alcoholism or problem drinking

manual for supervisors

APRIL 1972

Consumer and Corporate Affairs
Consommation et Corporations

F O R E W O R D

Alcohol abuse is a serious problem in modern society. Its toll of valuable human resources calls for better ways of prevention, and early recognition, treatment, and rehabilitation of all who suffer from this disease.

This manual is an important part of our Departmental Policy on Alcoholism and Problem Drinking. It is being issued to each supervisor as a guide to ensure that all employees understand departmental policy, and for counselling employees whose work problems are attributable to alcohol abuse.

We are very grateful to Mr. Raymond C. Labarge, Deputy Minister of National Revenue - Customs and Excise, and to Mrs. Ann St. Louis, Personnel Counsellor in that department and author of this manual, for their generous permission to reprint what so evidently is the distillation of many years of productive work experience in this important area of human concern.

G.F. Osbaldeston
Deputy Minister of
Consumer and Corporate Affairs
Ottawa, Ontario.

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Ann St. Louis

Ann St. Louis.

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Introduction

This Manual has been prepared in an endeavour to assist you as a Supervisor to participate in an Alcoholism Program endorsed by Management with the ultimate goal of restoring "problem drinkers" to healthy, efficient and productive employees.

There are four important steps necessary to achieve a successful Alcoholism Program:

1. To recognize Alcoholism as a legitimate illness.

2. To have Supervisors acquaint themselves with a thorough knowledge and understanding of Alcoholism and learn how to deal with problem drinkers.

3. To stop protecting the problem drinker on the job.

4. To set up a positive program for the recognition, prevention and treatment of Alcoholism.

The prime reasons for preparing this Manual for Supervisors are:

(a) To emphasize the key role you, as a Supervisor, play in this Program and to assist you in your handling of problem drinking situations. We know that you want to do everything possible to correct causes of poor work performance.

(b) To convince you that a positive rehabilitation program is absolutely mandatory for any problem drinker, and that delayed action can contribute to an employee's destruction both financially and physically.

(c) To assure you that Management's primary concern is to assist the employee help himself, to protect his job, health, safety and family security and that a medical program of rehabilitation is best for him as he is just not capable of handling this problem alone. (Many of our alcoholic employees who have achieved sobriety are willing to testify publicly to this.)

(d) While we have achieved a remarkable recovery rate in alcoholic cases dealt with up to the present, it was felt that a positive program would assist us to attain even better results. Therefore, no criticism is intended of the manner in which this delicate and difficult problem was dealt with in the past.

Facts about Alcoholism or Problem Drinking

The majority of adult North Americans drink – most drink for social reasons and for the majority, the use of alcohol is no problem. Unfortunately, for others, the story is quite different and – in some instances – tragic. These are the alcoholics or, possibly, a better term – problem drinkers.

Following years of research and study by the medical profession, Alcoholism or Problem Drinking is recognized as a legitimate illness or disease. Therefore, the victim of alcoholism or problem drinking is a sick person. The study of thousands of hospital cases reveals that the **problem drinker is an individual whose repeated or continued use of alcohol interferes with the normal performance of job and family life.**

Not everyone who drinks is a problem drinker nor is the consumption of alcohol a sure sign of the disease. There is a marked difference between an alcoholic and a social drinker. The alcoholic is suffering from an illness or disease – Alcoholism. He has lost the power to stop drinking by willpower alone. He must have help. Alcoholism cannot be "cured" in that the alcoholic will never be able to drink with control. In fact, recovered alcoholics readily admit that "they are only one drink away from a drunk". However, with intelligent and professional guidance, an alcoholic can achieve sobriety and live a complete and full life without alcohol. If Alcoholism is not arrested, the disease worsens and can result in insanity or premature death.

It is estimated that about two-thirds of the adult population of Canada use alcoholic beverages, some infrequently, some only on social occasions, some regularly and some excessively. Most of those who drink do not suffer any ill effects. However, statistics reveal that one out of every fifteen who drink are destined to join the ranks of the problem drinker.

Alcoholics come from all classes of society, from all walks of life and from every income bracket. Alcoholism creates social, economic and medical problems all of which have serious repercussions on the individual alcoholic, on his family and friends, his employer and co-workers and even on the public at large.

We are not concerned here with social drinking, nor are we intruding upon the private lives of our employees. If they develop alcoholism, however, their illness interferes with their work performance, attendance, inter-personal relationships and this, therefore, is a matter of concern to Management. A good Supervisor must take the same interest in Alcoholism that he would take towards any other health problem affecting his staff.

The Effects of Alcoholism

At least three per cent of all persons employed in Canada or the United States suffer from problem drinking. The direct cost of alcoholism throughout Canada alone is estimated in the millions of dollars a year. This is chiefly due to absenteeism and related costs such as overtime replacements and lost investment in training when it becomes necessary to release alcoholic employees. The indirect costs of alcoholism are probably even greater than direct costs, for instance:

(a) The problem drinker who reports for work but might as well be absent because his work performance is reduced by the after effects of drinking or by absences from his work area for short periods to get "a drink". He is also more likely to have accidents.

(b) The non-alcoholic who absents himself from duty to care for a problem drinking wife or other member of his family suffering from alcoholism.

(c) The non-alcoholic employee who reports for work but might as well be absent because his mind is disturbed about an alcoholic member of his family.

While alcoholism is now ranked fourth as the nation's most serious health problem, being exceeded only by heart disease, cancer and mental illness, it might well be rated first if all the facts were known. Most doctors will agree that alcoholics as a group suffer twice as many diseases as the non-alcoholic population, and unfortunately these diseases are usually of a very serious nature and often fatal. In contrast to many other diseases which are coming under control, alcoholism is on the increase. Recent estimates suggest that there are approximately 7 million alcoholics in Canada and the United States, about double the figure for ten years ago.

It has been estimated that the employed male alcoholic is absent for an average of 22 working days annually, compared with 7.5 days for the non-alcoholic. In addition, there are sizeable costs due to avoidable accidents and inefficiency. Errors in judgment also add to the financial burden caused by problem drinkers. There is an enormous loss in dollars and cents when after years of training at considerable expense, it becomes necessary to terminate an employee's services due to Alcoholism, quite often in the midst of his productive years.

A supervisor's efficiency is seriously affected by the absenteeism and poor work performance of one or more problem drinkers on his staff. Corrective action on the part of the supervisor will not only prove beneficial to the employee(s) concerned but will also have a favourable effect on the operation of the Department or organization as a whole.

How to Recognize Alcoholism

While many people think it is very difficult to recognize the signs and symptons of an individual developing Alcoholism, the fact is just the opposite – the signs and symptoms are very clear and can easily be observed by an alert supervisor. By his personal habits and conduct, both on and off the job, an alcoholic or a potential alcoholic can be identified before he becomes a problem to himself, his employer and his family.

There are certain clues which suggest that the employee has progressed beyond the social-drinking stage: increased absenteeism, uneven work pace, temperamental and physical irregularities. If this evidence is reinforced by unusual behaviour on the job, domestic or financial problems, it is highly probable that a drinking problem exists. Although only a member of the medical profession can make the final diagnosis, supervisors should be aware of and be on the alert for these signs.

Attendance records are usually the best means of identifying employees who may have a drinking problem. It is quite probable and frequently found that a **pattern** of absenteeism exists. If continued absences occur after weekends, days off, holidays or pay days – investigation may reveal the employee is suffering from alcoholism. Sporadic absenteeism provides another clue – the employee who goes for long periods with no absence and then is away for several days. It is quite possible, of course, that this may indicate some other type of illness, but if it shows up repeatedly on the record of an employee who otherwise is or seems to be physically fit, an investigation might reveal the "periodic" drinker who stays sober for weeks or even months between drinking bouts.

Disciplinary cases frequently arise where problem drinking is present. A disciplinary hearing may not reveal problem drinking. If the employee commits an offence, he will almost always attempt to cover up his drinking problem. If, however, Management regards Alcoholism as an illness and provides a program of rehabilitation as our Department does and if the employee recognizes that professional help is necessary and available, he will be less likely to conceal his problem.

Recovered alcoholics and supervisory personnel experienced in problem drinking cases list a great number of persistent on-the-job signs which are particularly evident in a problem drinker's work performance, attendance record and personal habits.

Some of the more common signs are listed below:

- Decline in work performance
- Morning drinking before going to work
- Absenteeism, half day or day
- Increased nervousness, jitteriness
- Drinking at lunch time
- Drinking during working hours
- Many unusual excuses for absences
- Hand tremors
- Late to work
- Leaving work early
- Leaving post temporarily
- Avoiding boss or associates
- Frequently edgy, irritable
- Using "breath purifiers"
- Longer lunch periods
- Hangovers on the job.

Supervisors should not have any difficulty in identifying problem drinkers if they keep in mind the following useful definition: "An alcoholic or a potential alcoholic is an individual whose repeated or continued use of alcohol interferes with the efficient performance of his work, his attendance record and his domestic responsibilities".

Departmental Alcoholism Program

The Department is in agreement with the general attitude of the Public Service which now recognizes Alcoholism or problem drinking as an illness.

Alcoholism seriously affects or will affect an employee's work performance, health and welfare. For these reasons, alcoholism or problem drinking is of particular concern to Management. The Department is, therefore, prepared to assist the employee to combat this illness until it is determined that he has failed to start, continue or otherwise co-operate in the Alcoholism Program.

Since problem drinking or alcoholism is a condition requiring professional diagnosis and assistance, employees will be referred to our medical advisers, the Department of National Health and Welfare, for assessment and professional medical advice as to the necessary steps the employee must take to arrest his drinking problem, preferably before it has resulted in disciplinary action. However, an employee subject to disciplinary action for any infraction of the rules or regulations of the Department will not be excused from disciplinary measures on the grounds he is suffering from alcoholism; alcoholics or non-alcoholics who drink intoxicants on duty or are under the influence of intoxicants on duty are subject to disciplinary measures.

If the diagnosis of his illness is in fact alcoholism, the employee will be so advised in writing and at the same time informed as to certain conditions to which he must adhere if he wishes to retain his position in the Department. These conditions normally include referrals for therapy or other treatment to the local branch of the Alcoholism Foundation of the province concerned and/or to private physicians or psychiatrists. In addition, employees are strongly encouraged to join the local group of Alcoholics Anonymous.

If it is found that the employee fails to follow any of the conditions of employment laid down or if he fails to co-operate with the prescribed treatment or if sufficient improvement has not materialized within a reasonable period of time (six months or less), then separation action will be taken by the Department; generally, employees with long and loyal service will be considered for retirement on medical grounds; for employees with a short period of service, consideration will be given to allowing resignation, or failing this, arbitrary release for incapacity under section 31 of the *Public Service Employment Act* will be effected.

Nothing contained in this Program is intended nor should be construed to limit the continuing responsibility or authority of Management to discipline employees.

The Role of the Supervisor

The Supervisor is the key man in the success of the operation of an Alcoholism Program as he is the person in the best position to observe on a day-to-day basis favourable or unfavourable changes in the work performance, attendance and conduct of his staff.

Early recognition, early treatment and early success in problem drinking cases depends on you, the individual Supervisor. It is equally important for supervisors to understand and realize that alcoholism is indeed an illness. In this connection, literature from the Alcoholism Foundation of your province and from Alcoholics Anonymous will prove most informative and extremely helpful.

Case histories reveal that an employee will very seldom, of his own free will, ask his supervisor for help to overcome his drinking problem. We feel, however, that when our Alcoholism Program becomes generally known, employees will realize that Management will assist those who help themselves and as a result employees will gain enough confidence to ask for help.

The signs and symptoms of a problem drinker have been clearly outlined in this Manual and, therefore, as the individual Supervisor, you will have no difficulty in recognizing a problem drinking case. You could choose to disregard the problem confronting you, hoping it will correct itself or even disappear – but it won't – it will just grow progressively worse. Your efficiency will suffer and your employee will suffer and, therefore, the benefits reaped from overlooking a drinking problem are nil. Furthermore, the usual end result in such cases is that the employee, with possibly years of valuable experience and costly training, will lose his job, his self-respect and, in many cases, his family. On the other hand, had you dealt with the problem drinker in the earlier stages of alcoholism, with counselling and professional treatment he might and probably would have been rehabilitated and restored to being a valuable employee.

It is not up to you to diagnose whether an employee is suffering from alcoholism. This is the responsibility of the medical profession, but the supervisor must be able to determine if the employee's drinking habits are creating a problem. Evidence indicates that most line managers actually avoid facing the task of dealing with a problem drinking case. Unfortunately, the tendency is for supervisors to cover up for the alcoholic employee which is the reason there are so many "hidden alcoholics". By covering up, the supervisor is doing the employee a terrible injustice and perhaps irreparable harm. Therefore, if you have a reason to believe one of your employees is experiencing a drinking problem – act at once – don't wait. Before making the initial approach, you should discuss the case in confidence with your local Administrative Officer or the next level of Management concerned.

If this is the first time you have dealt with a problem drinking case, you might like to discuss the situation with someone who is in a position to be helpful. The Personnel Counsellor at Headquarters who has had considerable experience and training in such cases would be a most useful source and would be pleased to assist you.

In all suspected problem drinking cases, it is imperative that you have a well-documented file, detailing the employee's absenteeism record, with specific times and dates, reduced efficiency, changes in personal habits or any other matters which are giving you concern. With this documentation you will be in a favourable position to back up the firm approach you will take during the interview.

Plan your approach very carefully and remember that you will need all the understanding, the patience and the perseverance you can muster if you are to be successful. By the time you observe or learn about the employee's problem, his family and friends have, without doubt, been trying to "straighten him out" time and time again. This should not discourage you, however, as it is an accepted fact that the employer wields a much stronger influence over an alcoholic than any member of his family.

No two cases are alike so the approach you will take will be tailored to suit the individual case. Keep in mind that your aim is to get your employee's drinking problem arrested by the best means available and as quickly as possible to restore him to effectiveness as an employee. There are, however, and perhaps always will be, some employees who have become addicted to alcohol to such an extent that they cannot achieve sobriety; in other cases, employees will refuse to face the problem and will not accept treatment. The services of such employees cannot and will not be retained.

A Supervisor will not allow any employee under the influence of liquor to remain on duty.

Note: Supervisory personnel must bear in mind that a particular or isolated instance of absenteeism, or unsatisfactory job performance, or intoxication, or other misconduct due to drinking is not considered problem drinking; it is the pattern, the repetitive aspect, which determines this condition. These particular instances would be a violation or infraction of the rules or regulations of the Department, and as such would be subject to regular disciplinary action.

Co-operation of the Union in our Alcoholism Program is desirable for the most effective results. In addition to the liaison on this problem which you will have established with a higher level, you should encourage the Union Representative to work with you on problem drinking cases, unless, of course, the employee himself has taken steps to overcome his problem and/or does not want the Union to know about his problem.

Procedure in Problem Drinking Cases

INTERVIEW

The method you will use in the first interview will be of a personal nature. At this time you will sit down with your employee and have a down-to-earth discussion with him, advising him of the aspects of his work which are not meeting the Department's expectations for an employee with his years of experience and training: his record of lates and absences, his relations with his co-workers and any other areas which you feel are pertinent in which he is giving cause for concern.

Don't be surprised if he becomes hostile, argues and denies everything you have told him, tells you that you are picking on him and blames his lates and absences on his health, family problems or gives a dozen other excuses. You can be certain of one thing – he won't put the blame on his drinking habits; in fact he will make sure he avoids the subject of drinking altogether.

Now that you have outlined the areas in which he is giving cause for concern, make it clear to him that you think drinking could be a contributing factor. If there were any specific occasions at which he had too much to drink which he knows you are aware of, point this out to him. Tell him that as a layman you cannot diagnose alcoholism, but you have observed he is showing the signs and symptoms of a person having a drinking problem.

You should warn him that his work performance, attendance record or conduct is becoming unsatisfactory and impress upon him that if he does not improve in all respects, he will be placing his job in jeopardy. At this point, you should now explain about problem drinking (Alcoholism) and strongly suggest that he seek competent medical assistance immediately to help him overcome his apparent drinking problem. Encourage him to join Alcoholics Anonymous – give him some literature from Alcoholics Anonymous and the Alcoholism Foundation of the province.

Explain to him that the Department recognizes problem drinking or alcoholism as an illness and that they are willing to assist him overcome this condition, on the understanding that he take the necessary steps to combat his illness. Impress upon him that if he wishes to retain his position, he would be wise to see his doctor immediately for treatment and advice. Assure him that this may be done on a confidential basis and without any prejudice or privilege for admitting that he has such a problem. Make it perfectly clear to him if his habits are not corrected, he will sooner or later lose his job; in other words his continued employment in the Department depends on himself from now on.

You should have conducted this interview in a firm but amicable manner, without lecturing or moralizing, but expressing to the employee a sincere interest in helping him. (You will quickly learn that most alcoholics really do want help but that they usually won't admit this at the beginning.) Alcoholics are aware of their problem and want to do something about it, but the majority don't know what to do. It is extremely difficult for an alcoholic to give up alcohol – he cannot do it alone – he needs help and encouragement.

When concluding the interview, you should remind him that he must see his doctor immediately and tell him that you will give him a limited time, say two weeks or a month, to show evidence of undergoing treatment to straighten himself out. He should also be advised that at the end of this period you want to have another discussion with him (specifying the date and time).

Inform him that the matters you have discussed with him and the advice you have given him, etc., have been recorded on his local confidential personnel file. Wish him well and tell him that you know he has the ability, the fortitude and the willpower to take the necessary steps to ensure that his work performance, attendance and conduct will be completely satisfactory from now on.

The interview outlined above is merely a suggested type which would apply to a case which has not yet reached serious proportions. Each case must be dealt with on an individual basis, depending on the circumstances involved, and therefore the interview will be tailored to suit each case.

In some instances, a personal oral interview as outlined above, may be sufficient and perhaps achieve the desired results. If not, or in more serious cases, circumstances may warrant a letter to the employee confirming the highlights of the interview and warning of the action which will follow if he neglects to take steps to overcome his problem and/or if sufficient improvement does not materialize within a reasonable time (six months or less).

REFERRAL FOR MEDICAL ASSESSMENT

Where an oral interview has failed to achieve the desired results and/or where it is evident that a problem drinker has reached the advanced stages causing serious deterioration in his work performance, attendance, conduct, etc., to such an extent that stronger measures are warranted, then the matter should be referred to the Personnel Counsellor at Headquarters. The case should be well-documented, outlining all the areas giving concern, particularly the employee's attendance pattern for at least twelve months and any other pertinent details, together with a recommendation for medical assessment.

The Personnel Counsellor will review the report and forward it along with the case history of the employee to the appropriate medical officer in the Department of National Health and Welfare, requesting that the employee undergo a complete medical assessment to obtain a diagnosis and prognosis.

If our medical adviser deems it advisable, he will arrange to have the medical assessment conducted through the facilities of his Department. In cases outside the Ottawa area, the Health Department usually has a member of the D.V.A. medical staff perform the examination. The employee is informed of the time and place of the appointment and the reasons for the examination. Our medical adviser furnishes the Personnel Counsellor with the results of the assessment, treatment prescribed, and other professional guidance. This information is then forwarded, under confidential cover, by the Personnel Counsellor to the Management Representative concerned, together with a suggestion as to the type of letter to be issued to the employee when he is being interviewed and informed of the results of the medical assessment, the treatment prescribed, etc.

OFFICIAL INTERVIEW FOLLOWING THE MEDICAL ASSESSMENT

The appropriate Management Representative should arrange to interview the employee in the presence of his immediate supervisor and his Union Representative if he so desires. At this interview the employee should be issued the letter informing him of the results of the medical assessment, the treatment prescribed, etc. Usually this also involves advising him that a condition of his continued employment will be that he follow the medical advice and treatment prescribed which, in some instances, includes therapy sessions at the Alcoholism Foundation of the province concerned. In all problem drinking cases, the employee is strongly urged to join Alcoholics Anonymous.

It should be made perfectly clear in the letter to the employee that if he refuses or fails to follow the medical advice or treatment prescribed, or any of the conditions of employment laid down, or if sufficient improvement does not materialize within a reasonable time (six months or less), then he will be placing his job in jeopardy.

Any disciplinary action warranted for intoxication on duty, tardiness, absenteeism, job laxity, improper conduct or other violation of the rules or regulations of the Department should be imposed and outlined in the letter. (Remember that an employee will not be excused from disciplinary action on the grounds that he was under the influence of liquor at the time of the offence.)

The letter should be acknowledged by the employee and witnessed by the others present at the interview. (The Union Representative is not to sign as a witness.) The original is given to the employee to prevent any future misunderstanding, an acknowledged copy is kept on the local personnel file and a similar one sent to the Personnel Counsellor at Headquarters.

FOLLOW-UP

This phase of the program again depends to a great extent upon the employee's supervisor who should give the employee fair and firm supervision, with regular work assignments in keeping with the duties of his position.

While the employee is receiving treatment for his drinking problem, he will need both understanding and encouragement and the supervisor can do much to help restore his self-confidence. Without special coddling, he should be encouraged to overcome his drinking problem and certainly a word of praise for good work will help a lot.

The supervisor is expected to report any breaches of the conditions set forth in the letter to the employee in order that corrective measures may be taken without delay. The Personnel Counsellor at Headquarters maintains liaison between the Management Representative concerned and our medical adviser in the Health Department.

If the employee fails to co-operate with the treatment prescribed, or adhere to the conditions of employment laid down, or if sufficient improvement has not materialized within a reasonable period of time (six months or less), the appropriate Management Representative should forward a complete report of the case, together with his recommendation, to the Personnel Counsellor at Headquarters.

Employees with long service suffering from alcoholism will be considered for retirement on medical grounds, subject to the approval of the Health Department – for employees with short periods of service, consideration may be given to allowing resignation or, failing this, arbitrary separation will be effected. (The loss of his job may be the "necessary shock" to motivate the employee to take positive action to recover from his illness and possibly save his life.)

ARRESTED CASES

The Department and our medical adviser in the Health Department will handle each case on a personal basis depending on the individual circumstances. Alcoholism is never considered cured because normal drinking can never be resumed. As a general guide, however, an employee who has achieved sobriety and remained sober for one year will be considered rehabilitated. If a relapse should occur at some later date, the Personnel Counsellor at Headquarters should be contacted immediately for guidance.

Questions and Answers on Our Alcoholism Program

1. How can we discipline an alcoholic if we consider Alcoholism to be an illness?

   We do not discipline an alcoholic because of his illness. We discipline him only for specific violations of the Department's rules and regulations, such as, intoxication on duty, excessive absenteeism or lates, insubordination, unsatisfactory work performance, misconduct, etc. Although Alcoholism is an illness, its characteristics and treatment are unique in that:

   (a) The acute phase of alcoholism is voluntary to the extent that the alcoholic has control over the first drink. Accordingly, he is liable for the consequences of his actions just as is the intoxicated non-alcoholic. In other words, it is clearly understood that alcoholism is never a defense against disciplinary action.

   (b) The Department cannot and will not tolerate employees whose drinking habits interfere with their attendance, conduct or work performance.

   (c) The Department will, however, endeavour to assist alcoholics or problem drinkers provided they adhere to the conditions of employment laid down in our Alcoholism Program.

2. Can an employee suffering from Alcoholism be granted sick leave?

   Sick leave with pay may be granted by the Department with the concurrence of the Department of National Health and Welfare during the period of an employee's hospitalization for Alcoholism, to the extent of his sick leave credit.

3. How and where can information and literature be obtained on the subject of Alcoholism?

   The undermentioned have official provincial programs on Alcoholism, and it is suggested that you write and obtain the material offered which you will find most helpful. When writing to the Alcoholism centre you could enquire about the feasibility of obtaining leaflets to be given to problem drinkers.

Official Provincial Programs on Alcoholism in Canada

The Alcoholism Foundation of British Columbia,
175 West Broadway,
Vancouver 10, British Columbia.

Division of Alcoholism,
Department of Health,
Administrative Centre,
9929 – 103rd Street,
Edmonton 15, Alberta.

The Alcoholism Commission of Saskatchewan,
2134 Hamilton Street,
Regina, Saskatchewan.

The Alcoholism Foundation of Manitoba,
124 Nassau Street,
Winnipeg 13, Manitoba.

† Addiction Research Foundation of Ontario,
344 Bloor Street West,
Toronto 4, Ontario.

Prevention & Treatment Bureau on Alcoholism & Drug Addiction,
969 Route de l'Eglise,
Quebec 10, Quebec.

The Nova Scotia Alcoholism Research Foundation,
5639 Spring Garden Road,
Halifax, Nova Scotia.

Alcohol Education and Rehabilitation Division,
New Brunswick Department of Health,
Fredericton, New Brunswick.

Director of Alcohol Studies and Physical Education,
Department of Education,
Charlottetown, Prince Edward Island.

Newfoundland Council on Alcohol Problems,
282 LeMarchant Road,
St. John's, Newfoundland.

† **ADDICTION RESEARCH FOUNDATION OF ONTARIO**

The Foundation has a large number of professionally trained personnel in the field of medicine and social work who specialize in alcoholism and drug addiction. Limited diagnostic and treatment services are provided at the expense of the Provincial Government at foundation clinics located in most major cities.

Experience reveals that the services and treatment accorded alcoholics by the Addiction Research Foundation of Ontario and similar provincial organizations across the country, provide a good stepping-stone to assist problem drinkers embark on the pathway to sobriety.

Note: Please contact your Provincial Research Foundation at the appropriate centre outlined above to ascertain the location of the nearest Regional office for your area.

Alcoholics Anonymous

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for Alcoholics Anonymous membership; it is self-supporting through its members' contributions. Alcoholics Anonymous is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. The primary purpose of the members of Alcoholics Anonymous is to stay sober and help other alcoholics achieve sobriety.

Alcoholics Anonymous had its beginning in Akron, Ohio, in 1935, when a New York businessman, successfully sober for the first time in years, sought out another alcoholic and was directed to a local doctor. During his few months of new-found sobriety, the New Yorker had noticed that his desire to drink was lessened when he tried to help other "drunks" to get sober. Working together, the businessman and the doctor found that their ability to stay sober seemed closely related to the amount of help and encouragement they were able to give other alcoholics.

With this beginning, Alcoholics Anonymous grew and spread throughout the world. Today, A.A. consists of nearly 500,000 men and women in the United States, Canada and about ninety other countries. These men and women meet in local groups which range in size from a handful in small communities to larger groups in bigger centres. Some cities have several groups with an A.A. meeting going on every night of the week. There are also Alanon groups (for alcoholics' wives) and Alateen groups (for their older children).

Experience shows that the A.A. program will work for any alcoholic who is sincere in his efforts to stop drinking. Like thousands of other Canadians, many employees in the Public Service from coast to coast have achieved sobriety through Alcoholics Anonymous and are now helping others overcome a drinking problem. Tens of thousands of men and women in every level of society are sober today because of A.A. Help through A.A. is as close as your telephone, as most communities have a number listed in the telephone directory under Alcoholics Anonymous. In areas where such help does not appear available, anyone can write for information or literature (without cost) to the General Service Office of Alcoholics Anonymous, Box 459, Grand Central Post Office, New York, N.Y., Zip Code 10017.

Supervisory personnel have found it extremely helpful to obtain a good knowledge of the concepts of Alcoholics Anonymous and how the A.A. program works; anyone with a sincere interest may attend an A.A. "open" meeting.

Twenty Revealing Questions

The following twenty questions were developed by medical researchers at Johns Hopkins University Hospital and are used by them as a test in the diagnosis of the sickness of alcoholism.

		Yes	No
1.	Have you lost time from work due to drinking?	☐	☐
2.	Has drinking made your home life unhappy?	☐	☐
3.	Do you drink because you are shy with people?	☐	☐
4.	Has drinking affected your reputation?	☐	☐
5.	Have you gotten into financial difficulties because of your drinking?	☐	☐
6.	Do you turn to lower companions and an inferior environment when drinking?	☐	☐
7.	Does your drinking make you careless of your family's welfare?	☐	☐
8.	Has your drinking decreased your ambition?	☐	☐
9.	Do you want a drink "the morning after"?	☐	☐
10.	Does your drinking cause you to have difficulty sleeping?	☐	☐
11.	Has your efficiency ever jeopardized your job or business?	☐	☐
12.	Has your efficiency decreased since drinking?	☐	☐
13.	Do you drink to escape from worries or troubles?	☐	☐
14.	Do you drink alone?	☐	☐
15.	Have you ever had a complete loss of memory as a result of drinking?	☐	☐
16.	Has your physician ever treated you for drinking?	☐	☐
17.	Do you drink to build up self-confidence?	☐	☐
18.	Have you ever been in an institution or hospital on account of drinking?	☐	☐
19.	Have you ever felt remorse after drinking?	☐	☐
20.	Do you crave a drink at a definite time daily?	☐	☐

Johns Hopkins University says one "yes" answer indicates that a drinking problem may exist and two "yes" answers indicate a probable condition. If three questions are answered "yes", it is reasonably certain that alcohol has become, or is becoming a major problem for the patient.

NOTE: This test is for use only by Professional Medical Personnel for diagnosis purposes.