

STATEMENT OF CHARLES E. WEITHONER, ASSOCIATE ADMINISTRATOR FOR HUMAN RESOURCE MANAGEMENT, FEDERAL AVIATION ADMINISTRATION, BEFORE THE HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL, CONCERNING THE USE OF ILLICIT DRUGS IN THE WORKPLACE. MAY 7, 1986.

Mr. Chairman and Members of the Subcommittee:

I welcome the opportunity to appear before the Subcommittee today to discuss with you the approach the FAA has taken in dealing with the issue of illicit drug use by agency employees. This is an important topic which has posed difficult choices for many employers in all segments of our society, and I expect that it will continue to do so at least into the foreseeable future.

We in aviation like to think that we are different than people engaged in many other occupations. And in a number of respects we are, because of the very strong safety ethic which is ingrained in people from the first day they start a career in aviation. At the same time, though, we must be realistic and realize that the aviation community mirrors in a number of respects--both good and bad--society as a whole.

In light of the critical safety responsibilities which are placed on the FAA, we concluded last year that we needed to take a hard look at what actions we should initiate to assure that the use of illicit drugs by an FAA employee did not jeopardize the safety of

the travelling public. Given the size of the agency's workforce, we assumed that some agency employees used illicit drugs off duty, although we have not seen indications of any use during duty hours. In fact, over a period of time, a limited number of incidents--fortunately infrequent in nature--have come to light in which we have found agency employees with safety-related duties that have used illicit drugs in their off-duty hours. Although we have no reason to believe that illegal drug use is widespread within the agency--and, in fact, we are convinced it is not--we believe that we have a special obligation because of our safety role to absolutely prohibit the use of illegal drugs by our safety employees whether such drug use is during their off-duty hours or not. We are convinced that the travelling public shares in that judgment.

Consequently, to effectuate our determined need for a drug-free safety workforce, Administrator Engen announced an agency policy on substance abuse last August. That comprehensive policy, although strict, is essentially remedial in nature. It was formulated in a way that seeks to balance employee rights with the safety needs of the air transportation system. I would like to take a few moments now to describe our policy for the Subcommittee.

One key element of our policy is that, when there is credible evidence that any employee is involved in growing, manufacturing,

or dealing in illicit drugs, that employee will be separated by the FAA. We will also separate any employee who has direct aviation safety responsibilities or duties which could affect the safety of people or property if that individual, while on duty, uses, possesses or purchases drugs or is under the influence of drugs. All employees have been put on notice concerning these stringent measures.

In cases where there is credible evidence of off-duty substance abuse by an employee, that employee will be relieved immediately of all aviation safety-related duties and temporarily assigned other responsibilities. The employee will then be offered an opportunity to enter into an appropriate drug use abatement program or alcohol abuse treatment program. Refusal to enter into such a program will result in separation of the employee.

Once an employee has enrolled in an appropriate program, return to safety duties will be contingent upon FAA medical clearance. After successful completion of the rehabilitation program, the employee will be subject to random screening tests. Any recurrence of illegal drug use or alcohol abuse will result in immediate removal of the employee by the FAA.

In addition to the basic policy against the use of any illicit drugs by FAA safety personnel, the Administrator directed that a procedure be established within the FAA to screen for substance

abuse during the annual medical examinations which agency safety employees are required to undergo. The agency's medical staff is in the process of evaluating the qualifications of several laboratories which have competed to perform such drug screening in behalf of the FAA, and we hope to have this program in place this Fall.

In sum then, for agency safety employees we have adopted an approach that calls for a drug-free lifestyle. We have sought to regulate this policy in a way that balances individual rights with the need to promote both safety and public confidence in the safety of the air transportation system. We believe this approach will serve the travelling public well, and will reevaluate, as appropriate, the need for refinements in this program.

In terms of our regulation of employees outside the FAA, we have not at this time prescribed any drug testing program, although that issue is one which we must continue to assess. It should be noted, however, that there are more than one million airmen regulated by the FAA. Clearly, testing that entire population or even a significant portion of that population would be extremely burdensome to administer as well as very costly.

We do, however, have regulations in place which preclude any crewmember of an aircraft from serving as a crewmember while using

any drug (whether illicit or not) which affects that crewmember's capabilities in any way contrary to safety. We, also, have medical regulations concerning pilots which preclude the issuance of a medical certificate, necessary to serve as a pilot, to an individual if that individual has a medical history or clinical diagnosis of drug dependence.

There are complementary regulatory provisions concerning alcohol as well. In fact, we have had a significant degree of success with the comprehensive rehabilitation program we instituted in the mid-1970's for recovering alcoholic airline pilots. Under that program more than 600 airline pilots have returned to flight duties under very carefully controlled conditions. We have experienced a success rate of slightly better than 91%, with success being defined as no relapses over a 2-year period following the return of medical certification.

In closing, Mr. Chairman, I should note that our presence today should not be viewed as an indication that drug use is a major problem within the FAA safety workforce or in the industry population. There is absolutely no evidence to suggest that is the case. In fact, there has never been an accident involving a United States airline which has been attributable to alcohol or drug use. This speaks well, I believe, both for the concern for safety found in all segments of the aviation community and for the

FAA's regulatory approach governing the use of drugs and alcohol in the aviation environment. Nevertheless, as a provider of safety services and a key regulatory agency, we in the FAA must keep pace with changes in society and take action designed to prevent safety problems from occurring. As noted, we have taken several key steps within the agency in terms of the recent drug policy that applies to our own employees. We continue to be concerned about the potential for such problems in industry as well, and, if we identify areas needing improvement, we will not hesitate to take such additional measures in the future as may be determined necessary to protect the flying public.

That completes my prepared statement, Mr. Chairman. I would be pleased to respond to questions you may have at this time.