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HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, 24 January 1972

PERSONNEL—GENERAL
ALCOHOLISM PROGRAM FOR CIVILIAN EMPLOYEES
Effective 15 March 1972

This regulation outlines a program for the prevention and management of alcoholism among Department of the Army civilian employees and sets forth guidance for their rehabilitation. This regulation will be supplemented at the installation or activity level. Army staff agencies and major Army commands will furnish one copy of each supplement to HQDA (DASG-HEP-O), Washington, DC 20314, not later than 60 days after receipt of this regulation. Other commands will furnish one copy to the next higher headquarters.

	Paragraph	Page
Purpose.....	1	1
Scope.....	2	1
Definition and recognition.....	3	1
Policy.....	4	2
Responsibilities.....	5	3
Program functions.....	6	3
Rehabilitation.....	7	5
Relationship with labor organizations.....	8	6
Relationship to disciplinary actions and relapses.....	9	6
Eligibility for disability retirement.....	10	7
Records.....	11	7
Federal civilian employee Alcoholism Programs Reports Control Symbol, USCSC-1149.....	12	7
Appendix A. References.....	—	A-1
Appendix B. Sources of Publications and Information.....	—	B-1

1. Purpose. This regulation defines the policies, program functions and individual responsibilities for the prevention and management of problem drinking and alcoholism among Department of Army civilian employees and establishes a program designed for their rehabilitation. It likewise furnishes general guidance on the identification and rehabilitation of civilian employees whose job performance has been adversely affected by problem drinking or alcoholism.

2. Scope. This program applies to all civilian employees of the Department of the Army who are provided medical service under the Army Federal Civilian Employee's Health Service Program. Title II, Public Law 91-616, 31 December 1970, authorizes Federal agencies to establish prevention, treatment and rehabilitation programs for problem drinking and alcoholism among Federal civilian employees.

3. Definition and Recognition. *a. Alcohol Dependency.* A physiological condition in which the consumption of alcohol is necessary for the prevention of withdrawal symptoms. Psychological dependency to alcohol is part of the dependent condition.

b. Alcoholism. Alcoholism involves a variety of conditions which are preventable and treatable which, when not treated, can result in alcohol dependency, withdrawal syndromes, organic brain syndrome, psychiatric illnesses, and other organic illnesses such as liver disease, hypertension, gastrointestinal disorders and pancreatitis.

c. Alcoholic. For the purpose of this regulation an alcoholic is considered to be an individual whose alcoholism is characterized by repeated and uncontrolled use of alcoholic beverages to the extent that the individual's overall job performance is adversely affected. The problem drinker is an

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individual whose drinking habits also interfere with his job performance. He may or may not be an alcoholic. In this regulation the term problem drinker and alcoholic are used *synonymously*, for in each condition the individual no longer performs in his job satisfactorily.

d. Signs and symptoms. The signs and symptoms of alcoholism are well described in the educational materials cited in appendix A. However, some of the major effects that can be noticed by responsible individuals are—

- (1) Excessive absenteeism, especially Mondays, Fridays and half-days.
- (2) Tardiness or leaving the job early, long coffee breaks.
- (3) Hangovers on the job.
- (4) Alcohol on the breath or frequent use of breath purifiers.
- (5) Mood changes, irritability, nervousness, tremor, forgetfulness.
- (6) Increased mistakes and lack of responsibility.
- (7) Decreased efficiency or lowered output.
- (8) Untruthfulness about inconsequential matters.
- (9) Avoidance of the supervisor.

e. Stages of severity. The severity of alcoholism may be classified into four stages which present a description of the progressive nature of the condition. However, these stages are not clearly delineated, and one stage may merge into the next. They range from the stage where the individual outwardly appears to live an ordinary life to the stage where the individual may require custodial care.

(1) *Early symptom stage.* From normal drinking a person progresses to a point where no party is fun without a few drinks. In this stage drinking frequently becomes a crutch to bolster self-confidence.

(2) *Problem drinking stage.* A problem drinker enjoys the full pampering effects of alcohol. He likes the glow and the euphoria he gets. He drinks more than or differently from his friends and associates. He may have severe hangovers and some trouble making it to work on Mondays. His drinking has adversely affected his work performance.

(3) *Early alcoholism stage.* This is the obvious and confirmed heavy drinker. His work per-

formance is poor, and he expends much effort on devising alibis and trying to cover up his condition. The early-stager says he can stop drinking if he wants to, but in reality he cannot stop without help. More than half of these early-stagers can be rehabilitated with appropriate and vigorous assistance.

(4) *Chronic alcoholic stage.* Individuals in the chronic alcoholic stage need urgent professional attention and in some instances they may have already suffered permanent physical and mental disability. Civilian employees probably will have to be separated or retired for disability if they have reached this stage. However, some can still be returned to useful lives with immediate and successful professional care. It is important to realize that alcoholism is a condition affecting millions of Americans and is not restricted to persons in any particular economic, social or occupational strata.

4. Policy. *a.* The Department of Army recognizes that alcoholism is a condition which has social, psychological and medical implications and which is preventable and treatable.

b. The Department of Army is not concerned with the private decision of an employee to use or not to use alcoholic beverages off the job. However, when their use impairs his overall work performance (including interfering with the efficient and safe performance of his assigned duties) or adversely affects his dependability or conduct on the job, it is the responsibility of management to take action.

c. The alcoholism program introduces non-disciplinary procedures by which an employee with a drinking problem is offered rehabilitative assistance. If he refuses such assistance or if the course of rehabilitation fails to achieve satisfactory results, normal disciplinary action and procedures for dealing with problem employees as outlined in CPR 751.A and CPR S1 should be used. Disciplinary and/or adverse actions for offenses related to alcoholism may be suspended for employees who are satisfactorily enrolled in an alcoholism rehabilitation program as stated in paragraph 9. The diagnosis of alcoholism can be made only by a physician; and, until the physician has made such a diagnosis, the term "drinking problem" should be used.

d. The employee should be granted sick leave in accordance with existing rules and regulations to obtain treatment and rehabilitation. It should be recognized that individuals who suffer from alcoholism are entitled to the same respect, consideration, offer of assistance, and confidentiality of medical treatment and records as employees who suffer from any other health condition that affects job performance.

e. No employee will have his job security or promotion opportunities jeopardized by his request for counseling or referral assistance except as limited by Title 2, Section 201(c)(2) of PL 91-616 relating to "sensitive positions."*

5. Responsibilities. The commanding officer of a military installation or activity will establish an alcoholism program for civilian employees. He will appoint a program administrator to coordinate the activities relating to this program. This will be an additional duty for this person; it is not intended to denote a job classification in the Department of the Army. Program administrators should be allotted sufficient official time to effectively implement and carry on this program. There are no specific professional requirements for assignment to this position. The individual selected should be one who is genuinely interested in the prevention of alcoholism and the rehabilitation of alcoholics, and normally will be a civilian employee of sufficient stature to deal effectively with both management and employees concerned, and with a reputation for being an effective administrator. Consideration should be given to the designation of employees who are recovered alcoholics as program administrators. Many recovered alcoholics have proved to be effective program administrators due to their strong motivation and knowledge in this area as well as their ability to empathize and establish a rapport with the alco-

holic or problem drinker. Non-physician behavioral scientists (e.g., psychologists, social workers) if available, should also be considered as program administrators. Preferably the designated program administrator should be organizationally located so as to afford him an overview of how the activity's efforts to deal with problem drinking are executed by the personnel, medical and other functions assigned program responsibilities.

6. Program functions. a. *Program administrator.* The program administrator will coordinate all aspects of this program. He will have close working relationships with the civilian personnel office and the civilian occupational health program. His functions will include arranging for and/or conducting training programs for supervisors; civilian employee education programs for the control and prevention of alcoholism; and arranging for and/or providing educational materials which can be used to prevent or discourage alcoholism. He will be prepared to offer firm guidance to the alcoholic employee and assist the employee in obtaining rehabilitation from local community resources. He will develop and maintain counseling capability (personnel, medical or other counseling resources) and evaluate program results and effectiveness and report to the commander on same. Although alcoholism and problem drinking are not occupational diseases, per se, there is no question that external job pressures may aggravate the condition of a person who is susceptible to alcohol abuse. Since these pressures at any installation may be presumed to be similar for service members and for civilian employees, a single treatment and rehabilitation program is preferable to two separate programs. To this end, the program administrator will offer participation in installation alcoholic rehabilitation programs to employees who suffer from problem drinking or alcoholism. Should the civilian employee decline participation in the installation program, he should be referred to a local civilian rehabilitation program. It will be necessary for the program administrator to coordinate with law enforcement agencies, unions, church and civic groups, social welfare agencies, health resources, and other community resources for the rehabilitation of the alcoholic. He will arrange for appropriate medical diagnostic consultations for employees when necessary and pro-

* (For the purpose of this regulation, "sensitive positions" will be considered to be those defined in paragraph 6c(2), Army Regulation 690-1.) In regard to employees in critical sensitive positions as defined in the above reference, if the activity commander makes a determination that the sensitivity of the position is so great that the problem drinker or alcoholic incumbent could by the nature of the duties of his position have a truly material adverse effect on the national security, he must temporarily detail or reassign the employee to a less sensitive position, if possible, or place him on appropriate leave while offering rehabilitation assistance under Army's Alcoholism Program. If such an employee refuses assistance under this program or fails in rehabilitation, normal procedures will apply as discussed in this regulation.

vide liaison with sources of rehabilitative assistance in the community. Information and publications dealing with the conduct of this program may be obtained from sources listed in appendix B. The designated program administrator should be provided necessary training to enable him to effectively perform his duties. This training should include, when possible, attendance at training courses sponsored by the US Civil Service Commission.

b. Supervisor. First line supervision is a key point of emphasis in this program because the supervisor is in a position to observe his employee's attendance, on-the-job attitudes, conduct and performance. Specific functions of the supervisor in regard to this program are as follows:

(1) The supervisor must be alert to the possibility that drinking may be a cause of job performance problems. He must become adept in recognizing the signs of problem drinking. When reasonable evidence indicates that an employee's drinking may be hindering his job performance, the supervisor is expected to take appropriate action. Supervisors should be aware that signs and symptoms usually associated with intoxication and/or alcoholism may apply to other illnesses also. For example, tremors (shakes) can be a sign of thyroid imbalance and a tendency to slur words or a stagger in walking can also signify the presence of diseases which may not necessarily be related to alcoholism or drinking problems. Supervisors will not make a diagnosis of alcoholism in any case. Only a qualified physician can make a diagnosis of alcoholism.

(2) After the supervisor has tentatively recognized an employee whose drinking is probably the cause of his poor job performance, he should plan an approach that will lead to the employee's recognizing his problem and his subsequent voluntary participation in rehabilitative efforts. Before discussing the performance deficiencies with the employee he should discuss the problem with the program administrator, physician and the civilian personnel officer, for advice on probable causes of the employee's problem and how best to deal with the employee.

(3) If after discussion with the aforementioned officials, a supervisor has good reason to believe that an employee's unsatisfactory overall work performance is related to excessive drinking,

he should discuss the specific deficiencies (which should be documented by the supervisor) with the employee, e.g., absenteeism, tardiness, low or poor quality production, ill-founded decisions; inform the employee of available counseling and rehabilitation services in the program; and encourage the employee to accept assistance if he has a drinking problem.

(4) If the employee recognizes and acknowledges that he has a drinking problem and agrees to accept help, the supervisor should arrange for him to confer with the program administrator in order to obtain assistance. If considered appropriate, the supervisor and employee may meet together with the program administrator for the initial visit. Additional supervisory performance counseling sessions with the employee may be necessary before an employee admits to having a drinking problem or agrees to seek rehabilitation. If the employee's job performance does not improve after appropriate rehabilitative efforts or if he will not accept help, after several counseling sessions, the supervisor should take the prescribed administrative actions to deal with inadequate job performance, as described in CPR 400, Chapter 430, Appendix C and CPR S1.

(5) In those instances where counseling and/or disciplinary measures fail to cause the employee to recognize his drinking problem, to see how it affects his work, and to accept rehabilitative assistance, supervisors may require the employee to undergo physical examination to determine fitness for duty, as provided for under Army's civilian occupational health program (see para 10 on disability retirement).

(6) The program will facilitate the supervisor's role in the management of personnel with drinking problems adversely affecting their work. Adoption of nondisciplinary procedures aimed at rehabilitation should eliminate any reason for supervisors to hesitate to deal with problem drinkers. A supervisor who tolerates poor performance by a problem drinker contributes to the progression of the employee's condition by delaying his entry into a rehabilitative program.

(7) In essence, the problem drinker or alcoholic employee whose job performance is not satisfactory is dealt with in a manner similar to other problem employees. The supervisor has an inherent responsibility for evaluating the performance

of his subordinates and determining what constitutes satisfactory performance. Continuing unsatisfactory performance cannot be tolerated regardless of the cause. Supervisors are cautioned to be aware that this program is in no way designed to be a "witch hunt", i.e., the program is designed for the purpose of dealing with employees with existing performance problems related to problem drinking or alcoholism, and not for the purpose of "seeking out" possible alcoholics or problem drinkers whose overall performance is fully satisfactory. All employees will, however, be encouraged to participate in the rehabilitation program, if they voluntarily admit to having a drinking problem and wish to seek help with their problem.

c. Employees. The most important individual in an alcoholism program is, of course, the employee whose job performance has been adversely affected by excessive consumption of alcohol. The success of this program will be measured by the return of his job performance to an acceptable level.

(1) The employee is responsible for recognizing the adverse effects that drinking is having on his job performance, for seeking appropriate assistance in the rehabilitation of his problem, and for bringing his job performance to an acceptable level by controlling his drinking.

(2) When the employee has decided for himself that he needs assistance through installation rehabilitation program or, when appropriate, through civilian resources in the community, the program administrator will help the employee obtain assistance through available military and community resources. Progress in rehabilitation will depend in great part upon his motivation and determination to control his alcoholism and his ability to improve his job performance.

d. Civilian Employees Health Service. The employee with a drinking problem can receive evaluation and counseling from a physician in one of three ways. He can report to the clinic and request health counseling as authorized in AR 40-5; the alcoholism program administrator can refer him on a voluntary basis for a medical evaluation; or the supervisor can request a fitness-for-duty examination in accordance with current Civil Service Commission regulations (FPM Chapter 339). If the physician finds such a medical condition as cirrhosis of the liver, or any other medical prob-

lem, he will refer the individual to his private physician.

(1) Although the results of his findings are considered medically confidential, the physician may, with the patient's consent, release pertinent information to the program administrator. If a fitness-for-duty examination is performed at the request of the supervisor, the physician will make an appropriate report.

(2) The physician for civilian employees will often find it appropriate to have the patient evaluated by the Mental Hygiene Consultation Service. The civilian employee should be encouraged to participate in alcoholism rehabilitation programs for military personnel to the extent authorized in AR 40-3 and AR 40-5.

e. Civilian Personnel Officer.

(1) The Civilian Personnel Officer will advise and assist the program administrator, upon request and to the extent feasible in development, implementation and review of the program. The responsibility for providing advice and assistance in this program shall be consistent with the responsibility for other civilian personnel management functions as discussed in CPR 200, Chapter 250.

(2) The Civilian Personnel Officer, when counseling and rehabilitation efforts have not been successful, will advise supervisors concerning appropriate actions to take, including disciplinary, in accordance with current civilian personnel regulations. Prior to advising supervisors regarding the appropriate action to take, the Civilian Personnel Officer will consult with the program administrator and the physician concerning all the details of the case under consideration especially in regard to the adequacy of the rehabilitative efforts.

7. Rehabilitation. The program administrator will determine the local availability of community resources for the rehabilitation of problem drinkers. The availability of these resources will differ at each location. Available resources can be identified by contacting the installation Alcohol and Drug Dependency Intervention Council (ADDIC), Mental Hygiene Consultation Service, local or county health department, mental health clinic, social welfare organizations, chapter of Alcoholics Anonymous or the National Council on Alcoholism. If this is not feasible, he may have

to request assistance from governmental organizations at the state level. There is no provision in this program for payment by DA of rehabilitation costs. Appendix A to "The Key Step" (which can be obtained from civilian personnel officer) should be consulted for initial guidance. In some areas Directories of Resources for Alcoholics have been published.

a. The program administrator at each installation must establish close liaison with a number of rehabilitative sources in order to meet the varying needs of the employees. Upon selection of the appropriate organization, he will instruct the employee where, when, and how to make initial contact with the organization. It is the general philosophy of the majority of the organizations dealing with the rehabilitation of alcoholics that participation in the program will be on a voluntary basis and that anonymity will be preserved.

b. If it is clear that the alcoholic employee's job performance is at stake, the employee may be asked to request the local community resource to furnish evidence that the employee is participating in their programs. However, successful rehabilitation will be measured by the return of the employee's job performance and attendance record to acceptable levels as a result of the control of his excessive drinking.

c. Activities under this program should be closely coordinated with the local Alcohol and Drug Dependence Intervention Council (ADDIC).

8. Relationship with Labor Organizations. The support and active participation of labor organizations will contribute materially to the success of an alcoholism program. Union officers and stewards can be influential in creating employee confidence in the alcoholism program. It is important that labor organizations understand management's effort to assist the employee with his drinking problem. In order to assure the cooperation and support of labor organizations, management should consult with labor representatives on program policy formulations, and maintain open lines of communication with these representatives. For example, union officials could very well be contacted as to such matters as referral policy and the means by which program acceptance can be obtained from the workforce. Union representatives could also be included in briefing sessions or other training and orientation programs so that there

will be mutual understanding of policy and other elements of the alcoholism program.

9. Relationship to Disciplinary Actions and Relapses. a. Army's alcoholism program supplements but does not replace existing procedures for dealing with problem employees as cited in CPR 400, Chapter 430, Appendix C; CPR S1, and CPR 751.A.

b. Since alcoholism is, in fact, a progressive condition which is recognized as complex but rehabilitable, disciplinary actions on employees for being intoxicated while on duty and for any other action directly related to the use of alcohol and/or to alcoholism should be taken only after a determination has been made that the incident or action was an isolated one and that the employee in question was not diagnosed by a physician as being a problem drinker/alcoholic and/or does not admit to being a problem drinker/alcoholic. If the employee does admit to being a problem drinker/alcoholic and/or is diagnosed by a physician to be an alcoholic yet refuses to enter an appropriate rehabilitation program, then appropriate action, including disciplinary or separation actions in accordance with the CPR S1 and CPR 751.A should be taken with the advice and assistance of the Civilian Personnel Officer.

c. If, on the other hand, an employee admits to being a problem drinker/alcoholic and/or is diagnosed by a physician to be a problem drinker/alcoholic and enters a rehabilitation program, then normal disciplinary actions directly related to the use of alcohol and/or alcoholism will be suspended during the (probation) period of rehabilitation, provided the program administrator, medical, supervisory and other rehabilitation and program officials involved, agree that the employee concerned is making a sincere, earnest effort to overcome his condition through the rehabilitation program; is making satisfactory progress in his efforts and has been certified by the rehabilitation officials concerned to be meeting these objectives. The number of relapses that may occur during a rehabilitation period (which normally should not exceed two years) may vary with different individuals and an occasional relapse is not to be unexpected. However, numerous relapses would tend to indicate that the employee is neither making progress nor making an earnest, sincere effort to be rehabilitated. In such cases, local judgment in each individual

case should be used in determining appropriate action to be taken including disciplinary and separation action. Unfortunately, not all alcoholics have the will or the ability to achieve rehabilitation. Consideration should be given in making such determinations as to the stage of alcoholism the employee was in at the time he entered the rehabilitation program; to the length of service since the last relapse or since entry into the program; the nature of the misconduct or poor performance; the employee's interest in rehabilitation; and an *estimation as to whether the employee is still a good risk for the future*. Medical officials should be consulted in this regard. Experience in private industry has shown that approximately 60 percent of those employees who enter rehabilitation programs do achieve complete sobriety and total recovery.

d. Since alcoholism is a complex, but rehabilitable condition and varying numbers of relapses may occur, each case should be handled in accordance with its individual merits and with complete knowledge of all the factors involved in each particular individual's rehabilitation process. In referring to relapses we are concerned only with those relapses which adversely affect the employee's overall work performance including attendance and/or which would normally be cause for disciplinary actions such as being under the influence of intoxicants while on duty. Isolated relapses which occur off duty and do not adversely affect the employee's overall work situation should not be cause for disciplinary action. It is expected that work related relapses during the period of rehabilitation would normally not exceed three in number with none during the last six to nine months of the rehabilitation period. No hard and fast rules need apply to the actual number of relapses to be tolerated, but progress must be shown. If, after the prescribed period of rehabilitation (probation) the employee with alcoholism does not meet the satisfactory level of overall job performance, including conduct and attendance, then appropriate action in accordance with CPR S1 and CPR 751.A should be taken, with the advice and assistance of the Civilian Personnel Officer. The importance of firm and consistent applica-

tion of corrective procedures and disciplinary policies as they relate to the alcoholism program cannot be overemphasized.

10. Eligibility for Disability Retirement. This program does not jeopardize the employee's right to disability retirement if his condition warrants it. Eligibility requirements and filing procedures are contained in FPM Supplement 831-1. Eligibility for disability retirement is determined by the US Civil Service Commission. If alcoholism is involved, the Commission determines whether medical factors are sufficient to warrant disability retirement. In cases where the disability is solely the result of intemperate use of alcohol within the last five years, the employee is not eligible for disability retirement under current laws.

11. Records. General supervisory documentation of employee job performance and actions taken to motivate correction of job deficiencies, as well as records on employees who have been referred for counseling, should be maintained, as with all employee records, in a strictly confidential manner. Official personnel folders shall not include information concerning an employee's alcohol problems or efforts to rehabilitate him except as they apply to specific charges leading to disciplinary or separation actions. Records containing medical information must be maintained according to requirements prescribed in FPM Chapter 293, Subchapter 3-3 and AR 40-5.

12. Federal Civilian Employee Alcoholism Programs, Reports Control Symbol, USCSC-1149. Program Administrators will prepare reports as of the end of each fiscal year and dispatch them not later than ten working days thereafter to the appropriate major command. The report will indicate, (1) the number of employees counseled by medical, personnel, or other counseling specialists where the counselor concluded that problem drinking was an issue and (2) the number of employees identified as having been helped through the alcoholism program. Major commanders will prepare a consolidated report and forward the consolidated report together with the individual activity reports to HQDA (DAPE-CPE), Washington, DC 20310, not later than 1 August of each year.

APPENDIX A

REFERENCES

- The Key Step* (A Model Program to Deal with Drinking Problems of Employees), United States Civil Service Commission, Washington, DC 20415, January 1969. Copy can be obtained from civilian personnel officer.
- A. A. *Fact File*, prepared by the General Service Office of Alcoholic Anonymous, 468 Park Avenue South, New York, New York 10010.
- The following publications may be obtained from A. A. World Services, Inc., P.O. Box 459, Grand Central Station, New York, New York 10017:
- 44 Questions*. 44 Questions and Answers about the A. A. Program of Recovery from Alcoholism.
 - A. A. and the Alcoholic Employee. Questions and Answers for Employees.*
 - A. A. Conference-Approved Literature.* (A listing of books, pamphlets and special items available from A. A. World Services, Inc.).
- Manual on Alcoholism*, 1968. American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.
- The Physician in Small Plant Alcoholism Programs*, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.
- Alcoholism*. Public Health Service Publication No. 730, National Institute of Mental Health, National Institutes of Health, Bethesda, Maryland 20014.
- Federal Personnel Manual Letter No. 792-4, July 7, 1971, U.S. Civil Service Commission, subject: Federal Civilian Employee Alcoholism Program.*
- Company Controls for Drinking Problems*, Studies in Personnel Policy No. 218, available from National Industrial Conference Board, 845 Third Avenue, New York, New York 10022.

APPENDIX B

SOURCES OF PUBLICATIONS AND INFORMATION

The following organizations publish and distribute various books, manuals, pamphlets, films and other educational materials. These organizations may be contacted to obtain the most recent publications and information:

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20852

Al-Anon Family Group Headquarters
P.O. Box 182
Madison Square Station
New York, New York 10010

Alcoholics Anonymous, Inc.
World Services Inc.
P.O. Box 459
Grand Central Station
New York, New York 10017

American Medical Association
Department of Occupational Health
535 North Dearborn Street
Chicago, Illinois 60610

National Association for Mental Health
10 Columbus Circle
New York, New York 10019

National Council on Alcoholism
2 Park Ave. (Suite 1720)
New York, New York 10016

The State University
Publication Division
Rutgers Center of Alcohol Studies
73 Easton Avenue
New Brunswick, New Jersey 08901

Washington Area Council on Alcoholism
1330 New Hampshire Avenue, N.W.
Washington, DC 20036



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AR 600-300

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