



Airline pilots soar to success in recovery

Untreated alcoholism and other forms of chemical dependency destroy the lives of individuals and their families. Yet the potential for disaster is even greater when an addicted person works in an industry which directly affects the public's health or safety. Consider the case of commercial airline pilots.

The obvious risk posed by pilots with alcohol and other drug problems is a continuing concern to the Federal Aviation Administration (FAA), the airline industry and the flying public. While no commercial airline accidents have been traced to alcohol or drug use, experts say that the incidence of chemical dependency among airline pilots is about the same as in the rest of the population, or about one in ten.

The good news is that pilots who complete a prescribed and comprehensive rehabilitation program have achieved high rates of recovery. According to professionals in the field, about 92 to 95 percent of pilots who go through an extensive rehabilitation process—called the Human Intervention and Motivation System (HIMS) Program—remain sober two years later. While comparable to the success rate among professionals in other health and safety industries, such as physicians, it is well above the treatment field's standard of 50 to 60 percent for middle-class Americans receiving primary residential treatment. One reason for the high success rate: Like other health and safety professionals, pilots have a major incentive to stay sober—it's the only way they can hold on to their career.

The way it was

The outlook has not always been so bright. Before 1975, it was extremely difficult to identify or treat pilots with alcohol or other drug problems. Since evidence of alcohol and drug dependence automatically ended a flying career, few pilots came forward for help. Pilots had an even greater incentive than most people to deny the truth of their addiction, since it meant losing a highly lucrative career and handsome retirement and pension benefits. Pilots' peers were equally reluctant to voice suspicions with such dire consequences. In effect, there was a "conspiracy of silence" around the issue.

"When the FAA became aware that a pilot had a diagnosis of alcohol dependence, they suffered a permanent loss of their airman's certificate," says Donald Hudson, MD, aeromedical director of the Air Line Pilots Association (ALPA) in Aurora, Colo. "You could get treatment, but you could not regain your certificate—though people tried, unsuccessfully." The only way for pilots to get help and keep flying, Hudson says, was to keep quiet. "There were flourishing underground treatment programs where pilots would go and get treated and no one would ever know."

Before the HIMS Program, the FAA and commercial airlines generally had to wait for a pilot to get in trouble before learning of a potential problem or risk to air safety. "Before this cooperative program began in the mid 1970s, the FAA was rarely able to identify the commercial pilots who were alcoholic," says Barton Pakull, MD, chief psychiatrist for the FAA in Washington, DC. "The pilots either kept flying until they retired or got a medical retirement for another reason. Or they came to the FAA's attention through some arrest for an alcohol-related incident, or rarely, through medical channels, and then the FAA would deny them medical certification. We couldn't identify more commercial pilots because the people close to them were reluctant to let us know, and they remained underground."

In the early 1970s, however, leading members of ALPA recognized that this draconian approach wasn't working. Problem pilots were not getting the help they needed, and the airlines were losing significant sums they had invested in training pilots who later lost their licenses. There had to be a better way. Working together, ALPA, representatives of the airline industry and the FAA developed a comprehensive system for identifying, treating, and monitoring chemically dependent pilots. As a result, these pilots now have a chance to seek treatment and recovery without losing their livelihoods.

The HIMS approach

The underlying philosophy of the HIMS Program is that "pilots can be helped to deal with addiction to alcohol and other substances and return to useful lives with their families, companies and profession." The assumption is that pilots who are willing to admit their problem and actively participate in treatment, aftercare and ongoing support programs such as Alcoholics Anonymous can return to flying—often within four to six months of finishing primary treatment.

There are five basic steps in the HIMS Program: 1) identification of the chemically dependent pilot; 2) evaluation for chemical dependency; 3) primary treatment; 4) aftercare; and 5) continuing support and monitoring.

The first step involves identifying a pilot who may have a substance abuse problem. In rare cases, the individual pilot may come forward and seek help on his or her own. Most often, however,

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B Y P E T E R K I Z I L O S

Says Barton Pakull, MD, chief psychiatrist for the FAA, who decides if a pilot's recovery is solid enough to permit a return to flying: "Most importantly, I look for a good sobriety attitude. I don't want to see a pilot who is full of anger, resentment, or self-pity. . . . Instead, I want to see a pilot who is grateful, one who says, 'I'm going to live the rest of my life in sobriety. I'm glad this happened to me.'"

FAA alcohol and drug-testing rules, sanctions

While recovering pilots are required to undergo rigorous random alcohol and drug screening, all commercial airline pilots are subject to FAA drug-testing rules and sanctions.

Alcohol. Pilots are prohibited from acting or attempting to act as a flight crew member within eight hours after consuming alcohol, while under the influence of alcohol, or while having an alcohol concentration (BAC) of 0.04 percent. Pilots are required to submit to mandatory-random, reasonable-suspicion, and postaccident testing, and are prohibited from consuming alcohol within eight hours following an accident unless tested or released from testing by the employer.

An alcohol-related rule violation occurs when the pilot is unavailable for postaccident testing; the pilot refuses to submit to required testing; required testing shows BAC at or above 0.04; the pilot performs safety-sensitive duties within eight hours of using alcohol; the pilot uses alcohol within eight hours of an accident without having been tested or excused from testing; and when the pilot uses alcohol on duty.

A permanent bar from flying results if the pilot is found to be using alcohol while on duty or if he or she commits two alcohol-related violations.

Drugs. Pilots are tested for marijuana, cocaine, amphetamines, opiates and phencyclidine (PCP). A permanent ban from flying applies for on-duty drug use or after two confirmed positive drug tests.

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substance abuse problem is detected when a flight crew member or another airline employee becomes aware of the pilot's problem, a pilot violates FAA alcohol and drug rules, or a pilot receives a second DUI arrest. In each of those cases, some type of intervention is necessary by the FAA. With the knowledge that the discovery of an alcoholism problem is not career ending, spouses and friends are more often coming forward to initiate intervention.

In some cases, with the help of an airline's employee assistance network, a formal intervention may take place with a number of key people involved. An aviation medical expert, one or more pilots who have been through the HIMS Program, a management representative, family members, friends, and the pilot.

Most pilots react to the intervention in one of two ways. Some willingly accept the need to be evaluated for chemical dependency, others go grudgingly—only to keep from losing their job. If an evaluation reveals chemical dependency, the pilot must enter treatment or lose his pilot's license. "Once the diagnosis is made it is like having the diagnosis of a heart attack," says Keith Martin, MD, associate medical adviser to ALPA in Aurora, Colo. "It is medically disqualifying. You have to go through the process of getting your medical certificate back."

To eventually return to flying, chemically dependent pilots must complete primary treatment, usually in a residential program. Before entering treatment, the pilot is assigned an independent medical sponsor who oversees every stage of his or her recovery process. In addition to collecting and evaluating information on the pilot's progress through primary treatment, aftercare, and the ongoing support phases of recovery, the medical sponsor is a liaison with the FAA, which has ultimate responsibility for deciding if the pilot can return to flying. No sooner than 30 days after primary treatment, the recovering pilot must also submit to an extensive evaluation by a designated independent psychiatrist who is familiar with substance abuse/dependence problems to rule out other disqualifying conditions and to assess the level of recovery at that point.

Continuing care is key

After primary treatment, the pilot is required to participate in a rigorous aftercare program. Depending on the pilot's situation and needs, this could include staying at a halfway house, participating in aftercare groups, and intensive involvement in AA. "From our early mistakes, we discovered the importance of good continuing care," Pakull says. "No matter how good the initial treatment phase is, if you don't have a continuing investment in treatment through an aftercare program, the relapse rate rises. In the early years (of the HIMS Program), we were able to drop the relapse rate by 10 to 15 percent simply by mandating aftercare—of any quality—but especially group aftercare."

During aftercare, the pilot reports monthly to a peer monitor and a company monitor to discuss how things are going and report any potential problems. The aftercare treatment provider is responsible for making regular reports on the pilot's progress to the independent medical sponsor.

Aftercare helps recovering pilots learn to cope with the stresses they will face when returning to work. "Some of the issues revolve around the traveling and layovers," says Al Tighe, supervisor of continuing care at Hazelden who works with pilots in aftercare. "Many of the pilots drank on layovers; they are lonely and there is not a lot going on. It's a dangerous situation for them in early recovery. Also, there's a lot of family stress. Because of the very nature of their jobs, they are away from their families for long periods of time and have variable schedules. We try and teach them a lot of communication skills and stress relief techniques so that they can cope better with everyday problems."

Through arrangements with a national air carrier, Hazelden since 1989 has provided primary treatment and aftercare programs for airline pilots. One of Hazelden's strengths is the network of contacts it can draw upon to help pilots find

appropriate aftercare after primary treatment. "We can coordinate all of the treatment and aftercare processes necessary to return these pilots to flight status," says Mike Early, Hazelden's manager of Continuum Services. "We have a vast network of services in our resource library that meet FAA requirements and that we can refer to if we have a pilot that lives in a remote area."

Renewal Center enhances recovery

A major reason for the high recovery rate among pilots who go through Hazelden, according to Tighe, is the quality and quantity of continuing care they receive. "The more accountability people have, the better off they are," he says. "Pilots go way beyond the normal six-month continuing care program. They are also receiving relapse prevention education and ongoing therapy during this two-year period, with follow-up visits to the Hazelden Renewal Center (a Twelve Step retreat center in Center City, Minn.) at one- and two-year intervals." After one year, the Renewal program for pilots focuses on relapse prevention; at two years, the focus is on personal growth issues that further strengthen recovery.

Following successful participation in primary treatment and during aftercare, the pilot's independent medical sponsor submits detailed records of the pilot's progress and evaluations to the FAA for review. As chief psychiatrist for the FAA, Pakull is charged with deciding whether a pilot's recovery is solid enough to warrant the issuance of a special medical certificate that would permit him or her to return to flying. Most pilots return to work four to six months following primary treatment.

"Most importantly, I look for a good sobriety attitude," Pakull says. "I don't want to see a pilot who is full of anger, resentment, or self-pity—one who says, 'Oh poor me. This is hurting me. I'm going to lose my family. Why can't I go back to flying right away?' Instead, I want to see a pilot who is grateful, one who says, 'I'm going to live the rest of my life in sobriety. I'm glad this happened to me.' I want to see a pilot with some humility, who realizes that this thing is more powerful than himself—and that he has to live life one day at a time."

"We're really talking about the signs that a person is beginning to have a good sobriety attitude. I worry about the white-knuckle dry drunk going back to flying, because he's eventually going to be tempted to try drinking again—out of anger or self-pity when things go wrong."

Rigorous, random drug screenings

Even after a pilot has been recertified to fly, he or she must participate in a rigorous monitoring process to ensure continued sobriety. This includes regular random alcohol and drug screenings and reporting by airline pilots and supervisors to the medical sponsor, who serves as the medical monitor reporting to the FAA. Periodic reports from aftercare counselors and the independent psychiatrist on the pilot's progress are an important part of this process. This period of monitoring lasts a minimum of two years and may vary according to the quality of recovery, as assessed and recommended to the FAA by the medical sponsor.

Pilots who relapse can be recertified if they are able to successfully complete treatment again, demonstrating that the factors that led to the relapse were dealt with adequately. Under evolving guidelines, pilots who relapse after being returned to flying under this program may be subject to monitoring for the remainder of their careers.

While the FAA doesn't require AA attendance for recertification, Pakull highly recommends participation in AA and a similar group called Birds of a Feather. Founded in December 1975 (the same year HIMS was introduced), Birds of a Feather is an AA-oriented self-help group that is exclusively devoted to the needs of recovering pilots. The group holds regular meetings at major airports throughout the United States.

Since 1975, a little more than 2,000 pilots have achieved recovery—and returned to the skies—with the help of the HIMS Program.