NIH Scientists Balk at Random Drug Tests

Government-wide program hits resistance from researchers who say it is pointless and an invasion of privacy

RESEARCHERS at the National Institutes of Health are up in arms over plans to screen employees throughout the federal government for use of illicit drugs. The program will go into effect some time in the spring.

The program is widely opposed by professionals at NIH, who think it is silly, costly, bad for morale, and unconstitutional. Some also fear it will deter good scientists from coming to work at NIH, which is already concerned about competition from the private sector.

Joseph E. Rall, NIH director of intramural research, says he has received more than 100 letters of protest from researchers at various institutes, including several dozen from the intramural research division of the National Institute of Mental Health.

The drug testing scheme was mandated by an Executive Order signed by President Reagan in 1986. Limited programs are already in effect and one, at the Department of Transportation, has already withstood a court challenge. The heads of some 40 federal agencies are now in the process of submitting detailed plans. Once these are approved by the Department of Health and Human Services, there will be a 60-day period for comment before they begin.

The random screening program, which is targeted to cocaine, marijuana, opiates, amphetamines, and PCP, is only one part of a "comprehensive drug-free workplace" program that includes education, supervisor training, and employee assistance programs. Subject to testing are people holding "sensitive" positions, including those with access to classified information, presidential appointees, law enforcement personnel, and employees in jobs involving a "high degree of trust and confidence." Those found to be abusing drugs will be referred to treatment.

Originally the target population at NIH numbered 3,000, including personnel involved in patient care, those working with materials requiring P3 and P4 containment facilities, and lab and branch chiefs. Supervisory personnel were subsequently exempted and the number now stands at 2,300 (the total work force numbers 13,000). Ten percent of each eligible group is to be tested each year.

Some NIH officials are very outspoken in their disdain for the plan. "We're not much different from Berkeley or Stanford," says Rall. "We're individualists who don't like to be told what to do." He believes there is a real risk that some postdoctoral candidates will turn down jobs at NIH because of philosophical objections to the program.

Philip Chen, associate director for intramural research, labels the program "a political type of decision" and says this is "not a program which is really capable of eliminating drug use in the workplace." Besides,"this is not the population that is going to test positive."

Rall, too, contends that the professionals who are "at risk" for testing are not much into drug abuse. He estimates that the prevalence is probably around 0.1%, and that false positives will run at around 2%. Thus, he says, tests will produce 10 to 20 false positives for every real one. Furthermore, he says tests are so sensitive that they can pick "almost nothing." For example, if you overdose on poppy seed rolls the evening before donating a urine sample, you may test positive for morphine.

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Henry Metzger, director of intramural research at the new National Institute of Arthritis and Musculoskeletal and Skin Diseases, says the testing program is "demoralizing and disruptive" and, like other critics, contends that "functional impairment" is a far more efficient way of detecting any drug abuse.

So far, the resistance to the program has not gone beyond the writing of letters, although a group from the National Institute of Diabetes and Digesitve and Kidney Diseases has met to discuss other action. Gary Felsenfeld of the kidney institute, who circulated a petition to protest the testing, says many researchers believe the program is impractical and an invasion of privacy.

NIH director James B. Wyngaarden was reluctant to comment on the program to *Science*—"it's an executive order and we're complying." But he agreed that a lot of people think it is silly. The *Washington Post* quoted him as saying that a number of "key" people at NIH had threatened to quit rather than to submit to a test.

All the objections are dismissed as ill-founded by Michael Walsh of the National Institute on Drug Abuse (NIDA), who is in charge of setting up the federal program. Walsh says there is "gross hysteria" going on and that he is "frustrated" with his scientific colleagues for the ill-informed fuss they are making (he says there have also been complaints from scientists at the National Aeronautics and Space Administration).

Walsh claims the objections are based on some "major misconceptions." One is that federal employees are being singled out for this treatment, when in fact, testing is commonplace in corporations and is also "moving into universities." He also says people perceive the program as "totally negative" in intent when its purpose is to "get help." He says only 5% of federal employees will be subjected to random screening and the rest only on probable cause.

Walsh acknowleges that the test could pick up morphine from poppy seeds but asserts that any positive lab result will go to a medical review officer to be discussed with the employee, and no further action would be taken unless clinical signs of drug abuse were evident. As for false positives, he says there will not be any because all positive tests will be subjected to confirmatory testing by gas chromatography–mass spectrometry.

Walsh thinks the idea that NIH scientists do not abuse drugs is "absurd. . . . I would argue that NIH is no different from any other workplace." The average workplace prevalence is between 5 and 10%, he says. He asserts that "use is directly related to accessibility" and points out that there are high rates of substance abuse among doctors and nurses.

Critics of random drug screening have maintained that there is no evidence that this approach works better than, say, education in the workplace. Walsh says that it is, indeed, difficult to "tease out" the effects of screening because it is usually introduced as part of a larger program. He says NIDA has put out a program announcement seeking grant applications to explore the question.

Meanwhile, there is every indication that the program will proceed as planned. As Walsh says, "if they have an argument, then they need to talk to the President." ■

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