

Enclosure 1

PROPOSED:

APPENDIX A

NOTICE OF VIOLATION

Connecticut Yankee Atomic Power Company  
Hartford, Connecticut

License No. DPR-61

As a result of an investigation conducted from October 6, 1980 to January 14, 1981 of the circumstances surrounding the transportation and use of the Model No. NFS-4, Serial No. NAC-1E cask shipped from your facility in Haddam, Connecticut on May 1, 1980, and in accordance with the "Criteria for Enforcement Action ---" we sent to you on December 3, 1979; the following item of noncompliance was identified:

10 CFR 71.12(b)(1)(ii) states, in part, that a general license is hereby issued to persons holding a general or specific license pursuant to this chapter, to deliver licensed material to a carrier for transport in a package for which a certificate of compliance has been issued by the Commission's Director of Nuclear Material Safety and Safeguards, provided that the person using the package complies with the terms and conditions of the certificate. Certificate of Compliance No. 6698, Revision 9, dated December 12, 1979, which is applicable to the Model No. NFS-4, Serial No. NAC-1E cask, states in Condition 5(b)(2) that the maximum quantity of material per package will not exceed a decay heat generation of 2.5 Kw.

Contrary to the above, on May 1, 1980, the Model No. NFS-4, Serial No. NAC-1E cask, loaded with failed fuel bundle H07, was delivered to a carrier for transport with a decay heat generation in excess of 2.5 Kw (2.97 to 3.51).

This item is an Infraction.

Pursuant to the provisions of 10 CFR 2.201, Connecticut Yankee Atomic Power Company is hereby required to submit to this office within thirty days of the date of this Notice, a written statement or explanation in reply, including: (1) the corrective steps which have been taken and the results achieved; (2) corrective steps which will be taken to avoid further items of noncompliance; and (3) the date when full compliance will be achieved. Under the authority of Section 182 of the Atomic Energy Act of 1954; as amended, this response shall be submitted under oath or affirmation. Where good cause is shown, consideration will be given to extending your response time.

Enclosure 2

Following is a draft writeup of citations that appear to be applicable to Battelle Columbus Laboratories as findings resulting from investigation of operational shipment difficulties with the Model No. NFS-4, Serial No. NAC-1E cask. The severity levels listed were taken from the Stello letter to all NRC licensees, "Criteria for Enforcement Action for Failure to Comply with 10 CFR. 71," dated December 3, 1979.

10 CFR 71.5(a) requires that NRC licensees comply with the applicable packaging and transportation requirements of the Department of Transportation (DOT) in 49 CFR Parts 170-189.

1. 49 CFR 173.393(j) requires, in part, that packages for which the radiation dose rate exceeds the limits specified in paragraph (1) of this section, but does not exceed at any time during transportation any of the limits specified in paragraphs (j)(1) through (4) of this section may be transported in a transport vehicle which has been consigned as exclusive use (except aircraft). Paragraph (j)(2) specifies a limit of 200 millirem per hour at any point on the external surface of the car or vehicle (closed transport vehicle only). Paragraph (j)(4) specifies a limit of 2 millirem per hour in any normally occupied position in the car or vehicle.

Contrary to the above,

- (a) On July 22, 1980, the licensee delivered the Model No. NFS-4, Serial No. NAC-1E cask to a carrier for exclusive use transport in a closed transport vehicle and upon arrival at the Jersey Central Power and Light Company facility in Forked River, New Jersey, on July 23, 1980, the radiation dose rate on the external surface underneath the transport vehicle exceeded 200 millirem (240 millirem) per hour.

Severity Level II

- (b) On August 15, 1980, the licensee delivered the Model No. NFS-4, Serial No. NAC-1E cask to a carrier for exclusive use transshipment in a closed transport vehicle from the Jersey Central Power and Light Company facility in Forked River, New Jersey, and upon arrival at the Southern California Edison Company facility in Fort Pendleton, California on August 20, 1980 the radiation dose rate in the tractor (a normally occupied position in the vehicle) exceeded 2 millirem (4.4 millirem) per hour.

Severity Level I

2. 49 CFR 173.393(h) requires that there must be no significant removable radioactive surface contamination on the exterior of the package (see paragraph 173.397). Paragraphs 173.397(a) and (b) define removable (non-fixed) radioactive contamination as being significant if the level of contamination on packages consigned as exclusive use exceeds 22,000 dpm/100 cm<sup>2</sup>.

Contrary to the above, on July 22, 1980, the licensee delivered the Model No. NFS-4, Serial No. NAC-1E cask to a carrier for exclusive use transport in a closed transport vehicle and upon arrival at the Jersey Central Power and Light Company facility located in Forked River, New Jersey on July 23, 1980, the level of contamination on the front of the cask collision shield was in excess of 22,000 dpm/100 cm<sup>2</sup> (23,000 dpm/100 cm<sup>2</sup>).

Severity Level II

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NUREG-0903

~~Before 5/24/82~~  
4/22/82

Survey of Industry and Government Programs  
To Combat Drug and Alcohol Abuse

U. S. Nuclear Regulatory Commission  
Office of Inspection and Enforcement  
Drug Abuse Task Force

W. Altman, W. Brown, L. Bush,  
L. I. Cobb

Manuscript Completed: April 1982  
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## ABSTRACT

This report describes the results of an NRC Task Force survey of the drug and alcohol programs of ten licensed nuclear utilities, of two federal agencies, and of two large corporations not in the nuclear industry. The Task Force solicited, and reports on, utility management views on the extent of the drug and alcohol problem, company policies on the work-related use or possession of alcohol or drugs, and utility management views on proposed NRC regulatory initiatives which would address the drug and alcohol question. The report also describes utility practice and perceptions on: the use of background investigations, psychological tests, supervisory training and behavioral observation, employee awareness programs, employee assistance and rehabilitation programs, and the use of chemical tests and other measures to detect drug and/or alcohol use. Nonnuclear programs reported on are: Department of Defense, Federal Aviation Administration, Kimberly-Clark Corporation and General Motors Corporation.

Based on the results of the Task Force survey of the fourteen drug and alcohol programs and consultations with government and private experts, the Task Force develops and describes a generic Baseline Program for combatting drug and alcohol problems in the nuclear industry. Constituents of the generic Baseline Program are: a written drug and alcohol policy, company resolve to exercise the policy, an employee awareness program, an employee assistance or rehabilitation program, an employee screening program, and a drug and alcohol detection program. The Task Force's survey was limited generally to better drug and alcohol programs and discussions with corporate officials, and the Task Force made no attempt to assess the effectiveness of the programs reported on, or of drug and alcohol programs of the nuclear industry in general.



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We are indebted to the staffs of the ten utilities who assented to requests, mostly on short notice, for discussions about their drug-related policies and programs. The Task Force very much appreciates the time and attention given to it by the staffs of each of the following utilities:

Virginia Electric and Power Company	Florida Power and Light
Northeast Utilities	Sacramento Municipal Utility District
Duke Power Company	Pacific Gas and Electric Company
Portland General Electric Company	Baltimore Gas and Electric Company
General Public Utilities	Northern States Power Company

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## SURVEY OF INDUSTRY AND GOVERNMENT PROGRAMS TO COMBAT DRUG AND ALCOHOL ABUSE

### I. INTRODUCTION

The abuse of drugs and alcohol is a problem of national (and international) scope, and it affects or has the potential to affect people in almost any industry or occupational group. Given a problem so pervasive in our society as drug and alcohol abuse, it would be unrealistic to think it does not touch the nuclear industry. Indeed, as indicated in Information Notice No. 82-05, issued on March 10, 1982, by NRC's Office of Inspection and Enforcement, there have been a number of reported drug-related incidents involving the nuclear industry over the past several years, and they seem to be occurring with increasing frequency. Moreover, the Office of Inspection and Enforcement (IE) has received information which suggests that some utilities in the nuclear industry may not have in place effective programs to address the problem of drug or alcohol abuse among their employees. Licensee programs in this area largely have been voluntary and many have been modeled, with various degrees of rigor, after a program described in an industrial standard. Although two rules have been proposed by the NRC staff, there is presently no NRC regulation that explicitly prohibits drug or alcohol use at a nuclear plant or that explicitly prohibits working in a nuclear plant while under the influence of drugs or alcohol.

Given the situation of (1) an increasing frequency of drug-related reports, (2) allegations implying that some licensed utilities may not have effective programs, and (3) the lack of an established regulatory basis (NRC rule) for dealing with the drug/alcohol problem, Mr. Richard C. DeYoung, Director of NRC's Office of Inspection and Enforcement, established a Drug Abuse Task Force on February 1, 1982, to assess the extent of the problem and to develop a generic approach for addressing it.

Mr. DeYoung and Mr. James H. Sniezek, Deputy Director of IE, appointed four members of their staff to serve on the Task Force: Dr. Willard D. Altman,

Chairman; Dr. Willard B. Brown, Chief, Safeguards Branch; Mr. Loren L. Bush, Technical Assistant to the Director, Division of Fuel Facilities, Materials and Safeguards; and Mr. Leonard I. Cobb, Director, Division of Fuel Facilities, Materials and Safeguards.

The following excerpts from IE Information Notice No. 82-05 explain more about the genesis of the Task Force and its mission:

March 10, 1982

IE INFORMATION NOTICE NO. 82-05: INCREASING FREQUENCY OF DRUG-RELATED INCIDENTS

Description of Circumstances:

Based on data reported to the Nuclear Regulatory Commission (NRC) and either published or to be published in the Safeguards Summary Event List (NUREG-0525), the number of drug-related incidents in which licensee or contractor employees were arrested or terminated has increased dramatically in the past year. During the last 5 years, the increasing trend is as follows: two in 1977; none in 1978; one in 1979; five in 1980; and twelve in 1981. Thus far in 1982, Regional Preliminary Notifications dealing with at least four new drug-related incidents have been issued. The reported incidents implicate a range of licensee or contractor personnel, including personnel in construction, operations, and security. The reported incidents are widespread geographically, and involve power reactor sites in each of the five NRC regions.

Reported incidents have involved both onsite use or possession of drugs and personnel reporting to work under the influence of controlled substances. Marijuana was the most frequently reported controlled substance involved in these events; however, incidents involving amphetamines, cocaine, hashish, phencyclidine and methaqualone have also been reported.

Given the alarming increase in reported drug-related incidents, the wide range of personnel implicated, and the pervasiveness of the reports on a national basis, the Office of Inspection and Enforcement (IE) has established a Drug Abuse Task Force to address the problem on a generic basis. IE has given top priority to the prompt and effective development of a generic approach to the problem of possible drug (including alcohol) abuse by licensee or contractor personnel. As such, IE solicits relevant licensee experience in this undertaking. Teams from the Task Force are presently gathering information in a series of visits to selected licensees to discuss the drug problem and possible generic approaches that would best address the problem.

The Task Force is also collaborating with other members of the NRC staff to explore several regulatory approaches to the drug problem. The information obtained from the series of utility visits will be factored into the results of the inter-office efforts.

Mr. DeYoung felt that in order for the Task Force to develop a preliminary assessment of the extent of the drug/alcohol problem and a workable generic approach to the problem, it was imperative first to solicit relevant licensee experience. He directed the Task Force to visit a number of utilities to gauge the licensees' perceptions of the problem, to determine programs in place to address it, and to determine which approaches they have concluded to be effective.

Section II of this report describes what the Task Force learned about utility programs for addressing drug and alcohol abuse from a series of interviews with utility corporate officers. The survey was conducted by visits to corporate offices between February 23 and March 12, 1982. Most licensees visited were chosen for this early activity because the Task Force had reason to believe that those utilities had in place effective programs for dealing with drugs and alcohol and that visits to them would provide information useful for developing recommendations for a generic approach to the drug/alcohol problem. A number of relevant topics was discussed with corporate officials during the Task Force visits with ten licensees, including the corporate perception of the drug and alcohol problem and company policies for dealing with it. The Task Force solicited information and licensee views on other relevant topics such as background investigations, psychological testing, behavioral observation, employee assistance programs, chemical tests, and the proposed "Access Authorization Rule"\* and "Fitness for Duty Rule."\*\*

Section III of this report describes what the Task Force learned about the drug and alcohol programs and policies of two other federal agencies responsible for ensuring the safe exercise of high technology: the Department of Defense

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\*The proposed 10 CFR 73.56, "Access Authorization Rule," is an outgrowth of a 1979 NRC rulemaking action on access authorizations. The Access Authorization Rule is NRC's response to the recommendation of an NRC Hearing Board that NRC promulgate a screening rule for people working at civilian nuclear power plants. (See Appendix A.)

\*\*A proposed amendment to 10 CFR 50.54, the "Fitness for Duty Rule" was originally conceived as a regulatory approach to operator fitness in response to an NRC Action Plan developed as a result of the accident at Three Mile Island. (See Appendix B.)

(Nuclear Weapons Program) and the Federal Aviation Administration. In addition, Section III of the report discusses the drug and alcohol program of two major private companies not in the nuclear industry, Kimberly-Clark Corporation and General Motors.

Section IV of this report contains preliminary Task Force conclusions, including a description of a proposed Generic Baseline Program for the nuclear industry for addressing the drug and alcohol problem.

At the present time the NRC staff is working on two proposed rules which, if implemented, would provide a regulatory framework around which a generic approach to the threat of a drug and alcohol abuse problem in the nuclear industry can be fashioned. One of these rules, the proposed 10 CFR 73.56, Access Authorization Rule, is discussed in this report in Appendix A. The other, the proposed Fitness for Duty Rule, an amendment to 10 CFR 50.54, is discussed in this report in Appendix B.

The Task Force's sample of ten licensees was not chosen to be representative of the industry as a whole, and the reader should be careful about inferring conclusions about industrywide practices based solely on the information in this report. Further Task Force work may include visits to a larger, more representative sample of licensees and discussions with a wider range of personnel. The findings and the opinions in this report are those of the Task Force and do not necessarily represent the position of the Office of Inspection and Enforcement or the Nuclear Regulatory Commission.



## II. TOPICS COVERED IN SURVEY OF LICENSEES

### Topic 1: Utility Perception of the Drug and Alcohol Problem

The Task Force solicited the views of utility management on the problem of drug and alcohol use or abuse by personnel working at nuclear power plants and the impact this problem might have on public health and safety. These questions were generally addressed by the senior licensee management official present, usually a Corporate Vice President or General Manager responsible for nuclear operations or a Vice President for Personnel or Administration. The following paragraphs paraphrase the general licensee consensus, based on the limited sample (10) of utilities surveyed by the Task Force.

The utilities recognized that drugs and alcohol are a problem on a national level, and that it would be unrealistic to expect that such a pervasive problem would somehow leave the nuclear industry untouched. Indeed, each utility surveyed had experienced some instances of drug and alcohol abuse among its personnel and each had terminated employees in the past because of alcohol or drug problems. Each utility employs a range of occupational specialists including laborers, groundsmen, janitors, electrical servicemen, welders, linemen, security officers, boiler operators, pipefitters, health physicists, auxiliary operators, engineers, and reactor operators. For several utilities, the personnel terminated for drug- or alcohol-related reasons were engaged entirely in nonnuclear activities.

The nuclear-related personnel can be broken down roughly into three categories: construction and contractor personnel, security personnel, and operating personnel. The utilities surveyed generally viewed construction and contractor personnel as being most likely to evidence drug/alcohol problems (possession, use, or sale) at a nuclear power plant site; operating personnel (health physicists, auxiliary operators, reactor operators, senior reactor operators) were least likely to evidence such problems. The reasons given for this are: several thousands of people may be onsite at once during construction, or a plant outage, and the prescreening, searching, scrutiny, and supervisory observation they receive is less intense than that for permanent operating plant



personnel. Moreover, plant operating personnel are required to satisfy substantial training and competency requirements. These requirements and the rigors of day-to-day duties which require a high level of mental alertness and agility, would, in the words of one corporate official, cause an operator who was seriously addicted to drugs or alcohol to "get weeded out." That is, such a person would not be able to perform his expected duties and he would be eliminated either during the training program or due to obvious nonperformance on the job. Several utilities expressed the feeling that people with significant untreated drug or alcohol problems just would not last on the regular operating force.

Several licensees pointed to a statistical relationship between age and drug use: they felt that drugs were more likely to be used by the younger age group (under 30 or 35) and less likely to be used by those over 35 (although alcohol use would be a greater problem with this older age group). No actual statistics were examined, but some licensees argued that the average age of construction and security personnel was lower than operating personnel, and that the perceived national trend of less drug use among the over-35 age group held true in the nuclear industry, as well, and helped to explain why utilities do not see a significant drug problem with operating personnel.

Other licensee perceptions offered without supporting data, in support of the general feeling among utility management that drugs and alcohol were not a serious problem among operating personnel included: (1) operations personnel are more familiar than the rest of the work force with the potential radiological dangers associated with misuse of nuclear power so they are more cognizant of "peer pressure in a safety sensitive situation," and (2) the perception that since a number of operating personnel were formerly with the Navy nuclear program they might bring to the civilian program a strong antidrug attitude instilled in them by a rigorous Navy environment.

Several utilities cautioned the NRC not to overreact to the recent rise in reported drug-related incidents. They focused particularly on the extent to which operating personnel have or have not been involved in past incidents. They felt that NRC should be careful not to impose restrictive new rules on operating personnel based on incidents primarily involving construction and

security personnel. Several emphasized that to their knowledge there had been no confirmed incident in which an NRC-licensed operator was found to be unfit for duty as a result of drug or alcohol use.

Several utilities emphasized the effect that some NRC regulations are already having on operating staff morale. They felt the search and access limitation requirements of the new physical security rule (10 CFR 73.55) conveyed to the operating staff a message that the utility and the government did not trust them. One licensee indicated that some NRC rules and inspections to which operators were subject not only increased their recordkeeping requirements, but also seemed to reflect a philosophy of "guilty until proven innocent." An example offered to support this contention was recordkeeping requirements for operators: the licensees contended that NRC's attitude is that a certain required act has not been performed unless a record exists to confirm it, and the operators find this both burdensome and demoralizing.

As a corollary to the NRC-caused problem perceived by management to exist among operating personnel, several utilities argued that NRC should not impose any more requirements restrictive of individual freedom that may be construed to suggest that the NRC doesn't trust licensee personnel. In particular, all licensees interviewed strongly condemned the use of random blood, breath, or urine tests as part of a drug and alcohol detection program. They felt: (1) it has not been demonstrated that the drug and alcohol problem at nuclear plants is serious enough to warrant such a strong action; (2) such a program would be devastating on worker morale, and that it would become even harder than it is now to hire and retain the high quality people needed for their nuclear operations; and (3) it might cause more harm than good - by driving capable people away to be replaced by less capable people, and by fostering such resentment among employees that some reliable employees might become emotionally distraught and try to compromise some plant system out of rage or spite. One utility indicated that such a program would be interpreted by plant personnel as a statement that "they don't trust me" and might well "become a self-fulfilling prophecy."

All utilities surveyed felt that drug and alcohol use during working hours (including being under the influence of a drug or alcohol during working hours)

could not be condoned, and for most, was automatic cause for disciplinary action, up to and including termination. A number of corporate officials felt that the keys to a successful program to combat drug and alcohol use during working hours included the following: (1) a strong company policy prohibiting "work-related" use or possession, that is, use or possession of drugs or alcohol on the work site, or on duty or off duty use of drugs or alcohol that affects an employee's on duty performance; (2) a company resolve to use the policy firmly if a drug or alcohol incident occurred; (3) an awareness on the part of supervisors and management of the potential for alcohol and drug problems; and (4) an easily accessible and confidential employee assistance program available on a voluntary basis.

More than one utility felt that there was no stronger deterrent to drug and alcohol abuse than full exercise of company policy, including termination, for violations of company policy. Word of such disciplinary action is thought to spread fast, and in at least one case it was communicated to all employees by the president of the utility.

Topic 2: Company Policies on the Use or Possession of Drugs or Alcohol

A. Work-Related Use or Possession

Almost all of the utilities surveyed had a clearly defined policy regarding work-related use or possession of drugs or alcohol. Only one of the utilities surveyed had no written policy on the subject. Various methods were used to ensure that employees were aware of a utility's drug- and alcohol-abuse policy, including sending letters to employees, providing statements to be signed by applicants and employees, providing information at time of employment, training, ensuring that supervisors are familiar with company policy, and posting work rules in prominent places.

The following policy statements are typical of what the Task Force found among the ten licensees surveyed regarding work-related use or possession of drugs or alcohol:

Statement 1

Discharge from the Company will normally result from commission of the following acts...

Working under the influence of, or drinking of alcoholic beverages during working time, or possession of alcoholic beverages during work time or on Company property except at Company authorized functions.

Illegal possession, use, or distribution of drugs or narcotics during work time or on Company property.

Statement 2

Intoxicants

(a) Use of intoxicants by any employee during working hours is prohibited, and any violation will be sufficient cause for dismissal.

(b) Any employee reporting for duty while under the influence of intoxicants shall not be allowed to assume his/her duties."



It is further the policy of this Company that employees shall not at any time while at work use or be under the influence of any alcoholic beverage. Employees shall not at any time while at work or on Company business use, have in their possession or be under the influence of any narcotic, marijuana, drug, or any other substance the possession or use of which is unlawful.

### Statement 3

(Utility) employees shall not use any alcohol or other mood-altering chemicals during normal working hours. For the purpose of this policy, "normal working hours" includes breaks and the meal periods. A doctor's prescription used as prescribed is excluded from this policy.

(Utility) employees shall not report to work unable to perform their duties as a result of consuming alcoholic and/or mood-altering chemicals.

- Alcoholic or nonprescribed mood-altering chemicals shall not be permitted on or in Company property.

### Statement 4

To (All) Nuclear Personnel:

To discharge our responsibilities relative to safely operating and maintaining our nuclear stations, it is vital that we take action to protect against the potential adverse influence of any substances which alter mental or physical capacity including, but not limited to, alcoholic beverages or a non-prescribed drug, narcotic, marijuana or other "controlled substance" or "controlled dangerous substance" (as defined by criminal statutes). Accordingly, any (Utility) employee:

1. Found to be using, possessing or under the influence of such substances on the nuclear station site shall be immediately terminated from employment and thereafter denied access to all (Utility) nuclear stations. Provided, however, based upon the circumstances the Company in its sole discretion may reduce the foregoing disciplinary action to not less than two (2) weeks suspension without pay for an employee's first violation of mere possession.
2. Reasonably suspected of using, possessing or being under the influence of such substances on the nuclear station site shall be:
  - a. subject to an immediate and full investigation by Company security personnel, and
  - b. denied access to the Station pending the outcome of the Company's investigation.



In all instances if there is potential criminal violation, the matter shall be reported to the proper law enforcement authorities for their further action.

For most of the utilities surveyed, reporting to work under the influence of drugs or alcohol, or their possession or use, was in itself sufficient reason for dismissal on the first offense. Some utility policies allowed for a progression of increasingly severe actions to be taken for violations of the company's drug and alcohol policy, resulting in termination on the third or fourth occurrence. For all utilities surveyed, including the one with no written drug and alcohol policy, employees had been discharged in the past for alcohol- or drug-related incidents and the same action would be taken in the future if circumstances warranted.

It should be noted that although the utilities generally had firm policies regarding work-related use or possession of drugs or alcohol, all companies surveyed also had some form of a rehabilitation or employee assistance program in which employees could participate voluntarily or be referred to by their supervisors. Employee assistance programs are described later in this report.

#### B. Offsite Use or Possession

Although company policies were generally clear on the unacceptability of work-related or onsite use of drugs or alcohol, most were silent about or tolerated offsite use, so long as such use did not affect an employee's ability to do his job. One utility official expressed succinctly the sample's consensus as follows: "What he does on his off time is his own business."

The following statement by one utility about their company policy is representative of the utilities surveyed regarding offsite use:

There may be some uncertainty regarding off-hour use of alcohol. Whether an employee drinks at times other than working hours is generally the employee's personal business, but there may be times when it is the Company's business. If drinking or use of other mood-altering chemicals leads to unsatisfactory job performance, excess absenteeism, a poor safety record, or misconduct, then the Company is directly concerned and will act. Also, if employees are

under treatment for chemical dependency, they may, as part of their treatment program, be required to abstain. We will help chemically addicted employees help themselves.

At least three utilities took a different approach to offsite use of drugs. One utility distinguished between drug use and alcohol use both in its policy on offsite use and in the availability of the company rehabilitation program. The key to the distinction made between the way they treat drug offenders and alcohol offenders was expressed to the Task Force as follows: "Drugs are illegal, and alcohol is not." This utility draws at least an indirect connection between a person's illegal use or possession of drugs, his general trustworthiness, and his ability to represent the company. The drug policy of this company is as follows:

#### (UTILITY) POLICY CONCERNING DRUG USE

The illegal use, possession of or sale of narcotics, hallucinogens, depressants, stimulants or marijuana on company business or company property can result in suspension or termination. The use of narcotics, hallucinogens, depressants, stimulants or marijuana off company premises which affects an employee's ability to perform his/her job, or which generates publicity or circumstances which adversely affect the company or its employees, can result in discipline, including possible suspension or termination.

#### Four Points to Remember

1. On duty use of illegal drugs is cause for termination or suspension.
2. Off duty use of illegal drugs is cause for termination or other penalties when it adversely affects the company by impairing the worker's performance, or by undermining government or public confidence in the ability of (Utility) to carry out its public service responsibilities.
3. All employees are responsible for preventing and reporting actions that threaten harm to the company. This responsibility often will require mature judgement, but common sense and a knowledge of the law expected of all citizens are sufficient to make such judgements.
4. Employees in certain positions - security personnel and supervisors - are responsible for enforcing these policies. Illegal use of drugs by a security officer or supervisor off duty in itself impairs his or her work performance by impairing his or her ability to enforce (Utility) policies.

All employees have a copy of this policy sent by the utility president. All new employees are required to sign a statement saying they have read the policy and agree to comply with its provisions. This company has terminated employees for offsite use of illegal drugs.

The safety sensitivity of nuclear power and the importance of maintaining public confidence in it was also reflected in the policies of two other utilities:

#### Utility 1

Because of the particular sensitivity in working at a nuclear station, employees are strongly encouraged to seriously consider the need to avoid all activities which would create an apparent conflict with the intent of the above (such as consumption of alcoholic beverages prior to normal work periods and during meal breaks). The immediate benefits of adhering to this practice are the public's perception of the faithful discharge of the responsibilities entrusted to us at nuclear stations and the avoidance of suspicion of being under the influence of such substances. (Emphasis added by utility.)

#### Utility 2

Employees of the Company are visible and active members of the communities where they live and work. They are inescapably identified with the Company and are expected to represent the firm in a responsible and creditable fashion. The vast majority of our employees reflect credit upon themselves and the Company they represent. The use of non-medically authorized drugs is illegal under State and Federal law. Their use, therefore, quite naturally does not conform to creditable behavior....

While the Company does not pretend to be judge of individual life styles, employees who use or traffic in any sort of illegal drugs off Company premises are also behaving unacceptably and serious consequences may result. Certain employees perform critical functions in complex and sensitive work assignments in plant or office where alertness and mature judgement are essential. Any such employee known to be using illegal drugs off Company premises will be subject to appropriate action, including possible removal from his or her critical assignment.

In order to protect the best interests of employees and the Company, the Company will take whatever measures are necessary to ascertain if illegal drugs are located on or are being used on its premises. Illegal drug use and its physiological and psychological effects represent a threat to the well being and security of employees and could cause extensive damage to the Company's reputation and community standing. Drug abuse could also instigate the shutdown of vital Company installations were the public authorities to conclude that operation of these facilities cannot be continued responsibly by Company personnel. Measures used to determine the presence of illegal drugs and/or alcohol, therefore, could include searches or whatever other means are most effective.

These measures may appear harsh, but the Company believes them to be completely justified and necessary. In a time of searching public and governmental vigilance concerning the safe operation of critical utility facilities we must adhere to strict standards of conduct on and off the job if we are to continue to fulfill our responsibility to provide reliable energy services to our customers.

### Topic 3: Utility Use of Background Investigations

#### A. General Description

Every utility surveyed used background investigations as a screening mechanism for new employees. For proprietary and contract security personnel a background investigation program covering felony convictions and drug or alcohol addiction is implicit in the requirements of 10 CFR 73, Appendix B, "General Criteria for Security Personnel." In addition to this NRC-required background check for security personnel, all utilities surveyed perform a background check of other applicants as well, although it may not be as extensive as for security personnel. As a general rule, based on the utilities surveyed by the Task Force, nuclear plant employees and others requiring unescorted access to a nuclear plant are subject to a tighter background investigation and screening process than are nonnuclear employees of the company, and nuclear security personnel are subjected to at least as stringent (and often more stringent) a background screening process as are other nuclear personnel. There are several reasons for stricter checks on security applicants: (1) NRC has more requirements for checks of security officers than for other personnel; (2) in some states the security officer must obtain a state license to carry a weapon, and this entails additional investigation; and (3) to paraphrase the sentiments of several licensees, "Security people carry guns."

Most companies' background investigations cover the immediately preceding three to five years (one goes back seven) and includes a check for criminal convictions, an educational check, a check of past employers, a check of references provided by the applicant, and sometimes checks of references developed by the utility. Some review credit histories. Utilities may have their own staff of investigators who conduct background investigations (in 1981 one utility spent 13 manyears conducting background investigations on 1073 applications), or may contract out the investigations (but not the final decision on who is hired and who is not) to a company that specializes in such services. In some companies, the security department is responsible for administering the background investigation for all employees; in others, the



security department is responsible for security personnel background investigations and the personnel department is responsible for background investigations for other employees. Most utilities have "grandfathering" provisions for long-term employees who have satisfactory performance records.

#### B. Nonavailability of Arrest Records

One major area highlighted by licensees during the survey concerns the background information available to licensees. In some cases, availability of felony information is limited to conviction records at local courts. Such conviction information is a matter of public record and is available to anyone. It does not contain information on arrests. Arrest records are generally viewed by security professionals as being much more useful a screening tool than conviction records are because, as a result of heavy court caseloads or plea bargains, arrests for which strong evidence exists may not result in trial. Moreover, checks of county court records may not determine all convictions because the applicant may not give sufficient information to ensure that all germane counties are queried.

Some utilities are able to perform better background investigations because they are aided by state laws or other arrangements that grant nuclear utilities access to state police arrest records. This check is usually not sufficient to determine out-of-state arrests. Some licensees pointed out that several states refuse to share their criminal history information with other states.

#### C. Senate Bill S.1589

Presently before the Congress is Senate Bill S.1589 which would permit nuclear facilities to have access to FBI and other identification and criminal records under the jurisdiction of the Attorney General of the United States. The utilities surveyed unanimously support this bill, some very pointedly. They believe this bill is important for establishing a high level of company and industry credibility regarding the quality and thoroughness of background investigations. They strongly urged the NRC to support this bill. They see its passage as an

important tool that would enhance the effectiveness of the proposed 10 CFR 73.56 (discussed later) or the revised ANSI N18.17 (ANS 3.3), "Standard on Security for Nuclear Power Plants," which is nearing publication.

#### D. Use of Polygraph

At least four of the utilities surveyed use the polygraph or psychological stress evaluator (PSE) as a tool to verify applicant data and to otherwise help with background investigations in screening applicants for security officer positions. At these utilities the applicant is asked questions designed to determine whether he is or has been a user of controlled substances (drugs). At one of these utilities, the corporate management was very pleased with the polygraph results. Citing a 30% to 40% rejection rate based on the polygraph (and another 10%-15% that fail to show up for the test) this utility felt the polygraph was a more effective screening mechanism than psychological testing (or training supervisors for behavioral observation). Views on psychological testing and behavioral observation will be discussed later.

Another utility said guard applicants are informed that they will be tested on the polygraph and that they will be asked questions about criminal records and the use of drugs and alcohol. The utility estimated that this notice plus the actual test have eliminated from 50% to 75% of the applicants. At this utility, guards are also subject to periodic polygraphic examination.

The favorable attitude of some licensees toward the polygraph is not unanimous among the utilities. One utility with a strong drug and alcohol program and a highly competent security management staff was opposed to the polygraph because (1) utility personnel said the use of polygraph for employment-screening violated state law, and (2) utility personnel felt the polygraph was unreliable, highly subjective, and had the potential to screen out qualified candidates.

It should be noted that at none of the ten utilities surveyed was the polygraph used as a screening tool for nonsecurity (nonguard) applicants. Moreover, a number of states have laws that prohibit the use of the polygraph for employment screening purposes.

#### Topic 4: Utility Use of Psychological Tests

##### A. Breadth of Use

Every utility surveyed had a program of psychological testing for nuclear employees. There was extremely wide use of the Minnesota Multiphasic Personality Inventory (MMPI), especially for security applicants. Nine of the ten utilities surveyed used the MMPI as part of their screening process for security personnel, and the tenth, which was using the Thurstone Temperament Survey, is switching to the MMPI. The MMPI is a true-false inventory of approximately 550 questions, intended to provide an objective evaluation of some of the major personality traits that influence individual and interpersonal behavior. It is a widely used personality inventory, both in clinical settings and in personnel selection settings.

As was the case with background investigations and for the same reasons, security personnel were subjected to the most intense screening for psychological traits, followed by other nuclear plant personnel and nonnuclear personnel, respectively. Only one of the ten utilities did not administer a psychological test to nonsecurity nuclear personnel, but it is considering using MMPI for these personnel. (This utility does administer to reactor operator candidates a test containing some psychological questions. The test is primarily designed to indicate aptitude for operator-type work.) Six of the ten utilities administered the MMPI to nonsecurity nuclear personnel.

Several utilities used more than one test, sometimes as a followup to an earlier test that was inconclusive or suggested possible problem areas, and sometimes as part of the routine testing program. Other tests used include the Thurstone, the Sixteen Personality Factor Questionnaire (16 PF), and the Gordon Personal Profile-Inventory (GPP-I).

In most cases, professional licensed psychologists or psychiatrists evaluated the tests and conducted followup interviews on questionable cases. Usually this professional evaluation and counseling was provided by consultants or by a contract clinic. Some utilities required all applicants to undergo a clinical interview no matter what their test score, but this was the exception. Two

utilities had the test evaluated by two independent professional licensed psychologists or psychiatrists, and made provisions for additional independent interviews by other professionals if certain criteria were met. Soliciting more than one professional opinion increases the objectivity of the results and makes personnel decisions based on the tests more defensible.

#### B. Utility Attitude on Psychological Tests

By and large, the utilities surveyed were pleased with the use of psychological tests, the MMPI in particular. One utility, noting a high correlation between background checks in which derogatory information is found and certain MMPI indicators, thought it was an excellent screening tool. Another utility, which conducts background screening and oral interviews of its security applicants before giving them the MMPI, thought it served as a "good confirmation" of the screening that had been done beforehand. Another utility felt it was "surprisingly effective." They felt it was more effective at detecting real or potential drug or alcohol problems than it was at detecting other mental problems. Only one of the ten utilities surveyed expressed displeasure with psychological testing. That utility preferred using the polygraph and felt that as a screening or confirmatory tool, "psychological testing is not there yet."

Appendix B to 10 CFR 73 requires that armed security personnel at nuclear plants be mentally alert, capable of exercising good judgment, and be emotionally stable. These requirements imply that the licensee must screen security personnel for emotional stability. This rule explains part of the widespread psychological testing of security personnel, but it does not account for the extensive use of MMPI for the psychological testing of nonsecurity personnel. A contributing factor to the widespread use of such psychological tests for nuclear personnel is the general industry acceptance of ANSI N18.17 (ANS 3.3), "Standard on Security for Nuclear Power Plants" (now being revised), which calls for such testing as part of a procedure for determining employment acceptability standard. One utility indicated that its overall screening program for nuclear personnel was perceived as being so successful that the general manager for conventional plants wants to adopt it as part of his personnel selection program.

The psychological testing of long-term employees was one area in which not all utilities were completely comfortable. Such testing causes some consternation and morale problems with long-time employees whose access to a nuclear plant may be restricted as a result of the test. Generally, utilities expressed no reservations about testing applicants and new employees; several utilities had expanded their programs to test current nuclear employees; and at least one utility is considering a retesting program for all employees (every three to five years).



## Topic 5: Utility Use of Supervisor Training and Behavioral Observation

### A. Aberrant Behavior Procedures

Every utility surveyed had a program that coupled supervisory training in recognizing aberrant or abnormal behavior with supervisory observation of employee behavior and performance. At one utility this program was limited to the security force. At most utilities the emphasis was not on detecting drug or alcohol abuse per se, but on sensitizing supervisors (particularly first line supervisors) to signs of deteriorating job performance and changes in an employee's behavior patterns. Most programs instructed the supervisor, upon detecting a behavior pattern symptomatic of any of a wide range of problems that the employee might have, to approach the employee from the point of view that the employee's job performance had deteriorated and that the supervisor had concerns both with job performance and with the possibility that there might be a medical or personal problem causing it. In this approach, if the employee refuses to acknowledge the existence of a problem and refuses to seek medical advice or employee assistance (usually inhouse counseling), he is put on notice that he must improve his job performance or face disciplinary action. The key in this approach is to relate the employee's problem to job performance and to let appropriately qualified professionals deal with any underlying problem, such as alcoholism or drug abuse. The supervisor is instructed not to play psychologist or psychiatrist and not to try to diagnose the cause of the employee's deteriorating performance.

The following excerpts on behavioral observation by supervisors from one company's employee guidance program procedure manual, reasonably characterize the approach used by the utilities surveyed.

Specific action to be taken by the supervisor to correct poor job performance due to emotionally based personal behavior problems does not differ basically from action to be taken to correct poor job performance resulting from any other reasons.

1. The supervisor should make sure each employee is informed and understands what is expected in terms of work performance and attendance.

2. The supervisor should be alert, through continuing observation, to changes in the work and behavioral patterns of employees.
3. The supervisor should document all unacceptable behavior, attendance and job performance that fails to meet established standards.
4. The supervisor should discuss deteriorating work performance or attendance with the employee. Make it clear that the Company is concerned with job performance. Unless performance improves the employee's job is in jeopardy.
5. The supervisor should, if work continues to deteriorate, suggest that the employee contact the Director of Employee Guidance. In referring the employee to the Program, the supervisor should explain that the employee must decide whether or not to seek assistance.

#### B. Training

All of the utilities conducted special training courses for supervisors in recognizing and handling abnormal or aberrant behavior. For most utilities this course was part of an overall training program required for all new supervisors (at one utility the course was limited to security personnel). Most courses required from four to eight hours to complete, but at least three utilities provided supervisors with 16 hours of training in recognizing and handling aberrant behavior. Most courses were taught by utility personnel. One was taught by a professor from a nearby university. Some utilities include all security personnel in the courses, including non-supervisors. Some of the courses in aberrant behavior specifically address behavior resulting from taking drugs and alcohol.

In addition to general courses on aberrant behavior, at least three of the utilities conduct an inhouse course for supervisors and security personnel on drug and drug-user identification and recognition. These courses are typically two to four hours in length and are taught by an ex-narcotics officer on the licensee's staff. In one case the utility hired an ex-narcotics officer primarily to teach such a course.

### C. Utility Attitude Toward Behavioral Observation

One utility objected to the use of the term "behavioral observation," feeling the term carried a suggestion of "big brotherism" to it. However, its program for dealing with drug use and other aberrant behavior did not differ significantly from other licensee programs surveyed. Personnel at this particular utility felt the key to a successful drug- and alcohol-abuse prevention program was "a good screening program plus good supervision," supervision that included being aware of signs of deteriorating performance in general and drug use in particular. Perhaps a new term, such as "management awareness" or "performance monitoring" should be used in lieu of "behavioral observation." No matter what name is attached, each utility surveyed included supervisory observation of employees for aberrant behavior in its evaluations of employee reliability.

As a general rule, the utilities felt that their behavioral observation programs were reasonably successful and provided a pragmatic and much less intrusive way to deal with the drug and alcohol problem than would, for example, random blood, breath or urine tests. Chemical tests are the subject of Topic 8 of this report.

One utility had little use for behavioral observation training, but not for behavioral observation itself. It felt that behavioral observation, particularly as it related to drugs and alcohol, was mainly common sense, and the key to it was selecting good supervisors; no behavioral observation training was thought to be necessary. Another utility, which has a very progressive rehabilitation and employee assistance program, objected strongly to the idea of a drug and user recognition course. The criticism was based on their own less-than-satisfactory experience with such a course, and a very strong company philosophy that drug and alcohol abuse need not be dealt with any differently from any other job-related aberrant behavior. Such opinions that challenged the usefulness of training on aberrant behavior or drug and drug-user identification were the exception. Most licensees found such courses useful, especially those that had instituted their own special course on drugs.

## Topic 6: Employee Awareness

Employee awareness can be broken down into three major areas: (1) awareness of a company policy on drugs and alcohol; (2) awareness of drugs, the dangers of drug and alcohol use, and the effects that such use can have on human performance, and (3) awareness of company rehabilitation or employee assistance programs.

As indicated in the discussion of Topic 2, all but one of the utilities surveyed had a written policy on drug and alcohol use. They exercised a variety of means to convey it to their employees, including: letters to each employee from a company official; requirements that employees sign an acknowledgment that they have read and will follow company policy; inclusion of copies of the company drug and alcohol policy in application or orientation materials or in employee handbooks; posting of the policy in prominent places; discussions during plant safety meetings, and ensuring that supervisors are familiar with the policy and can explain it to employees. Another way of communicating policy and company resolve to use it was through formal or informal dissemination of news of disciplinary actions, including terminations, taken against employees who violated the policy. Based on information available to the Task Force during this survey, it seems clear that reasonable efforts were made by most licensees surveyed to communicate their policies on drug and alcohol abuse to their workers.

However, based on information gathered during the survey, it appears that few licensees have a program to heighten employee awareness of drugs and the dangers and effects of drug and alcohol abuse. Indeed, the number of licensees who had programs for supervisor awareness of aberrant behavior was nearly matched by the number of licensees who did not have training on aberrant behavior or drug and alcohol awareness training for regular employees. Based on the information obtained during the survey, it appears that only one utility has provided routine training for its nuclear power plant employees in identifying drugs and recognizing symptoms of drug and alcohol abuse. One utility that had established a drug course for supervisors and security personnel is considering making the course available to all employees.



## Topic 7: Employee Assistance and Rehabilitation Programs

All of the utilities surveyed had an employee assistance or rehabilitation program. Nine of the programs covered both alcoholism and drug dependence; one covered alcoholism only. The programs generally were open to both volunteers and personnel referred by management or supervisors. Surveyed companies generally had a policy of not taking disciplinary action against an employee who was enrolled in an assistance or rehabilitation program and was making satisfactory progress. On the other hand, no utility would retain indefinitely an employee who had a drug or alcohol problem serious enough to affect the quality of his work and who did not show reasonable desire for and progress toward rehabilitation. Although many of the surveyed utilities have their own employee assistance staff, including in some cases trained counselors and masters-degree-level psychologists, the professional rehabilitation was generally performed under the supervision of local physicians, nearby hospitals, local Alcoholics Anonymous chapters, or other civic or medical groups actively concerned about chemical dependency. In several cases, the utilities had entered into contractual agreements with doctors or counseling groups to provide rehabilitative services for their employees. The utilities' employee guidance staffs, often working confidentially with employees desiring rehabilitation, perform counseling and monitoring functions, but normally refer employees with serious drug or alcohol problems to outside medical professionals. In some cases, employees could participate in rehabilitation programs on company time. For a number of utilities, employee costs for participation in rehabilitation programs were partially or completely offset by medical benefit plans, such as Blue Cross/Blue Shield.

Information on drug and alcohol rehabilitation programs and other forms of employee assistance are disseminated in most of the same ways the company drug and alcohol policy is disseminated, including a letter from a high corporate official (for example, Chairman of the Board) to each employee. See the third excerpt (Chairman's letter) from licensee policies under Topic 7.

The following excerpt from the policy statement of one utility is reasonably representative of the spectrum of employee assistance/rehabilitation programs offered by the surveyed utilities:



## 1. General

The Company recognizes problem drinking, alcoholism, and other drug dependencies as treatable illnesses, and it is our policy to aid employees in recovery from them.

The Company assists employees with such dependencies to obtain appropriate treatment, just as for other illnesses. Any employee who fully observes prescribed treatment can expect to be considered for all policy and benefit purposes as employees with other disabilities.

An employee whose work performance is adversely affected by problem drinking, alcoholism or other drug dependencies and who refuses to accept or fails to follow prescribed treatment will be subject to disciplinary or other appropriate action.

## 2. Treatment Program

The Employee Medical Assistance Coordinator will assist employees in securing proper treatment. This service is available on either a voluntary basis or upon referral by supervision, and will be kept confidential in the same manner as all other medical information. Necessary Time Off for treatment is provided in the Sick Benefit Plan.

Under certain conditions, financial assistance may be made available to employees undergoing treatment for problem drinking, alcoholism or other drug dependencies, where expenses incurred are not covered by the Company's health insurance plans and where such treatment is recommended by the Medical Director and the Manager-Employee Services.

Several utilities emphasized that they were people oriented and that their rehabilitation programs reflected this philosophy. One official said that five years ago his company had no employee counseling service and that now it had five full time staff members working in employee counseling. He explained that such services were not only people oriented, reflecting the company philosophy, but that they were also motivational and in the long run, cost effective. His company's written management procedure for the employee guidance program begins as follows:

### STATEMENT:

The purpose of the Employee Guidance Program is to help prevent, in a positive manner, employees from losing their jobs due to a behavioral problem or illness. The corresponding savings in the dignity and worth of individuals and the prevention of the related human suffering and misery is worth the efforts of all concerned.

## IMPLEMENTATION:

- I. Program Objectives.
  - A. The Employee Guidance Program has been developed to supplement existing benefit programs and assure maximum effort in assisting the problem employee. The program has 4 objectives:
    1. To retain valued employees.
    2. To restore productivity through early identification of personal behavior problems.
    3. To motivate employees to seek help.
    4. To refer employees to the appropriate assistance resources.

Two other companies emphasized their commitment to strong employee assistance and rehabilitation programs. At one of them, the Utility Chairman sent a letter to his employees in 1978 reminding them of the availability of the utility's employee assistance program. His letter read, in part:

Dear Fellow Employee:

### EMPLOYEE ASSISTANCE PROGRAM

Because the Company is genuinely interested in the physical and emotional well-being of its employees, it is hoped that those in need will take advantage of the services available through (the utility's) Employee Assistance Program.

In these days of extraordinary stress, rapidly changing times and the existence of personal problems, individual counseling has proven to be very helpful. We are pleased that the (Local) Council on Alcoholism continues to provide counseling service for (Utility) employees who may be afflicted with alcoholism, drug abuse or related problems.

Since the inception of this program, counseling for work-related stress, and many other personal difficulties including alcohol and drug dependency, has received the attention of a professional counselor.

The service may be arranged either by referral or as a voluntary decision by an employee desiring such assistance. If by referral, you may be excused from work by your supervisor to attend counseling sessions. If you voluntarily decide to seek counseling service, you could arrange to meet with the counselor during other than working hours at a mutually agreed upon time and location.

The other company having a strongly stated commitment to rehabilitation, prefers to approach the fitness-for-duty problem from the viewpoint of ultimate job performance or deterioration, rather than what might have caused it. One of its corporate general managers asked the following question: In terms of potential consequence, shouldn't we consider whether there is any need to treat drug use any differently from any other on-the-job aberrant behavior? His company which has had an employee rehabilitation program since 1917, cites a rate of 80% at which employees who have used the employee assistance program return to the same job after treatment, and an overall annual utility turnover rate of less than 5%, including retirements. The written company posture on alcoholism and drug abuse includes the employee's family. It begins as follows:

### ALCOHOLISM AND CHEMICAL DEPENDENCY PROCEDURES

#### Program Administration

Whether an employee drinks alcohol and how much are personal matters with which the Company is not concerned. If drinking or abuse of other drugs leads to unsatisfactory job performance, then the Company is directly concerned and will act. The action taken in all such cases will be based on the assumption that the employee has a health problem and requires assistance in treating that problem. An employee who develops a problem which, in the judgement of the supervisor, is adversely affecting his/her job performance will be so advised in accordance with the steps outlined under "Supervisory Procedure."

The case will be handled on a confidential basis. The employee's career will not be affected if he/she cooperates. If assistance is not accepted, or if treatment fails to produce favorable results and the problems continue to exist, the case will be handled as in any other instance of unsatisfactory job performance or failure to take care of a health problem.

Since alcoholism and chemical dependency in the employee's family may affect the employee's job performance, the Company will extend, through the employee, the same information and guidance as is available to our employees.

## Topic 8: Detection of Drug or Alcohol Use by Chemical Tests

### A. Random Chemical Tests for Detection

As part of the Task Force effort, a physician specializing in chemical dependency and a professor specializing in analytic toxicology presented seminars to the NRC staff on their respective areas of expertise. Both doctors were familiar with the capabilities and limitations of chemical tests - specifically, breath, blood, and urine tests - to detect the presence of alcohol and drugs in the body. Both doctors felt such tests are more scientifically certain than any other method for conclusively determining the presence of drugs or alcohol in a person's body. Both believed that carefully monitored chemical tests, performed on a sample taken from a randomly selected employee, would serve as a very effective method for detection (and deterrence) of drug and alcohol use.

As a result of this expert opinion, and as part of a Task Force effort to formulate a generic approach to the threat of drug and alcohol problems in the nuclear industry, the Task Force solicited the views of utilities on the use of chemical tests - on a random basis, as part of a routine physical examination program, or as confirmation of suspected abuse by an employee (the latter two uses are discussed below).

The Task Force learned that none of the licensees surveyed used chemical tests on a random basis, and that none of them intends to. As indicated in the discussion under Topic 1, every utility surveyed was opposed - sometimes very strongly - to the use of chemical tests on a random basis for detecting drug and alcohol use. The primary reasons for this opposition are consistent with the general licensee position on the drug and alcohol problem described in Topic 1. They include the following: (1) it is not clear to them that drug and alcohol use among nuclear plant personnel have caused or are causing a serious threat to public health and safety; (2) some felt it would be inappropriate, burdensome, and overreacting for NRC to require the use of so strong a measure as chemical tests in a situation where the existence or extent of a serious drug and alcohol problem is (in their view) unestablished; (3) it would create a further deterioration of morale among nuclear workers, a situation that has



occurred (they said) largely because of NRC requirements, (4) it would affect the good employee as well as the bad and would tend to cause the better employees to leave the industry - it would be one more sign that the government does not trust them; and (5) it would be greatly unfair to most employees.

Other reasons cited as to why chemical tests of breath, blood, or urine on a random basis would not be a good idea were: concern about legal aspects - invasion of privacy and unreasonable search; concerns that there might be a problem with false positives (a test incorrectly indicating the presence of a drug that was not there); a belief that in some states notice of such a test has to be given in advance; concern about the calibration of the tests; a concern that continued NRC pressure on employees would create an environment that fosters aberrant behavior; and a concern that a program of chemical testing would be costly and hard to administer.

#### B. Other Uses of Chemical Tests

In view of the overwhelming opposition to random chemical tests, there was a surprisingly wide acceptance of the use of chemical tests for drug-use detection under other circumstances. Fully half the sample (five) use chemical tests under certain circumstances for detection of drug use. Of these five, three use chemical tests for more than one of the following purposes: preemployment physical examinations, annual physical examinations, or in a probable-cause situation (that is, when an employee's behavior suggests he may be on drugs or alcohol). At least two other utilities are considering the use of such tests or would use them under certain conditions.

The current uses of chemical tests by utilities break down as follows: At least three utilities use chemical tests for drugs as part of their preemployment screening process for security personnel. At least one uses such a preemployment drug screen for all personnel and an annual drug screen for all but clerical personnel. At least one other utility is considering instituting a drug screen as part of the preemployment physical. Two utilities routinely perform drug screens as part of the annual physical for security personnel; one tests for alcohol also. At least two utilities have used chemical tests for drug detection in probable-cause situations (when an employee's behavior indicated he



might be on drugs) to establish conclusively the presence or absence of drugs in a suspected employee. At both utilities, positive test results led to terminations. One of these utilities arranged with local physicians to handle suspected drug and alcohol referrals from the utility. The physicians are encouraged to take blood or urine samples if possible, as the following excerpt from a set of the utility's guidelines for supervisors indicates:

Once the supervisor has made the observations and concluded that the employee is under the influence of an intoxicant, the employee should be immediately referred to a physician for medical clarification of his/her condition. An attempt should be made to obtain a blood or urine sample from the employee by the physician.

The employee does have the right to refuse to see a physician or provide a blood or urine sample.

One utility, which strongly opposed random sampling, suggested that an amendment of the regulations requiring blood and urine analysis in a probable-cause situation would make it easier to prove drug or alcohol use in questionable cases. Personnel explained that without the scientific proof that chemical tests provide, they had a difficult time proving inebriation or drug use. They said that drug- and alcohol-abusing employees sometimes hire lawyers who get the charges dropped and the employees reinstated, causing a morale problem among nonabusing "innocent" employees. Such a rule would permit or require them to use chemical tests in a probable-cause situation and should stipulate measurable criteria for alcohol (for example, 0.05% blood alcohol) and drugs that would define unfitness for duty.

## Topic 9: Other Prevention/Detection Methods

Earlier parts of this report discussed licensee use of background investigations, psychological testing, supervisory training and behavioral observation, employee awareness, employee assistance programs, and chemical testing. Each of these tools is used by some licensees as a part of their overall program to combat drug and alcohol abuse by their employees. Several other prevention/detection measures are used. These include the use of searches, the use of drug-detecting dogs, the monitoring of absenteeism, and the use of investigators. Each of these measures is discussed briefly below.

### A. Searches

All utilities surveyed conducted searches of personnel, packages, and vehicles required by NRC for prevention of the introduction of weapons or explosives to a nuclear plant site. Some also conducted searches of exiting personnel, packages, and vehicles - primarily to detect the theft of small tools, copper pipe, and so on. None of the searches is designed to detect drugs or alcohol; however, occasionally the searches do detect alcohol or beer in a lunch box or in a car on company property. Several utilities noted that small quantities of marijuana and other drugs such as amphetamines are occasionally confiscated from interstate truckers delivering supplies to nuclear plants when the trucks are searched upon entry to the protected areas. Another utility noted that, on occasion, guards have found drugs in company vehicles at entrances to the protected area. Occasionally a guard's curiosity about a vial of prescription drugs will lead to a call to a physician or pharmacist to confirm the contents. Several utilities have rules that require workers taking prescription drugs to report that information to their supervisor, a company nurse, or a human resources group.

The general attitude of utilities surveyed regarding pat-down searches was quite negative, ranking just below their condemnation of random urine tests. One security director pointed out that because of the small physical volume of most drugs, effective personnel searches for drugs would have to be even more invasive of personal privacy than the pat-down searches used for weapons or explosives.

Utilities differed in their approaches to searching vehicles in parking lots. Although none performed such searches routinely, some felt that if the parking lot were on company property, the utility could, should, and in some cases does search employee vehicles in the parking lot for drugs or alcohol in a probable-cause situation. Other utilities were not sure of their legal foundation for such searches, and preferred to involve local law enforcement authorities in cases of suspected drug or alcohol possession, use, or sale in a parking lot.

#### B. Use of Drug-Detecting Dogs

Two of the utilities surveyed use trained drug-sniffing dogs as part of their drug prevention/detection program. At one utility, the dog is brought on site once every two months or so. He also is used in the parking lot. At the other utility, unannounced searches by state police and their drug-detecting dogs are conducted during outages when the site's population is swollen by temporary personnel from local craft unions. The dogs search thoroughly; lockers are included in their search. Another utility has dogs on site, but they are not for drug detection.

Some opposition to the routine use of drug-detecting dogs was expressed by several licensee security staffs. One felt use of such dogs would be demoralizing to the work force - a sign that the utility did not trust its employees. Another felt drug-detecting dogs might be useful, but felt the dog should be small - not "obtrusive like an attack dog." One security manager felt that drug-detecting dogs would lose their effectiveness if used routinely because drug users would find a way to seal their drugs so the dogs could not smell them. He preferred not to "play his dog card" until he had a strong indication of drug possession or use, at which time he would bring dogs in unannounced.

#### C. Monitoring of Absenteeism

Abnormally high absenteeism, and unusual patterns of absenteeism (for example, absenteeism on Mondays and failure to return to work after lunch) are phenomena social scientists monitor as potential signs of alcoholism or other chemical dependency. At least eight of the ten utilities surveyed monitor

absenteeism in one form or another, although not necessarily for the purpose of detecting drug or alcohol abuse. Some monitor absenteeism as a means to control abuse of sick leave, and others monitor it as part of good management practice. However, several monitor patterns of use of sick leave to detect situations that may indicate alcohol or other chemical-dependency problems. Most have computerized absentee monitoring systems and make the results available to managers and supervisors for followup and counseling. Some perform trend analysis on the data, looking for suggestive patterns.

#### D. Use of Investigators

Some utilities have their own staff of investigators and conduct their own drug and alcohol investigations as well as investigations of meter-tampering, petty theft, and so on. Some utilities have, on occasion, hired outside investigators to work on their staffs as undercover agents to try to detect theft of company property, dereliction of duty, or drug possession, use, or sale. Licensee appraisals of the overall usefulness of undercover operations were somewhat mixed. From the utilities interviewed that indicated that they had used undercover agents in connection with drug detection, several lessons-learned emerged. Although it was generally less difficult to detect drug-related problems among some groups of workers (loosely knit groups were easier to infiltrate) it was much more difficult to obtain evidence sufficient to stand up in court. Moreover, several utilities expressed frustration with law enforcement and prosecuting officials who might not be interested in a simple marijuana use or possession case at a nuclear plant because their priorities oriented them toward trafficking cases involving more dangerous drugs and having greater potential for a major drug "bust." This feeling, however, was not shared by all utilities in the survey. Several had conducted successful undercover operations with the full assistance and participation of local or state law enforcement agencies. The opinions of the utilities on the effect that such operations have on employee morale were likewise mixed.



### III. A SURVEY OF DRUG AND ALCOHOL PROGRAMS OUTSIDE THE NUCLEAR INDUSTRY

In addition to soliciting information on drug and alcohol programs of NRC licensees, the Task Force gathered information on the drug and alcohol programs of several organizations outside the nuclear industry. Four nonindustry drug and alcohol programs are described in the following pages: Two of the programs are mandated by government agencies and two of the programs were established on their own by private industry.

The two governmental programs described were selected because of the similarity the drug and alcohol problem poses for those agencies and for the NRC. Like the NRC, both of the selected government agencies are responsible for ensuring that public health and safety is not endangered as a result of unreliable human performance in a high technology setting. The first government program described is the Personnel Reliability Program of the Department of Defense (DOD) for nuclear weapons personnel, as implemented by the U.S. Air Force. The Federal Aviation Administration's (FAA) program for combating drug and alcohol abuse by flight crews or air traffic controllers is the other government program described. Because of its relevance to the NRC's efforts to address the drug and alcohol program, the FAA's existing and proposed regulatory base for addressing drug and alcohol abuse is discussed at length. The description of the DOD program is based on excerpts from relevant DOD regulations. The description of the FAA program is based on excerpts from FAA regulations and a Task Force interview of the FAA's Federal Air Surgeon and senior members of his staff.

The report goes on to describe the drug and alcohol programs of two companies considered by some experts to have exemplary employee assistance programs. The private companies are Kimberly-Clark and General Motors. The Kimberly-Clark program is based on a Task Force interview of Kimberly-Clark's medical director and employee assistance manager. The description of the General Motors program was excerpted from a professional journal on employee assistance programs. Both private programs cover employees who operate machinery and equipment, which, if operated irresponsibly, could endanger the safety of the employees and their coworkers. In the case of General Motors, impaired job performance by an employee during the manufacture of an automobile could ultimately jeopardize the safety of individuals in the general public.



## 1. Department of Defense Nuclear Weapons Personnel Reliability Program

Perhaps the most significant safety-related function of the Department of Defense (DOD) is ensuring that nuclear weapons entrusted to its use are handled in a manner consistent with preserving national security and maintaining public health and safety. To ensure that nuclear weapons are handled in a manner consistent with DOD objectives, it is necessary to ensure that personnel working directly or closely with nuclear weapons are reliable, where reliability spans the traits of trustworthiness, medical fitness, and mental fitness. To this end, the Office of the Secretary of Defense promulgates policy guidelines (DOD Directive 5210.42) in personnel reliability, to be implemented through separate Air Force, Army, and Navy regulations, for DOD personnel and contractors having access to nuclear weapons, components of nuclear weapons, and delivery systems for nuclear weapons.

The following excerpts from the Air Force's implementing regulation (AF Regulation 35-99) for the DOD Nuclear Weapons Reliability Program describe features of the Air Force's program relevant to this report's survey of approaches to the drug and alcohol problem. The Air Force's nuclear surety personnel reliability program was structured in accordance with the general DOD guidelines referred to above and it is reasonably representative of the nuclear surety programs of the Army and Navy. The Air Force program, like the NRC's proposed Access Authorization Rule (see Appendix A), provides for background screening and a program of continual behavioral observation ("continuous evaluation of certified personnel"). Like NRC's proposed Fitness for Duty Rule (see Appendix B), alcohol and drug abuse are disqualifying criteria. Like the Task Force's generic Baseline Program, it provides opportunity for rehabilitating personnel with chemical dependencies. Excerpts from AF Regulation 35-99 (14 April 1981) follow:

### Military Personnel

#### PERSONNEL RELIABILITY PROGRAM

The purpose of this regulation is to provide the direction necessary to implement the Personnel Reliability Program. It establishes the requirements and responsibilities for screening, selecting, and continuously evaluating all personnel who control, handle, have access

to, control the launch of, or control entry to, nuclear weapons or nuclear weapon systems. It provides for the selection and retention of personnel who are emotionally stable and have demonstrated good judgment and professional competence. It also provides guidance for the removal of all individuals of questionable reliability.

A. Background and Terminology

AF Regulation 35-99 continues:

1-1. The Reason for the Personnel Reliability Program (PRP). This program is designed to make sure that each person who performs duties with nuclear weapons or weapons systems, or critical components, meets the highest possible standards of individual reliability.

1-2. How the Program Works. This program is designed to screen and continually evaluate personnel selected for nuclear weapons duties. Usually, new entries into a career field that require evaluation move from basic training into technical training and then into field organizations. Therefore, students who are candidates for PRP duties are evaluated during basic military training (BMT) and in formal training schools.

d. The intent of this program is to ensure the highest possible individual reliability through screening and through continual evaluation, but to avoid creating unnecessary administrative requirements.

e. Although the management of this program is a function of command and supervision, every member of the Air Force has an obligation to report any unusual behavior or situation that appears likely to degrade the reliable performance of those performing PRP duties.

1-3. To Whom the Program Applies:

a. Air Force Military Personnel:

(1) All active duty Air Force personnel who are presently assigned, or selected for assignment to duties involving the control, handling, or access, to nuclear weapons, nuclear weapons systems, or critical components...

(2) Members of the Reserve and Air National Guard (ANG) if they are assigned to a PRP position...

b. Civilian and Contractor Personnel:

(1) Air Force civil service employees who are assigned duties associated with nuclear weapons or critical components...

(2) Contractor, contract engineering, and technical services personnel who perform PRP duties...

1-4. Explanation of Terms:

a. Access. Close physical proximity to a nuclear weapon in such a manner as to allow the opportunity to tamper with or damage a nuclear weapon when such tampering or damage could go undetected upon

completion of the task being performed. Usually, a person would not be considered to have access if an escort or a guard were provided for either the person or the weapon when the person is in close proximity to the weapon.

b. Certification. A statement, signed on an AF Form 286, by the certifying official. It attests to the fact the individual named in the certificate has been screened, evaluated, and meets the standards for assignments to the PRP.

c. Certifying Official:

(1) For military and Department of Defense (DOD) civilian personnel, this individual is:

(a) The unit (or immediate) commander...who is responsible for the operations and security of nuclear weapons and weapons systems, or critical components...

(b) The official who is responsible for training leading to a PRP assignment and who can maintain the personal contact needed to evaluate the trainee.

(2) For DOD contractor personnel, this official is the person designated in the contract as having technical knowledge of the contract and having contact with the individuals he or she will certify.

...

g. Critical Component. A component that requires application of the Two-Man Concept during a portion of its life cycle.

(1) A nuclear weapon, with or without its fuzing and firing system installed.

(2) A combat delivery vehicle that has had all preload functions completed and is ready for nuclear weapon mate or load.

(3) A combat delivery vehicle that has a nuclear weapon(s) mated or loaded.

(4) Hardware, software, or code components designated by the Nuclear Weapons System Safety Group (NWSSG) or the Director of Nuclear Surety. The Director of Nuclear Surety determines when a critical component that is permanently removed from the weapon system, ceases to be critical.

h. Critical Position. A position in which the individual's authorized duties require close physical proximity to a critical component, and requires the individual to use technical data pertaining to electrical or mechanical portions of a nuclear weapon or nuclear weapon system, affecting the launching, firing, releasing, or detonating a nuclear weapon.

...

j. Individual Reliability. Assurance of reliable performance in carrying out duties that are associated with nuclear weapons, weapons systems, or critical components.

p. Permanent Decertification. A formal procedure for permanently prohibiting an individual from performing PRP duties. It is a duty restriction and is not a punitive action.

. . .

r. Suspension. An action taken by a certifying official to relieve an individual from PRP duties for a short period. It is used when the individual's security reliability is not in question, and when the action is not likely to cause temporary or permanent decertification. It does not require formal decertification. A suspension is recorded on a log kept within the unit...and may be initiated by the certifying official, the supervisor, or the individual.

s. Tamper. To deliberately perform an incorrect procedure or unauthorized act involving a critical component, or nuclear weapon or weapon system.

. . .

u. Technical knowledge. Knowledge that would allow an individual to tamper with a nuclear weapon, weapon system, or critical component in a way that would not be detected during normal prefire operations, or during a weapons monitoring inspection. Such tampering might cause unauthorized prearming, arming, launching, firing, releasing, or detonation of a nuclear weapon or degradation of weapon performance.

v. Temporary Decertification. A formal procedure used to prohibit an individual from performing PRP duties for a period of 180 days or less. As soon as enough information is available, the temporary decertification will be removed or the individual will be permanently decertified.

w. Unit Commander. The individual with responsibility for operations within an identifiable Air Force function (usually the squadron commander). In most cases, the unit commander is the formal certifying official.

#### 1-5. Responsibilities of the Unit of Immediate Commander:

a. Has final responsibility for the reliability program in his or her unit.

b. Identifies each position in his or her unit in which the incumbent must be certified for performance of PRP duties...

c. Initially certifies, or verifies certification of, each person who is scheduled to perform PRP duties in his or her unit...

d. Constantly evaluates his or her personnel who are PRP certified...



- e. Acts to suspend or decertify individuals as necessary...

## B. Guidelines for Determining Reliability

AF Regulation 35-99 offers guidelines for determining reliability of individuals who are assigned PRP duties:

2-1. Mandatory Selection Requirements. In the interest of national security, and because of the possibility of dire consequences when working around nuclear weapons, individuals who are assigned PRP duties must meet a higher standard than those who are not in the PRP. The member selected must:

- a. Have an "S-1" physical profile.
- b. Have the technical competence needed to perform the duties assigned.
- c. Have the required security clearance and investigation.
- d. Have a positive attitude toward nuclear weapons duty and the objectives of the Personnel Reliability Program.
- e. Not be under consideration for separation for cause, or under court-martial charges.

2-2. Commander or Supervisor (Certifying Official) Determination of Individual Reliability. The commander makes a judgment, based on knowledge of past behavior and insight gained from a personal interview with the individual. The commander must use this insight, together with specific facts, a detailed knowledge of performance, and consultative opinions from other agencies (such as the hospital) to arrive at the best judgment about the individual's reliability.

a. The commander evaluates reliability from the operational integrity point of view by determining whether the individual will perform his or her specified tasks at the proper time and, from the safety point of view, by determining whether the individual might deliberately or accidentally commit an unauthorized act that could compromise the system.

(1) The commander's judgment must take into account the capability and intent of the individual to perform the assigned duties, as well as the nature of those duties.

(2) To arrive at the "best judgment" of reliability, the commander requires input from supervisory, medical, and security police personnel.

(3) The underlying concept is simply to make the best judgment about whether an individual can be depended upon to perform the assigned duties when required.

b. The best indication of reliability is past performance. The commander must review the individual's job or duty history for evidence of the following desirable traits:

- (1) Dependability in accepting responsibility.
- (2) Carrying out his or her duties effectively and in an approved manner.
- (3) Flexibility in adjusting to changes in working environment.
- (4) Good social adjustment and emotional stability.
- (5) Ability to use good judgment in meeting adverse or emergency situations.

c. Evidence of any of the following would give the commander a reason to question the reliability of an individual:

- (1) Any court-martial or a civil conviction of a serious nature.
- (2) Negligence or delinquency in duty performance.
- (3) Significant physical, mental, or character traits, or aberrant behavior, sustained by medical authority, that might affect the reliable performance of duties.
- (4) Behavior patterns that show or suggest a contemptuous attitude toward the law or regulations.
- (5) Drug or alcohol abuse.
- (6) Poor attitude, lack of motivation toward assigned duties, or financial irresponsibility.

d. When the historical data has been evaluated and the certifying official has personally interviewed the individual, a judgment may be made about the reliability of the individual.

e. Even if it is decided that the member is dependable, there is still a requirement to constantly evaluate his or her reliability, and especially to detect signs of possible unreliable performance before any compromise can occur. The best method of continuous evaluation is to measure present performance and behavior against past performance, and to look for any changes in behavior or performance patterns. Some personality and behavior factors that may affect reliability are described below.

(Ed Note: These factors are broken into four categories: factors relating to thinking or attitude; factors related to behavior or activity; factors related to awareness or level of consciousness (includes alcohol and drug intoxication); and factors related to mood and feeling.)

f. The immediate supervisor is usually the first person to detect a change in reliable performance. Some sources that could provide information on an individual's reliability include:

- (1) Medical notification of illness, injury or treatment that could affect duty performance.
- (2) The unfavorable information file (UIF).
- (3) Being a suspect or subject in an Office of Special Investigation (OSI) or security police report.
- (4) Observations of coworkers.

- (5) Comments of the individual or his or her dependents.
- (6) Social Actions Officer.
- (7) Chaplain (PRP individuals identified on quarterly roster).
- (8) Community agencies (Red Cross, "Crisis Action Centers," and so forth).

#### 2-3. Medical Determination of Reliability

a. Records Review. The unit commander or the CBPO requests a medical records review as part of the process of certifying an individual to perform duty under the reliability program. Such a review is carried out as follows:

(1) Physicians, or designated medical technicians, review the health record to look for any evidence of emotional instability, character behavior disorders, or medical conditions that could cause a sudden loss of consciousness, or require treatment with narcotics, sedatives, or tranquilizers...

(2) If the record shows that the individual may not be suitable for the performance of PRP duty, the certifying official will be provided specific rationale in writing.

(3) The commander may arrange for further specialty consultation if needed, to reach a medical decision about the individual's suitability for the specific duties.

(4) If the health record is not available, the candidate will be given a medical screening examination. It is not necessary to accomplish a complete physical examination. A medical screening consists of an interview by a competent medical authority to determine if a medical problem exists.

(Ed Note: DOD guidelines indicate that this medical evaluation "shall include careful consideration of psychiatric aspects of the case, to include psychiatric consultation when indicated.")

b. Specific Referral. If the unit commander refers the individual for medical evaluation for a specific problem, medical personnel will:

- (1) Obtain any necessary specialty consultations.
- (2) Assess the specific problem in light of past performance, projected performance, and nature of duties performed.
- (3) Provide a medical recommendation to the commander.

2-4. Medical Judgment as a Result of a Clinic Visit. In the military medical setting, the physician, dentist, or attending practitioner must assess each patient in terms of his or her suitability to continue to perform the assigned duties. This assessment must consider three factors: the nature of the duties performed; the nature of the illness or injury; and the nature of the treatment.

a. If the provider of care feels that the patient's continued certification under PRP is questionable, the following actions are appropriate.

- (1) Admit to the hospital or quarters and continue treatment; or,

(2) If returned to duty, call the unit commander or his or her representative, make a PRP recommendation, and (if applicable) initiate a profile change...

b. This regulation does not require the provider of care to notify the unit commander or his or her representative, each time an individual with a PRP certification is prescribed medication. It is necessary to notify and make a recommendation only when narcotics, sedatives, or tranquilizers are prescribed. Notification for other categories of drugs, such as antihistamines is only made if they will significantly affect the patient's physical or mental abilities. However, when notification is required, only the unit commander or his or her designee is required to be notified.

c. For most medical problems it is not the "reliability" or "stability," but the capability of the service member that is being evaluated.

(1) In most instances, this capability can best be assessed by the attending practitioner who knows the effects of the illness or injury, the prescribed treatment, and the nature of the patient's duties. The use of drug lists is prohibited, since they are never all inclusive and may lead to a false sense of security.

(2) Medical personnel will notify the unit if an individual's behavior suggests emotional instability, current drug and alcohol abuse, or the need for treatment with narcotics, sedatives, or tranquilizers.

(3) In all other medical encounters with patients who have PRP certification, a medical judgment will be made as to the patient's suitability or capability to perform assigned duties, and the need to notify the unit. Whenever the practitioner has any doubts, however, the unit must be notified.

(4) Prompt notification to the unit is important.

2-5. Self-Determination of Reliability. Individuals assigned to PRP duties have the responsibility to monitor their own reliability from the safety standpoint. They should be aware of how certain problems, concerns, and circumstances may reduce their effectiveness--any may even impair their performance, to the point where a safety hazard exists. Individuals must advise supervisors of all factors (including medical or dental care) that could have an adverse impact on their performance and safety. Failure to discharge this responsibility may cast doubt on the individual's reliability and continued performance in PRP duties.

#### C. Certifying Individuals for PRP Duty

Insofar as certifying individuals for PRP Duty, AF Regulation 35-99 continues:



4-2. Certifying Official's Interview (Guidelines). The certifying official's personal interview with the individual being certified should cover the following points:

a. Spirit and intent of the PRP. The intent of this program is to prevent the possibility of an act that could lead to the unauthorized launch of a missile or aircraft armed with a nuclear weapon, or the unauthorized detonation of a nuclear weapon.

b. Qualifications of personnel selected to perform PRP duties: Individuals must be stable, and free from emotional disturbance, impulsive traits, or serious personal problems.

c. Individual's responsibilities under the PRP. Should cover the monitoring of his or her own reliability as well as those with whom he or she works.

d. Explain suspension, temporary and permanent decertification, and their possible impact on the individual.

e. Any other topics that may be unique or of special interest to your unit.

...

4-5. Continuous Evaluation of Certified Personnel. Continuous evaluation is the most important ingredient in an effective reliability program. If at any time the certifying official determines that an individual no longer qualifies for PRP duties, the certifying official must initiate suspension or decertification action by using the procedures in chapter 5.

...

4-8. Investigative Requirements:

a. Critical Position. The individual in a position designated Critical must have a background investigation (BI) or higher investigation, completed before final certification.

b. Controlled Position. The individual in a Controlled position must have a favorable National Agency Check (NAC), Entrance National Agency Check (ENTNAC), or higher investigation, completed before final certification. Non-US citizens must have a BI.

c. Currency of Investigation:

(1) For an initial assignment to a critical or controlled PRP position, a security investigation must be updated if it is over 5 years old. --NOTE: This does not apply to individuals who were initially certified before 1 July 1976.

(2) For a second or subsequent assignment to a critical or controlled PRP position, a security investigation that is over 5 years old requires updating only if the individual has been out of PRP duties for more than 5 years, or has a break in service of more than 1 year since the last investigation.

#### D. Suspension, Decertification, Review, and Disposition

The following material was excerpted from AF Regulation 35-99:

5-1. Removing a Member From PRP Duty. When a member fails to meet the selection requirements outlined in chapter 2, the immediate commander should question the member's assignment to, or continued duty in, the PRP.

a. The decertification procedures for this program are deliberately designed to allow expedient removal of an individual from PRP when, in the judgment of the immediate commander, there could be a problem of program safety or security.

b. Decertification is not a punitive action, nor does it cast an adverse reflection on any member who is decertified. The decertification action is separate and apart from any punitive or administrative action, even though the act or problem that results in decertification may also be cause for other action.

c. Members may be removed from PRP duties in one of three ways: by suspension; by temporary decertification; or by permanent decertification. The commander must decide which should be used...

5-2. Suspension. This is an action to relieve a member from PRP related duties immediately, without formal decertification.

a. In some situations, suspension is the only action taken; for example, when a member has been prescribed a medicine that could significantly affect his or her physical or mental abilities. In most instances, this means those drugs that are classified as narcotics, sedatives, or tranquilizers (see paragraph 2-4b). In this case, the commander would not necessarily take any formal decertification action. Personnel under suspension must be excluded from having access to nuclear weapons, but not necessarily from entry to all restricted areas.

5-11. Decertification Procedures When Drug or Alcohol Abuse Is Involved. When an individual is suspected of drug or alcohol abuse as defined in AFR 30-2, the certifying official immediately removes the member from PRP duties and starts an investigation. If first time possession or use of marijuana is involved, see b below. If identified by Air Force Office of Special Investigations (AFOSI) covert drug investigation, see f below.

a. If the investigation shows that the individual is a "drug abuser" as defined in AFR 30-2:

(1) The certifying official initiates temporary decertification action, and enters the member into drug rehabilitation. If the estimated duration for completion of the rehabilitation program is in excess of 180 days, or if the prognosis for completing the

rehabilitation program is poor, the member should be permanently decertified.

(2) If, upon the member's successful completion of the drug rehabilitation program, the absence of drug abuse can be established, and if the rehabilitation committee recommends the member's reinstatement to PRP duties, the certifying official may then reinstate the member.

(3) If the investigation reveals the use of a hallucinogen either posing the threat of flash-back (for example, LSD), or severe behavioral effects (for example, PCP), the certifying official must impose a permanent decertification.

(4) Subsequent drug abuse by the individual while under the PRP results in permanent decertification.

b. When an individual is suspected or involved in the first time personal use of marijuana, or first time possession of marijuana for personal use, the certifying official assesses each individual according to AFR 30-2, paragraph 4-20. Certifying officials should carefully evaluate all information before retaining or removing individuals from PRP duties. Single or unsupported allegations of personal use of marijuana, or first time possession for personal use, need not dictate removal from PRP duties. Those individuals identified as first time possessors or users of marijuana, who are entered into the drug rehabilitation program, are eligible for reinstatement to PRP duties on entry into Phase V of the drug rehabilitation program. Each case of this nature must be fully evaluated by the certifying official before returning the member to PRP duties.

c. If the investigation shows that the individual is an "alcohol abuser" as defined in AFR 30-2, the certifying official initiates temporary decertification action, and enters the member into alcohol rehabilitation.

(1) If the individual is diagnosed as an alcoholic by competent medical authority, or if the prognosis for completing the rehabilitation program is poor, the member will be permanently decertified. On successful completion of the follow-on support phase, an individual may be considered for recertification or removal of the permanent decertification (in accordance with paragraph 5-12), if unanimously agreed upon by the Alcohol Rehabilitation Committee (including medical concurrence), the unit commander, and the PRP certifying official.

(2) Except as noted in (1) above, if upon the member's entry into follow-on support, the absence of alcohol abuse or dependency can be established, and the rehabilitation committee recommends the member's reinstatement to PRP duties, the certifying official may, after careful evaluation of the case, reinstate the member.

(3) Subsequent alcohol abuse within a 24 month period, by the individual while under the PRP, usually results in permanent decertification.

d. If the investigation shows that the individual is not a drug or alcohol abuser, or that the alcohol involvement was an isolated incident [that is, one-time driving under the influence of intoxicants or drugs (DWI)], the certifying official may, after careful consideration of all factors, reinstate the member.

e. One alcohol and one drug related incidents usually require permanent decertification if the period of time between the incidents is 2 years or less. A full evaluation of the circumstances must be made by the certifying official, based upon information from social actions, medical services, and other applicable agencies, to determine if permanent decertification is or is not appropriate.

f. The certifying official is not required to immediately suspend or decertify an individual because a covert AFOSI drug investigation has been initiated. AFOSI must notify the certifying official of the circumstances of the investigation. The actions taken will depend upon the severity of the allegations and the sensitivity of the individual's duties. The certifying official must decide if the risks of continued duties are negligible, and if removal would seriously inhibit ongoing efforts to identify other drug abusers who are PRP qualified. Credible allegations of drug usage involving substances other than marijuana must, however, result in immediate removal from PRP.

5-12. Reinstatement of Permanently Decertified Personnel. In a case where there is enough justification, a member who has been permanently decertified may be returned to PRP duties or may have the permanent decertification removed. Removal should not be requested simply because the individual is no longer assigned or expected to be assigned to PRP duties. The evidence must be clear that the disqualifying problem no longer exists and would not return under a stress situation.



2. The Drug and Alcohol Program of Another Federal Regulatory Agency:  
The Federal Aviation Administration

The Task Force visited the Washington Headquarters of the Federal Aviation Administration (FAA) to discuss the FAA's approach to the problem of drug and alcohol abuse by pilots, air traffic controllers, and other FAA-licensed or employed personnel in safety-sensitive positions. The FAA officials interviewed were the Federal Air Surgeon, Deputy Federal Air Surgeon, Chief Psychiatrist for the Office of Aviation Medicine, and the Chief of the Occupational Health Division. Because of the parallelism between the NRC's responsibilities with respect to civilian nuclear power and the FAA's responsibilities with respect to civil aviation, the FAA's drug and alcohol program, including its current and proposed regulations, will be discussed at length.

A. Existing Regulatory Base

One of the responsibilities of the FAA is to regulate the civilian aviation industry in a manner consistent with the maintenance of public health and safety. In this regard, the FAA's mission with respect to civilian aviation is not unlike NRC's mission with respect to civilian nuclear power.

The FAA promulgates safety regulations that apply to airlines as well as to 800,000 commercial and private flyers (airmen). In order to achieve flying status, airmen must obtain FAA-issued certification for flying competency and for medical fitness. There are three different classes of certifications, graded according to the level of airman responsibility involved. In decreasing order of responsibility, these certifications cover (1) air carrier pilots-in-command, (2) other commercial pilots, and (3) students and private pilots. The FAA regulations regarding the use of drugs and alcohol are the same for all classes of airmen.

The following excerpts from 14 CFR define the FAA's existing regulatory basis with respect to drugs and alcohol (a "crew member" is any pilot, flight engineer, flight navigator, flight attendant, or other person assigned to perform duty in an aircraft during flight):

§91.11 Liquor and drugs

- (a) No person may act as a crew member of a civil aircraft -
  - (1) Within 8 hours after the consumption of any alcoholic beverage.
  - (2) While under the influence of alcohol; or
  - (3) While using any drug that affects his faculties in any way contrary to safety.
- (b) Except in an emergency, no pilot of a civil aircraft may allow a person who is obviously under the influence of intoxicating liquors or drugs (except a medical patient under proper care) to be carried in that aircraft.

§91.12 Carriage of narcotic drugs, marijuana, and depressant or stimulant drugs or substances

- (a) Except as provided in paragraph (b) of this section, no person may operate a civil aircraft within the United States with knowledge that narcotic drugs, marijuana, and depressant or stimulant drugs or substances as determined in Federal or State statutes are carried in the aircraft.
- (b) Paragraph (a) of this section does not apply to any carriage of narcotic drugs, marijuana, and depressant or stimulant drugs or substances authorized by or under any Federal or State statute or by any Federal or State agency.

The existing FAA rule §91.11(a) is similar in some respects to NRC's proposed Fitness for Duty Rule; however, the NRC rule is less specific - for example, it has no provision similar to the FAA's eight-hour clause. Note also that the nature of the licensee population to which the FAA rule applies is different from the nature of the NRC licensee population. The FAA rule applies to 800,000 individual airmen. NRC's proposed Fitness for Duty Rule and Access Authorization Rule would apply to nuclear utilities, requiring them to set up programs intended to achieve an outcome on the level of individuals similar to that of the FAA rule. Given that only a small percentage of the nuclear licensee personnel having safety-sensitive positions are individually licensed by the NRC as reactor operators, an NRC rule that applied only to licensed

individuals would not cover a broad enough spectrum of critical personnel. Hence, the proposed NRC rules are written to apply to utilities rather than to individuals.

#### B. Proposed Revisions to the FAA's Rules on Drugs and Alcohol

The FAA has found its current rule on drug and alcohol use to be difficult to enforce. For example, it is difficult to prove whether an apparently intoxicated individual was drinking less than eight hours before flying unless a credible witness actually saw him consume alcohol during that time. Moreover, the length of time since alcohol has been consumed is not so much a measure of one's ability to perform flight duties competently as is the amount of alcohol present in the blood. (The FAA's Office of Aviation Medicine cites a preponderance of scientific information that shows a direct relationship between the amount of alcohol in the bloodstream and physical, mental, psychomotor, and judgmental impairment.)

To address the problems of (1) nonenforceability of the current rule, and (2) lack of a quantitative standard for impairment due to alcohol, the FAA has initiated a rulemaking action which would set the legal criterion for impairment at 0.04% blood alcohol content and provide for breath tests to be administered by FAA inspectors in probable-cause situations. The proposed revisions include implied consent provisions which would result in the loss of air certification for refusal to submit to an FAA-administered breath test.

The FAA published the proposed amendments to its drug and alcohol regulations in the Federal Register on July 27, 1981. The Federal Register notice contained several passages particularly relevant to NRC's current situation vis-a-vis drug and alcohol use by nuclear personnel in safety-sensitive positions. Excerpts from the Federal Register notice follow:

#### A. Background

The FAA is concerned about serious hazard to safe aircraft operations resulting from the impairment of a pilot's faculties due to alcohol. For a number of years it has expended a substantial amount of time and funds trying to educate the flying public to this danger. As part of this effort the agency has worked closely with groups such as the Aircraft Owners and Pilots Association in educational programs. Although these programs have been beneficial the problem still remains. There continue to be a significant number of accidents each year in which alcohol is a cause or a factor. The FAA now believes that it must take steps in accordance with this proposal to reduce the frequency of these accidents by strengthening the rules relating to the consumption of alcohol.

The current rules have been difficult to enforce. Without the blood alcohol standard and the required breath test proposed by this notice, there is no simple and reliable evidence available to establish that a pilot is under the influence of alcohol. While a witness may indicate that a pilot has been drinking, the pilot may not exhibit the mannerisms or physical indications of an intoxicated person. On the other hand, even the common indications of intoxication may not convince an enforcement tribunal that a violation has occurred without scientific evidence.

Safety is further jeopardized by the fact that under the current rule the FAA may not take enforcement action until the intoxicated pilot actually operates the aircraft. This proposal would allow an FAA inspector to request a breath test of a person attempting to operate an aircraft. In most cases this can be expected to deter such a pilot from operating an aircraft...The means of enforcement proposed in this notice has been determined to be the least offensive or burdensome interference...that will still result in positive identification of violators.

#### B. NTSB Recommendations

...the NTSB noted that each year it determines alcohol to be a cause or factor in about 40 aircraft accidents, almost all of which are fatal. In 1978 the NTSB recorded 50 general aviation accidents involving alcohol as a cause or factor, 46 of which were fatal.



The role of alcohol in a fatal accident is easily established because a blood sample is routinely tested for alcohol during the autopsy. However, after a survivable accident, the NTSB is unable to obtain blood alcohol test unless the person consents. For this reason, the NTSB believes many more aviation accidents may have been alcohol-related than is currently known.

The NTSB also noted that all 50 states have established motor vehicle violations relating to alcohol by referring to blood alcohol levels. In addition to these laws, which are frequently called "implied consent" laws, some states can also require a pilot to submit to a blood alcohol test.

In view of the effectiveness of these laws, the NTSB made two recommendations to the FAA. First, it recommended that the FAA amend §61.3 to include an implied consent clause as a condition for issuance of a pilot certificate to require an airman to submit to testing. The Board's recommendation was to amend §91.11 to specify alcohol levels at which a pilot is considered to be under the influence of alcohol.

#### C. GAO Recommendations

The GAO made similar recommendations in a Report to Congress by the Comptroller General, entitled "Stronger Federal Aviation Administration Requirements Needed to Identify and Reduce Alcohol Use Among Civilian Pilots" (CED-78-58; March 20, 1978). The report recommended a maximum alcohol level for pilots and mandatory testing for blood alcohol level. The GAO report pointed out that from 1965 to 1975 the NTSB cited alcohol impairment of pilot judgment and efficiency as probable cause or contributing factor in 485 general aviation accidents of which 430 resulted in fatalities. During the same time period, there were 53,627 total general aviation aircraft accidents of which 7,041 were fatal. Thus, approximately 1 percent of the total accidents in that time period were alcohol-related and approximately 6 percent of the total fatal accidents were alcohol-related. Moreover, of these accidents determined to be alcohol-related, approximately 89 percent were fatal, with approximately three deaths per accident.

#### D. Effects of Alcohol

Even small amounts of alcohol affect judgement, coordination, performance and reaction time. Vision, hearing, touch, information processing, memory, reasoning, and attention span may also be affected by alcohol consumption. Inflight testing of experienced professional aviators has shown that even 40 milligrams percent by weight of alcohol in the blood exerts detrimental effects on performance which are incompatible with flight safety.

#### E. Proposal

The ability of a crewmember to function without impairment of performance is an essential element in the safety of flight and in the effectiveness of the air traffic system. Since alcohol can affect the ability of a crewmember to function and thus is detrimental to aviation safety, the FAA must make every reasonable effort to prevent those who are under the influence of alcohol from flying.

The purpose of these amendments is to facilitate the enforcement of the present alcohol and drug regulations by providing an objective standard and thereby serve as a deterrent to crewmembers who may consider drinking or using drugs before or during flight. These amendments will also assist the FAA and the NTSB in determining whether an accident or incident was caused by, or related to, consumption of alcoholic beverages or use of drugs.

#### F. Minimum Blood Alcohol Content Level

The FAA proposes to strengthen enforcement of the present alcohol regulations by adding a prohibition against acting or attempting to act as a crewmember of a civil aircraft while having 40 milligrams percent or more by weight of alcohol in the blood. [40 milligrams by weight can be understood as the equivalent of 40 milligrams of alcohol in a sample of 100 milliliters of blood.] Forty milligrams percent has been chosen as the prohibited level because it is the level at which definite impairment of a person's performance has been scientifically demonstrated. It must be emphasized, however, that any person who acts, or attempts to act, as a crewmember within 8 hours after the consumption of any alcoholic beverage would violate §91.11.

While the new provision is needed in conjunction with the current 8-hour time limit on drinking before flight, it must also be noted that mere compliance with the 8-hour rule may not be enough to ensure that a crewmember's blood alcohol level is below the prohibited level at takeoff. Since the normal human metabolizing rate of alcohol by the liver is only 15 milligrams percent per hour, a person could ingest a large amount of alcohol even 8 hours prior to flying and still have a blood alcohol content at takeoff that would be at or above the prohibited level and could impair his or her performance as a crewmember.

#### G. Breath Test and Alcohol Test Results

The FAA also proposes to establish criteria for requiring a crewmember to submit to a chemical breath test. The breath test can be administered on the spot by an authorized representative of the Administrator and will indicate reliably the person's blood alcohol level. The use of such a test is more objective and accurate than mere observance of a person's appearance and conduct.

Whenever a breath test is taken or other test results are requested, the Administrator's action would be based on reasonable grounds for believing that the person acted, or has attempted to act, as a crewmember of a civil aircraft within 8 hours after the consumption of any alcoholic beverage, while under the influence of alcohol or while having a blood alcohol level of 40 milligrams percent or higher.

The proposed rule also prescribes substantial penalties for any crewmember who refuses to submit to a breath test or to furnish the results of medical tests, as well as for violations of §91.11(a).

#### I. Requests for Drug Test Results

Since there is no simple test for drugs similar to the chemical breath test for alcohol, the FAA has not proposed to require crewmembers to submit to tests for drugs. However, under the proposed rule, a crewmember may be required to furnish the Administrator with results of tests that have been taken. The Administrator's request would be based on reasonable grounds for believing that the person acted or attempted to act, as a crewmember of a civil aircraft while using a drug affecting the person's faculties in a way contrary to safety.

Substantial penalties are also proposed for refusal to furnish medical test results that indicate the presence of drugs and for the use of drugs in violation of §91.11(a)(3).

#### J. Drug Violations Unrelated to Aircraft Operations

Sections 61.15, 63.12 and 65.12 provide that no person who is convicted of violating any Federal or State statute relating to the growing, processing, sale, disposition, possession, transportation, or importation of narcotic drugs, marijuana, or depressant or stimulant drugs or substances is eligible for any certificate or rating issued under Parts 61, 63, or 65 respectively, for a period of 1 year and that such a conviction is grounds for suspension or revocation of any airman certificate issued under those parts. When a conviction does not in any way relate to the operation of an aircraft or illegal use of an aircraft, it is questionable whether these

activities indicate a disposition toward irresponsible exercise of airman privileges. While the FAA by no means condones illegal activities relating to drugs, its principal concern is the use of aircraft in smuggling operations that may involve hazardous maneuvers and low flying to avoid detection or the improper modification of an aircraft. For this reason, it has determined that denial, revocation, or suspension of a certificate should be limited to drug violations in which the use of an aircraft was involved. Therefore, the FAA is proposing to revise these sections to limit them in this manner.

PART 91--GENERAL OPERATING AND FLIGHT RULES

6. By revising §91.11 to read as follows:

§91.11 Liquor and drugs.

(a) No person may act, or attempt to act as a crewmember of a civil aircraft--

(1) Within 8 hours after the consumption of any alcoholic beverage;

(2) While under the influence of alcohol;

(3) While using any drug that affects the person's faculties in any way contrary to safety; or

(4) While having 40 milligrams percent or more by weight of alcohol in the blood.

(c) Whenever the Administrator has a reasonable basis to believe that a person who acted, or attempted to act, as a crewmember of a civil aircraft may have violated paragraphs (a)(1), (a)(2), or (a)(4) of this section that person shall do either or both of the following as requested by the Administrator

(1) Submit to a chemical test of the breath.

(2) Furnish the Administrator, or authorize any clinic, hospital, doctor, or other person to release to the Administrator, the results of each medical test taken, within 4 hours after acting or attempting to act, as a crewmember, that indicate percentage by weight of alcohol in the blood.

(d) Whenever the Administrator has a reasonable basis to believe that a person who acted as a crewmember of a civil aircraft may have violated paragraph (a)(3) of this section, upon a request by the Administrator, that person shall--

(1) Furnish the Administrator, the results of each medical test that indicates the presence of any drugs in the body taken within 4 hours after acting or attempting to act, as a crewmember; or

(2) Authorize any clinic, hospital, doctor, or other person to release to the Administrator the results of each medical test that indicate the presence of any drugs in the body taken within 4 hours after acting, or attempting to act, as a crewmember.



(e) Any chemical or medical test information obtained by the Administrator pursuant to paragraphs (c) or (d) of this section may be evaluated in determining a person's qualifications for any airman certificate or possible violations of the Federal Aviation Regulations (14 CFR Chapter I), and may be used as evidence in any legal proceeding pursuant to Section 602, 609 or 901 of the Federal Aviation Act of 1958.

Public comments on the proposed rule are now being addressed by the FAA staff. The staff of the Federal Air Surgeon indicated that the FAA had received little unfavorable comment regarding the "implied consent" provisions of the proposed rule.

The proposed rule would provide for FAA inspectors to administer breath tests for alcohol to airmen when the FAA has a reasonable basis to believe paragraphs (a)(1), (a)(2), or (a)(4) of 14 CFR §91.11 had been violated. Given the large percentage of pilots who do not work for an FAA-licensed company, the use of FAA personnel to administer the breath tests is necessary in order to enforce the rule. The different composition of NRC's licensee population would give NRC greater flexibility in devising enforcement strategy for any analogous NRC rule.

#### C. FAA Medical Certification

The FAA divides airman certification into three classes, based on the level of airman responsibility exercised by each. Medical recertification, including physical examinations by FAA Flight Surgeons or FAA-approved private physicians, are required on a six-month, one-year, and two-year basis for the respective levels of airman certification. The medical standards that must be met for the various levels of medical certificates are also graded, with more stringent standards applying to airmen in classifications exercising greater responsibility. Air traffic controllers must hold a second-class medical certificate (medical recertification every year), the same medical requirement that commercial pilots must meet. FAA regulations (14 CFR 67) establish a uniform set of alcohol, drug, and other fitness-related medical standards that must be met for each class of medical certificate. These uniform standards are as follows (excerpted from 14 CFR 67):

§67.13, 15, 17 (first, second or third)-class medical certificate

(a) To be eligible for a (first, second, or third)-class medical certificate, an applicant must meet the requirement of paragraphs

(b) through (f) of this section.

(d) Mental and neurologic:

(1) Mental.

(i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism. As used in this section, "alcoholism" means a condition in which a person's intake of alcohol is great enough to damage his physical health or personal or social functioning, or when alcohol has become a prerequisite to his normal functioning.

(d) Drug dependence. As used in this section, "drug dependence" means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds--

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) Neurologic.

(i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds--

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified medical judgment relating to the condition involved.

To implement these regulations, FAA-approved aviation medical examiners are instructed to not issue medical certificates to applicants who have an established medical history or clinical diagnosis of alcoholism or drug dependence.

In order to receive an Airman Medical Certificate, an airman must fill out an application form (FAA Form 8500-8) which includes the questions: "Have you ever had or have you now any of the following:...Any drug or narcotic habit...Excessive drinking habit." This application form must be signed by the applicant, who is subject to criminal penalties for knowing and willful falsification.

#### D. Air Traffic Controllers

Air traffic controllers (ATCs) are employees of the FAA. As indicated above, ATCs must hold a second-class medical certificate (reexamination every year). Air traffic controllers must meet other FAA guidelines relating to their job fitness, including the following requirements, excerpted from the FAA Manual, "Facility Operation and Administration," which largely address the use of legally obtainable over-the-counter or prescription drugs:

Supervisors should obtain the medical opinion of the Flight Surgeon concerning any employee whose medical condition appears questionable;

...  
An employee temporarily prohibited from traffic control duties because of required medication or other questionable medical status may be assigned to temporary administrative duties dependent upon availability of productive work and the capability of the employee to do the work.

...  
Employees who possess a current medical clearance are responsible to comply with all restrictions, limitations, or cancellations of the certificate applicable to the performance of air traffic control duties.

#### 264. USE OF DRUGS AND SEDATIVES

The following policy shall apply in regard to the use of drugs and sedatives:

- a. Personnel may be assigned to their regular positions of operation within ARTCCs, terminal facilities, FSSs, and IFSSs even though they are taking innocuous medication such as aspirin derivatives, vitamin preparations, nose drops, skin ointments, and routine immunizations.
- b. Personnel taking either regular or prolonged antihistamines may be assigned to positions of operation, provided individual special considerations are obtained. These special considerations may be granted on a permanent basis after it has been determined by the Flight Surgeon that there are no deleterious effects of the antihistamine or the condition for which it is being used.

#### 265. RESTRICTED DRUGS

- a. Personnel ordinarily assigned to an operating position, including those who have direct supervision of the specialists within the facility, shall not use the types of drugs listed below within a 24-hour period before assumption of duty:
  - (1) Sedative type drugs.
  - (2) Tranquilizers.
  - (3) Any drugs such as, but not limited to, antihypertensive agents or duodenal ulcer medications which have an effect on the central or autonomic nervous system.
  - (4) Any other drug and/or medication likely to affect the alertness, judgment, vision, equilibrium, or state of consciousness.
- b. When the employee is advised by a physician that adequate treatment of an ailment will require use of the types of drugs or medication referred to above, the employee shall not perform control duties. If the period of required treatment by these types of drugs or medication is anticipated by the physician to be indicated, the supervisor should promptly obtain the opinion of the Flight Surgeon concerning the continued utilization of the employee. The medical determination as to continued operational duty by an ATCS on medication will be made by the Flight Surgeon after consultation with the supervisor on a case-by-case basis.

#### 266. BLOOD DONORS

Personnel shall not be assigned to traffic control duties until at least 12 hours have elapsed after blood donation.



## 267. USE OF ALCOHOL AND OTHER DRUGS

Standards of conduct for FAA employees regarding the use of intoxicants are contained in Order 3750.5. In addition to conforming to those standards, ATCSs shall not perform air traffic control functions, or directly supervise personnel performing these functions, within eight hours after partaking in intoxicants.

Regarding the use of background investigations as a screening mechanism for ATC applicants, the FAA medical officials pointed to federal laws\* which prohibit the federal government\*\* from denying employment to anyone solely on the basis of a past history of alcoholism or drug abuse. These laws effectively prohibit the FAA or any other federal agency covered by the law from including as part of their background investigation procedures, a conscious effort to establish a prior history of chemical dependency and/or state of rehabilitation.

The FAA performs psychological testing as part of its screening process for applicants for ATC positions. The test used is the 16 PF (Sixteen Personality Factor Questionnaire), which was mentioned under Topic 4 of this report. The FAA has devised a screening system for this test suitably tailored to its particular screening needs and priorities.

The FAA includes modules on human behavior and employee performance as part of a three-week training course for new ATC supervisors. The human behavior training does cover alcohol and drugs as potential causes for unusual behavior or unsatisfactory job performance. The FAA officials indicated that new ATC supervisors are former ATCs who excelled at their jobs and received promotions because of their good performance. Most worked side by side with other ATCs for several years before becoming supervisors. Often the new ATC supervisor is not assigned to a new control tower, so he becomes the supervisor of the

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\*Public Law 91-616, "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970," and Public Law 92-255, "Drug Abuse Office and Treatment Act of 1972."

\*\*The CIA, FBI, and NSA are exempt from this requirement.

people he has been working with for several years. Even if this is not the case, ATC supervisors and ATCs have a common base of ATC experiences and often share similar backgrounds. The FAA medical staff interviewed suggested that ATC operators and supervisors were probably not very different from nuclear reactor operators and supervisors in these regards (that is, close knit, common base of experience, similar background, promotion from within).

The Air Surgeon's staff indicated that if such ingrown, close-knit, work situations are coupled with a punitive or disciplinary followup program (for example, dismissal) for alcohol and drug problems, reliance on a detection program based on supervisory observation and referral is not likely to be effective. (There is a reluctance on the part of supervisors of close-knit groups such as controllers, to report subordinates for alcohol or drug abuse or addiction, or to refer them for treatment, if the supervisor thinks management will take punitive action such as revoking certification). Although administrative action might be appropriate in cases of simple drug or alcohol abuse (for example, a nonalcoholic reports to work intoxicated), medical treatment is appropriate for cases of alcoholism and drug addiction. If management approaches alcoholism as an administrative matter rather than as a medical problem, there will be few self-referrals. Moreover, few peers, family members, or supervisors will refer a loved one or colleague for treatment if such referral will jeopardize his career or promotion potential. The FAA's solution to this penetration problem for pilots, another closely knit group, is discussed in the next section.

#### E. The FAA and Rehabilitation

As indicated in the section on FAA medical certification, an established medical history or clinical diagnosis of alcoholism or drug dependence is considered disqualifying for any level of medical certification. The FAA Federal Air Surgeon takes the position, with respect to alcoholism and drug addiction, that an individual with either of these conditions constitutes a threat to safety and that for certain safety-sensitive positions, such as pilot or air traffic controller, either condition is, in and of itself, disqualifying. This policy relieves the FAA of the burden of having to prove incapacitation or impairment

in a given situation for an alcoholic pilot: if he is a clinically diagnosed alcoholic, he is, by FAA standards, considered to be impaired and he would be denied an aviation medical certificate, therefore the opportunity to fly. The Air Surgeon considers the risk to public safety posed by alcoholics and drug addicts to be too great to let them act as airmen at all, unless they have been suitably rehabilitated, as discussed below.

The Air Surgeon's position is that for a safety-sensitive position such as pilot or air traffic controller, impairment resulting from alcoholism or drug addiction need not be demonstrated. These medical conditions themselves constitute impairment for such a safety-sensitive position.

The FAA's medical certification procedures allow for granting an exemption from this requirement, on a case-by-case basis, for pilots who present adequate evidence of recovery from alcoholism. The exemptions are granted or denied by the FAA's Federal Air Surgeon, after he has considered the results of any psychiatric examinations and psychological evaluations and the recommendations of a group of medical experts. A key consideration in whether a pilot is reinstated or not is years of abstinence and demonstration of commitment to rehabilitation. "It is unusual for an individual to be granted an exemption with less than 2 years of abstinence unless very stringent medical surveillance can be provided." (Ref. 7).

Several years ago, the FAA liberalized this policy, which applied to all classes of pilots. The change resulted from (1) an increased rate of permanent remissions as a result of an improved state of the art of active intervention approaches and professional treatments, and (2) the fact that the FAA's exemption petition approach was not conducive to self, supervisory or peer group referrals by commercial pilots whose livelihood depended on receiving the aviation medical certification. By insisting on a strict interpretation of the regulation, the FAA was creating a disincentive for alcoholic commercial pilots who were alcoholics to openly seek rehabilitation. Under these circumstances, the overall interest of aviation safety was not best being served (Ref. 7).

Concurrently with the FAA's recognition that there were probably a number of undiscovered commercial pilots who were alcoholics, the pilots themselves, (through their union) and the airlines (who were developing their own company rehabilitation programs) were also seeking a solution to the problems.

The FAA's response was to slowly reduce the period of abstinence needed before an individual may be returned to duty, by substituting strict surveillance for a variable period of time, and insisting that a responsible medical source sponsor the request for exemption (or conditional return of the medical certificate). The medical sponsor would be either the medical department of the airline, or the medical representative of the Air Line Pilots Association (ALPA). This gave the involved medical representatives of the airlines and the pilots further impetus to develop responsible programs for detection, confrontation, supervised rehabilitation, and finally, for monitoring the rehabilitation if the pilot was returned to duty. But, most importantly, it implied a sharing of responsible decision-making about the degree of recovery. The sponsoring medical agent was not merely "rubber-stamping" a pilot's request for return of medical certification, he was making informed decisions based upon a knowledge of alcoholism and the individual.

The surveillance or monitoring system evolved into a tripartite involvement to formally include the peers, the supervisors, and the sponsoring medical department. This produced the necessity for training physicians who deal with pilots as sponsors to become knowledgeable about alcoholism. Another result was the hiring of nonmedical alcoholism professionals by the airlines. It also produced the necessity to orient lay people, supervisors and peer representatives, to an understanding of alcoholism.

It is now possible for a commercial airline pilot, sponsored by an appropriate medical department, to be considered for an exemption and return to duty within 3 months after completion of an initial intensive rehabilitation program. Typically this consists of approximately 1 month at an inpatient facility specializing in alcohol rehabilitation.

In order for an exemption request to be acted upon by the FAA, all pertinent medical records must be submitted and reviewed. In addition, all petitioners must undergo a comprehensive psychiatric examination and psychological test evaluation by a limited number of professionals familiar with aviation and alcoholism. The purpose of this evaluation is not only to screen for underlying psychopathology and organic brain disease, but to serve as an independent review of the progress of rehabilitation (independent of the treatment facility). In addition, the psychiatrist is able to develop a baseline for continued monitoring of the recovery progress, and become a valuable resource in making judgments about relaxing the surveillance at a later date.



Under this program, which is very exacting in comparison to most rehabilitation programs, more than 400 airline pilots have been returned to flight duties in the past five years. The FAA's Federal Air Surgeon considers two factors to be particularly important in the success of this rehabilitation structure: the establishment of an environment in which alcoholics can seek rehabilitation without losing their jobs and the active involvement and participation of the pilot's union, ALPA. The success rate of this program has been 85 percent, with success defined as no relapses over a very carefully monitored two-year period following the return of medical certification.

### 3. Kimberly-Clark's Employee Assistance Program

Kimberly-Clark Corporation, a manufacturer of paper products, is considered by several experts on chemical dependency, including the FAA's Federal Air Surgeon, to have a very effective program for addressing the problem of drug and alcohol abuse by its employees. A team from the Task Force visited Kimberly-Clark's Headquarters complex in Neenah, Wisconsin, to discuss the Kimberly-Clark program with the Staff Vice President for Medical Affairs and the Manager of the Employee Assistance Program. Kimberly-Clark is one of the private concerns approved by the FAA to provide employee assistance to airline pilots suffering from alcoholism.

#### A. Health Management Program

The Kimberly-Clark program for combating drug and alcohol abuse is not a sharply defined subprogram clearly separable from the rest of Kimberly-Clark's employee health program. Rather it arises as a natural consequence of the total employee health program. The company views alcoholism and drug abuse as progressive health problems, which like many other health problems, can be successfully treated. To address its concern about the health and well-being of its employees and their families, the company has established a comprehensive Health Management Program, which includes medical screening services, health and physical education training, and the Employee Assistance Program. Just as Employee Assistance fits logically and naturally into the framework of wellness and an overall condition of health, drug and alcohol counseling fit logically and naturally into a (employee assistance) framework of employee well-being and problem solving.

The following excerpts from an October 1981 paper authored by the Kimberly-Clark Staff Vice President for Medical Affairs and members of his staff describe the breadth and scope of the health maintenance program in more detail:

In 1977 Kimberly-Clark Corporation initiated a preventive health maintenance effort called the Health Management Program. The objective of the program is to achieve a higher level of wellness and productivity in employees and to reduce absenteeism and the

rate of escalation of health care costs. The program consists of two main parts--Health Screening and Health Promotion. Medical testing and examination are covered in the health screening. Health promotion is comprised of the Employee Assistance and Health Education Programs. Health screening and promotion activities are conducted on company premises under the same roof.

The program was opened to all salaried employees in the Fox Valley in April of 1977 and to hourly employees in October of 1979....In September of 1981, the program was expanded to include a midday program whereby employees may use one hour during the time period of 11 a.m. to 1 p.m. to do their prescribed exercise workouts. In January 1982 employee-spouses and retirees and their spouses will be included in the program. Retirees will be admitted to the program at no charge as are employees. Employee-spouses and retiree-spouses will be charged an annual fee of \$100 which will include the complete physical examination and screening, use of the Exercise Facility, and participation in the Health Education classes. In addition, the program has been expanded to the Kimberly-Clark Health Care, Paper and Specialities Companies with headquarters in Roswell, Georgia.

#### PROGRAM DESCRIPTION

Health screening consists of a medical history and health risk profile which is scored to indicate the employee's level of risk for certain illnesses (e.g., heart attack). This is followed by a series of laboratory tests in the multiphasic screening unit, exercise testing by treadmill or bicycle ergometer, and a complete physical examination. When all the data are in, the employee meets with a member of the Health Services staff for an evaluation and "wellness prescription". The wellness prescription outlines an exercise program and may recommend counseling and/or health education. The employee is made aware that the chief responsibility for his health is in his hands.

The Employee Assistance Program was designed to provide assistance to employees who have personal problems which are interfering with their job performance. These problems include drug or alcohol abuse, financial or legal difficulties, and family or marital problems. Individual and group counseling are available to both employees and their families. In addition, the program serves as a referral service for special health problems such as alcoholism and mental illness. Follow-up after treatment for alcoholism or other serious problems is a very important part of the Employee Assistance Program.

The article goes on to describe the Health Education Program and exercise programs. At the \$2.5 million Health Services Center at Neenah, the 25-person staff offers more than 30 different courses including courses in swimming, conditioning, weight training, dancing, nutrition, CPR, first aid, over-the-counter drugs, and stress management. The paper continues:

The program has also been beneficial in the recruitment of potential employees. Kimberly-Clark's public image has been enhanced through awards received from organizations such as Blue Cross and the American Association of Fitness Directors in Business and Industry. The University of Wisconsin Extension also recognized the work done by the Employee Assistance Program with an award.

(Above excerpts taken from a paper dated October 1981 entitled "Kimberly-Clark's Health Management Program Results and Prospects," by R. E. Dedmon, M.D., C. M. Smoczyk, M.S., and P. D. Konkul, B.S.)

#### B. The Employee Assistance Program

Consistent with the Kimberly-Clark emphasis on the total health of the individual, the Employee Assistance Program (EAP) is aimed at a wide range of employee problems, including drug and alcohol abuse. The EAP Manager indicated that "broad brush" employee assistance programs, which address marital, family, emotional, and other problems of employees (as well as alcoholism and drug abuse) have been replacing traditional alcoholism programs at many of the nation's corporations since the early 1970s. He cited several factors to help explain this phenomenon: EAPs offer a higher level of employee penetration (more employees participate in the program); earlier intervention (many problems manifest themselves off the job before they do on the job), broader scope and less (or no) social stigma.

Several other advantages of EAP programs were offered: chemically dependent employees are not likely to be referred to any program by supervisors, peers, family, or self if such referral jeopardizes their job or potential for advancement. While some traditional alcoholism programs have come to be regarded by employees as "witch hunts," many employee assistance programs offer the perception of a more forgiving and understanding source of help. In addition, the early-intervention precept of EAP contributes to earlier referral and an opportunity to deal with problems before they show up in a decline in work performance. Employee assistance programs are generally extended to employees' families as well: this helps with corroboration and motivation when the employee is troubled, and it helps the employee with problems when a member of his family is troubled. In contrast to referrals by supervisors to outside help, the EAP, by having a high percentage of employee problems funneled through it, can act as a quality



control monitor for consistency of referral, followup, and quality of service provided by organizations to which employees are referred.

The objectives of the Kimberly-Clark EAP program are set forth on a company handout as follows:

#### OBJECTIVES OF PROGRAM

1. Assist employees and immediate family members in obtaining assistance with any special health problem which may be of concern to them.
2. Retain employees, the Company's most valuable resource.
3. Reduce or control Company losses due to special health problems.

The following points taken from Kimberly-Clark's policy statement\* for the Employee Assistance Program, explain the corporation's philosophy and position on EAP:

It is the policy of the Corporation:

1. That chemical dependency is a progressive health program which can be successfully treated.
2. That all supervisory personnel will be trained to recognize and understand patterns of job performance deterioration which may be caused by health problems.
3. The Corporation is concerned with an employee's personal problems only when the employee requests assistance or when the problems affect job performance.
4. That participation in the program will not jeopardize an employee's job security or promotional opportunities.

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\*This statement is generally consistent with Standards for Employee Alcoholism/ Assistance Programs developed jointly by several national organizations including: the Association of Labor-Management Administrators and Consultants on Alcoholism; the National Council on Alcoholism; the National Institute on Alcohol Abuse and Alcoholism (NIAAA); the U.S. Office of Personnel Management; and the AFL-CIO and other segments of organized labor. These standards are available from NIAAA's Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD.

5. That all records and discussions of personal problems will be handled in a confidential manner, as are other medical records. These records and discussions shall be maintained separate from the employee's personnel file, and as a part of the confidential medical records.
6. That the program is not designed to provide treatment, but rather to provide early identification, motivation, and referral to appropriate resources for further assistance. In addition to this service a follow-up program will be provided to assist the employee in his recovery when necessary.
7. That specific services rendered in treatment and/or during rehabilitation not covered by insurance or other benefits, will be the responsibility of the employee.
8. That the Management Compensation Committee will evaluate and recommend necessary changes regarding the Employee Assistance Program. The Staff Vice President - Medical Affairs will serve ex-officio on the Management Compensation Committee for meetings relating to the Employee Assistance Program.

This policy does not alter or replace existing administrative policy or contractual agreements, but serves to assist in their utilization.

Kimberly-Clark's EAP program presently covers about 13,000 of its 18,000 employees in the United States and Canada. The Corporate Employee Assistance Program Manager spends about 50% of his time visiting Kimberly-Clark mills and other plants to set up local EAP programs. He expects to have all employees in the United States and Canada covered by an EAP program within two years. Local counseling firms, after screening and qualification by the headquarters EAP staff, are hired to provide EAP services at local plants. The Kimberly-Clark experience in setting up satellite EAP programs indicates: (1) Each site is different and has different needs; the local program should be tailored to recognize these differences. Establishment of a local advisory committee at each location is helpful; (2) The active involvement of employee unions is an essential ingredient for paving the way for employee acceptance of the program and participation in it; (3) The EAP program should be introduced to local employees by the ranking local official on company time in a presentation that affords the local EAP counselors the opportunity to be seen

by and talk to the employees (as a group); (4) The staff setting up the local EAP program must carefully structure it so that neither management, the union, nor the personnel department feels that their responsibilities are being usurped; and (5) An EAP program will not work if it does not have the trust and faith of the employees and the support of both management and unions.

The headquarters EAP staff consists of three full-time counselors who serve 4700 Kimberly-Clark workers in the immediate Neenah vicinity. About half the 4700 workers are engaged in manufacturing, the other half in research and corporate support. Since 1977 the headquarters EAP staff has handled 1200 local referrals, of which 800 were Kimberly-Clark employees and 400 were family members. The percentage for referrals by category were: alcohol/drugs, 35%; behavioral/emotional, 27%; family, 10%; marital, 10%; and others, 18%. About 35% of referrals are supervisory referrals. The EAP program has a 70% rehabilitation rate (rehabilitation is done by local hospitals, doctors, AA groups, and such, with counseling, referral, and followup by EAP staff). In one study of 25 drug and alcohol referrals, the EAP program saw a reduction in absenteeism of 43% and in accident rate of 70%. Seventy percent of the EAP staff's time is spent in followup.

Other salient features about the Kimberly-Clark EAP program include: an EAP phone network for sales personnel; availability of EAP services up to 30 days after unfavorable termination; and no restriction on number of EAP referrals because of alcoholism. In addition, the five progressive levels of company discipline call for the supervisor to offer the services of the EAP to the employee, using, progressively, the verbs "inform," "encourage," "recommend," "expect," and "inform."

#### C. Other Relevant Information

The Employee Assistance Program at Kimberly-Clark is oriented toward early intervention, problem identification, referral, and followup. The drug and alcohol program is an inseparable subset of the overall Employee Assistance Program. A constituent in the smooth functioning of the EAP is training the supervisors to recognize job performance deterioration and to observe employee performance (see second point in the excerpt from the corporate policy).

The Kimberly-Clark supervisory training and employee observation are not unlike what the Task Force saw among the ten surveyed NRC licensees. Kimberly-Clark does differ from most licensees, however, in that its training does not include any special emphasis on drugs and alcohol. Drugs and alcohol are treated, in accordance with corporate policy, just like any other medical problem.

Other differences from the programs of NRC licensees include: background investigations are not generally performed except for security personnel and certain key employees; and there is no testing of the general employee population (not even intelligence (IQ) tests) - not even security personnel are subject to psychological tests.



#### 4. General Motors Drug and Alcohol Program

The General Motors Corporation is considered by several experts on chemical dependency to have a very effective program for addressing the problem of drug and alcohol abuse by its employees. The Task Force did not visit General Motors as part of its survey. However, an article appearing in the November/December 1981 issue of the EAP Digest (a journal for employee assistance professionals) contains a brief description of the General Motors program and its success rate. Although the General Motors program now covers both drugs and alcohol, it was initiated to address the alcohol problem and the article is oriented toward alcoholism. It begins with some information on the scope of the alcoholism problem nationally. The article, which was written by Nicolas A. Pace, M.D., had previously appeared in the Journal of the National Association of Private Psychiatric Hospitals, Vol. 12 No. 3, Summer 1981. Dr. Pace is assistant professor of clinical medicine at the New York University School of Medicine, Medical Director of the New York Executive Offices of General Motors Corporation, and co-founder and past-president of the New York City affiliate of the National Council on Alcoholism.

Excerpts from the article follow:

#### A Prescription for Help

The average alcoholic, contrary to popular opinion, is not found on skid-row; only five percent of alcoholics fall into this group. Rather he or she is usually employed; is in the mid-30s age group; has a good job, home, and family. Few alcoholics admit, even to themselves, that they have a drinking problem or that it is destroying their lives.

Alcoholism is a problem of enormous medical and social magnitude and is growing steadily worse. U.S. government sources indicate that it is one of our leading public health problems. Of the 100 million adults who consume alcoholic beverages, nine million are estimated to be alcoholics--at an annual cost to the United States of \$43 billion. In addition, some experts indicate that there are now 3.4 million teen alcoholics in the United States, and their ranks are expanding at an alarming rate.

Over the past decade, the consumption of alcohol has increased by 26 percent, adult per capita liquor consumption is now 2.7 gallons per year. The cost of alcoholism in terms of its effect on human lives underscores the need for control of this disease. The life expectancy

of the alcoholic is shortened by ten to 12 years. The suicide rate among alcoholics is 340 times that of the rest of the population. Thirty-three percent of child abuse cases are due to alcoholism. Sixty-four percent of all murders are alcohol-related. Fifty percent of all fatal automobile accidents are alcohol-related--a total of 27,000 deaths per year. Fifty percent of fights or assaults in the home are alcohol-related; 36 percent of all pedestrian fatalities are alcohol-related.

Americans spend about \$21.5 billion annually on alcoholic beverages, generating about \$9.8 billion in tax revenue. According to the U.S. government, alcoholism is costing industry \$19.6 billion annually in loss of time, illnesses, accident and health benefits, and disability. Stated simply, the estimated cost to industry is about \$2,000 per year for every alcoholic on the payroll. At General Motors alone, prior to the beginning of the program I will describe, \$30 million a year was the cost.

### The GM Program

The General Motors Corporation Alcoholism Recovery Program, which has now been expanded to include other substance abuse, is a humane approach to help employees who become victims of alcoholism through a system of early identification, referral for proper treatment, and concerned follow-up.

In the late 1960s, James Roche, then chairman of the GM Board of Directors, became familiar with the success of the GM program for corporate employees which I had previously established at the New York Executive Offices. By using the job and the possibility of job loss as a motivating force, alcoholic employees were referred for treatment--with a 90 percent recovery of a year or more of sobriety. Seeing this success in my local program, Mr. Roche, in November 1971, announced to a group of his peers (chief executives of the Fortune 500) that henceforth GM would establish a corporate-wide alcoholism program covering its 800,000 employees.

The GM program was officially established in June 1972 by a statement of cooperation with General Motors and the International Auto Workers Union. This statement included the following Statement of Policy:

- Alcoholism is recognized as a highly complex but treatable disease.
- Employee alcoholism becomes a concern when it interferes with job performance.
- Every effort should be made to identify the disease in its early stages and to encourage the employee to obtain treatment without delay.
- Early identification should be based entirely on evidence of poor job performance and other related factors.

With the Statement of Policy it was noted that:

- The medical director, or his representative, would be available for consultation concerning the need for treatment but would not provide such treatment.

- The decision to undertake treatment is the responsibility of the individual employee.

- The employee is assured that if he controls his illness and his job performance becomes satisfactory, his job security will not be jeopardized. If he does not obtain treatment or if the treatment does not result in a marked improvement, he may lose his job.

- The program includes considerable and careful follow-up for effective rehabilitation.

As part of the General Motors Alcoholism Recovery Program, a local alcoholism committee is established in each GM plant. The committee determines the availability of treatment facilities and, where they are inadequate or unavailable, it tries to improve the local situation. The committee is also charged with developing ways to encourage and assist the employee to obtain treatment without delay.

The committee helps the alcoholic employee to confidentially consult the medical director or a qualified outside facility concerning his problem without fear of disciplinary action. It also arranges for the local insurance administrator or union insurance representative to explain to the employee the extent to which recommended treatment qualifies for payment under the GM insurance plan.

GM insurance benefits for the treatment of alcoholism include: 45 days for acute care and 90 days for rehabilitation in a Blue Cross approved rehabilitation facility, and through group insurance, sickness and accident benefits for up to 52 weeks and long-term disability benefits on a time-for-time basis up to age 65.

In addition, programs have been established to educate the personnel department to recognize the possible alcoholic employee. Personnel staff are taught to think alcoholism when evaluating and reviewing records concerning absenteeism, tardiness, leaving early, and discipline. In each General Motors facility, the medical department is trained in areas of diagnosis, motivation, referral, and follow-up of the alcoholic employee.

#### "Venture to Help" Program

In 1967, the author initiated a supplementary program that was similar to the program started by Rufus Miller, M.D., at GM's Fisher Body Plant in Trenton, New Jersey. This program is called the "Venture to Help." Its objective is to restore to health a colleague whose ability to function in a normal and sane fashion has progressively deteriorated through the use and abuse of alcohol.

The program operates through weekly Alcoholics Anonymous-type meetings held in the General Motors Building at lunch time. This format provides an excellent method of follow-up for the medical director and encourages open communication among program members. They have the ability to help each other, and by exerting peer group pressure, they can encourage each other to abstain from alcohol.

It was with great pride that GM's chairman, Thomas A. Murphy, announced in August 1979 that the GM program has been so successful that there has been a 40 percent reduction in loss of time, 20 to

50 percent reduction in sickness and accident benefits, 33 to 50 percent reduction in discipline problems among treated employees. Murphy announced in August 1979 that since the onset of the corporate-wide program in 1972, more than 55,000 employees of General Motors have been aided by the program, with a 70 percent success rate.

(Above excerpted from the article, "A Prescription for Help," authored by Nicolas A. Pace, M.D., which appeared in the November/December issue of EAP Digest.)



#### IV. TASK FORCE CONCLUSIONS

This report is primarily based on what the Task Force learned from discussions with the management of ten utilities and several nonlicensees about the programs they have in place to combat drug and alcohol abuse by their employees. For almost every organization consulted, the Task Force had reason to believe that the organization had in place a drug and alcohol program considered to be effective by knowledgeable persons. The Task Force did not presume, on its own, to independently assess the effectiveness of the programs reported on in this document. However, learning about these programs that are generally considered to be above average and effective, and in consultation with experts in various fields related to the drug and alcohol problem, the Task Force has observed a number of characteristics that can be reasonably expected to be found in a purportedly effective program.

A spokesman for the industry security community cautioned the Task Force against "ratcheting" the industry (recommending that every licensee have a drug and alcohol program similar to the best program the Task Force had seen). The Task Force responded by saying that it had noted a number of different, yet apparently effective, licensee approaches to the drug and alcohol problem, each one of which might be the "best" for that licensee, but which might not work so well for another licensee. The job before the Task Force was not to find a hypothetical "best" program among those observed, but rather to observe effective programs and glean from them a set of common denominators that one would reasonably expect to find in an effective program, and to fashion from these common denominators a generic baseline program. This baseline program would not necessarily be the "optimum" or "best" program, but would consist of those features the Task Force judged to be necessary, and would expect to find in any effective program. The emphasis is not on what is best, but what is effective.

In subsequent paragraphs, the Task Force describes a "baseline" program containing the features that we would expect to find in a purportedly effective program. It is important to note that several key elements of this "baseline" program (background investigations, psychological tests, and behavioral observation), are included in the draft proposed Access Authorization Rule.

These elements were recommended for inclusion in a future screening rule by the NRC Hearing Board which reviewed a previous access authorization program rulemaking effort.

It is important to note also that several subprograms of the "baseline" program (existence of policy, resolve to use the policy, employee awareness programs and employee assistance and rehabilitation programs) were included in the "baseline" program based on the Task Force observations of purportedly effective licensee programs. Subsequent Task Force activity outside the nuclear industry developed information confirming the importance of including these subprograms in an overall program. In particular, responsible officials of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse confirmed both the necessity of these subprograms in an overall effective program and the apparent completeness of the Task Force's total set of subprograms.

Based on the information available to the Task Force, including details of the ten licensee programs, the Task Force has developed the following Baseline Drug/Alcohol Program.

1. A Generic Approach to the Drug and Alcohol Abuse Problem: A Baseline Program for the Nuclear Industry

The Baseline Program consists of the following components, only some of which are the subject of pending rulemaking action:

- A. Written Drug and Alcohol Abuse Policy

The utility should have a firm, written, policy statement on the use of drugs and alcohol which makes it clear that onsite use and possession are forbidden and that usages, onsite or offsite, which could affect public health and safety, is forbidden as well.

NRC's statutory interest in this matter is limited to protection of public health and safety in connection with its licensees. However, licensees' interests extend beyond safety considerations and they may wish to include legal, economic, and other considerations in their written policy statements. Topic 2 contains several examples of policy statements that are not limited strictly to safety matters.

#### B. Resolve To Use the Company Policy

Management commitment to the implementation and enforcement of policy is essential. Nonenforcement of the company's drug and alcohol abuse policy is tantamount to having no policy. Having set the policy, the company is obligated to use it to maintain credibility and to deter future problems, no matter what the short-term cost may be in terms of utility embarrassment and press coverage. Utility resolve to deal firmly and decisively with drug and alcohol problems as soon as they are recognized is an essential characteristic of any utility having an effective and confidence-inspiring drug/alcohol program.

#### C. Employee Awareness Program

Every employee of the company (including managers and supervisors) should be given a personal copy of the utility policy on drugs and alcohol, and the company should endeavor to see that he reads and understands it.

Dissemination of the company policy should be only one facet of a larger employee awareness program conducted by the utility. Employees also must be made aware of the fact that the company will not hesitate to use its firm, written drug policy, even if it means termination of employees in whom the company may have invested considerable time and money. Employees should be made aware of the dangers inherent in any on-duty or intemperate off-duty use of alcohol or drugs and how such use can affect a worker's ability to function in a manner consistent with preserving the health and safety at his plant as well as the public's health and safety. The utility should ensure that all employees, not just supervisors, have developed a level of drug and alcohol awareness sufficient to recognize symptoms of chemical dependency exhibited by

their coworkers. The utility should make all employees aware of the company's programs for employee assistance and rehabilitation, their availability, and their provisions.

Employee awareness of the safety implications of drug or alcohol use should extend to prescription drugs and nonprescription drugs that may affect their alertness and judgmental capabilities. The company should have, like the Air Force, provisions for employee self-determination of reliability under which employees in safety-sensitive positions are obligated, for safety's sake, to inform their supervisors and/or competent company medical or counseling officials of any condition which may affect their fitness for duty.

#### D. Employee Assistance or Rehabilitation Program

Several licensees (and nonlicensees) interviewed put a great deal of faith in the ability of well-conceived and well-managed employee assistance and rehabilitation programs to restore a productive worker to his previous (higher) level of productivity and effectiveness. Some licensees indicated that recovered alcoholics may be better employees than employees who have never been alcoholics or have never had their alcoholism recognized. They argued that they were less worried about a recovered alcoholic than they were about someone on their staff who might be abusing alcohol or drugs but who was trying to hide it. Moreover, they said, the alcoholic who has undergone rehabilitation with the company's help and assistance makes a very loyal employee. As indicated under Topic 7, some utilities view employee assistance and rehabilitation programs as highly cost effective.

NRC's primary concern in the matter of the drug and alcohol problem is maintenance of public health and safety, not employee rehabilitation. However, each of the licensees surveyed had some form of an employee assistance rehabilitation program, integrating it in some fashion into the rest of their program to combat drug and alcohol abuse. Based on its survey of licensees and on a considerable amount of other information of which it is aware, the Task Force believes that some form of company-sponsored employee assistance or rehabilitation program is an essential constituent in achieving a balance of subprograms which, taken together, comprise an effective drug and alcohol



program. The weighting a company gives employee assistance and rehabilitation in defining its overall program will vary, but an overall effective mix of subprograms would be difficult to achieve if that weighting were zero. The company's overall drug and alcohol program should be conceived and implemented in such a manner that the employee assistance or rehabilitation program serves to enhance overall plant safety, not detract from it. The employee assistance program should have the strong cooperative backing of management and unions and it should complement the company's policy on work-related use or possession of drugs or alcohol.

#### E. Employee Screening Programs

The Task Force recognizes that, despite the best efforts of a company to satisfy the first four elements of the Baseline Program, there may be some employees who are less trustworthy, less stable, or less reliable than desired or who do not share the deep concern of the utility and their fellow employees for discharging their public trust to use nuclear power in the safest manner possible. This disregard for the rules may include disregard for the company's drug and alcohol policy. It would be to the benefit of both the utility and the public if such people were not allowed access to vital areas in nuclear reactor facilities. Whenever possible, screening such personnel from employment appears to be one important way to achieve this goal. Even if screening is not 100% reliable for detecting undesirable applicants, it provides at least for removing the obviously troubled individual from further consideration.

Although some employees may entirely develop the undesirable traits just described after they go to work for the utility, some of them will certainly show signs of those traits before or at the time they apply for a job with the utility. Comprehensive background investigations, including arrest record checks and prior employment checks, constitute a fundamental tool for determining whether an applicant has behaved unacceptably in the past. Moreover, considerable scientific and sociological opinion supports the use of psychological tests, properly administered and interpreted, as a primary tool in assessing mental stability and proclivity for addictive behavior.

The Task Force believes that both background investigations, including arrest record checks, if possible, and psychological tests, such as the MMPI or 16 PF, should be part of the Baseline Program for all persons whose job requires access to a nuclear power plant. The Task Force's Baseline Program includes the following time frames: a five-year background check of new permanent nuclear employees; a two-year background check for unescorted temporary workers who are on site only during cold shutdown (or appropriate compensatory measures); grandfathering of nuclear employees who have been with the company and performed satisfactorily for three years or more; psychological testing of applicants, permanent and temporary; and periodic psychological testing (retesting) of experienced workers (every five years).

For those nuclear workers in safety-sensitive jobs (including security personnel and reactor operators), the Task Force suggests that some supplementary additional drug- and alcohol-oriented preemployment screening be performed. Complete checks of medical histories for the past several years, chemical tests of urine and blood to detect use of drugs and alcohol as part of the preemployment physical, interviews with trained interviewers, and polygraph tests are other measures that should be considered. The Task Force does not include these measures in the Baseline Program but suggests companies consider their use (state and local law permitting) as confirmatory tools to supplement the baseline program of background investigations and psychological tests.

#### F. Drug- and Alcohol-Detection Programs

Some employees may develop a disregard for the company's rules, including the company's policy on drug and alcohol use, after employment. For these employees and any of similar inclination who are not eliminated from employment consideration as part of the screening process, a company needs some form of ongoing program to detect and identify drug and alcohol abuse.

The Task Force believes that the generic Baseline Program should include, as a detection measure, a program of supervisory and security force training in aberrant behavior identification coupled with an ongoing program of continued

behavioral observation ("management awareness"). The Task Force agrees with the licensee who felt that the detection program need not focus exclusively on drugs and alcohol, but rather that supervisors should focus on detecting changes in the quality of job performance, except in cases of obvious intoxication or other chemical dependency. The supervisor should refrain from judging a performance problem to be alcohol or drug related but, instead, should refer the employee to qualified medical or counseling help. The Task Force, like this licensee, is concerned about any aberrant behavior that threatens the safe operation of a nuclear power plant, be it caused by drugs, alcohol, or something else. Essential to the success of such a program is a well conceived and implemented employee assistance or rehabilitation program and a training program in behavior (performance) observation for supervisors and the security force. Moreover, the Task Force believes this training program should contain some instruction in drug and drug-user awareness and identification. The inclusion of such training should not be construed to suggest that supervisors need be expert on drugs nor that they should diagnose employees as being drug users. On the contrary, such instruction should be designed to increase the breadth and depth of the tools the company gives the supervisor to work with in implementing the continual behavioral observation program.

The Task Force believes that the following detection measures also should be included in the Baseline Program: monitoring of absenteeism; searches of employees' lunch boxes, lockers, privately owned automobiles, and so on, as allowed by state and federal laws and when probable-cause has been established by plant management or by the security force; and provisions in company work rules for immediate removal from a safety-related function when probable-cause exists. In the latter situation, the licensee may find the use of chemical tests to the extent allowed by state and federal laws to be effective as a confirmatory action.

The licensee may wish to include other detection measures in his program, for instance the use of dogs trained to detect drugs, the use of investigators (overt or undercover), and chemical tests for drugs as part of the annual physical examination. The Task Force recognizes the added capability afforded by such measures but does not feel they need be included in the Baseline Program.

## 2. Summary of the Generic Baseline Program

The following table summarizes the contents of the preceding section.

### Generic Baseline Program

<u>Nature of Subprogram</u>	<u>Subprogram</u>
Administrative	<ol style="list-style-type: none"><li>1. Written Drug/Alcohol Policy<ul style="list-style-type: none"><li>. Company should have a firm written policy covering onsite and offsite use or possession.</li></ul></li><li>2. Resolve To Use the Company Policy<ul style="list-style-type: none"><li>. In order for policy to be effective company must be committed to use it firmly and decisively when drug and alcohol problems develop</li></ul></li></ol>
Educational	<ol style="list-style-type: none"><li>3. Employee Awareness Program<ul style="list-style-type: none"><li>. Company should ensure employees are aware of company policy on drugs and alcohol and that the company will enforce policy.</li><li>. Company should provide employees with training on drug and alcohol awareness and on the threat drugs and alcohol pose to safety.</li><li>. Company work rules should provide for self-determination of reliability for employees in safety-sensitive positions.</li></ul></li></ol>
Employee Oriented	<ol style="list-style-type: none"><li>4. Employee Assistance or Rehabilitation Program<ul style="list-style-type: none"><li>. Task Force believes an employee assistance and rehabilitation program is an essential constituent in an effective mix of drug and alcohol subprograms.</li><li>. Employee assistance and rehabilitation programs should have the strong cooperative backing of management and labor.</li></ul></li></ol>



Nature of Subprogram	Subprogram
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Preventive

5. Employee Screening Program Should Include:
- . Background investigations for all new nuclear employees (5 years for permanent, 2 years for temporary). "Grandfathering" workers who have 3 years or more service.
  - . Psychological tests (e.g., MMPI, 16 PF) for all new nuclear employees. Interpretation and necessary followup by trained professionals.

Preventive measures that could be used to supplement the Baseline Program include:

- . Extensive medical record checks
- . Preemployment screening of urine or blood for drugs or alcohol
- . Extensive interviews with trained interviewers
- . Pre-employment polygraph tests for drug and alcohol use

Detection

6. Drug and Alcohol Detection Program Should Include:
- . Supervisory and security force training in aberrant behavior identification.
  - . Continual behavioral observation by supervisors and security force.
  - . Training for all nuclear supervisors and security personnel in drug and drug user identification.
  - . Monitoring of absenteeism.
  - . Searches for drugs and alcohol for probable cause.
  - . Provision in company work rules for confirmatory tests (e.g., chemical) for probable cause.

Detection measures that could be used to supplement the Baseline Program include:

- . Drug-detecting dogs.
- . Use of Investigators.
- . Annual chemical screens for drug and alcohol during routine physical exams.
- . Polygraph tests, as allowed by state and federal laws, on applicants to determine drug and alcohol use, and on employees when probable-cause exists.

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## APPENDIX A

### UTILITY VIEWS ON ACCESS AUTHORIZATION RULE (PROPOSED 10 CFR 73.56)

#### 1. The Proposed Rule

The Access Authorization Rule has been advanced by the NRC staff as a means of determining the reliability of employees, and includes the abuse of drugs or alcohol as one of the determining factors in the decision to allow access to the vital equipment of a nuclear plant. The Task Force solicited licensee opinion regarding the provisions of this proposed rule and what contributions it might make to detecting drug and alcohol abuse at nuclear power plants.

Most licensees surveyed were familiar with the basic provisions of the proposed rule, which is similar in a number of respects to ANSI N18.17 (ANS 3.3), "Standard on Security for Nuclear Power Plants." (This comment holds true not only for utility security directors but for a surprisingly high number of corporate vice presidents and general managers.) The proposed rule presently is undergoing minor modifications by the NRC staff, but the following general description explains the basic content.

#### ACCESS AUTHORIZATION RULE

##### BACKGROUND

In March 1977, the staff proposed a rule requiring an access authorization program for individuals having unescorted access to or control over special nuclear material. After reviewing public comments, the Commission referred the matter to a Hearing Board which recommended that instead of a government-run clearance program, an industry-run program be developed, incorporating standards more specific than those contained in ANSI N18.17, the industrial standard for security of power plants. This recommendation forms the basis for the proposed rule.

## SCOPE OF PROGRAM

Background Investigations - These are designed to determine an individual's trustworthiness through inquiries regarding past employment, education, character, military history, and confirmation of identity. A criminal-history check\* also would be conducted. It is proposed that investigations cover a five year period. Provisions are included for an interim access authorization pending the result of the criminal-history check.

Psychological Assessment - It is proposed to include written personality tests, for example, Minnesota Multiphasic Personality Inventory, and a clinical interview by a qualified psychologist or psychiatrist when the written test results indicate a need.

Continual Behavioral Observation - This feature would provide reasonable assurance that personnel remain trustworthy and reliable. Licensee and contractor supervisors would be trained to detect changes in behavior patterns that could lead to acts detrimental to public health and safety. The rule provides for the orderly suspension of an individual's access authorization in case he exhibits abnormal behavior.

## RELATED FEATURES

Protected Areas vs. Vital Areas - Licensees indicate that most persons granted access to protected areas also require access to vital areas. Based on this information the staff has proposed the same screening requirements for unescorted access to protected and vital areas.

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\*Several options are being considered to help licensees obtain criminal history information. An industry-sponsored Senate Bill (S.1589) will, if adopted, provide for the direct transfer of criminal history information from the FBI to licensees. The Office of the General Counsel (NRC) has developed comments to the Office of Management and Budget which endorse salient portions of S.1589, and recommend appropriate refinements.



Temporary Workers - Temporary workers needing unescorted access authorization should meet the same initial screening and continual behavior observation requirements as permanent workers. Once received, this authorization may be transferred among nuclear power reactor licensees. Under cold shutdown or refueling operations, licensees would have the option of granting a temporary unescorted access authorization to unscreened individuals provided that all requirements of 10 CFR Section 73.55 are met and a thorough search of affected areas is conducted before restart.

Protection of Information - Provisions are included to ensure that information of a sensitive nature, contained in personnel records, be handled with discretion and confidentiality. Licensees would be required to provide an appropriate level of privacy protection during the handling, storage and destruction of sensitive personnel information.

Grandfathering - Limited "grandfathering" of employees with good performance records for the last three years would be allowed. Such individuals would not be subject to a background investigation or psychological assessment, but would be subject to ongoing behavioral observation.

Access Program Director - A member of the licensee management team should be designated to administer and maintain the access authorization program. The Access Program Director (APD) will adjudicate individual cases regarding unescorted access authorization and will be responsible for granting, denying, suspending, maintaining, and revoking such authorizations.

Review Procedures - The proposed rule provides for review procedures which can follow collective bargaining agreements, or a licensee-designed review process. The review process is designed to ensure that a person denied unescorted access or whose access has been suspended will be provided fair treatment.

2. Background Investigations, Psychological Testing, and Continual Behavioral Observation

The three major requirements of the Access Authorization Rule are: background investigation, psychological assessment, and continual behavioral observation.

As earlier parts of this report indicate, each of the ten utilities surveyed already have in place programs containing these components. Two reasons for licensees having such programs are (1) ANSI N18.17 calls for such programs, and (2) NRC already has imposed similar requirements on security personnel through 10 CFR 73, Appendix B. However, as the preceding sections of this report show, the licensees surveyed, while generally imposing tighter screening requirements on security personnel, apply similar programs to their other nuclear plant employees and applicants. Indeed, each licensee surveyed performed background investigations of, and some sort of psychological testing on, all new (and many old) nuclear plant employees. All but one of the ten licensees surveyed had a continual behavioral observation program for nonsecurity nuclear employees. A third reason for the licensees having these programs (or others discussed in this report) is that they think such programs are cost beneficial and make sense for the company.

With respect to the three major substantive requirements of the proposed rule, almost all of the ten utilities surveyed, come close to meeting these requirements already. With a few exceptions (discussed below), almost all would be able to meet the three major parts of the rule without sustaining major cost impact. Indeed, most licensee security directors surveyed indicated that they were essentially in compliance with the proposed rule. Given that the Task Force's sample of ten utilities was not chosen to be representative of the industry with respect to this rule, one should not infer from the above that the entire nuclear industry could meet the proposed 10 CFR 73.56 with minimal impact.

### 3. Temporary Workers and Senate Bill S.1589

Although the utilities surveyed would, to a large extent, satisfy the three major requirements of the proposed 10 CFR 73.56, there are some instances in which compliance may be difficult. Almost all of the the utilities surveyed pointed to the problem the proposed rule would present if it required temporary workers to meet the same screening requirements as licensee applicants. During refueling and shutdown operations, hundreds of contract workers (pipefitters, welders, carpenters, laborers, and such) may need to be on site for repairs and preventive maintenance to the nuclear plant. Most utilities do not have enough

employees on their regular staffs to perform the necessary maintenance during shutdown and turn to contractors and local unions for the requisite manpower. If hundreds of union personnel must be cleared in accordance with the provisions of the rule that apply to regular plant employees, costly delays to the timely restart of a plant may occur. Accordingly, the impact on licensees would be substantial unless (a) many clearances could be approved rapidly or (b) the screening requirements for temporary workers were less stringent than those for regular employees. (Note: the proposed screening requirements provide for the suspension of screening for temporary workers desiring cold shutdown, provided all requirements of 10 CFR 73.55 are met and thorough searches are conducted before restart.)

If (a) were to be achieved, the licensees surveyed felt that passage of Senate Bill S.1589 was mandatory and a commitment and resources for rapid FBI response to requests for background checks would be needed as well. Even if many clearances could not be approved rapidly, the licensees still believe that passage of S.1589 is necessary to increase the credibility of their clearance processes.

#### 4. Appeal (Review) Procedures and the Access Program Director

Each licensee surveyed felt strongly that NRC had no business getting into the appeal procedure process. Each licensee already has its own appeal process for employee grievances (some through union agreements) and the licensees felt NRC should not mandate a new appeal procedure. The licensees felt the appeal process was an area into which NRC's statutory authority for public health and safety relative to nuclear reactors did not extend. Moreover, some licensees indicated that NRC intervention in this area would conflict with existing agreements with their unions. The fervor with which the surveyed licensees believed NRC should not mandate an appeal process matched the fervor with which they condemned the use of random urine, blood or breath tests. (It should be noted that licensee remarks on the appeal process issue were based on their understanding of earlier versions of the Access Authorization Rule. Recent drafts of the rule provide for review procedures which can follow collective bargaining agreements or a licensee-designed review process, provided they allow for fair treatment of employees.)

Although most licensees had no objection to establishing of an Access Program Director (APD) position, they felt that it was not necessary to establish such a position for each nuclear site. For utilities with two or more sites in the same general proximity, they felt that they should have the option of appointing one APD to cover several nuclear sites. (Note: the proposed rule contains a provision that would allow one APD to cover more than one site.) Some were also concerned that if an NRC appeal procedure were mandated, the APD would have to spend a disproportionate amount of his time tied up in appeal proceedings.

#### 5. Grandfathering

As indicated under Topic 1, a number of licensees felt that their drug and alcohol and, by inference, troubled employee problems which relate to trustworthiness and fitness are more likely to occur among new, younger members of the work force. Several expressed the view that if a person had been on their staffs and performed satisfactorily for several years, they really were in a better position to evaluate his trustworthiness than had been previous employers. Accordingly, they saw little reason that trusted, experienced employees should be required to undergo a background investigation.

With respect to psychological tests for experienced employees, some licensees were positive enough about the usefulness of such tests that they were planning on their own to expand their testing programs to cover the long-time employees. Some licensees pointed out that although they thought expanding the testing program to cover onboard employees was a good idea, some of the affected workers were not happy about the new requirement. As with most regulatory proposals, licensees would rather have the option of psychologically testing onboard employees than have NRC impose such a requirement.

In addition to these underlying licensee attitudes which suggest that a "grandfathering" provision in 10 CFR 73.56 would be welcome, several licensees told the Task Force directly that they wanted such a provision in the rule. Failure to include such a provision would increase their personnel screening burden considerably. It also would fuel the already smoldering morale problems among plant workers caused in part, they said, by restrictive NRC regulations that convey the message that NRC does not trust the licensee's employees.



## 6. Licensee Messages to NRC

The licensees surveyed communicated a number of messages regarding the proposed Access Authorization Rule. Perhaps significantly, almost all the licensee messages to the NRC deal with procedures for implementing the rule, not with the substance of the rule. As indicated elsewhere in this report, the licensees presently have programs largely in conformance with the substance of the rule. Some of the licensee messages were not discussed above. Briefly they are as follows:

- (a) The industry would like provisions for an R clearance included in the rule (something less than the full access clearance that would permit a key worker or repairman rapid access to the site under certain conditions.)
- (b) It would be worth the fine tuning that full implementation of 10 CFR 73.56 would require to get reciprocity on clearances (the proposed rule would provide for someone who has passed the screening requirements of one licensee, vendor, or contractor to be exempt from the screening requirement of another licensee if he changes jobs). This reciprocity is especially desired to lessen the screening burden caused by contract workers and vendors. One security director told of a vendor employee that had taken psychological tests at 17 different licensee establishments in the past year and a half because of the current lack of reciprocity.
- (c) NRC should get on with this rule. Security directors have been telling licensee management for 2 years that the rule is coming and they have gotten agreement on its merits. Now management is asking "where is it" and is delaying further action on employee reliability programs until NRC clearly defines its requirements. Licensees do not want to guess wrong on the provisions in the rule and then have to backfit.
- (d) The mood of the industry is to seek consistency in programs from utility to utility. Most would prefer to do this voluntarily, such as by adopting ANSI N18.17, rather than through a mandated federal program.

- (e) A five year background check of craft workers is almost impossible. Many have 12 to 15 jobs and several relocations per year. The time frame for the background check of craft workers should not be more than two or three years.
- (f) In conjunction with promulgation of 10 CFR 73.56, the industry is thinking of setting up a visitor data file to help with screening. In addition to security information, it would contain such information as radiation exposure of mobile workers.



UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
REGION III  
799 ROOSEVELT ROAD  
GLEN ELLYN, ILLINOIS 60137

April 27, 1982

*J. H. R. Denton*  
*NRR*  
*2 [Signature]*  
*3 [Signature]*  
*(30)*

Docket No. 50-295  
Docket No. 50-304

Commonwealth Edison Company  
ATTN: Mr. Cordell Reed  
Vice President  
Post Office Box 767  
Chicago, IL 60690

Gentlemen:

This refers to our ongoing investigation of allegations related to drug use by Zion Station employees and any impact of such drug use on the safe operation of that facility. Our investigation is nearing completion and an exit meeting will be scheduled with you in the future.

Our investigative interviews to date have identified two individuals employed at the station who have admitted the use of marijuana offsite and within the criteria we had established for determining the possible effect of onsite performance. These individual's names along with pertinent information they told our investigators were provided to you orally by Mr. A. Bert Davis of my staff on April 23, 1982.

We request that you determine what program you will institute to assure that these individuals are now and will continue to be fit for duty. Please inform us of the scope of the fitness for duty program and your schedule for implementing it within 10 days. We also request that you forward the program to us in writing within 20 days.

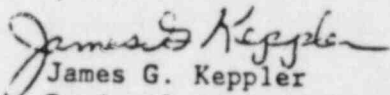
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PAR/LPAR

4/27/82

Your cooperation in this matter is anticipated. If you have any questions, please contact me.

Sincerely,

  
James G. Keppler  
Regional Administrator

cc: Louis O. DelGeorge, Director  
of Nuclear Licensing  
K. L. Graesser, Station  
Superintendent  
DMB/Document Control Desk (RIDS)  
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Assistant Attorney General  
Mayor John B. Spencer  
City of Zion