle. Management can assist the employee to take courage and win the battle.

My discussion with business and government executives also revealed that there are many successful alcoholics in employment who have been helped back to sobriety, either through community resources or by family assistance. These men and women have made excellent employees and are adjusting satisfactorily to life and to employment. They are no longer the slave to alcohol. While it is true that they remain only two drinks away from returning to the "wet" phase of alcoholism, they have most often built up the needed maturity to live happy and useful lives.

In a good many ways, the alcoholic is a wiser man after recovery. He has learned to adjust. He has overcome his failure and most of all, he has learned to live with his fellow man. His relationship with fellow workers is one of tolerance and helpfulness. In business, this quality in an employee, is valuable.

2. Heneman & Turnbull, "Book of Reading in Personnel Administration and Labor Relations", Prentice-Hall (1952) pp 92.

The return and recovery of the alcoholic provides business and industry with one more valued employee. The important thing to remember is that one more human being has been returned to a normal way of living and one more problem has been removed from the community. The establishment of an alcohol program thereby provides a service to humanity.

CHAPTER NINE

SUMMARY AND RECOMMENDATION

In these chapters I have attempted to picture the alcohol problem as it presents itself in the Richmond Area. Further effort has been made to define alcoholism as an illness, rather than a weakness of will. In addition a survey of business leaders has been conducted in an effort to elicit the attitudes of management toward the alcohol problem.

Many of the findings in the thesis indicate that the problem of alcoholism is not fully understood by many leaders, not only in business but also in other phases of our economic and cultural life. And before the problem can be lessened, it will be necessary for our leaders to examine some of the new plans and new treatments beginning to emerge from the research and planning of a small group of business men and others connected with education, research and treatment.

One of the stumbling blocks in the past has been the reluctance of management to enter programs dealing with alcoholism. Some of their reasons have been quite valid and stood up well during times when so much prejudice and misinformation about alcoholism was prevalent. At the present time, most people have taken a different view of alcoholism and are willing to accept the new

emphasis being placed on the subject which includes acceptance of alcoholism as an illness and acceptance of the feeling among many that the alcoholic can be helped if treated in time.

My recommendation to management leaders is that they take the time and trouble, if necessary, to examine some of the plans for combating alcoholism. At least three of these plans are in operation in Richmond and in other parts of the country more elaborate programs are in effect. In addition, I recommend that business leaders acquaint themselves with the resources available to them in the community and in the government agencies in the Richmond area.

Contrary to the belief of many business leaders, the cost of setting up an alcoholic program is nominal. In fact, most firms with programs are saying that the savings far outweigh the expense. The return to employment of many valued employees is also shown to be a decided advantage to the firms who have taken part in guiding their alcoholic employees through treatment and counseling programs.

The principal part management has to assume is acceptance of the responsibility of setting up an alcohol program. The rest of the program will follow, through the help of the many resources available in the community. One of the very best sources is the organization known as "AA". Others include the Medical College of Virginia Clinic and the Richmond Chapter of National Council on Alcoholism.

These are only a limited number of suggestions. However, suggestions as shown in the thesis will better assist management in selecting the right combination of business plan, community resource, and medical assistance.

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