

Milestones and Timelines for Sample HIMS Case involving drugs other than ETOH

As of this writing in 2014, approximately 75% of HIMS cases brought to the FAA for review and possible medical certification are, from a clinical perspective, “pure” ETOH abuse/dependence. In contrast to a “vanilla” HIMS case, one involving either a combination of ETOH and prescription drug abuse or any case with documented use of illicit drugs often presents several additional challenges in both the clinical and FAA administrative arenas. This particular document will focus on cocaine abuse which, although still rare in absolute terms, is the illicit drug most commonly encountered among commercial pilot cases.

A. Discovery Phase

Identification/Evaluation – In the current HIMS aviation environment in North America, the overwhelming majority of cocaine cases are discovered because of a positive Dept. of Transportation (DOT) test result and subsequent referral for substance abuse evaluation. Rarely, cocaine abuse/dependence are uncovered in an evaluation of what, on first examination, appeared to be an uncomplicated alcohol case. In cases of a DOT positive test result for cocaine, the FAA legal enforcement branch has invariably handed down an automatic revocation of both the pilot’s medical certificate and pilot ratings. The revocation of pilot ratings (but not accumulated flight hours) is typically for one year from the date of a confirmed positive result. From an FAA medical perspective, the medical certificate revocation does not have an associated timeline per se – but in practice, to date, we are not aware of any such case since 1996 involving cocaine where FAA has restored medical certification through the Special Issuance process within one year of the positive test result – regardless of treatment history. From discussions with FAA medical authorities, the primary reason for this timeline is the reported higher relapse rates in early recovery associated with cocaine and other powerful stimulant drugs. In the real world, for a professional pilot, the implication of the aforementioned factors means that, practically speaking, the expected timeline for a possible return to commercial flying after successful treatment is more in the range of 14-18 months. Depending on employer policies concerning illicit drug use, it is also not unusual for these cases to have an extra layer of legal and financial complications as well.

B. Primary Treatment/Early Recovery Phase, Day 0-Day 120

Initial Treatment – Similar to a regular ETOH case, FAA guidelines anticipate a minimum 30 day residential treatment but often, because of clinical considerations, a 60 or 90 day initial treatment experience is not unusual. Even though there is an extended timeline for these types of cases, it is recommended that the pilot have an initial appointment with the designated **Independent Medical Sponsor (IMS)** physician shortly after discharge from the residential treatment facility. Pilots in this

situation often have many questions concerning their medical/financial benefit situation in addition to wanting to know what to expect from an FAA perspective. As in a case involving ETOH only, FAA will expect the pilot to adhere to at least the minimum requirement of weekly **Aftercare Group attendance** (with monthly reports to the IMS) and an initial **“90/90” AA/NA** attendance followed by a minimum of weekly AA/NA meetings and establishment of a sponsor relationship. The pilot should be encouraged to keep a meeting log and be prepared to have this periodically reviewed by the IMS. The pilot should also have monthly meetings with his **peer monitor** with a monthly report going to the IMS. Once discharged from initial residential treatment, the IMS is responsible for seeing that an appropriate **random testing regime** is put in place (a minimum standard should be at least 1 test/month and 14 random urine drug screens/yr) to both encourage and document abstinence compliance. This is a particularly important part of documentation in these types of cases and can be done in a number of different settings.

C. Interim Treatment Phase, From 120 days to the 12 month mark

This is often the most difficult phase for the pilot for a number of reasons, including financial issues, family difficulties and uncertainty about both their recovery and future employment. It is recommended that the pilot continue with weekly aftercare group meetings, AA/NA attendance and, if clinically indicated and financially viable, individual and/or family counseling. Generally speaking, to help show reasonable continuity and address any problems areas before they become chronic, it is a good idea for the pilot to meet with the IMS at least quarterly. This is also the period when the pilot should touch base with their recovering pilot associates and union representatives about the best method to regain their pilot ratings upon completion of the revocation period.

Psychiatric and Psychological Evaluation (“P&P”) - Drawing from the past experience of these types of cases, if the recovery is satisfactory and stable, the IMS should refer the pilot for the P&P somewhere around the 10 month mark since initial treatment. As always, this decision is driven by clinical considerations and input from the treatment professionals but also by logistical timing issues in the FAA review process (it is usually most advantageous to have the evaluation results be “current” from an FAA administrative perspective, i.e., within 90 days of case submission).

D. FAA Case Submission and Review Phase, 12 to 15 months from initial treatment:

As in any HIMS case, it is the responsibility of the IMS to prepare a complete records “package” for FAA review, including treatment records, monitoring and P&P reports and then do a summary report/recommendation in addition to accomplishing a FAA physical examination and forwarding the completed “package” to the FAA. As of this writing in 2014, one can anticipate that FAA review process

will take 30-60 days - if all necessary records and reports are furnished in the initial submission and the FAA does not require any further materials.

To summarize the FAA HIMS guidelines in a cocaine/methamphetamine type case:

Minimum 30 day residential treatment (60-90 day stays not unusual)

Weekly Group Aftercare meetings – monthly reports to IMS

“90/90” AA/NA – examination of pilot log by IMS

Monthly meeting with peer monitor – monthly report to IMS

“Appropriate” random testing regime established – minimum 1/month, 14/yr

P&P examination – report and recommendation to IMS

IMS Evaluation, FAA Examination, + Recommendation

In HIMS cases involving cocaine/methamphetamine dependence or abuse with a documented stable recovery, one should anticipate a minimum one year period since beginning treatment before granting of a medical special issuance by FAA. Actual return to commercial flying is also contingent on the amount of time necessary to regain ratings and employment status.