AGONM MILITARY TECHNICIAN REGULATION
NUMBER 792

1 December 1986
State of New Mexico
Department of Military Affairs
Adjutant Generals Office

MILITARY TECHNICIAN PERSONNEL

MILITARY TECHNICIAN ASSISTANT ~~AND ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM~~ PROGRAM

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This Regulation supersedes AGONM TPR 792, dated 1 November 1984.

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CHAPTER 1

GENERAL

1-1 PURPOSE: The purpose of the Military Technician Assistance Program is to assist Military Technicians whose personal or family problems are having or causing a detrimental effect on their job performance; and the prevention and treatment of Alcohol and Drug Abuse.

1-2 OBJECTIVE:

a. To improve individual military technician performance on the job through sustained physical and mental health.

b. To prevent economic loss to the New Mexico National Guard.

c. To prevent or minimize the economic and social impact of debilitating illness on the employee and his/her family.

d. To improve the morale of the work force.

e. Reduce the abuse of alcohol and the availability and abuse of other drugs within the work force.

f. Ensure that the adverse consequences of alcohol and other drug abuse are publicized.

g. Promote National Guard Technician involvement in activities which stress prevention and control of alcohol and other drug abuse.

h. Provide alternatives to the use of alcohol and other drugs at social functions.

i. Emphasize the incompatibility of alcohol and other drug abuse with physical and mental fitness

1-3 POLICY:

a. The New Mexico National Guard recognizes that Alcoholism and drug abuse are treatable illnesses.

b. Supervisors will take action when a military technician's work performance, dependability, or conduct, suffers from misuse of alcoholic beverages or drug abuse.

c. Individuals with drinking or drug abuse problems will be dealt with by the use of nondisciplinary procedures when possible. However, if a military technician fails to accept assistance offered; normal disciplinary actions may be taken if job performance is unsatisfactory.

d. Military technicians ill with alcoholism or drug abuse will be granted sick leave for treatment and rehabilitation as authorized in AGONM MTR 630. All events, documents, reports, records, counseling, and information concerning military technicians alcoholism or drug abuse will be handled in a confidential manner.

e. Military technicians will not have job security or promotion opportunities jeopardized by a request for counseling or referral assistance.

1-4 RESPONSIBILITIES:

a. The Adjutant General is responsible to insure that an effective alcoholism or drug abuse preventive and control program is established regarding military technicians.

b. The Support Personnel Management Office is responsible for the Military Technician Assistance and Alcohol and Drug Abuse Prevention and Control Program and will:

(1) Provide advice and assistance to the Adjutant General on the Military Technician Assistance and Alcohol and Drug Abuse Prevention and Control Program.

(2) Develop, implement, and Coordinate all activities relating to alcohol and drug abuse within the Military Technician Program structure.

(3) Arrange for and conduct an alcohol and drug abuse prevention and control training program for all Supervisors.

(4) Develop and maintain counseling capability resources (personnel, medical, health, and religious).

(5) Establish liaison with community education, treatment, and rehabilitation facilities.

(6) Evaluate program results and submit required reports.

(7) Arrange for and provide educational materials which can be used to prevent or discourage alcohol and drug abuse.

(8) Ensure that prevention programs and activities are integrated with other mission-related efforts within the work environment. Such related efforts may be safety campaigns and training activities.

(9) Role of the Support Personnel Management Office:

(1) Appointment of the Technician Assistance Program Coordinator (TAPC). The technician who occupies either No. R7705000 (Army) or F7383000 (Air) is responsible for administering the Technician Assistance Program (TAP). If a State is not authorized either of these positions, the appointment of a TAPC will be made on a collateral duty assignment basis (preferably from within the SPMO) by the State Adjutant General.

c. Role of Technician Assistance Program Coordinator (TAPC) is to administer the Military Technician Assistance and Alcohol and Drug Abuse Prevention and Control Program. The TAPC will be allotted sufficient official time to implement and oversee the TAPC.

The Technician Assistance Program Coordinator will:

(1) Arrange for and/or provide educational materials that can be used to prevent or discourage alcohol or drug abuse within the technician workforce and, in conjunction with the Support Personnel Management Office, provide information regarding the program during orientation of newly employed technicians to insure that all technicians are aware of services available.

(2) Arrange for and/or conduct training of managers and supervisors to insure that they understand the program, the procedures for dealing with technicians with an alcohol or drug problem, financial difficulties, legal, family or other personal problems, and the benefits derived upon successful rehabilitation of a technician with such problems.

(3) Establish liaison with community education, counseling, treatment, and rehabilitation facilities.

(4) Providing or maintaining a capability for counseling. The TAPC should establish liaison with a community resource that offers counseling. FPM Bulletin 792-18 contains a list of specific organizations, associations, and programs that can assist the TAPC in the establishment of an effective referral system.

CHAPTER 2

DEFINITIONS

2-1 **ALCOHOLISM:**

Personality disorder characterized by compulsive drinking, which interferes with the individuals health, interpersonal relations, or economic stability. A licensed physician diagnosis alcoholism.

2-2 **ALCOHOLIC:**

A person who is unable to consistently choose whether he or she will drink or not and who, if he or she does drink, are consistently unable to choose to stop or not.

2-3 **PROBLEM DRINKER:**

To management, a problem drinker is an individual whose drinking habits adversely affect his job performance.

2-4 **ALCOHOL ABUSE:**

Misuse of alcoholic beverages that can lead to problem drinking or alcoholism.

2-5 **DRUG ABUSE:**

The inappropriate use of drugs, taken without medical advice, obtained illegally, or used in amounts that constitute a danger to the individual as well as the community.

2-6 **METHADONE:**

A synthetic narcotic which is orally administered under medical supervision to a heroin addict to control withdrawal symptoms caused by abstinence from heroin, or to medically maintain him/her in a sufficiently stabilized condition to permit socially acceptable behavior.

2-7 **TROUBLED EMPLOYEE:**

A military technician who may be having personal difficulties (alcohol, drugs, financial, legal, marital, physical, psychological, emotional or other problems) which adversely affects job performance.

2-8 **ALCOHOL AND OTHER DRUG ABUSE PREVENTION:**

Includes all measures taken to reduce to the lowest possible level, the abuse or misuse of alcohol and other drugs.

CHAPTER 3

ALCOHOL OR OTHER DRUG ABUSE PROGRAM

3-1 BEHAVIORAL PROBLEMS THAT MAY SIGNAL ALCOHOL OR OTHER DRUG ABUSE:

a. The identification process: It is the responsibility of the supervisor to know the normal work and behavior patterns of subordinates.

b. It is the departure from the norm which becomes significant indicators of Alcohol or other drug abuse related to departure from the norm are:

(1) Physical appearance:

a. Abnormal red or watery eyes
b. Tremors or sweats
c. Improper care and cleaning of the uniform
d. Swelling around the eyes
e. Change in natural color such as pallor

(2) Drinking:

a. Frequent hangovers
b. Frequent excuse of bad colds or flu to explain unnatural eyes
c. Liquor on breath with attempt to cover by breath purifiers
d. Inattentiveness or sleeping on the job
e. Unexplained frequent absences on the job, excessive absenteeism.

(3) Attendance:

a. Absences aligning with Monday, Friday or payday.
b. Increase in number of minor illness of self or family
c. Reasons for absences repetitive and/or bizarre.
d. Unexplained disappearances from job location.

(4) Productivity:

a. Decrease in job completion
b. Taking on many jobs to justify failure to complete single projects
c. Irregular work pace
d. Abnormal errors in procedures and judgment
e. Repetitious duplication of routine procedure to insure accuracy

(5) Reliability:

a. Increase tendency to put things off
b. Missed suspense dates
c. Neglect of detail
d. Needs increased supervision and prodding to complete tasks
e. Forgetfulness
f. Tendency to blame others for failure or lack of job completion.

(6) Attitudes and Habits:

a. Avoids or resents supervision
b. Speaks abnormally loud or rapid, and tends to ramble and repeat
c. Argumentative
d. Intolerant and defensive about self and assignment
e. Emotionally unpredictable and moody.
f. Short span of concentration.
g. INcreased tendency to take chances.
h. Withdraws from old friends and usually social patterns.
i. Tends to become a "loner".
j. Changes normal drinking habits.

3-2. SIGNIFICANCE OF OBSERVING BEHAVIORAL PROBLEMS:

a. Compare the observation to what is usually normal behavior. It must not be a suspicious hunt for facts.

b. No single observation is significant in itself. It must be followed with other significant observations, unless physical evidence of excessive and repeated problem drinking appears to be present.

c. Observation should be carefully documented and evaluated as a total pattern.

d. Facts and events should be confined to unacceptable job performance, decline in productivity, unauthorized absences, failure to meet demands of the work environment, and conduct that reflects unfavorably against the National Guard such as bad debts, worthless checks, and drunkenness in public.

3-3 SUPERVISORY DOCUMENTATION:

a. Maintain written records for:

(1) Absences and excuses.
(2) Failure to follow orders.
(3) Missed suspense date and excuses.
(4) Unsatisfactory appearance.
(5) Unsatisfactory work performance
(6) Unusual sick leave requests.

(7) Continual tardiness.
(8) Disciplinary actions taken.
(9) Interviews or counseling
(10) Conduct that reflects unfavorably against the New Mexico National Guard.

b. Record a periodic review of employee records that might detect any changes in normal patterns.

c. Maintain a record of meetings or conversations with senior supervisors, during the identification of confrontation processes.

d. Maintain a record of the follow-up evaluation and reintegration of the individual.

e. No documentation by a supervisor will diagnose the problem as alcoholism or drug abuse. A licensed physician must establish this diagnosis.

3-4 CONFRONTATION: When the supervisor is satisfied that the pattern of behavior is not of a temporary unusual nature, the following sequence of events is suggested (Related to work performance):

a. Step 1:

(1) Confront the military technician on a friendly, questioning basis as to the decline in job performance and/or prevalence of unacceptable behavior.

(2) If the supervisor knows the cause of the performance or behavior change, take appropriate action to encourage the employee to correct it.

(3) If applicable, discuss the problem with senior supervisors in the chain of command, prior to discussion with the military technician.

b. Step 2:

(1) Show the military technician the written documentation of the observation.

(2) Express concern for a possible problem that might exist and offer assistance.

(3) Request an explanation of the continued unacceptable performance.

(4) Advise the employee in writing that the situation must be corrected or action will be taken.

(5) Advise the Support Personnel Management Officer about the written documentation.

(6) Schedule another counseling session within 45 days, when the situation will be reviewed for improvement of further action.

(7) If warranted, suggest the military technician seek assistance from the SPMO Assistance Officer (TAPC).

c. Step 3:

(1) Monitor and record progress of the employee during period between interviews.

(2) Advise senior supervisor of case status.

(3) Advise Support Personnel Management Office of improvement noted.

(4) If no improvement is noted or the situation deteriorates, plan a new approach for the next interview.

d. Step 4:

(1) If situation improves and seems to be returning to an acceptable level, reaffirm faith in the military technician with a reminder that help is available if needed.

(2) If situation deteriorates or remains status quo, the military technician should again be confronted and told that no satisfactory improvement was noted.

(3) Military technician should be given another chance to explain his problem and lack of progress.

(4) If alcoholism is suspected, the supervisor should suggest an appointment with an appropriate physician. Notify the Support Personnel Management Office of actions taken or suggested.

CHAPTER 4

COORDINATION

4-1 COORDINATION WITH NFFE LOCAL 1636: The Support Personnel Management Office will coordinate with NFFE Local 1636 on program policy formulation, and will maintain an open line of communication with union representatives. Supervisors and technicians are encouraged to discuss and seek assistance from the local union representative.

CHAPTER 5

RECORDS

5-1 CONFIDENTIALITY OF MILITARY TECHNICIAN RECORDS:

a. Records of the identity, diagnosis, prognosis, treatment, or counseling of any military technician which are maintained in connection with the Military Technician Assistance Program shall be confidential. Such records may be disclosed only under the following conditions:

(1) If the military technician gives his written consent, the content of such records may be disclosed as follows:

a. To medical personnel for the purpose of diagnosis or treatment of the patient, and

b. To governmental personnel for the purpose of obtaining benefits to which the military technician is entitled.

(2) If the military technician, with respect to whom any given record referred to in Paragraph 5-1-a above, does not give his written consent, the content of such records may be disclosed as follows:

a. To medical personnel to the extent necessary to meet a bona fide medical emergency.

b. To qualified personnel for the purpose of conducting scientific research, management or financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual military technician in any report, or otherwise disclose military technician identities in any manner.

(3) PL 92-255 provides that an appropriate order of a court, after assessing good cause and the need for disclosure against the injury to the military technician, to the physician/patient relationship, and to the treatment services, and after imposing appropriate safeguards against unauthorized disclosure, may authorize the release of records.

(4) Except as authorized by a court order, no record referred to above may be used to initiate or substantiate any criminal charges against a military technician or to conduct any investigation of military technician.

(5) The prohibitions above continue to apply to records concerning any military technician who has been a patient, irrespective of whether or when he/she ceases to be a patient.

(6) Except as outlined above, any person who discloses the contents of any record referred to above is subject to be fined not more than $500 for a first offense and not more than $5,000 in the case of each subsequent offense.

5-2 RECORDS AND REPORTS:

a. Maintenance of Records on Individuals:

(1) General supervisory documentation of military technician job performance and actions taken to motivate correction of job deficiencies should be maintained, as with all employee records in a strictly confidential manner. The responsibility for developing a responsive and useful job performance documentation system rests with agency officials.

(2) Records on military technicians who have been referred for counseling, for any reason, will be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided for medical records.

(3) Records containing medical information and reports must be kept in a separate locked cabinet during the military technician's service with the New Mexico National Guard and will not be made a part of the Official Personnel Folder.

(4) Official Personnel Folders will not include information concerning a military technician's alcohol or drug problem or efforts to rehabilitate him/her except as they apply to specific charges leading to disciplinary or separation action.

b. Statistical Reports:

(1) The Program Coordinator will compile sufficient statistical data to provide the basis for evaluating the extent of the problems and the effectiveness of the counseling program.

(2) Provide the Adjutant General, National Guard Bureau, and the Office of Personnel Management, an annual report on the number of military technicians counseled through the Military Technicians Assistance Program.

CHAPTER 6

HEALTH

6-1 Expenses of Rehabilitation:

Military technicians enrolled in the Federal Employees Health Benefits Program will receive benefits for treatment of alcoholism as stated in applicable plans.

6-2 DISABILITY RETIREMENT:

If eligibility requirements are met, a military technician may be given a disability retirement if warranted.

8-3 **PREVENTION EDUCATION:**

a. Prevention education for civilian employees will be provided in conjunction with, but not be limited to existing civilian personnel orientation and training programs.

b. Support Personnel Management Office personnel will conduct within 60 days of initial employment an orientation which outlines policy and programs regarding alcohol and drug abuse. Orientation will emphasize the the legal, career, and health consequences of abuse and the counseling treatment and rehabilitation opportunities available.

c. Training of Supervisors. The State TAPC is responsible for developing and presenting sessions to all first line supervisors in the area of alcoholism and drug abuse in accordance with TPR 410.

CHAPTER 9

REHABILITATION

9-1 RESPONSIBILITIES OF SUPERVISOR

a. Rehabilitation of alcohol and other drug abusers is the responsibility of the supervisor. All supervisors must have a working knowledge of the various programs available to treat their employees. They will ensure that all community resources are used in assisting individuals during rehabilitation. Supervisors must also ensure that individuals are assisting in coping with the environment in which they are expected to function. The supervisor's attitude and direct involvement with the rehabilitation process will influence the entire effort; therefore, their support must be positive and clearly visible.

b. The objective of rehabilitation is to restore employees with job performance problems related to alcohol or drug abuse to effective performance.

c. When does rehabilitation begin?

Rehabilitation begins when an individual is identified as being involved with alcohol and other drug abuse, or illegal use.

d. If an individual refuses to meet rehabilitation requirements, he/she may be separated from Military Technician status in accordance with applicable Technician Regulations.

FOR THE ADJUTANT GENERAL:

RUDY F. GONZALES, GM-13
Support Personnel Management officer

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ALCOHOLISM QUESTIONNAIRE

C O U L D Y O U B E I N D A N G E R

EARLY SYMPTONS: (The first stage of alcoholism)

YES	NO	
☐	☐	Are you beginning to lie or feel guilty about your drinking?
☐	☐	Do you gulp your drinks?
☐	☐	Do you try to have a few extra drinks before joining others in drinking?
☐	☐	Must you drink at certain times - for example, before lunch or a special event; after a disappointment or quarrel?
☐	☐	Do you drink because you feel tired, depressed or worried?
☐	☐	Are you annoyed when family or friends talk about your drinking?
☐	☐	Are you beginning to have memory blackouts and occasional passouts?

MIDDLE SYMPTONS: (An extension of early symptoms)

☐	☐	Are you making more promises and telling more lies about your drinking?
☐	☐	Are there more times when you need a drink?
☐	☐	When sober, do you regret what you have said or done while drinking?
☐	☐	Are you drinking more often alone, avoiding family or close friends?
☐	☐	Do you have weekend drinking bouts and Monday hangovers?
☐	☐	Have you been going "on the wagon" to control your drinking?
☐	☐	Are memory blackouts and passouts becoming more frequent?

LATE SYMPTONS: (The advanced stage of alcoholism)

☐	☐	Do you drink to live and live to drink?
☐	☐	Are you obviously drunk on important occasions - for example, a special dinner or meeting?
☐	☐	Do your drinking bouts last for several days at a time?
☐	☐	Do you sometimes get the "shakes" in the morning and think it helps to take a "quick one"?
☐	☐	Do blackouts and passouts now happen very often?
☐	☐	Have you lost concern for your family and others around you?

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