

Alcohol Abuse

Editorial, by Jon L. Jordan, MD, JD

Potential drug and alcohol abuse in aviation has been a long-term concern of the Federal Aviation Administration and especially, the Office of Aerospace Medicine. Going back to the early 1970s, the leadership of the then-Office of Aviation Medicine recognized that the potential for alcoholism in flight deck crews probably was at least comparable to what could be found in the general population.

At the same time, it was also recognized that the routine physical examinations of airmen were not identifying significant numbers of airmen who had drinking problems. In addition, a conservative approach to the medical certification of airmen with a history of alcohol abuse appeared to be driving airmen "underground."

In an effort to cure what was believed to represent a significant safety problem for the air carrier industry, the Federal Air Surgeon began seeking ways to improve the identification of alcoholic airmen. The objective was to remove those airmen from their safety-related duties, get them into treatment, and if possible, return them to piloting duties.

The early years of attempting to build a means for identifying pilots with alcohol problems were marginally productive, and it was not until aggressive involvement of the Air Line Pilots Association in the mid-70s that significant headway was made in the initiative. Through a grant by the National Institute for Mental Health, the Human Intervention and Motivation Study spawned a cooperative enterprise between the FAA and the aviation community to deal with alcohol abuse by air carrier pilots.

The program was founded, in part, on the concept that, if pilots could be returned to duty within a reasonable period of time following rehabilitation and commitment to abstinence from alcohol, more pilots with alcohol problems would self-identify or be identified by peers. That is precisely what happened.

As an added measure to deal with concerns regarding drug and alcohol abuse in aviation, Congress enacted the Omnibus Transportation Employee Testing Act of 1991. This Act codified the FAA's existing anti-drug program and led to the implementation in 1994 of alcohol testing requirements for segments of the aviation industry. Under these regulations, testing for alcohol is now required for certain workers in the industry, including pilots. These tests are required randomly, post accident, for reasonable cause, return to duty, and follow-up after return to duty.

You've probably seen or heard, through the news media, incidents of pilots who have reported for duty under the influence of alcohol and with blood or breath alcohol levels in excess of FAA regulations. In many of these cases, security personnel- and not co-workers of the pilots- have been responsible for reporting the pilots who appear to have recently used alcohol. Alcohol testing under FAA's regulations has, in most reported cases, confirmed the suspicions of the security personnel.

It is disturbing that pilots would report for duty with any levels of blood or breath alcohol. The threat to safety should to be apparent to everyone and the threat to aviation careers, if nothing else, ought to prevent this from happening. It is also disturbing that security personnel seem to have become the first line of defense in identifying these problem pilots. This is the case, however, and it has become obvious that we must now carry out some careful introspection to determine what more might be done to prevent these incidents from occurring.

I began this column with the thought that the physical examinations of airmen have not proved effective in identifying many pilots with alcohol problems. I cannot help but wonder, however, whether this is because alcohol abuse is difficult to identify through a routine physical examination or because the examining physician has failed to see or ignored obvious clinical signs. This is something you might consider when you examine your next airman. Confronting the airman whom you suspect has an alcohol problem could be a major contributor to safety and, in the long run, a service to the airman.

JLJ