ALCOHOL AND DRUG PROBLEMS IN THE AVIATION INDUSTRY

Barton Pakull, Federal Aviation Administration

DRUG TESTING

An aviation industry drug testing program featuring random testing of commercial pilots and pilot applicants was begun in late 1989. Those tested also include mechanics and cabin attendants. Random drug testing is now at a 50% level (one half of the population each year). The drugs tested for are the cannabinoids, cocaine, amphetamines, opiates, and PCP.

Essentially, all positive findings for pilots have been for two classes of drugs, cocaine and marijuana and all were as a result of random or applicant screening. The results indicate that there have been 38 positives for cocaine and 35 positives for marijuana among the pilots. In two instances, the presence of both drugs was found. There were also two individuals who were positive for amphetamines. Not all of these cases involved commercial pilots; in a few cases, there may have been mechanics who also had a pilot's license.

The drug testing program does not mandate treatment nor does it require any particular action on the part of the airlines, other than insuring that the Federal Aviation Administration (FAA), Office of Aviation Medicine is informed of all instances of a positive drug test. The Office of Aviation Medicine has been evaluating each case individually to determine whether these individuals can meet the medical standards from the standpoint of a possible drug abuse/drug dependence problem. If such a disqualifying medical condition exists, that pilot would be denied medical certification. In most cases, these airmen have denied that they have a substance abuse problem and have sometimes given the most imaginative, but unbelievable, reasons for the positive drug test. Nevertheless, we have not found any pilot with a positive drug test for cocaine to be without what we consider a disqualifying medical condition, drug abuse/dependence.

CHECKING DRIVING RECORDS

On the medical history form, applicants for aviation medical certification are asked about a history of traffic convictions, including alcohol-related incidents, and "other convictions." The Office of Aviation Medicine finds it important to know about the history of driving convictions related to alcohol, not only because of the obvious association between intoxication and accidents, but because driving while intoxicated (DWI) convictions are important indices for determining the presence of an alcoholism condition.

It has long been known that airmen applicants do not always answer this question about traffic convictions accurately. In some studies, it has been estimated that as many as 75% of those airmen who are convicted of alcohol-related traffic violations were not disclosing this information on their medical applications. Since November 1990, the FAA has been checking medical applicants against the National Driver Registry at NHTSA, which compiles arrest records from the states. Since 1989, all holders of aviation medical certificates must report all such convictions within 60 days, as well as reveal their prior convictions on the medical form at the next examination. When the program began, there was a grace period to allow pilots to reveal their convictions. Also, the Aviation Medical Examiners, the doctors who examine the applicants, were alerted to be more diligent in asking about any record of traffic convictions. During this amnesty period, about 25,000 pilots revealed a history of traffic convictions, though not all were alcohol-related. Half of that number revealed then, convictions directly by letter to the FAA, and half during their aviation medical examinations. Between November 1989 and November 1990, over 7,000 cases of traffic violations related to DUI/DWI cases were revealed to the FAA. Most of them involved a single violation. However, in almost 400 cases, this involved two or more convictions. Over 600 of these applicants were either denied or were not issued medical certification as a result of these findings.

AIRLINE PILOTS AND ALCOHOLISM

Beginning around 1975, the FAA, in cooperation with the major airlines and the Air Lines Pilots Association, initiated a strategy for medically recertifying airline pilots with alcoholism in as little as 3 months after ending the intensive phase of treatment. There have been over 1,500 commercial pilots able to return to flying under such conditions with an overall success rate (no relapses) of around 90%. An important aspect of this program has been the extensive monitoring system in place once the pilot returns to duty. The success of such a program has been dependent on careful attention to the quality of treatment and extreme caution on the part of the FAA in deciding when a pilot has made sufficient recovery to be considered for a return to duty with medical certification. An important component of this program has been the discovery of the need for aftercare treatment to continue indefinitely after the pilot returns to duty. This not only makes the monitoring more effective, but has been found to increase the possibility of preventing relapses.

This model has been expanded over the years to include other commercial pilots and has been extended to mixed drug abuse/drug dependence and alcoholism problems. The key to monitoring the progress of the program is in carefully following the relapse rate, especially over the first 24 months after the pilot has been returned to duty. In the mid-seventies, this relapse rate was about 20%, but by the early eighties, had been reduced to around 6%. Currently (1988-89), the rate of relapse is 5% over tho first 2 years after return to duty. The FAA is pleased with the success of this program, not only because of its implications for aviation safety, but also because of the contribution it has made to the propagation of successful strategies for dealing with alcoholism in highly skilled populations with safety-related responsibilities.

THE FEDERAL TRANSIT ADMINISTRATION'S DRUG AND ALCOHOL PROGRAM

Judy Meade, Federal Transit Administration

As a result of the Hollings-Danforth provisions of the Department of Transportation's FY 1992 appropriations bill, the Federal Transit Administration (FTA) now has the statutory authority to mandate a nationwide drug and alcohol testing program for the transit industry. The statute requires recipients of section 3, 9 and 18 funds to drug and alcohol test safety-sensitive employees. Those employees will be subject to post-accident, reasonable cause, return-to-duty and random testing, and potential employees must pass pre-employment drug and alcohol tests.

It mandates that safety-sensitive employees who use or who are impaired by alcohol while on duty be disciplined or dismissed and it stipulates that employees who use controlled substances whether on or off duty must also be disciplined or dismissed.

It requires that a portion of the employee's urine sample be retained for a second confirmation test, if the employee so requests, in the event that the first drug test result is positive.

It also requires that employees who test positive for alcohol and controlled substances must be provided opportunities for treatment and rehabilitation.

Finally, it preempts inconsistent state and local laws.

Now that the FTA has the authority to require drug and alcohol testing, the next steps are two separate rulemakings. A notice of proposed rulemaking on drugs will be published in March or April followed by a 60 day comment period; a final rule will be published in the fall. With regard to a new drug rule, comment will be sought on several issues such as:

- The definitions of small and large grantees,
- The states' role in assuring section 18 grantees' compliance,
- The definitions of safety-sensitive employees,
- Whether contract service and contract maintenance providers should be covered,
- The requirement for one or two supervisors to make a reasonable cause testing referral of an employee, and
- Time frames for implementation.

With regard to an alcohol regulation, the FTA is participating in a departmental-wide rulemaking process being orchestrated by the Office of the Secretary. The FTA has been a major player and the transit industry's concerns have been actively represented in internal DOT discussions; many of the transit-specific issues that will be raised in the drug rule making process will also be discussed in the alcohol rule making process.

Back in 1988 and 1989, industry representatives, both union and management, challenged the FTA about the need for a drug testing regulation. People were quite vocal in expressing their opposition to drug testing while at the same time raising concerns about alcohol abuse by employees and its impact on the industry. In fact, the preamble of the original FTA drug rule stated that no definitive information was available on illicit drug use by transit industry employees. Such data now exist.

The FTA Safety Office has just released a report that contains the results of two surveys designed to gather information on substance abuse policies and programs as well as drug and alcohol usage patterns in the transit industry. Of the 2 surveys, one was completed by transit system managers and the other by safety sensitive transit employees.

The agency survey sought information on substance abuse program policies and procedures, positive test rates during calendar year 1990, disciplinary procedures, employee training and substance-related accident data. The survey was mailed to four hundred transit systems; 317 completed questionnaires were returned and 306 comprise the agency data base. The employee survey was administered to 1,975 safety-sensitive employees at 9 randomly selected transit systems stratified into 3 groups based on annual ridership. The employee questionnaire focused on personal use of drugs and alcohol, and the questions were standardized to facilitate comparisons with the National Institute on Drug Abuse household survey. The study was designed to guarantee respondent confidentiality for both the agency and employee surveys. As a result, the survey databases were established to prevent the identification of each participating agency by name, location or operational characteristics. Even more exhaustive efforts were made to ensure both confidentiality and anonymity for the