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 the 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 safetyrelated 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 employee survey respondents. Since both surveys were voluntary, no data were collected from any system or employee who did not consent to participate.

First, some general findings:

• Of the 306 systems, 78% conduct some type of drug testing, but only 58% conduct alcohol testing. But when asked which type of substance was most prevalently abused by the workforce, 75% of the agencies identified alcohol.

• The personal use data provided in the 1988 and 1990 NIDA household surveys provide a benchmark for comparisons of the transit industry results with those of the general population. Those results indicate that self-reported drug and alcohol use by transit employees was only slightly lower than reported use by the general population.

Some key findings regarding alcohol:

• As noted in the agency survey responses, alcohol was perceived as the most abused substance, yet only 58% of the systems test for alcohol.

• About 6% of the sensitive safety employees reported using alcohol within 5 hours before reporting to duty or during duty hours. Most of these duty-related drinkers were also high volume drinkers of six to ten or more drinks each time.

• Overall, about 2% of alcohol test results were confirmed positive for sensitive safety employees.

• The average positive alcohol rate for vehicle and equipment maintenance personnel is 3.7%, twice that for vehicle operators; dispatchers also have a positive alcohol rate twice that of vehicle operators.

A few interesting facts on drugs:

• Cocaine and marijuana are the 2 most popular drugs of choice followed by opiates, barbiturates and benzodiazepines.

• Almost 7% of safety-sensitive employees acknowledged personal drug use on the day before or the day of reporting to work.

• Over 10% of the safety-sensitive employees reported daily or weekly use of a duty-affecting drug.

• Positive drug test results were slightly higher for vehicle and equipment maintenance employees than for vehicle operators.

• Slightly over 4% of all drug tests administered to

safety-sensitive employees and job applicants in 1990 were confirmed positive.

Finally, with regard to substance-related accidents:

• Two-thirds of the transit agencies believe that they have no substance abuse problem, even though some reported at least one major substance abuse-related accident in 1990.

• Almost 40% of all transit systems cannot identify a substance abuse related accident as such since they do not conduct post-accident testing.

Because the FTA drug and alcohol rules will require annual reporting by grantees of test results, this report will be used as a baseline against which the regulations' effectiveness can be measured over the next few years.

Over the last 2 years, FTA has funded nine drugrelated demonstration and technical assistance projects in 8 states and with a regional transit association. The projects are now completed and have produced how-to-manuals, training materials, model policy statements and RFPs and the like. Those products should require very few changes to accommodate a new FTA drug rule.

In addition, FTA has made available five other technical assistance packages. The first package is a pair of substance abuse awareness videos produced by the Metropolitan Atlanta Rapid Transit Authority. And the second is the implementation guidelines of which over 6,000 copies have been distributed. When a new drug rule is issued, revised guidelines will be published almost immediately, with updated and expanded information.

The third package consists of a training module for supervisors whose responsibility it is to make reasonable cause drug testing referrals.

Fourth, a new random drug testing manual has recently been printed. It offers practical guidance on implementing a random drug testing program in the real world of transit operations, and it is designed to be very pragmatic and especially sensitive to concerns of rural and small urban transit operators.

Finally, FTA and Connecticut Transit have collaborated to create a manual to help employers develop employee assistance programs. With regard to the new alcohol rule, the FTA Safety Office will develop technical guidance of the scope and quality of the drug implementation guidelines, as well as other alcohol-related materials that may not already exist.