

## Addiction Treatment in Aviators

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It may surprise (if not upset) most air travelers to learn that the pilot of their aircraft may be a recovering alcoholic. A closely guarded secret of the aviation industry is that for more than thirty years a coalition between Employee Assistance Programs, air carrier corporate management and the Air Line Pilots Association has addressed alcohol problems in pilots. These impaired pilot programs have proved to be one of the most effective means of dealing with alcoholism in the workplace. They quickly identify pilots with alcohol problems, refer them to treatment, and – once cleared by the FAA - *return them to flying status*.

Why would anyone put a treated alcoholic pilot back in the cockpit?

One reason: it works.

This pragmatic approach to alcoholism actually began in the United States Navy. In the late 1960s, the Senior Flight Surgeon aboard the U.S.S. Forestell noticed that many of his pilots suffered from alcohol problems. Captain Joseph A. Pursch realized the danger alcohol abuse posed to aviation safety, but he also understood the unique personality characteristics of young, confident and otherwise highly capable Naval Aviators, and he knew that the traditional zero-tolerance approach to alcohol abuse would keep pilots from asking their flight surgeons for help. This punitive approach would actually *degrade* safety. So Captain Pursch single-handedly devised a *risk-management* approach that encouraged aviators to self-report their alcohol problems (or report their fellow pilots with alcohol problems). The squadron flight surgeon would have the ability to immediately refer the pilot to inpatient treatment. But most importantly, on completion of inpatient treatment the pilot would return to flying status – often as soon as thirty days sober. Captain Pursch’s policy sends the message to all Navy and Marine Corps Aviators that their skills are valuable and that every effort will be made to keep them flying. This policy makes self-reporting far more likely, dramatically reducing the danger of alcohol-related mishaps.

After the pilot resumes flying duties, he begins a rigorous program of monitoring including daily alcohol testing, outpatient follow-up with a Navy Alcohol Treatment Counselor, and regular twelve-step meeting attendance. Additionally, the close social dynamic of the squadron ready-room serves as a sensitive screening test for relapse. If relapse does occur, it is handled within hours - rather than days, weeks or months for most other patients – and further deterioration of the pilot or the operational safety of the squadron is aborted.

The risk management approach produces far higher safety margins than the “zero-tolerance” punitive approach. Dr. Pursch estimates that the Navy’s return to flying status rate in its treated pilots exceeds 90%. United Airlines was so impressed with the Navy’s program that they adopted it. One research report shows that United Airlines’ impaired pilot program had an 87% return to flying status rate in its treated alcoholic pilots. The benefit of these programs is so clear that most commercial air carriers now have impaired pilot programs, and many other professional organizations, such as State Bar Associations and State Medical Boards, have followed suit with equal success.

The reason that pilots enjoy such extraordinary recovery rates is still unclear. Perhaps pilots are afraid of punishment - losing their ability to fly if they do not go to

treatment. Perhaps pilots are smarter and more capable than other alcoholics. If these are the variables at work that must be proved with research rather than tacitly assumed. Far more likely, there are other reasons for treatment success in pilots: Pilots love to fly more than they love to drink, and they respond better to programs that emphasize their capabilities rather than their infirmities. They do well in programs that treat their alcoholism in a vocational setting, rather than ground them outright. Also, pilots are far more immune to the shame that often accompanies alcoholism (it's hard for a pilot to accept the "alcoholics are weak and bad" argument when that morning they took their jet past the sound barrier). But mostly, pilots are told everyday that they matter, that their skills are valuable, and that they will receive help and support if they ask for it. It is exceedingly unlikely that other addicts couldn't benefit from a similar, non-punitive, risk-management, asset-based approach. If, say, single, methamphetamine-addicted mothers, were given the same message of hope and support that pilots receive, and retained in their role as custodial parents, we might see the extraordinary success rates of pilots transfer to them as well.