HIMS Basic Education Seminar 2023 - WELCOME

Quay Snyder, MD, MSPH – FAA/ALPA HIMS Program Manager
FO Craig Ohmsieder – Spirit Airlines – ALPA National HIMS Chairman
CPT Billy Petersen – Jet Blue Airlines – ALPA National HIMS Vice-Chairman

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

HIMS Goals

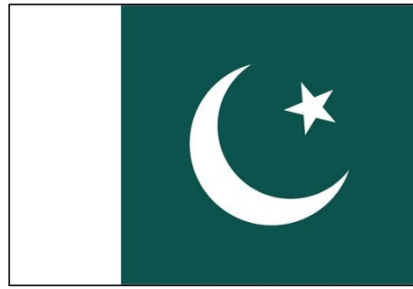
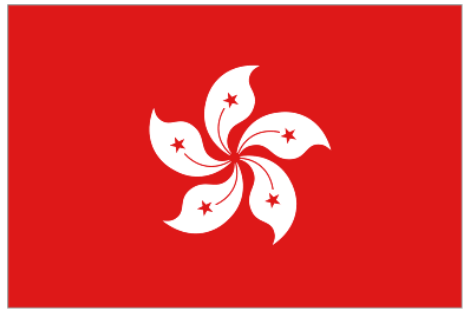
Provide a structure within which pilots afflicted by the disease of substance abuse/dependence can be identified, treated, and returned to duty - saving lives and careers

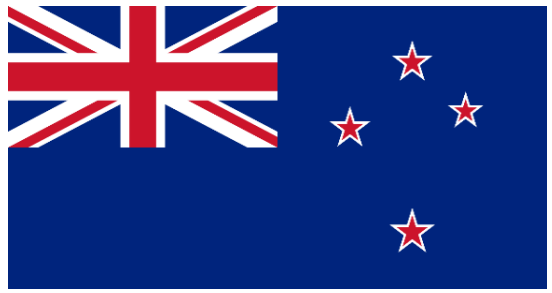
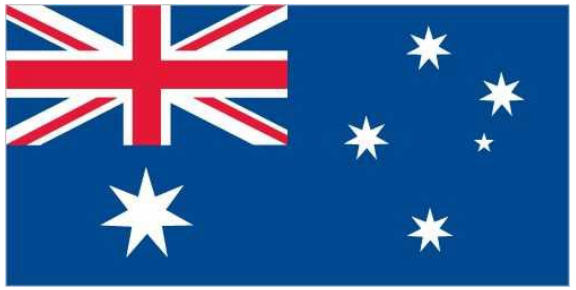
Attendees

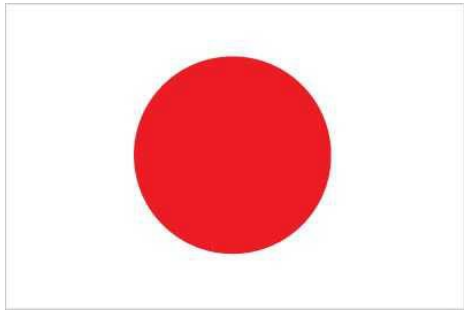
Pilot Volunteers	- 171	6	
Airline Mgmt	- 33	2	
AME's	- 43	4	First Timers (non-pilot)
P&P	- 60	1	✈ AME – 34,
FAA Staff	- 10	3	NP – 36, P - 8
General	- 19	3	**TOTAL**
Speakers/AB	- 32	3	**ATTENDEES**
HIMS Staff	- 5	1	**395 (42)**
International	- 14	5	

International Guests

-- Australia
– Canada
– Hong Kong
– Japan
– New Zealand
– Pakistan
– Puerto Rico (US)
– South Africa
– United Kingdom
–US and NZ military

Special Guests

- Dr. Susan Northrup – FAA Federal Air Surgeon - virtual

- FAA –
  - Gary Sprouse & Linda Johnson – AME Test questions
  - Sue Glowacki – AME and PNP HIMS Designation questions
  - FAA DUI Reporting Team

- Birds of a Feather – Tammy H./ Bill T./ Beth / Scott M.

Challenges - Diversity of Audience

- **Different**
  - Professions – Skill sets
  - Vocabularies
  - HIMS experience levels
  - FAA certification processes
  - National Civil Aviation Authorities / Cultures
  - Employer CBA's, MOU's, LOA's
  - GA vs airline resources
- **Common Goal** – Aviation Safety, Save Lives

Information Resources

- Agenda Booklet
- HIMS Manual - Cvent App
  – Anthony Swigon, Zachary Pope

- Westin and DIA links
- FAA Staff – AME's, P&P's, CME
- Drs. Randy Georgemiller/ Joyce Fowler - Neuropsychologists
- AMAS Staff
- www.HIMSprogram.com

Critiques

Take Very Seriously → Improvements

- Same Venue
- Virtual Attendance Option
- More FAA Q& A / Breakouts
- Presentations on www.HIMSprogram.com & HIMS App
- Electronic Manuals – Pre & Post Seminar
- Longer Breaks – More Networking / Q&A
- Complete Critiques on App after every talk PLEASE!

Continuing Education

- AMA PRA & AAFP Cat 1 CME – 14.75 hours
- Psychologist CE hours – ≤ 10.0 hr in-person only
- All speakers have signed financial disclosures
  None had prohibited relationships to report
- FAA credit for HIMS AME Periodic Training (required every 3 years) – Sue Glowacki
  Passing test grade required >70%
  Turn into FAA staff Using App
- Must attend ENTIRE seminar

FAA HIMS AME & PNP Listings

New to HIMS?

In-Person Attendees:
Visit the FAA information table near registration area.

Virtual Attendees:
Email 9-AAM-HIMS@faa.gov for details.

Current HIMS Provider?

If there is an update to your contact information, take the same steps as above.

Meals and Transportation

Dinner Options

- Hotel Restaurant –Airport Outside Security – 6 Locations
- Airport Inside Security – 90 Locations www.flydenver.com/dine
  - Know Crew Member
  - Driver's License in AM
- Light Rail - $10.50 ($5.25/Free) daily pass to Denver LoDo
- Uber and Taxis
- Hotel shuttles to Tower Blvd
- URL in app

Fellowship

Birds of a Feather / AA meetings

- Open Sunday 0700– Douglas Fir
- Closed Saturday/Monday 0700 - Douglas Fir

Breakouts and Joint sessions

Rooms available

Message Board

Conversations outside away from doors

Cell phones on silent.

In place. On time

Safety & Assistance

Exits and Meeting areas

Smoking areas

AMAS staff – Red

- Faith Leach
- Marisa Olson
- Stephanie Orr
- (Caitlin Bruton)

Encore App Staff – Anthony Swigon & (Peyton Reed)

House Rules

LEARN

Question the Experts & Faculty

SHARE

Engage Newcomers and Old-Timers

APPLY

Bring the Best to Your Airline or Practice

Fill out CRITIQUES DAILY!

SPONSORS – THANK YOU !!!

DELTA

NETJETS®

NJASAP

Southwest

FedEx®

ATLAS AIR WORLDWIDE

HIMS Overview, Database, Web Site Tour

FO Craig Ohmsieder – Spirit Airlines – ALPA National HIMS Chairman
Quay Snyder, MD, MSPH FAA / ALPA HIMS Program Manager
CPT Billy Petersen – Jet Blue Airlines – ALPA National HIMS Vice-Chairman

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Three Main Questions

Why ?

What ?

How ?

Why do we need HIMS?

Why do we need HIMS?

10% of United States population is Chemically Dependent

Why do we need HIMS?

10% of United States population is Chemically Dependent

Are Pilots different? – Data suggested they were

Why do we need HIMS?

Early 1970’s – Human Intervention and Motivation Study

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

Pilots are the SAME – Just better at hiding it

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

Pilots are the SAME – Just better at hiding it

Desire to appear professional

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

Pilots are the SAME – Just better at hiding it

Loyalty among flight crews

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

Pilots are the SAME – Just better at hiding it

Pilot personality contributes to this - Can go without drinking to get the job done

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

Pilots are the SAME – Just better at hiding it

Pilot schedules promote binge drinking

Why do we need HIMS?

Early 1970's – Human Intervention and Motivation Study

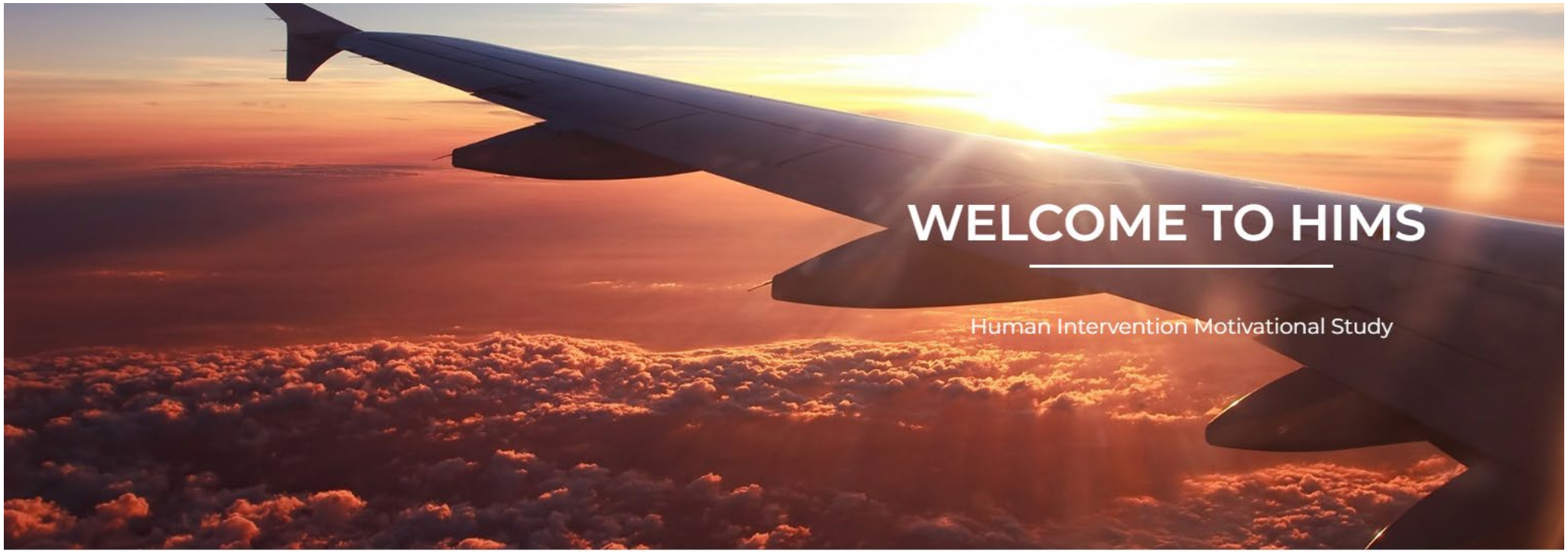
In 1974 the HIMS Program was established

What is HIMS?

What is HIMS?

HIMS is a Pilot Specific Model

A Safe and Effective way for Pilots with Substance Use Problems to get Help while Protecting their Flying Careers



What is HIMS?

HIMS is a SAFETY Program

Protect the Public / Flying Profession

Save the Life

Save the Family

Save the Career

What is HIMS?

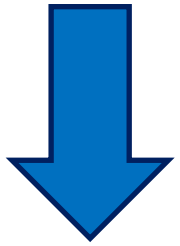
HIMS is a MONITORING and SUPPORT Program

The FAA and the Airline use HIMS to evaluate the Pilot's Recovery and Return to Flying

There is a built-in Support System to assist the Pilot through the entire HIMS Process

What is HIMS?

HIMS is a Process



How does HIMS work?

How does HIMS work?

How does HIMS work?

The HIMS PROCESS

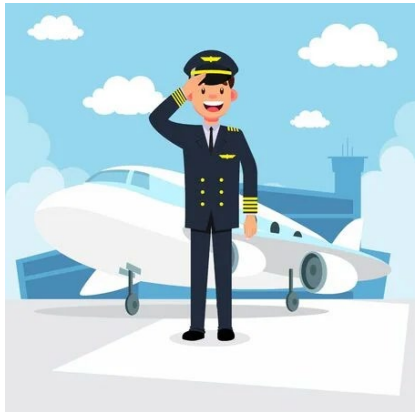
How does HIMS work?

The HIMS PROCESS

Identification / Evaluation

Identification / Evaluation

Who has the alcohol problem?



Identification / Evaluation

1. Does your drinking / using cause problems?
   -Legal
   -Relationship
   -Employment

Identification / Evaluation

1. Does your drinking / using cause problems?
   -Legal
   -Relationship
   -Employment

2. Can you predict how many drinks you will have and what will happen once you start drinking / using?

Identification / Evaluation

1. Does your drinking / using cause problems?
   -Legal
   -Relationship
   -Employment

2. Can you predict how many drinks you will have and what will happen once you start drinking / using?

3. Do you have to hide your drinking?
   Amounts, bottles, geograpically
   (Pre-drinking / Only had 2!)

Identification / Evaluation

Health Issues

Sick Leave

- **Pilots Struggle with**
  - **Denial**
  - **Fear**
  - **Lack of Trust**
  - **Ego**
  - **Not Ready to Stop**

Failed Alcohol Test

Layover Incident

Peer Concerns

Family Problems

DUI

Training Issues

Identification / Evaluation

- ALL Addicts need ***Consequences*** to break delusion
  - Layover Incidents
  - Peer Concerns
  - DUI / Illegal Possession
  - Failed Alcohol / Drug Test
  - Sick Leave
  - Training Issues
  - Family Problems

Identification / Evaluation

My Goals

Get the pilot to see - there may be a “Problem”

Get the pilot to agree to a Professional HIMS Evaluation

How does HIMS work?

The HIMS PROCESS

Identification / Evaluation

Treatment

Treatment

- A Comprehensive Program for the Pilot
  - In-Patient Residential
  - With other Pilots / Professionals
  - 28 Days +
  - Staff is trained to work with HIMS / Pilots
  - Prepares Pilot for life in Recovery

How does HIMS work?

The HIMS PROCESS

Identification / Evaluation

Treatment

Recovery Program (AA/NA)

Recovery Program

- A New Way of Life for the Pilot
  - Alcoholics Anonymous (AA) is best known but there are others
  - Requires Rigorous Honesty
  - Requires change in all aspects of Pilot's life
  - Requires the Pilot to open up to Others
  - Progress not Perfection

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- **Aftercare**

Aftercare

- The Transition from Treatment to Sober Life
  - Group Setting
  - HIMS Trained Group Leader
  - With other Pilots / Professionals
  - Weekly Meetings
  - Reports sent to HIMS AME / IMS

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- Aftercare
- **No Notice Alcohol / Drug Testing**

No Notice Alcohol/Drug Testing

- Trust but Verify
  - Separate from Random DOT Testing
  - Minimum of 14 tests per 12 months
  - Windows test for Both On and Off Duty Use
  - Should adjust per individual Pilot –
    - ETG Test
    - Hair/Nails
  - Is very accurate – But still <u>One</u> data point

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- Aftercare
- No Notice Alcohol / Drug Testing
- **Psychological & Psychiatric Evaluations**

Psychological & Psychiatric Evaluation

- Does their Mental Condition allow for a Safe Pilot?
  - Evaluations are by HIMS Trained Doctors
  - Pilot should be well established in Recovery
  - Should not begin evaluations if any residual effects of long-term alcohol use are present

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- Aftercare
- No Notice Alcohol / Drug Testing
- Psychological & Psychiatric Evaluations
- **Peer Pilot Monitoring**

Peer Pilot Monitoring

- A Trusted Volunteer
  - Must be HIMS Trained
  - Ideally has been through HIMS as well
  - Is a Resource and an Advocate
  - Must also Hold Pilot Accountable
  - Reports sent to HIMS AME / IMS

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- Aftercare
- No Notice Alcohol / Drug Testing
- Psychological & Psychiatric Evaluations
- Peer Pilot Monitoring
- **Company Pilot Monitoring**

Company Pilot Monitoring

- A member of Airline Management
  - Must be HIMS Trained
  - Helps pilot adjust in Return to Flying
  - Is a Resource and an Advocate
  - Must also Hold Pilot Accountable
  - Reports sent to HIMS AME / IMS

How does HIMS work?

The HIMS PROCESS

- Identification / Evaluation
- Treatment
- Recovery Program (AA/NA)
- Aftercare
- No Notice Alcohol / Drug Testing
- Psychological & Psychiatric Evaluations
- Peer Pilot Monitoring
- Company Pilot Monitoring
- **The HIMS AME / IMS**

HIMS AME / IMS

- The Manager of the Team
  - He Guides the HIMS Process
  - He collects all Reports on the HIMS Pilot
  - He Evaluates the Pilot’s Progress
  - Should establish a Relationship with the Pilot
  - Makes Final Decision on when to request Return to Flight status with the FAA

How does HIMS work?

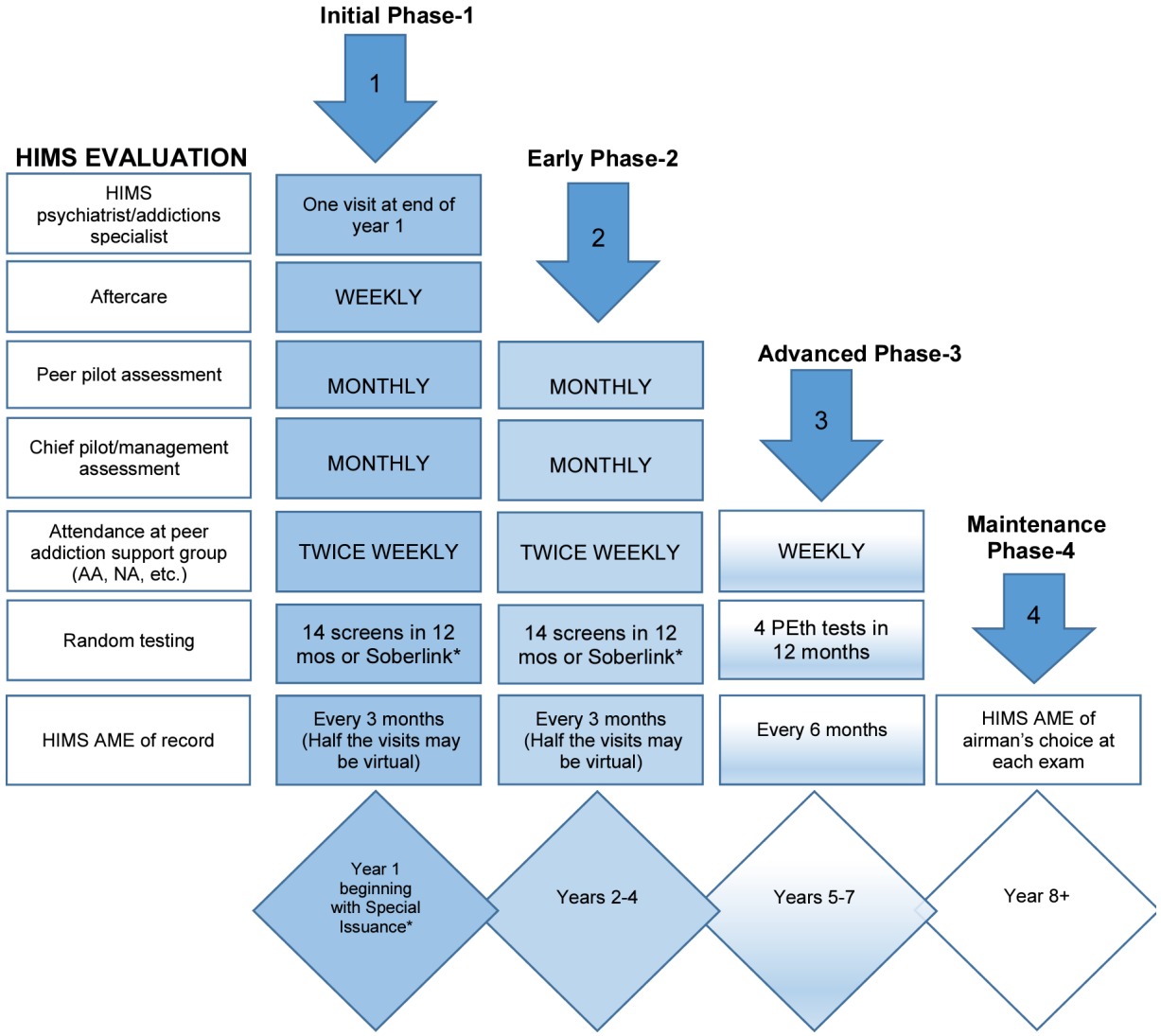
The HIMS PROCESS

- Identification / Evaluation
- Treatment
- **Recovery Program (AA/NA)**
- **Aftercare**
- **No Notice Alcohol / Drug Testing**
- **Psychological & Psychiatric Evaluations**
- **Peer Pilot Monitoring**
- **Company Pilot Monitoring**
- **The HIMS AME / IMS**

Step-Down Monitoring Process

- Describes Monitoring after Pilot returns to Flying
  - Lifetime Abstinence is Required
  - Trust but Verify
  - Start with very strict requirements
  - Requirements are relaxed as Time and a Strong Foundation in Recovery are built

Step-Down Monitoring Process



Does HIMS Work?

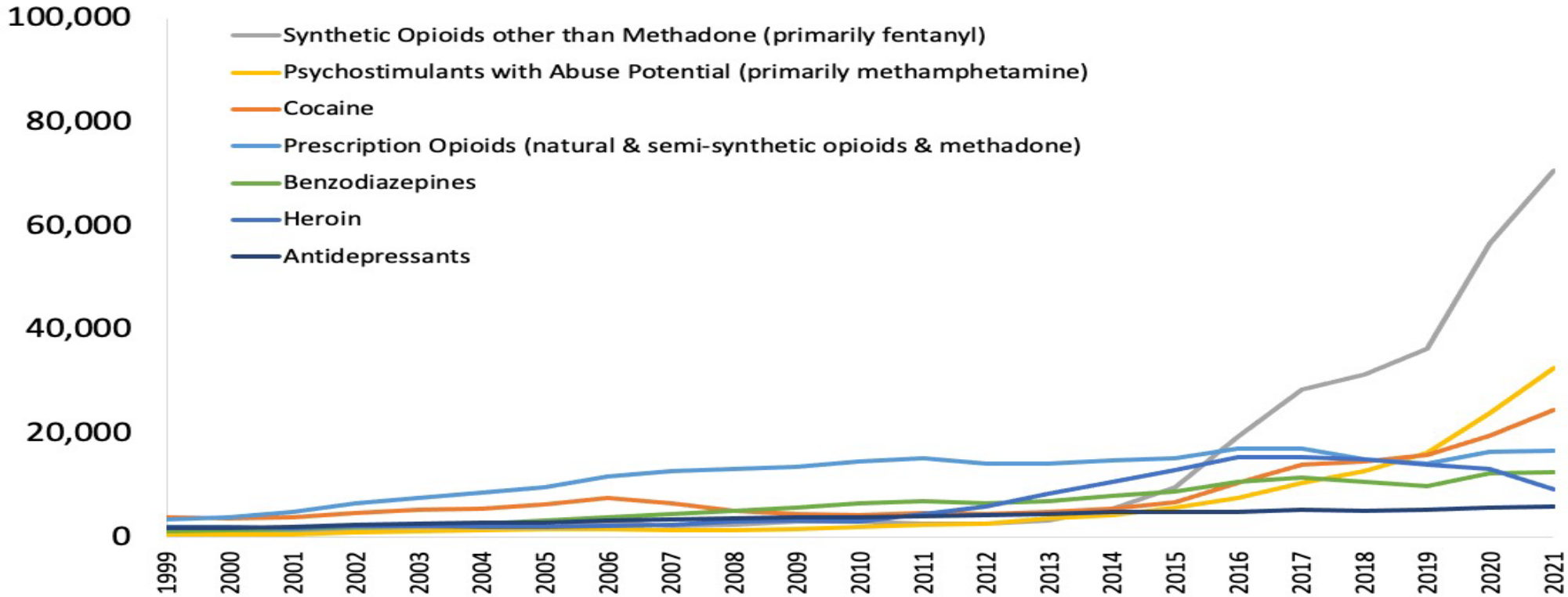
HIMS Database

Drug & Alcohol Overdose Deaths April 2020 - 21

- Total – 100,306 275 / Day
  - Opioids – 75, 773
  - Stimulants ~ 20%
- Alcohol Overuse Deaths
  - 140,000 deaths in US ~ 5 M worldwide (5.3% of all deaths)
  - 380 deaths/day
  - 1/10 deaths age 20-64 10,142 additional MVA deaths in 2019
  - 22% Opioid/benzo OD's
  - 3rd leading cause US Preventable Deaths

www.cdc.gov/nchs/nvss/drug-overdose-deaths.htm#find-our-data
www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-related-emergencies-and-deaths-united-states

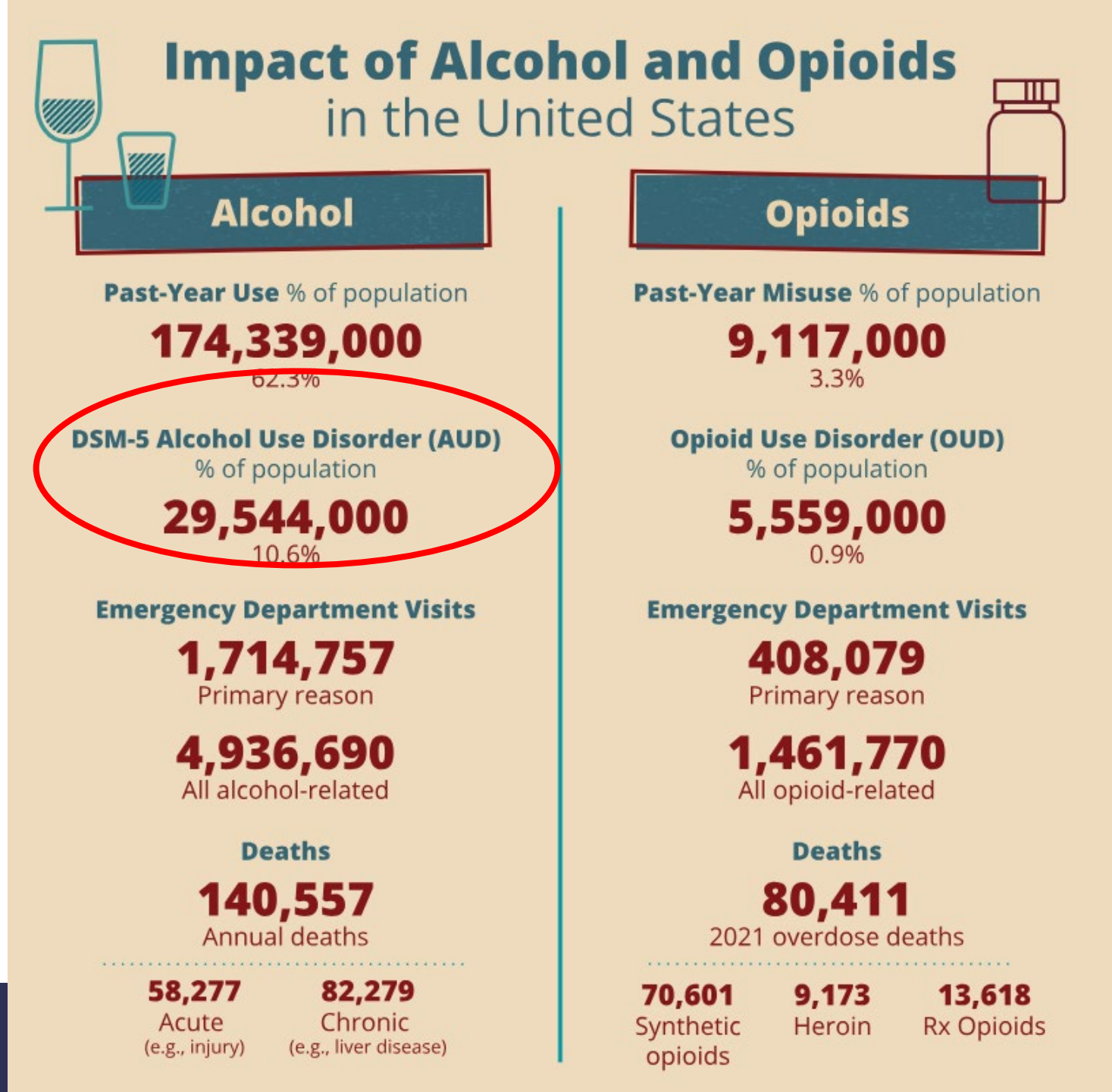
Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



Source: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

https://www.niaaa.nih.gov/sites/default/files/Impact-of-Alcohol-and-Opioids.svg

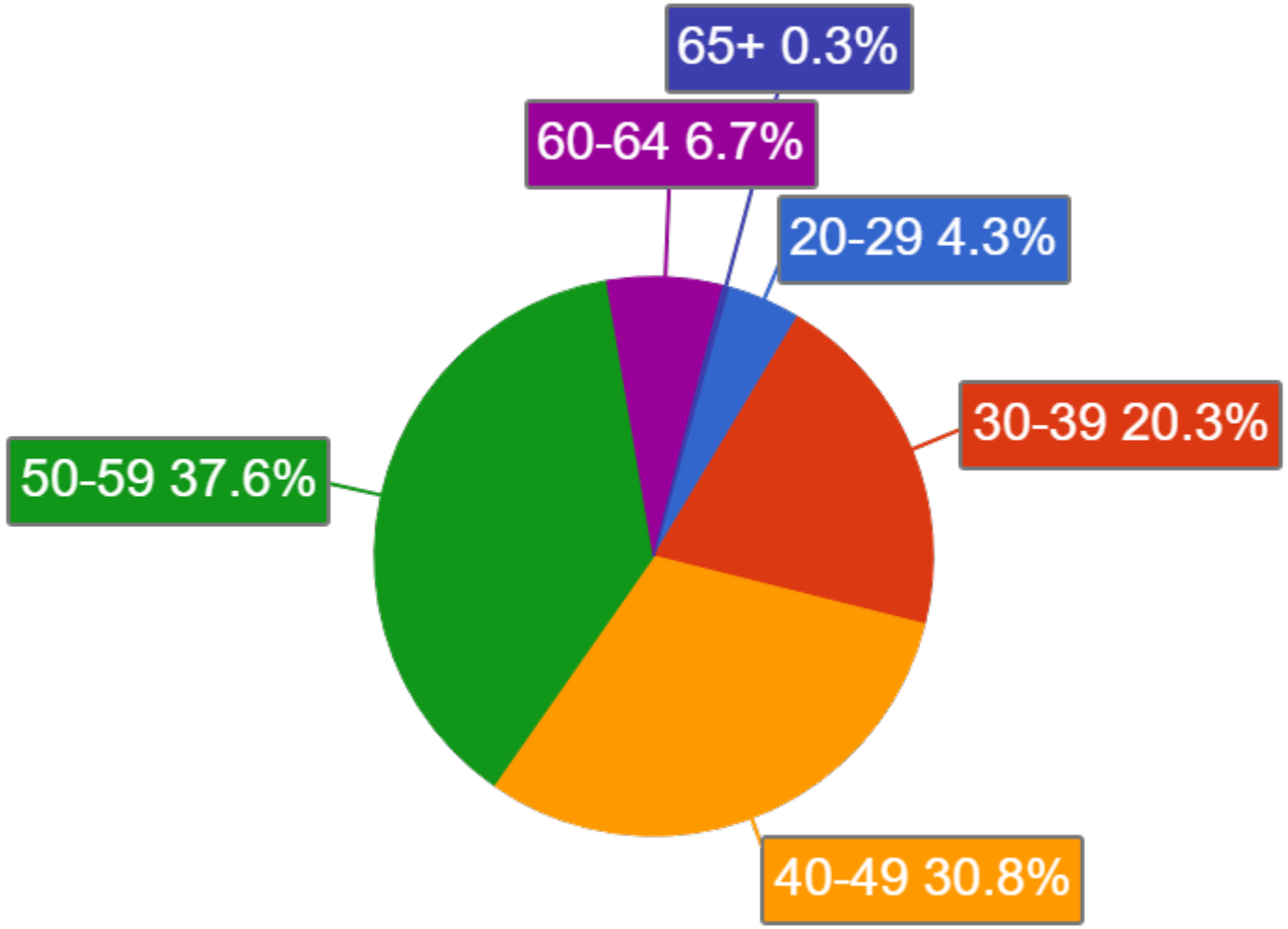


Percentage Substance Usage US ≥ 26 y.o.

Substance	Lifetime	2020	Last Month	SUD
Alcohol	85.6	69.5	54.9	10.3
Illicit Drugs	52.9	22.2	12.6	5.6
Marijuana	48.9	16.3	10.8	5.2
Cocaine	16.5	1.7	0.6	0.5
Opioids/ates	n.r.	3.9	1.3	1.3
Hallucinogens	17.5	2.0	0.5	0.1
Methamph.	6.8	1.1	0.8	0.6
Rx Psycho	n.r.	5.6	2.0	1.3

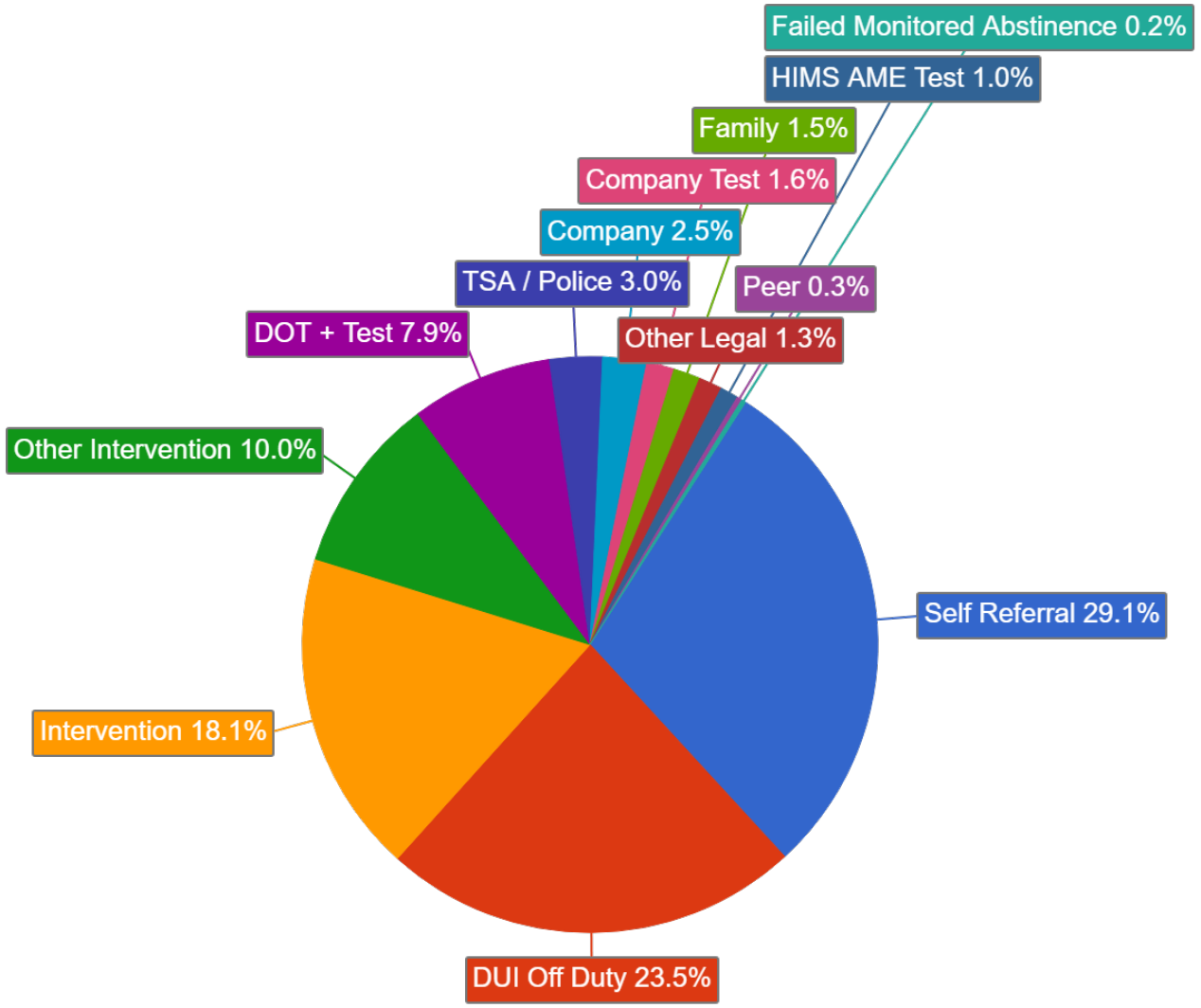
Source: National Survey on Drug Use & Health 2020 and NIAAA Alcohol Facts

Age Distribution



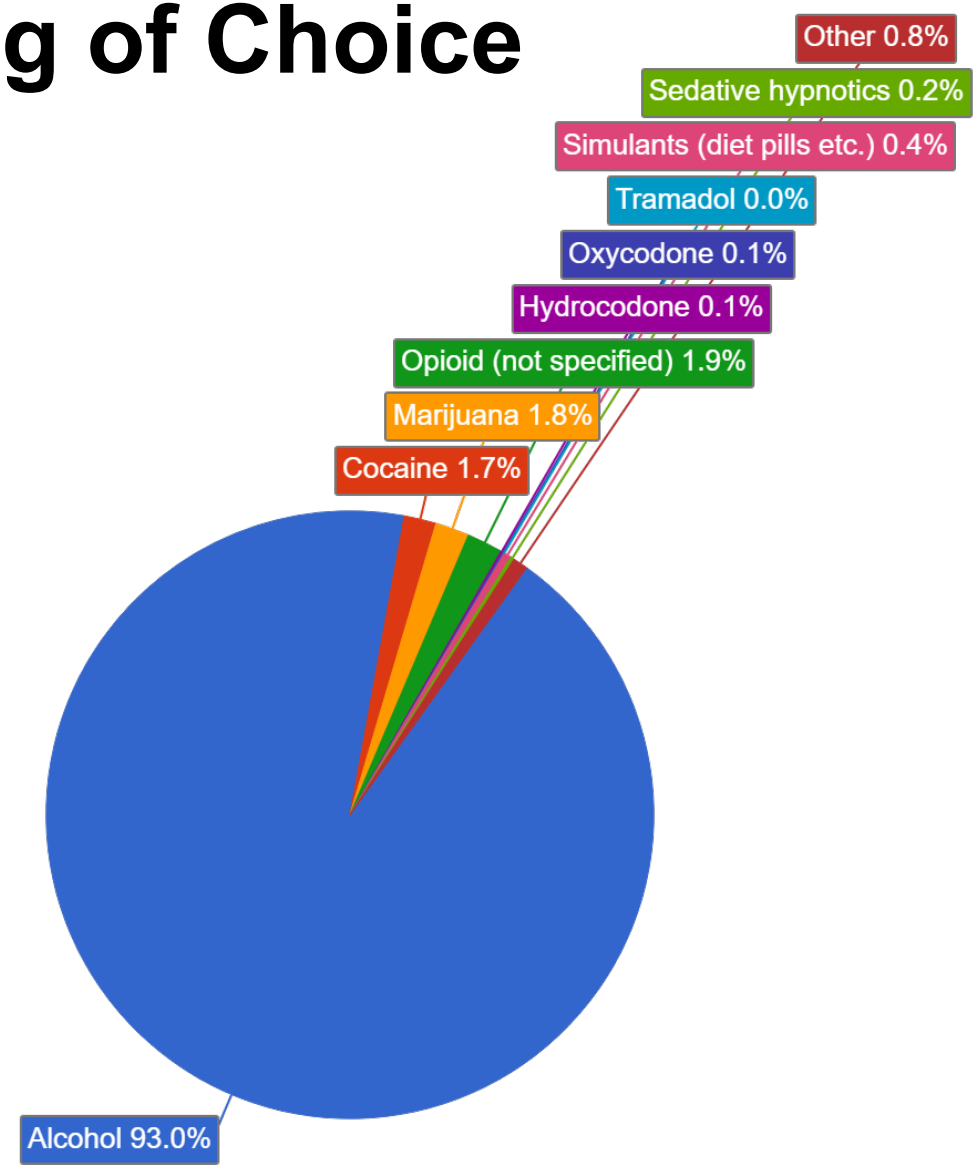
Age	Pilots	%
20-29	64	4.3
30-39	301	20.3
40-49	456	30.8
50-59	559	37.6
60-64	100	6.7
65+	4	0.3

How Entered Program (Incidents)



Discovery	#	%
Self-referral	600	29.1
DUI Off Duty	485	23.5
Intervention	374	18.1
Other Intervention	206	10.0
DOT + Test	164	7.9
TSA / Police	61	3.0
Company/Test	83	4.1
HIMS AME	21	1.0
Family	31	1.5
Peer	6	0.3
Failed M.A.	5	0.2

Drug of Choice



Primary DOC 1,469 Pilots	#'s	%
Alcohol	1376	.8
Opioid/Opiate	30	2.1
Cocaine	25	1.7
THC	27	1.8
Stimulants	6	0.4
Sedative Hypnotics	3	0.2
Other	12	0.8

Relapse Detection Data - Incidents

Discovery	EtOH	Cocaine	MJ	Opioid	Rx Narc	Sedat Hypnot	Stim Meth
Intervene	132	1	0	4	1	0	0
+ DOT Test	33	4	3	6	1	0	1
Off Duty	7	0	0	3	0	0	0
Self Report	133	2	0	11	0	1	1
TSA/Crew	12	0	0	0	0	0	0
DUI	113	0	0	3	1	0	0
Company	21	0	0	0	0	0	0
AME Test	17	0	0	0	0	0	0
Failed M.A.	1	0	0	0	0	0	0

Relapse Rate by Drug of Choice

Drug of Choice	Relapse Rate
Alcohol	13.1 %
Cocaine	16.0 %
Cannabis	7.4 %
Opioids	39.3 %
Stimulants	0.0 %
Sedative Hypnotics	0.0 %
Other	8.3 %
Total	13.4%

FAA Special Issuances – Drugs, Alcohol & SSRI's

Diagnosis	1st	2nd	3rd	Total
Alcohol Abuse & dependence	2,921 1.15%	991 0.93%	1,129 0.58%	4,961 0.91%
Drug Abuse & Dependence	1,413 0.55%	481 0.49%	637 0.33%	2,531 0.46%
Alcohol / Drug Monitored	2,050 0.80%	232 0.24%	289 0.15%	2,571 0.47%
Alcohol related offense	12,099 4.75%	5,902 6.02%	9,380 4.84%	27,381 5.01%
Drug related Offense/misuse	948 0.37%	502 0.51%	742 0.38%	2,192 0.40%
SSRI	398 0.16%	96 0.10%	414 0.21%	908 0.17%
SSRI Special Issuance	232 0.09%	25 0.02%	132 0.07%	389 (296) 0.07%

Source: DOT/FAA/AAM-22/4 "2020 Aerospace Medical Certification Statistical Handbook", April 2022; Page 32

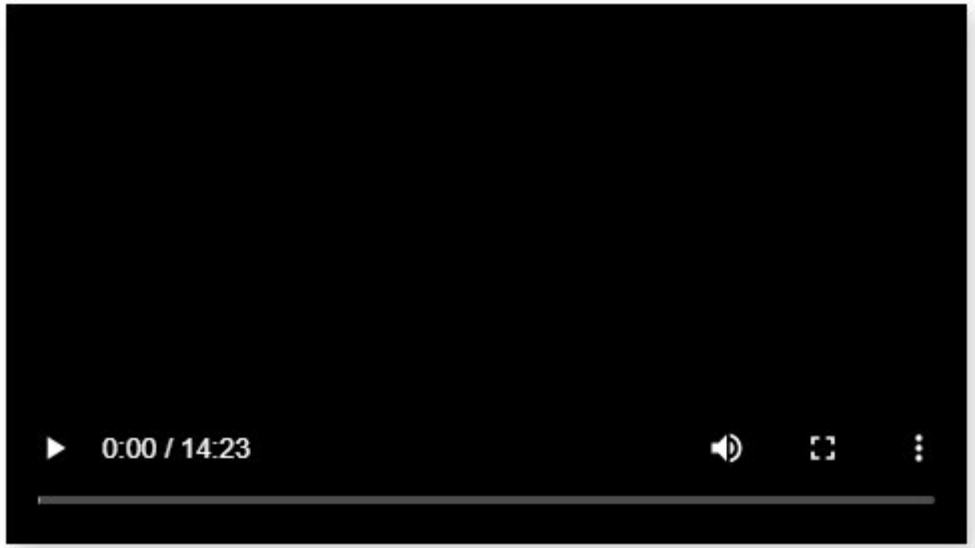
HIMS Office : 303-341-5220 | HIMS@aviationmedicine.com

HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY

HIMS

A TRUSTED SUPPORT SYSTEM

A LOOK AT HIMS



HOW WE CAN HELP

If you are concerned about yourself, a coworker, family or friend, the HIMS program can find you help and support.

HELP FOR YOU

The first step in getting help is recognizing there is a problem.

READ MORE

HELP FOR A COLLEAGUE

Find information for a colleague in need of assistance.

READ MORE

FAMILY SUPPORT

You are not alone. Find help and resources here.

READ MORE

WARNING SIGNS

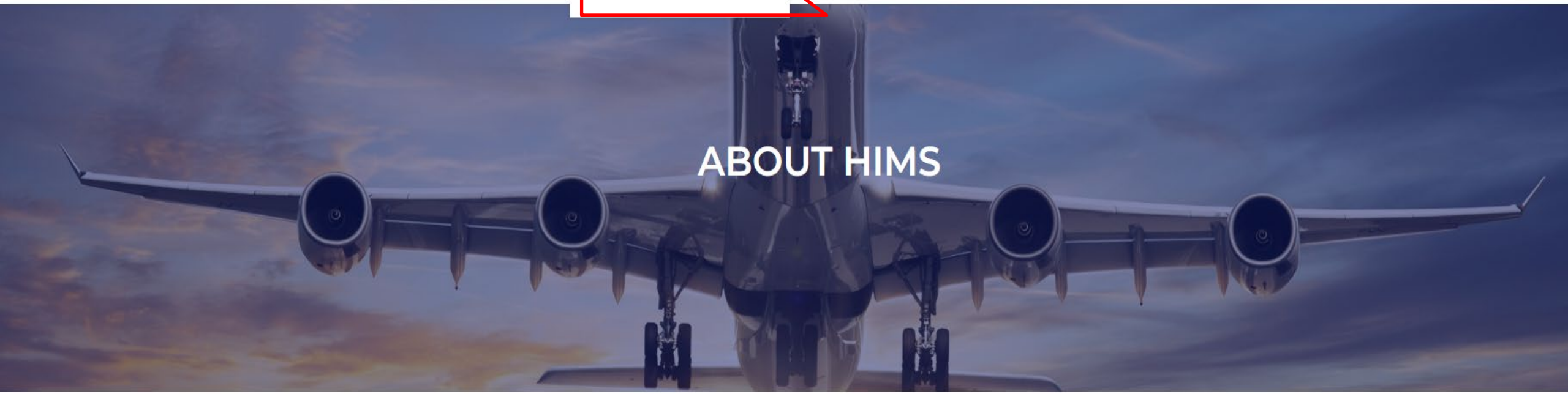
Recognize common signs of relapse.

READ MORE

HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY

ABOUT | DISEASE MODEL | PROGRAM | RESOURCES | SEMINARS | DUI INFO | GET HELP NOW

- About HIMS
- Background
- Meet the HIMS Team



ABOUT HIMS

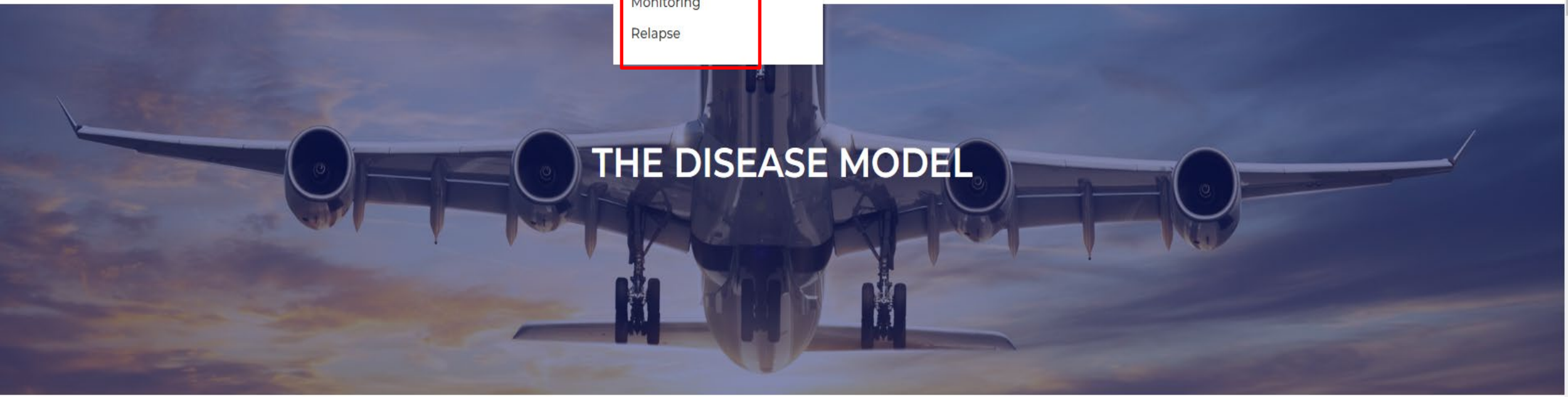
WHAT IS HIMS?

HIMS is an occupational substance abuse treatment program, specific to pilots, that coordinates the identification, treatment, and return to work process for affected aviators. It is an industry-wide effort in which managers, pilots, healthcare professionals, and the FAA work together to preserve careers and enhance air safety.

HIMS Office : 303-341-5220 | HIMS@aviationmedicine.com

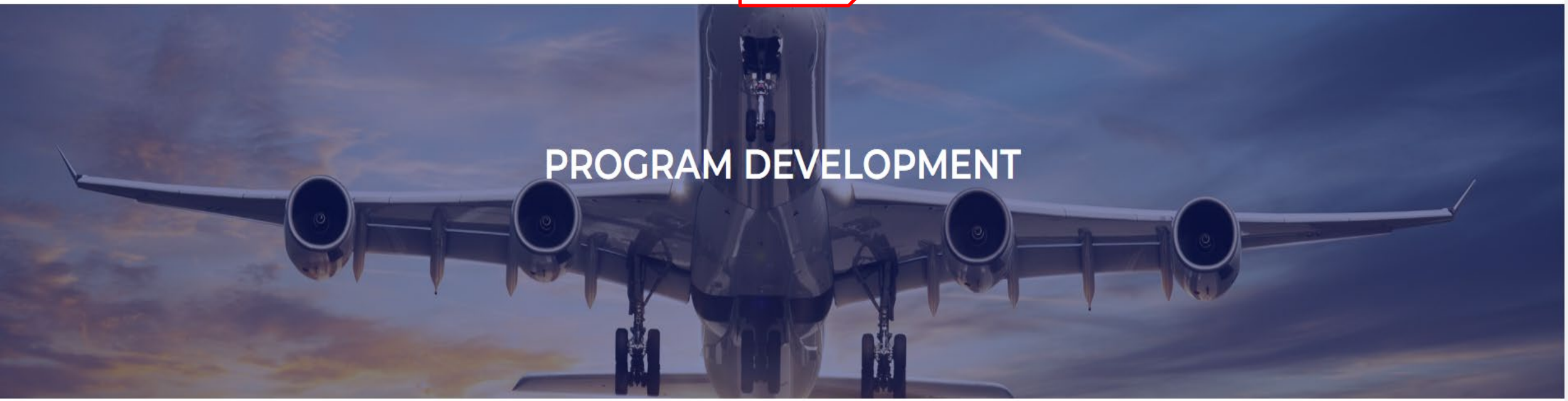
HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY

- Disease Model
- Identification
- Intervention
- Treatment
- Continuing Care
- Monitoring
- Relapse



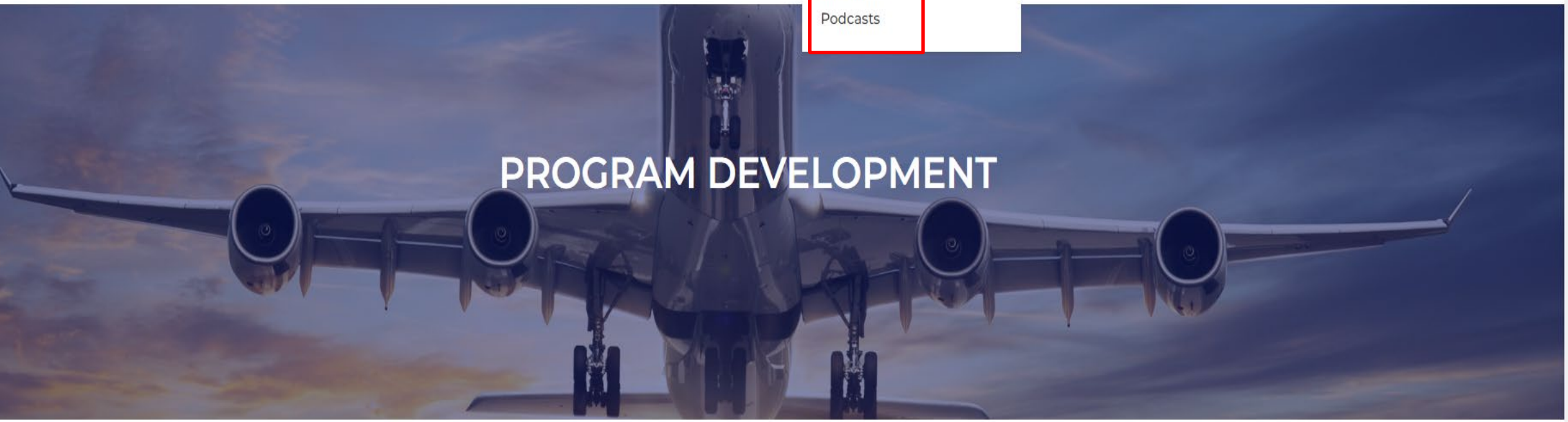
THE DISEASE MODEL

The American Medical Association recognized alcohol dependence in 1956. Alcohol dependence fits the disease model because it is a dysfunctional state with characteristic form.



PROGRAM DEVELOPMENT

Modern day Employee Assistance services had their origins in Occupational Alcoholism Programs where the core technology focused on management and union confronting resistant employees whose problem behavior was putting the company at risk. The emphasis of the pilot assistance system described in this document is to capitalize on these skills, adapt them to each corporate environment and fastidiously protect them from erosion within the mainstream of America's Employee Assistance Programs. Such internal pilot specific initiatives will significantly impact safety and return on investment.



PROGRAM DEVELOPMENT

Modern day Employee Assistance services had their origins in Occupational Alcoholism Programs where the core technology focused on management and union confronting resistant employees whose problem behavior was putting the company at risk. The emphasis of the pilot assistance system described in this document is to capitalize on these skills, adapt them to each corporate environment and fastidiously protect them from erosion within the mainstream of America's Employee Assistance Programs. Such internal pilot specific initiatives will significantly impact safety and return on investment.

UPCOMING SEMINARS

HIMS Basic Education Seminar

Join us for our two-and-a-half-day Basic Seminar
at The Westin, Denver International Airport!

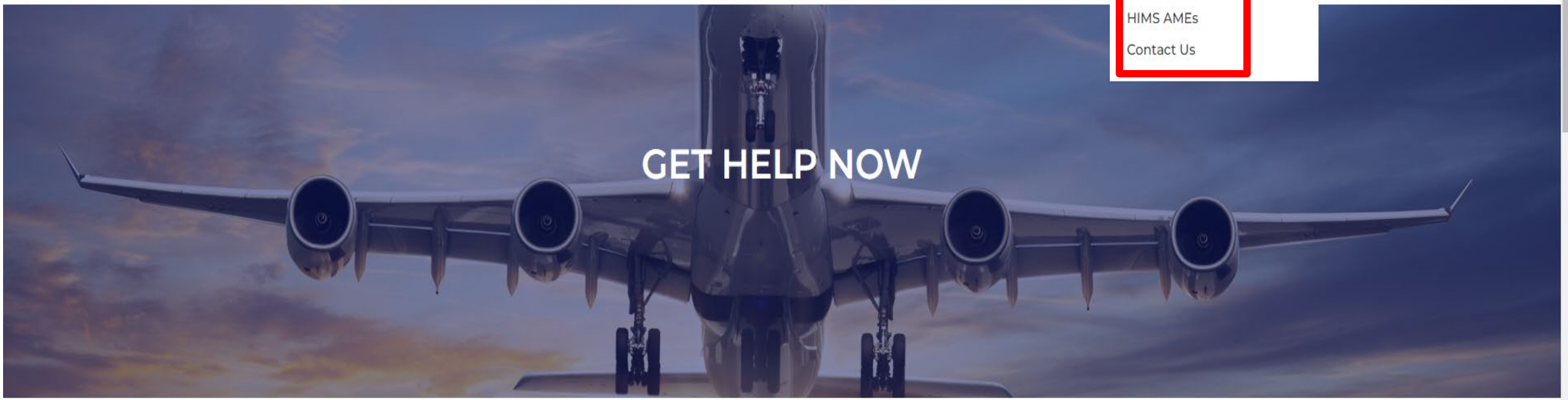
September 9, 2023 -

DUI/DWI INFORMATION

REPORTING REQUIREMENTS

There are ***two separate reporting requirements*** after any drug or alcohol offense. Complying with one does not satisfy the requirement of reporting to the other FAA department.

- You must report within 60 calendar days of any drug-and/or alcohol related conviction or administrative action to the



GET HELP NOW

THE FIRST STEP IN GETTING HELP IS RECOGNIZING THERE IS A PROBLEM.

Confidentially discussing your situation with a knowledgeable person is a great way to get started. This discussion will help you clearly define the issues and the available options.

There are several confidential resources available to assist you:

HIMS CHAIRMEN

Please contact your Union HIMS Chair or Vice Chair to get started.

CHM JOE RIEHL

(419) 290-8962

joeriehl63@gmail.com

CHM SIMON NICHOLSON

+64 21747300

hims.simon@gmail.com

CHM RYAN JOSEPH

(310) 489-5600

rjoseph@apa2118.org

CHM RUBEN VAZQUEZ

(407) 375-9396

jetrube@gmail.com

CONTACT US

SEMINAR INFORMATION

HIMS@aviationmedicine.com

PRESS/PUBLIC STATEMENTS

media@alpa.org

PILOTS/AIRLINE MGMT/GENERAL HIMS INFO

ALPA HIMS Chairman Craig Ohmsieder
craig.ohmsieder@alpa.org
770-519-5407

ALPA HIMS Vice Chair Billy Petersen
william.petersen@alpa.org
516-818-8495

HIMS AME/IMS

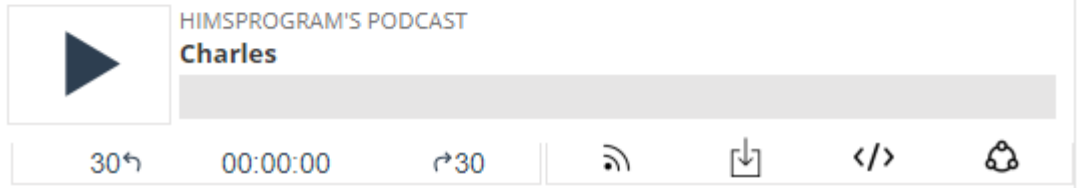
Marilyn Campbell or Dr. Penny Giovanetti
marilyn.c.campbell@faa.gov
202-267-8035

PSYCHIATRISTS

Dr. Chesanow

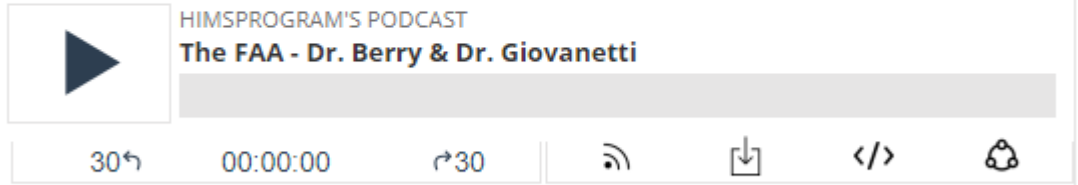
OUR PODCASTS

CHARLES

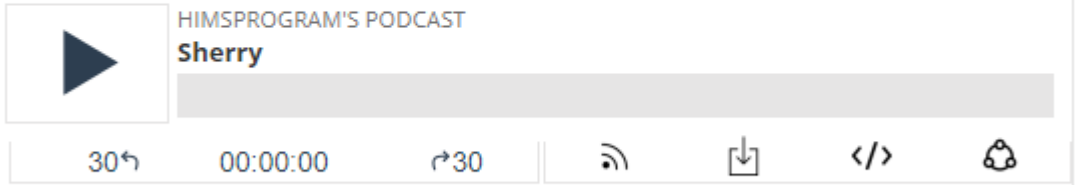


JEFF

DR. BERRY & DR. GIOVANETTI



SHERRY



Questions??

FO Craig Ohmsieder
ALPA Int'l HIMS Chairman
craig.ohmseider@alpa.org
(770) 519-5407

Capt. Billy Petersen
ALPA Int'l HIMS Vice Chairman
516-818-8495
william.petersen@alpa.org

Dr. Quay Snyder
ALPA Aeromedical HIMS Program Manager
HIMS@aviationmedicine.com
(303) 341-4435 (AMAS)

HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY

www.himsprogram.com

Addiction: It’s a Brain Disease…. and it matters!

Navjyot Bedi, MD
Medical Director
Talbott Recovery

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

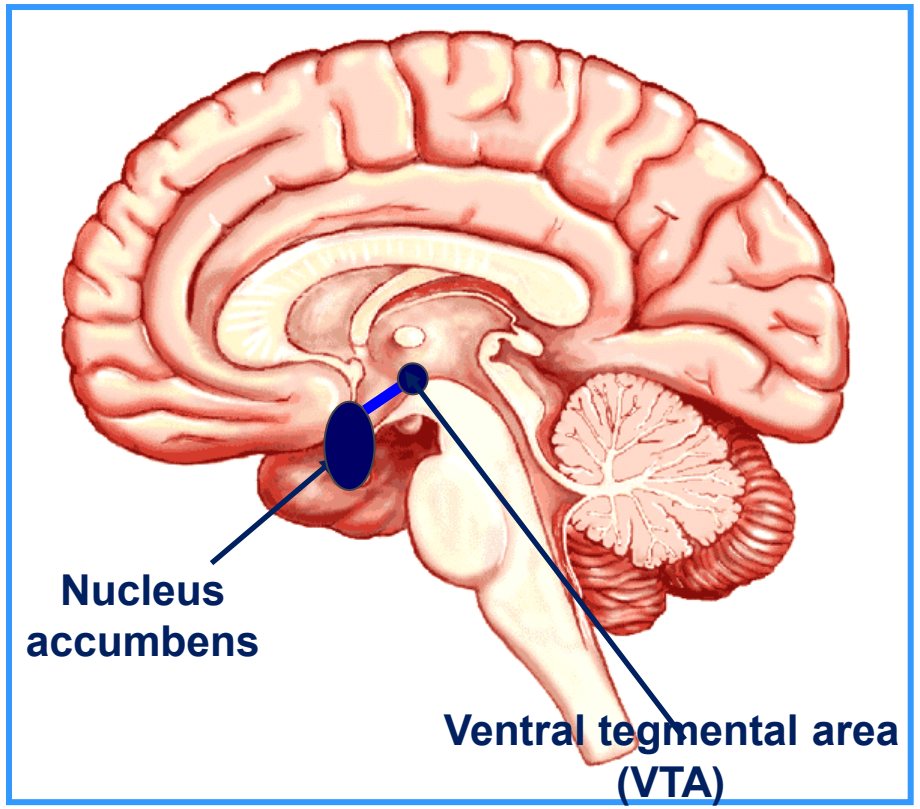
Disclosures

- I have no commercial relationships to disclose.
- I do not intend to discuss any off label use of any medication.

Objectives

- To actively participate in exploring the biological basis of addiction.
- Understand and apply the core concept of addiction to understand natural history of addiction and loss of control. https://uhsinc.zoom.us/j/94375844311
- Understand Addiction as a Chronic medical condition.

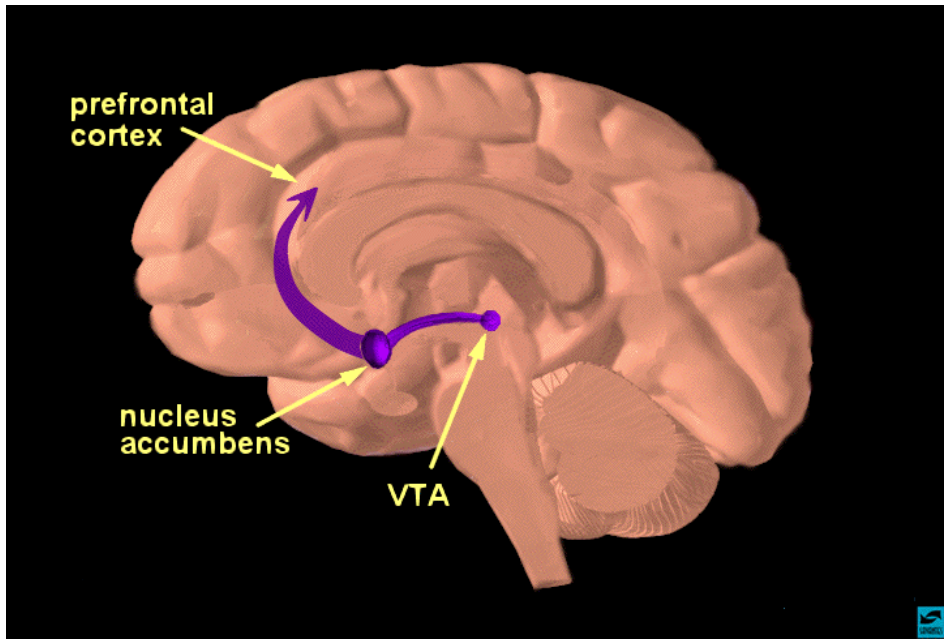
WHY DO WE LIKE TO GET HIGH?



BRAIN REWARD PATHWAY

Exists to reward us for activities consistent with our survival

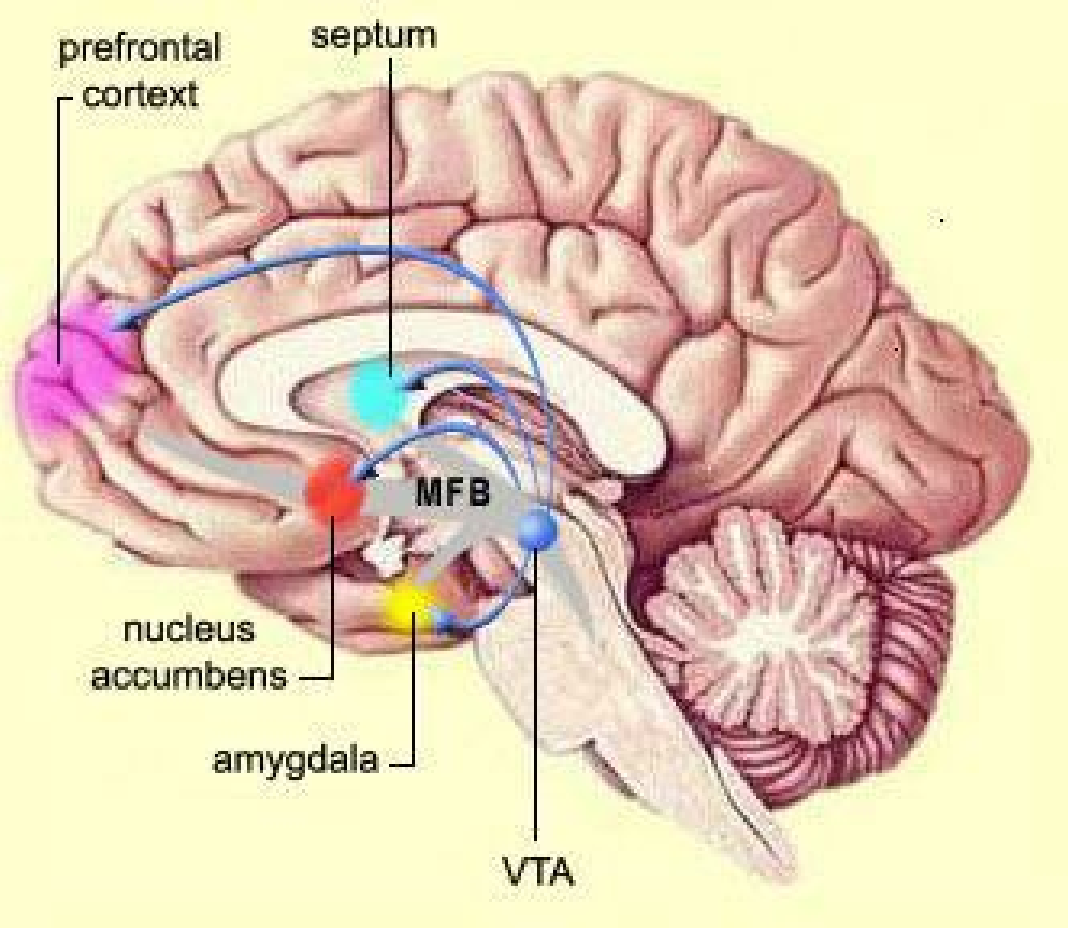
WHY DOES THE REWARD PATHWAY EXIST?



Exists to reward us for activities consistent with our survival

- Food
- Water
- Sex
- Child Rearing

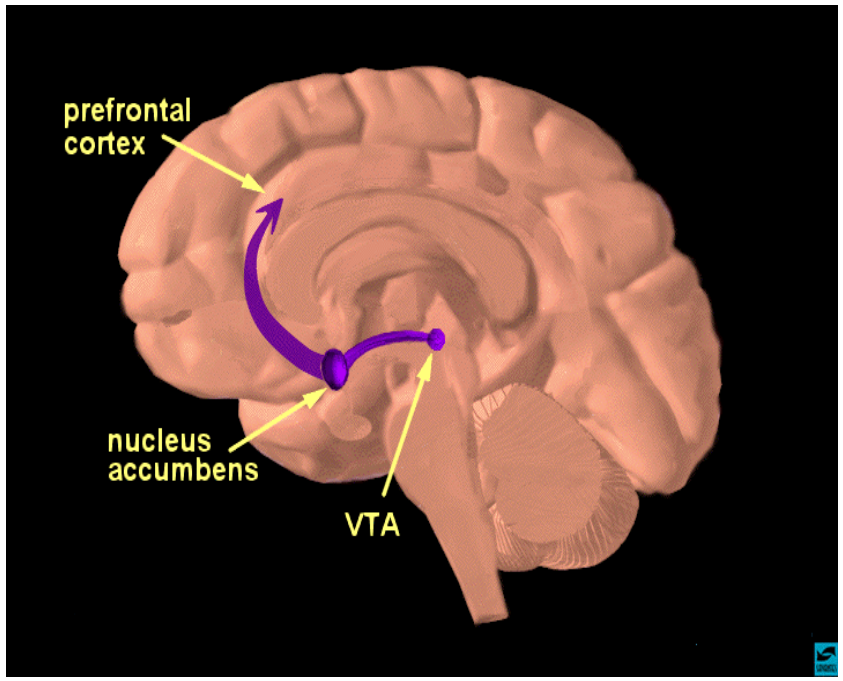
THE POWER OF THE BRAIN REWARD PATHWAY



Exists to reward us for activities consistent with our survival

- **Food**
- **Water**
- **Sex**
- **Child Rearing**

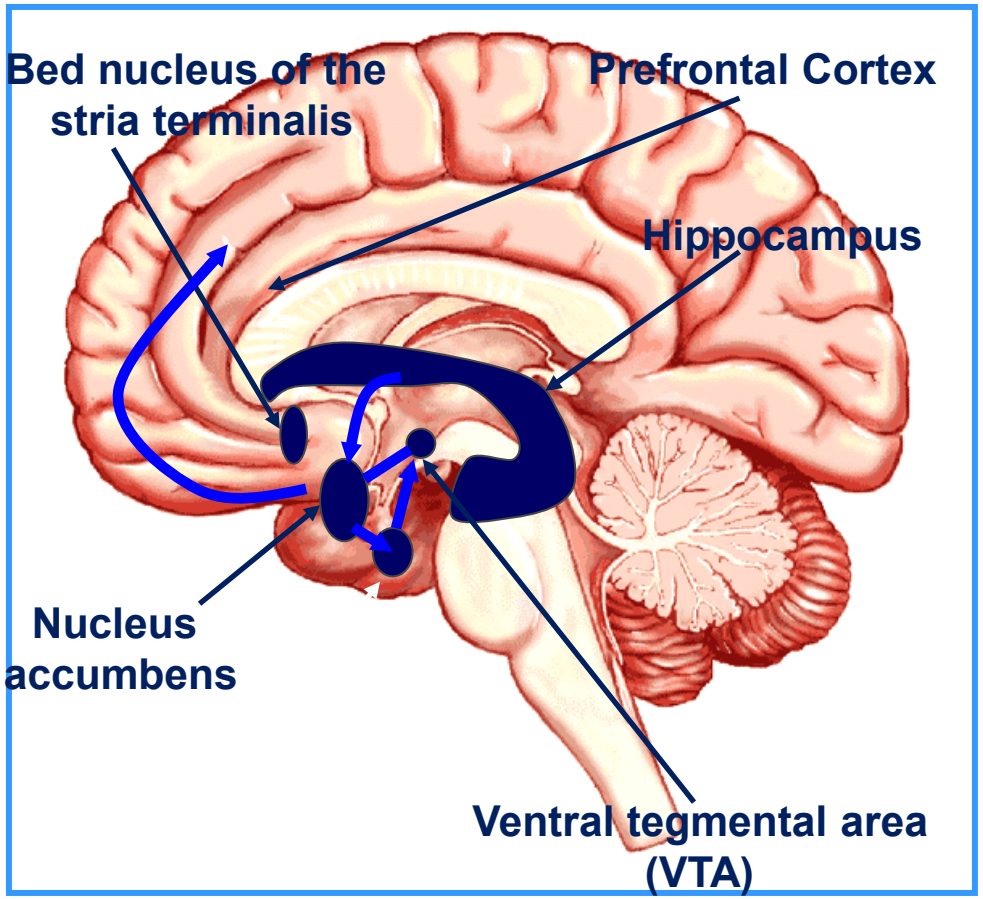
WHY DO WE USE DRUGS?



BRAIN REWARD PATHWAY

- I like
- I want
- NEUROADAPTATION
- I need !!!
- Brain Hijacked

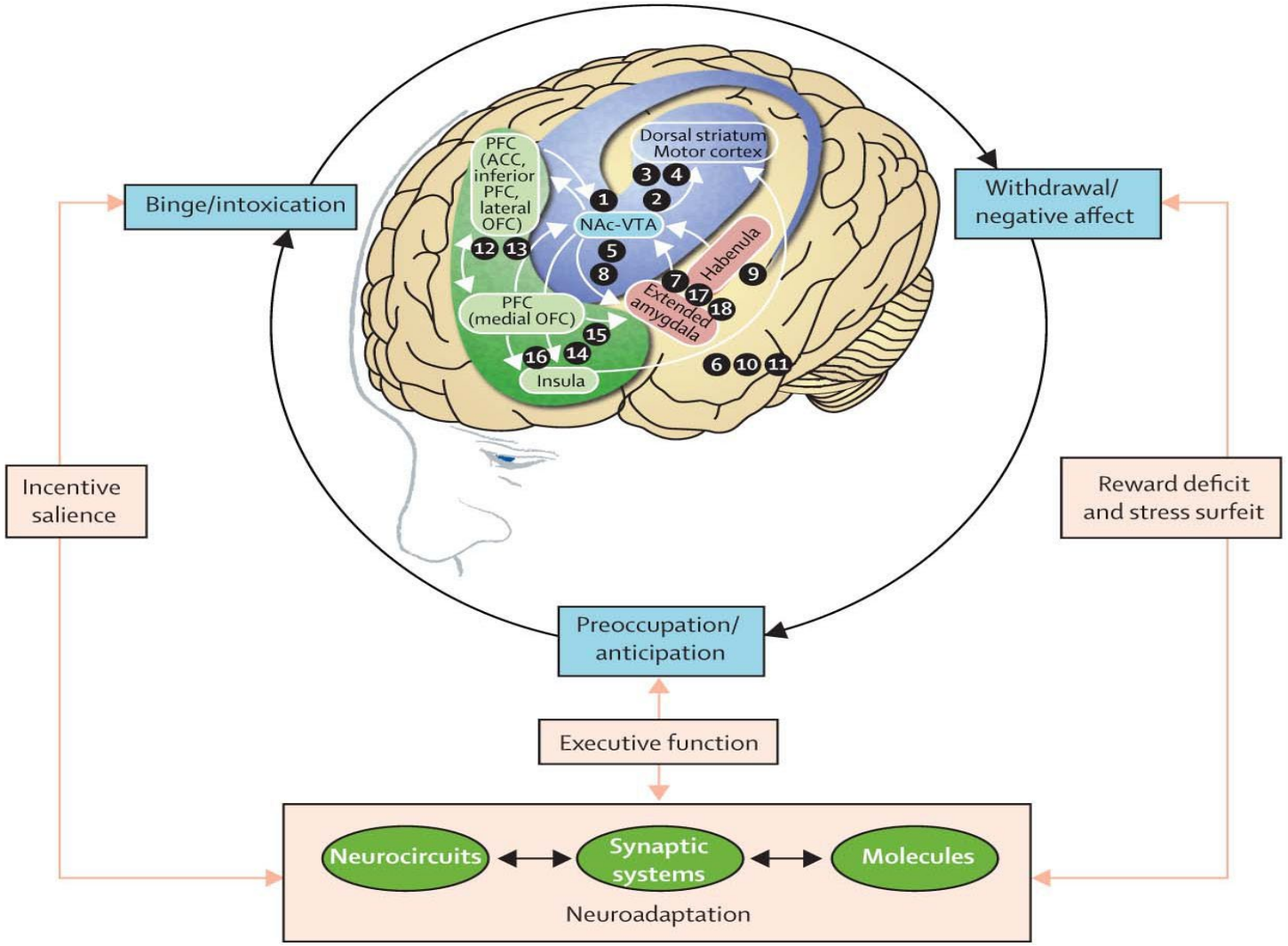
WHY DO WE USE DRUGS?



BRAIN REWARD PATHWAY

- Food
- Water
- Sex
- Child Rearing
- DRUG of CHOICE

Neurobiology Of Addiction



Koob et al; The Lancet Psychiatry; 2016
Neurobiology of addiction: a neurocircuitry analysis; PMID: 2747576

Loss of control or Powerlessness?

- We just described the Neurobiological basis of the “First Step.”
- “Our lives have become unmanageable and we admit our powerlessness over alcohol.”

Why are some people more predisposed?

- Genetic predisposition.
- Social factors and availability of drug.
- Environmental factors, trauma.
- Co-occurring psychiatric disorders.
- Disabling medical conditions.
- Chronic pain.

Genetic Predisposition

- Sons of alcoholics are 3-4 times more likely to develop alcoholism
- Wired to get high
- Genetics alone does not explain it all.
- Many children of chemically dependent parents never develop addiction

Social factors and availability

- Drug availability
- Societal attitudes toward drug use
- Peer group attitudes toward drug use

Environmental factors and trauma

- Childhood abuse or neglect is a strong predictor
- Adult trauma including bereavement
- Trauma is near universal, how it gets handled is what determines impact
- Unaddressed , untreated trauma is highly correlated with addiction

Co-occurring psychiatric and medical conditions

- Major depression, Anxiety disorders and PTSD
- Bipolar disorder and Schizophrenia
- Personality Disorders
- Chronic pain
- Terminal medical conditions

Addiction is…..

- A chronic relapsing medical disorder with relapses and remissions, that needs treatment.
- Has complex genetic, environmental and individual influences.
- It is NOT a moral weakness.
- Characterized by loss of control.
- “Just say NO !” does NOT work.
- Treatment works.

It’s a Brain Disease…But where do we go from here?

- “I have not had a drink in 20 years, so I know I can have a drink now!”
- “I only have a problem with cocaine, so I can keep on drinking…right?”
- “I am having surgery. Do I need to tell my doctor I am an alcoholic?”

5355 Hunter Road

Atlanta, GA 30349

1-800-445-4232

www.talbottcampus.com

Navjyot S. Bedi, MD

Addiction Psychiatrist

Medical Director

HIMS Certification Timeline

Quay Snyder, MD, MSPH
FAA / ALPA HIMS Program Manager

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Learning Objectives: Participants Will Be Able To:

- complete an Initial HIMS package for submission to the FAA
- know the minimum timeline for each stage of the initial HIMS certification process
- understand the minimum timeline for requesting the next phase stepdown monitoring for pilots on HIMS SIA's

Timeline

There is NO universal timeline for:

- –HIMS certification
- –Step Down

Steps Prior to Submission - SA Evaluation Req'd

- Select Evaluation Facility / HIMS Trained Psychiatrist
  - Can be done by Airline HIMS Committee or AME / IMS
  - CAUTION: Local Substance Abuse Professional eval not adequate- Use FAR's

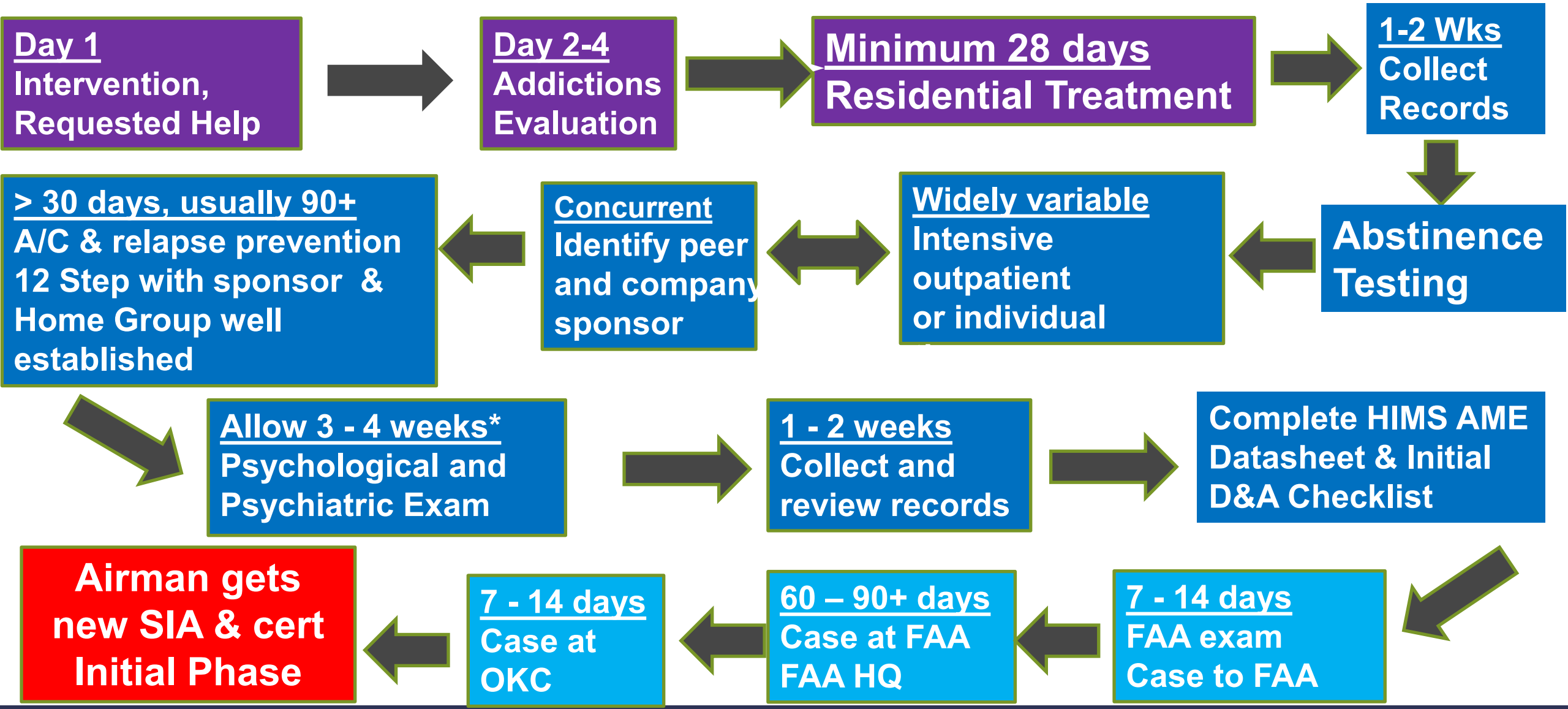
- Collateral Information
  - Driving / Police / Court Records
  - FAA Medical File
  - Relevant Medical Records*
  - Company Discipline Records*

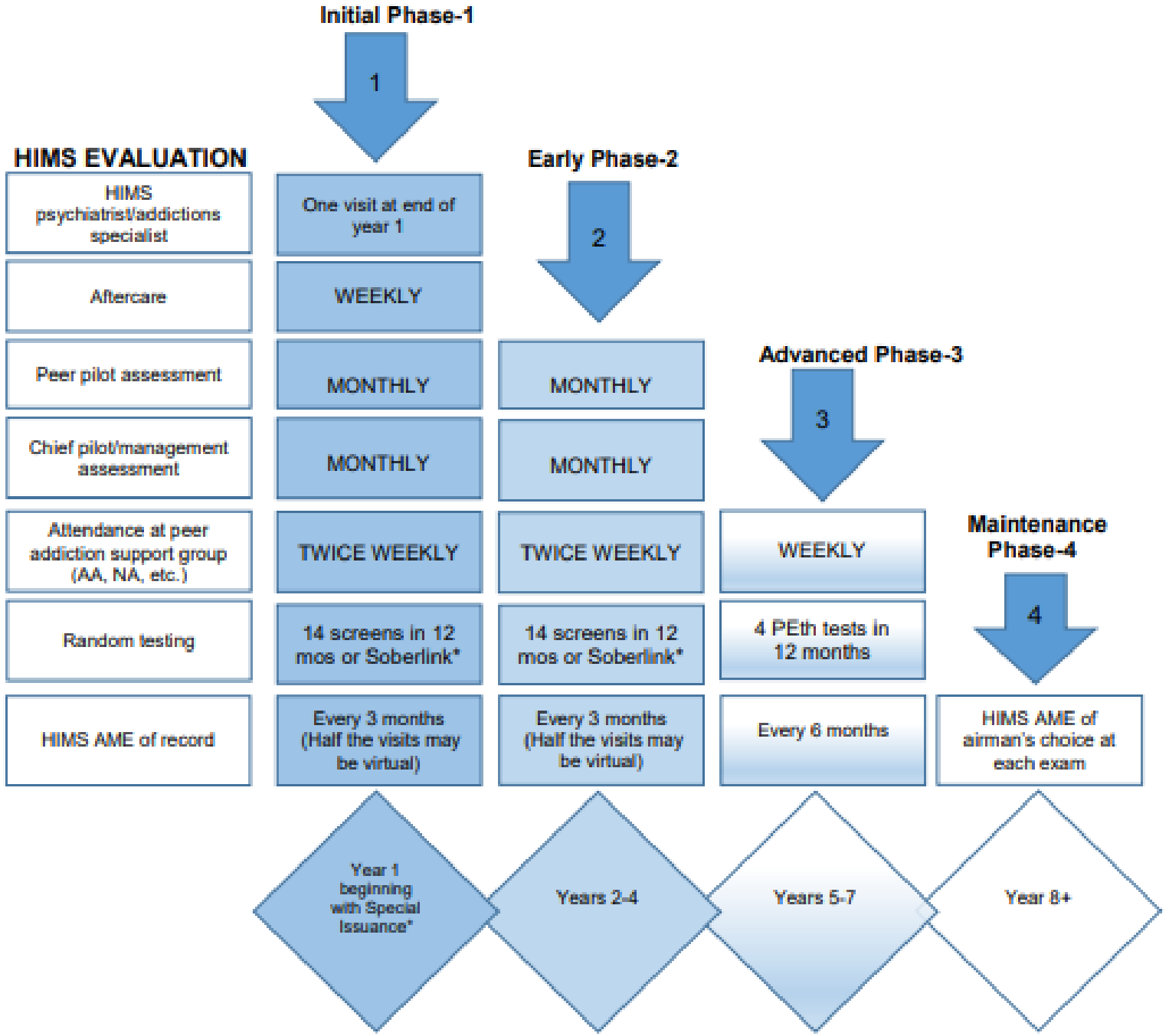
- Consents Signed for AME / IMS
  - Evaluator
  - Facility
  - HIMS Committee
  - Psychologist / Psychiatrist
  - FAA

Steps Prior to Submission – Direct to Treatment

- Collateral Information
  - Driving records / Police Records / Court Records
  - FAA Medical File
  - Relevant Medical Records*
  - Company Discipline Records*
- Consents Signed for AME / IMS
  - Facility
  - HIMS Committee
  - Psychiatrist & Neuropsychologist
  - FAA

HIMS Certification Flow Sheet





*Soberlink or similar portable, alcohol breath-monitoring system that has facial recognition and cellular transmission technology.

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/HIMSAMEStepDownPlan.pdf

HIMS AME	Testing	Addiction Support Group	Company Monitor	Peer Monitor	Aftercare	HIMS Psych
Assigned 3 mo.	14+/yr Soberlink	2x Weekly	Monthly	Monthly	Weekly*	Annual*
Assigned 3 mo.	14+/yr Soberlink	2x Weekly	Monthly	Monthly		
Assigned 6 mo.	PeTH 4x/yr	Weekly				
Choice on exam						

Initial Year 1

Early Years 2-4

Advanced Years 5-7

Maintenance Years 8+

Note: All Phase Durations, meeting frequencies and testing requirements are MINIMUMS. Additional requirements can be added by the FAA or AME / IMS.

Certification Timeline Factors – Admin Early

- Missing Data
  - Treatment Records
  - Aftercare Reports
  - Abstinence Testing History
  - Court / Police / Driving Records
- Cognitive Deficiencies
  - Older pilots seem to have less resiliency
  - Baseline Capabilities Vary
- Not meeting with AME / IMS Regularly

Certification Timeline Factors – Admin – AME → FAA

- Missing Data
  - Treatment Records
  - Aftercare Reports
  - Abstinence Testing History
  - Court / Police / Driving Records
- Submission
  - Not Using HIMS AME / IMS Checklist
  - Not Using Huddle System
  - Delays in Submission

Certification Timeline Factors - Pilot

- QUALITY OF RECOVERY
- Poor Participation in Recovery Activities
  - No Sponsor
  - No Home Group
  - Poor Step Knowledge
- Unfavorable Reports
  - Peer and Company Monitors
  - Aftercare
- Abstinence Testing
  - Missing Tests
  - Positive Tests

Monitored Abstinence Program - Misuse

- IS NOT HIMS!!! *No participation in Airline HIMS Program*
- Requires HIMS AME and many same steps Pre- SIA
- Only for diagnosis of Abuse (Misuse) by FAR's
- Required:
  - Abstinence Testing
  - Psychiatric evaluation
- Not required:
  - Treatment and Continuing Care
  - Company and Peer Monitors
- Duration – 1 – 3 years → General Eligibility with Warning

AA, BOAF, and Self-Help Recovery Programs

William “Billy Petersen
ALPA National HIMS Vice-Chair
Jetblue E-190 Captain

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Learning Objectives

- As a result of this presentation, each participant will understand:
  - The significance, history, and various facts about AA and other 12 step programs
  - The importance of BOAF in a pilots recovery
  - Other self help recovery programs, and how they work

Different Recovery Programs

- Alcoholics Anonymous/NA, etc
  - -Subgroups within AA, ex, BOAF
- SMART Recovery
- Rational Recovery
- Celebrate Recovery

Alcoholics Anonymous

- What is AA?
- Is it an exclusive club?
  - No. The only requirement for membership is a desire to stop drinking. -AA 7th tradition
- Is it a cult?
  - Probably not Cult: noun; a system of religious veneration and devotion directed toward a particular figure or object
  - An misplaced or excessive admiration for a particular person or thing
    -oxford languages dictionary, google
- Here's the best explanation I could find:

Alcoholics Anonymous

- THE AA Preamble

-Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

-The AA Grapevine, Inc.

Alcoholics Anonymous

- Largest worldwide recovery program
  - 180+ countries
  - 120,000 groups, approximately
  - Over 2 million members
  - Now in every home! (Zoom)
- Based on the 12 step model
  - -Accountability, not therapy
- Sponsorship highly suggested
  - Can your peer monitor be your sponsor?

Alcoholics Anonymous

Everything is a suggestion, and there's a slogan for everything…

"Suggestions are free, it's the ones you don't take that you end up paying for"

"The more meetings I miss, the more I miss drinking"

"Try us for 90 days, if you don't like the results, we will gladly return your misery"

Subgroups within AA

BOAF

Athiest/Agnostic

Religious groups

Men and woman only

LGBTQ+ groups

English/non-English speaking

Lawyers/Doctor/Actors/Police etc etc

Birds of a Feather (BOAF)

Birds of a feather is a worldwide network of meetings based on the program of Alcoholics Anonymous*. It was established for pilots and cockpit crewmembers active or inactive in private, commercial or military aviation. We provide AA meetings worldwide (including ZOOM meetings), a yearly convention, a newsletter and this website for pilots and cockpit crewmembers in recovery. (BOAF.org)

Birds of a Feather (BOAF)

- **OUR SINGLENESS OF PURPOSE**

- Birds of a Feather was formed in response to the need for meeting places for pilots and cockpit crew members where the subject of addiction to alcohol might be discussed with impunity and anonymity. The cultural bias concerning this subject has prevented many in the past from seeking advice.

- Our concern is recovery from alcoholism. We have no loyalties to any company, government institution, medical facility, union, employee assistant program, treatment center or specific recovery program.

- BOAF has contributed immeasurably to our recovery and the spirit of passing this philosophy on to others who also might benefit is the reason for Birds of a Feather.

- Each nest is autonomous and determines its own membership requirements. Go to the NESTS AND CONTACTS page on the www.boaf.org website to determine the group conscience of a particular nest. (Statement approved at 2014 BOAF San Diego Convention)

Birds of a Feather: History

- First “nest” was in Seattle, Washington, 1975
- Followed in 1976 in SFO
- By 1977, there were 6 nests in the USA, and 3 unofficial international nests: Germany, Barbados, Saudi Arabia

Birds of a Feather (BOAF)

-The early meetings were criticized by other AA groups, accusing the Birds of violating the 3rd tradition (the only requirement for membership is a desire to stop drinking) by apparent discrimination against non-flight individuals. A member contacted the General Service Board in February of 1976, and they responded that "many special interest groups do meet together, and one of the ways this has been solved is by referring to it as a "meeting" rather than as a "group".

-Each Nest has its own rules concerning non-aviators

Smart Recovery

-Established in 1994, not an alternative to AA, just an option

- Volunteer driven
- 900 face-to-face meetings in over 20 countries
- Over 600 online meetings

SMART Recovery

- A transformative method that helps individuals with a willingness to change move from a life of addictive substances and negative behaviors to a life of positive self-regard.
- The purpose is to help people gain independence from addictive behavior. They should be fully informed about all therapy options and free to choose among them
- Participants take full responsibility for their recovery.

Smart Recovery

- Non-judgmental and stigma free mutual support meetings (in-person and on-line)
- Practical toolbox and other helpful resources
- Participants design and implement their own recovery plan
- The goal is to help participants build lives with new behaviors that transcend addiction

Smart Recovery

- 4 points:

- 1-Build and Maintain Motivation
- 2-Cope with urges
- 3-Manage Thoughts, feelings and behaviors
- 4-Live a balanced life

Rational Recovery

- Regards alcoholism as a behavior issue rather than a disease
- Not many meetings to attend
- Non-spiritual
- Used often by atheists and agnostics
- Not one day at a time, but lifelong goal
- Books, articles, and podcasts assist in the recovery process for a fee

Celebrate Recovery

- Christian 12-step program designed to facilitate recovery from a variety of behaviors
- Uses AA's 12 steps, as well 8 sequential principles
- Encourages groups of "accountability partners"
- May not use any other resources besides the bible and celebrate recovery materials

Other Alterative Recovery Programs

- Women for Sobriety
- Secular Organizations for Sobriety (SOS)
- LifeRing Secular Recovery
- Moderation Management
- Various others including medical and holistic therapies

AA, BOAF, and Other Recovery Prgrams

- Questions??

- Billy Petersen
- 516-818-8495
- William.Petersen@alpa.org

Aviation Family Fund

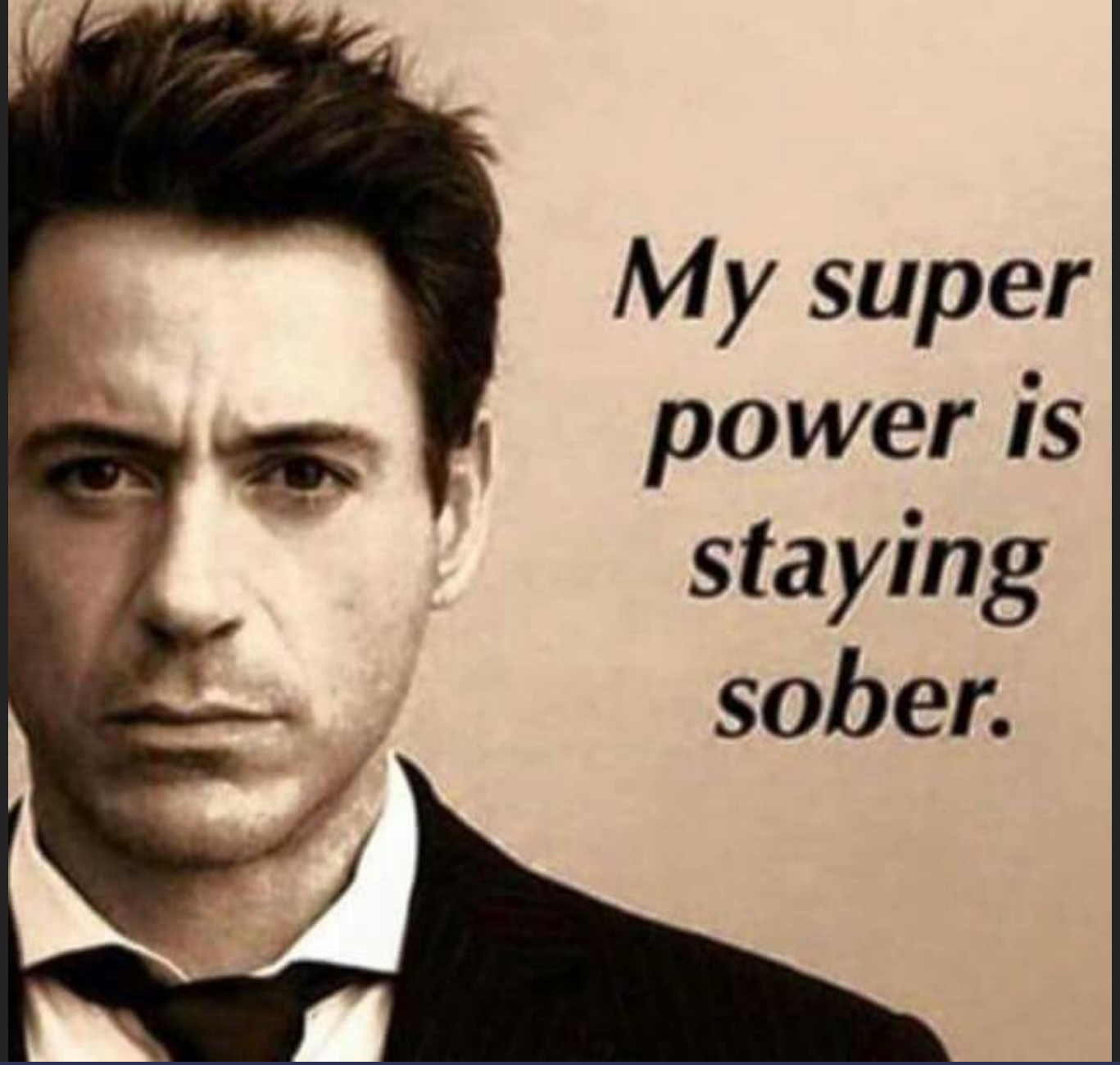
Dana C. Archibald

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO



Source: Google Images, Robert Downey Jr. Quote

What is the Aviation Family Fund?

AFF assists in providing supplemental funding during the recovery process for alcohol and drug-related dependence, and mental health issues. We are available to anyone in the aviation industry.

Overview

- AFF created 2011
  - ***Since AFF's inception, over $825K granted!***
- IRS approved 501©3 nonprofit
- All donations are 100% tax deductible
- In 2021, AFF helped over 70 people with financial assistance
- Provided referrals, information and advice to several hundred people in 2021

Overview

- Of all monies received, 95% went to approved applicants
- No money is issued directly to the approved applicant
- Money is issued directly to institutions
- The average grant is between $1500-$2500

COVID-19 Impacts

According to the Centers for Disease Control and Prevention, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19. Overdoses have also spiked since the onset of the pandemic. A reporting system called OD-MAP shows that the early months of the pandemic brought an 18% increase nationwide in overdoses compared with those same months in 2019. The trend has continued throughout 2020, according to the American Medical Association, which reported in December that more than 40 U.S. states have seen increases in opioid-related mortality along with ongoing concerns for those with substance use disorders.

Source: American Psychological Association, March 2021

What Do We Pay For?

- Inpatient
- Outpatient
- Aftercare
- COBRA
- Rent
- Electric
- Mortgage
- Water bill
- Doctor bills, (AME, P&P Certificates, etc.)
- Soberlink

~ We will not provide funding for luxury items ~

How Does Someone Apply?

Aviation Family Fund
APPLICATION FOR ASSISTANCE

CONTACT INFORMATION		
Name:		
Street Address:		
City:	State:	Zip:
Home Telephone:		Fax:
Cell Phone:		E-mail:
Preferred method of contact: ❑ Home ❑ Cell		
Date of Birth:		SSN: - -
Emergency Contact Name:		
Telephone:	Relationship: ❑ Spouse/Partner ❑ Parent ❑ Sibling ❑ Friend ❑ Adult Child	

INSURANCE INFORMATION	
Primary Insurance Provider:	
Please list the name of the insurance holder:	
ID Number:	Group Number:
Telephone Number:	
Secondary Insurance Provider:	
ID Number:	Group Number:
Telephone Number:	
Please list the name of the insurance holder:	

GENERAL QUESTIONS
What is the best time to reach you?
What other finances are available to you?
What is the primary purposes of this grant if you qualify?
Are you currently employed? ❑ Yes ❑ No
Do you have a treatment plan / Are you following a program (brief description):

AGREEMENT
1. All of the information provided above is true and current to my knowledge.
2. If accepted by Aviation Family Fund for assistance, I understand that all financials will be distributed to treatment centers/companies that I am requested financial assistance for, and not to me directly.
3. In keeping with the principles of recovery, I also understand that a more, in-depth, detailed conversation will accompany my application after submission.

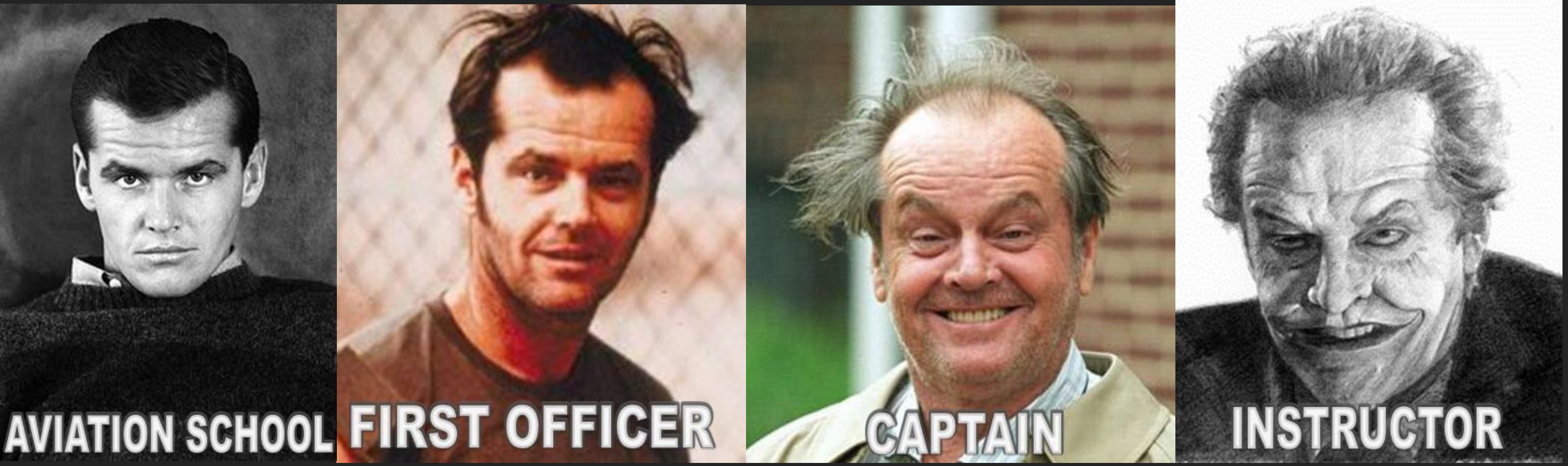
SIGNATURE	
Signed:	Date:

Please submit your completed application to:

Aviation Family Fund
311 Homestead Park Drive
Apex, NC 27502

Applications may be emailed to: Info@aviationfamilyfund.org

Succession



Source: Google Images, Nicholson Meme Flight Succession

How Does One Donate?

Monthly, through your bank's bill pay

venmo

Personal or business check mailed to the address on website

Stock Donations

PayPal

amazonsmile

AVIATION FAMILY FUND

NEW

venmo

Other Kinds of Donations

In-Kind Donations

Providers may offer discounted fees off of standard charges for evaluations and services; tax receipts are sent for all donations and in-kind donations

Providers may limit the number of discounted cases, or receive referrals, or continue to receive referrals (for existing providers)

For documentation purposes, we can provide our tax ID number. This can be for P&P, HIMS, after care, AME, etc.

Airline Donations

In Conclusion

- Aviation Family Fund is a ***true*** Nonprofit
- *NO* salaries
- *NO* expense accounts
- *NO* corporate jet

- *Quickbooks & professional accountant services only*

Questions?

Contact Information:

aviationfamilyfund.org

Dana Archibald, NCAC-1, SAP, LAP-C

President

(919)-608-1735

Treatment

Navjyot Bedi, MD
Medical Director
Talbott Recovery

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

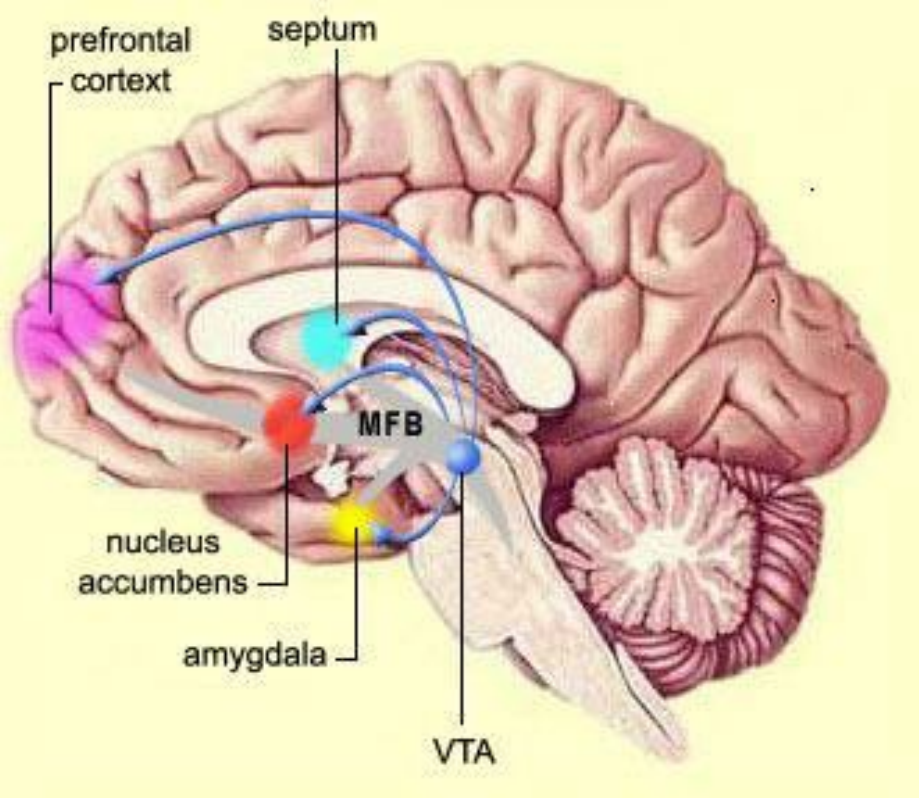
Objectives

- Review core concept of Addiction as a Brain Disease and a chronic medical condition.
- Explain the process of Recovery.
- Describe the stages of treatment.
- Discuss special issues unique to Pilots.
- What do we learn from other Chronic medical conditions?

It's a Brain Disease…But where do we go from here?

- There is a part of our Brain that is trying to get us high!
- So how do you fight an enemy within?
- Are the 12 steps actually relevant?

So what happens in Treatment?



- The Brain is a self organizing system.

- Treatment facilitates this process by allowing the Cognitive and Behavioral changes necessary for Recovery to occur.

What does Recovery entail? (What steps?)

- It is process of self awareness and true appreciation of the problem. Addresses the inherent denial. (1)
- It invites the process of self examination. And Emotional integration-the painful place of recovery where the addict rethinks their past and takes responsibility for addiction-related behaviors and begins to invite help. (2,3 leading to 4)

What does Recovery entail?

- This leads to Cognitive awareness and recognition of need to change. (4, 5 and 6)
- Forces new set of behaviors that directly lead to improved coping and dealing with negative emotions, cravings and leads to self improvement. (7, 8 and 9)
- Self realization and self actualization follow. Also described as a spiritual awakening, this change produces a new awakening in the recovering addict about the meaning of their life. (10,11,12)

What is the role of treatment?

- Treatment is the path that facilitates and establishes these changes.
- It is unique and has to be individualized to each person.
- Cognitive, behavioral restructuring crucial.
- It is NOT a novel idea!
- AA or 12 step facilitation is a proven, effective, widely accepted and cheap means of doing so.

Phases of treatment: Comprehensive Assessment

- Addiction Assessment by Addiction Medicine physician skilled in working with addiction in professionals
- Psychiatric evaluation.
- Psychological and Neuro cognitive Testing
- Physical Examination
- Laboratory and fluid analysis as indicated
- Collection of collateral information
- Record review, medical, legal and workplace concerns
- Family assessment and input.
- Identify emotional , psychiatric, trauma, grief or personality related variables unique to patient.

Medical Stabilization

- Detoxification if indicated.
- Physiological, emotional and cognitive elements are involved.
- Lasts 2 days to 3 weeks.
- Runs concurrently with assessment
- Lays the ground for the next phase.

Stages of Change Prochaska & DiClemente

Social Work Tech https://socialworktech.com

Motivational enhancement and Engagement

- Address denial by support, respectful confrontation of defenses, and use of data. Impact letters are invaluable.
- A community of peers is very helpful, if not critical, for the process.
- Address grief, trauma, interpersonal and emotional issues identified.
- 12 step recovery process begins. Work steps from 1 to 3.

Practicing Recovery

- Continue group support
- Individual therapy to re focus and help reframe the cognitive process unfolding.
- Self monitor behavior and practice “rigorous honesty”.
- Steps 4-7 completed
- Aftercare planning and transition.

Aftercare and Monitoring

- At this stage recovery should be portable.
- Continue support group, identify home group, sponsor.
- Peer support group (Birds of Feather) for support and monitoring.
- Random monitored Urine drug screens.
- Stay visible, connected and accountable.

Challenges in treating Professional Pilots (and MDs)

- Tend to guard their workplace performance and reputations very carefully.
- Addiction tends to go on for years before it is detected.
- By the time work begins to get impacted, the disease is often far advanced.
- The same skill sets and personality variables that make them skilled at their jobs are used skillfully to cover up the addiction!

Addiction in Professional Pilots

- When drug or alcohol use occur in a professional pilot with emotional, home or work problems, the diagnosis is ***Addiction*** until proven otherwise.

Challenges in treating Professional Pilots

- A peer support group in treatment is vital to confront denial, promote understanding and address the shame and guilt of the professional.
- A pilot or MD can go through a conventional community Intensive outpatient program like a Graduate seminar.
- They will attempt to score an “A+” without internalizing any changes within. They are used to being in charge and have difficulty accepting feedback.

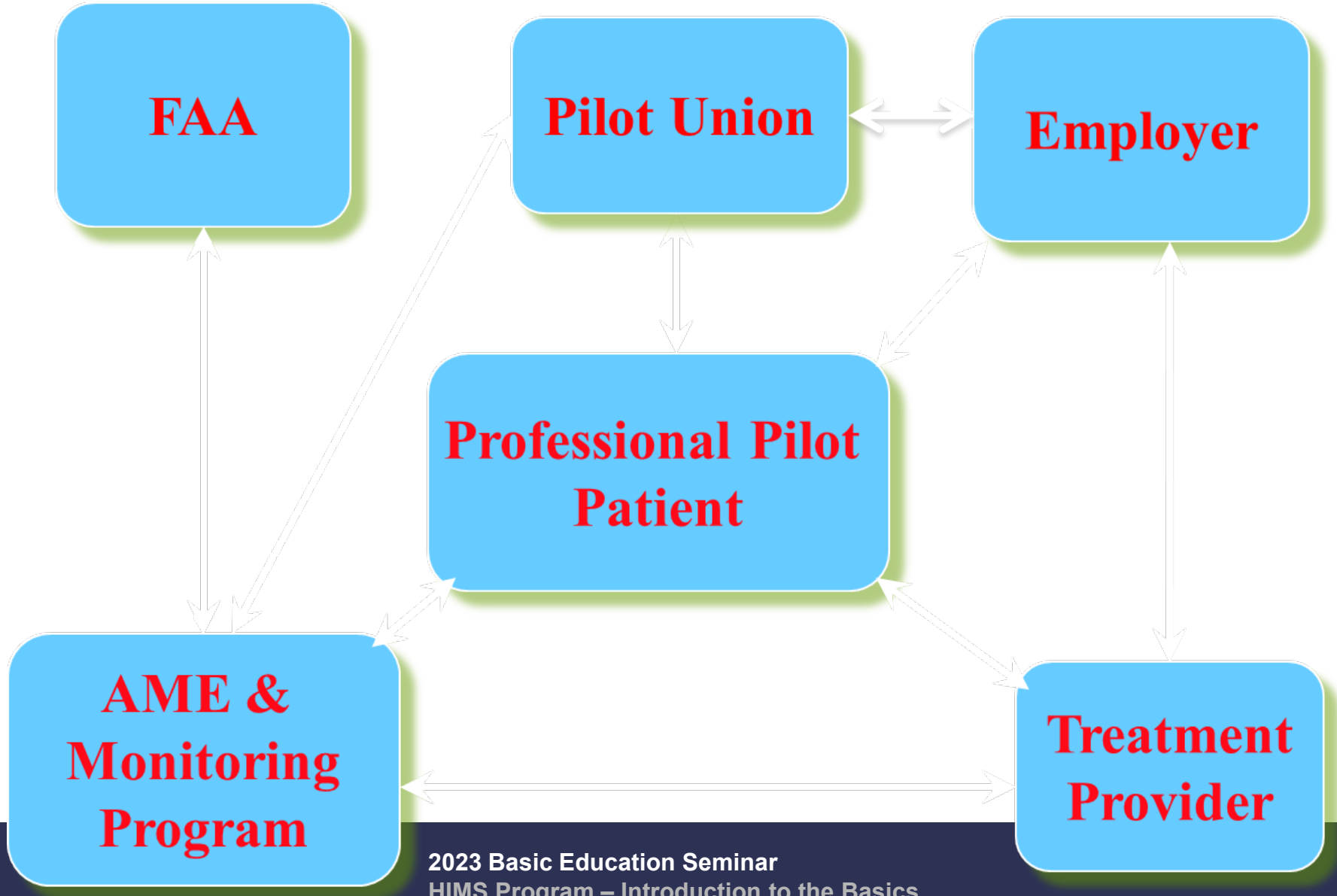
Why this level of care?

- Professionals who are in safety sensitive positions, need more intensive upfront care.
- Treatment should allow for them to be “full time patients.”
- Partial hospitalization with peer support is recommended.
- Works best if after care and return to work recommendations are seamless.

Treatment success lies in building a partnership.

- Pilots are very valuable assets to their Company. (Employer)
- Their health and well being has safety sensitive concerns. (FAA, AME and monitoring)
- They are highly specialized and need special understanding and consideration. (Peer support and Unions)
- Have unique treatment needs and often have advanced disease requiring special experience. (Treatment Provider)

Treatment is a Partnership



It’s a Brain Disease…But where do we go from here?

- “I have not had a drink in 20 years, so I know I can have a drink now!”
- “I only have a problem with cocaine, so I can keep on drinking…right?”
- “I am having surgery. Do I need to tell my doctor I am an alcoholic?”

5355 Hunter Road

Atlanta, GA 30349

1-800-445-4232

www.talbottcampus.com

Navjyot S. Bedi, MD

Addiction Psychiatrist

Medical Director

HIMS Psychiatric and Psychological Evaluation

Paul Sargent M.D., FAPA
Psychiatry, Brain Injury Medicine

Dan DaSilva, Ph.D.
Aviation and Pediatric Neuropsychology

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Starting Off Backwards… THANK YOU!

https://pics.onsizzle.com/Facebook-Air-Force-Nation-229914.png

Learning Objectives:

- Developing a **collaborative approach** to evaluation / consultation.
- Improved familiarity / **FAA guidelines;** 14CFR67.
- **Differences** between DSM-IV, DSM 5, and 14CFR67 in diagnoses.
- "Rules of Engagement" for **independent** evaluations.
- Gathering **collateral history and evidence** to support conclusions.
- Evaluating the **quality** of a recovery program and **risk** for relapse.
- Developing an **effective** plan for follow up and monitoring.

The Role of the HIMS Psychiatrist

https://faceswaponline.com/composite

- Eyes, Ears, Critical Thinking all engaged.
- Independent stance. Not advocacy.
- Knowledge of psychopathology, prognostics, and regulations. Ability to integrate all 3.
- Conducting both initial SUD and/or P&P.
- Part of TEAM which includes Neuropsychologist, AME, Aftercare provider, and FAA SME.
- **Disagreements are best handled verbally before doing so in writing. Team has the SAME GOAL…..SAFETY!**

Introductory Case- SUD referral

- 61 YO Single, Caucasian male seeking 3rd Class Medical.
- Age 18-23. 8-10 beers. Weekends only. Army. Honorable discharge.
- Age 24-27. Binge drinking while in college. 6-8 beers, 4 days per week. No blackouts. No problem with relationships or academic performance. Graduated on time with 2.9 GPA.
- Age 27-49 Collegiate sports coach. Drinking limited Weekends only.

Introductory Case- SUD referral …Continued

- Age 49-54. After 3rd DUI had 5 years of sobriety/ abstinence. Court incentivized program.
- 3 DUIs. Age 33 (BAC 0.1%) Age 38 (BAC 0.1%), Age 49 (0.19%).
- Last DUI occurred after an MVA in which he was driving with open container but the OTHER driver ran a red light and hit him. Poor insight into his role…
- Currently 2 Light beers, twice per month x 6 years

What's the Correct Diagnosis?

https://imgflip.com/memetemplate/100122670/Dogpilot

FAA Medical Standards 14CFR67.107/ .207/ .307- Mental

- No medical history or clinical diagnosis of any of the following:
  - Personality Disorder “repeated overt acts”
  - Psychosis
  - Bipolar Disorder
  - Substance Dependence (unless 2 yrs. of sobriety)
  - No other personality disorder, neurosis, or other mental condition that may make the person unable to safely perform the duties of an airman.
  - Substance Abuse within the last 2 years.

Broad Definition of Substance Abuse

- Repeated use of a substance in a physically hazardous situation
- Positive DOT test for drug or alcohol (BAC 0.04%)
- Misuse of a substance which the Federal Air Surgeon finds make the user unable to safely perform the duties of an airman, or may reasonably be expected to make the person unable to perform those duties in the future.

Disambiguation of Classification Systems:

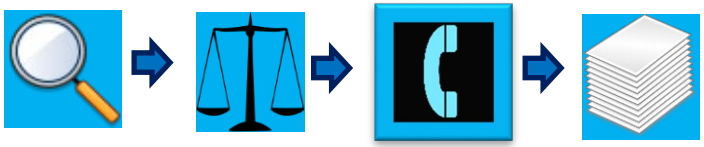
Substance Use Disorder

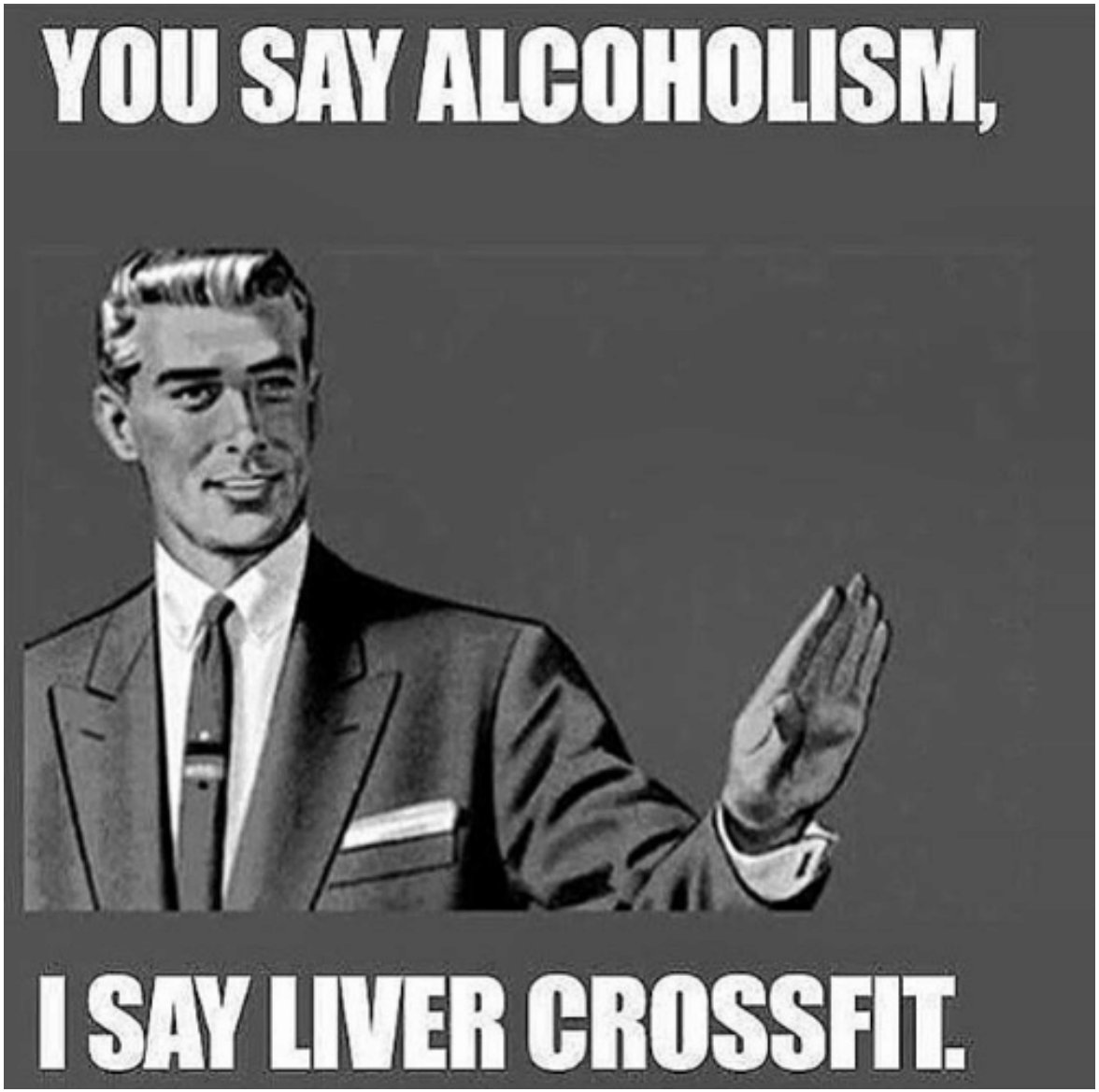
DSM-IV	DSM5	14CFR67
3/7 (12 mos): Withdrawal Loss of control Tolerance Unsuccessful cutback Giving up activities Significant time obtaining/using/recovering Use despite exacerbation of health or psychological problems	**2/7 (12 months):** Withdrawal Loss of control Tolerance Unsuccessful cutback Giving up activities Failure to meet obligations Craving Significant time obtaining/using/recovering Repeated use in dangerous settings Use despite exacerbation of health or psychological problems	**ANY 1:** Increased Tolerance Manifestation of Withdrawal Impaired Control of Use Continued Use Despite Damage to Physical Health, or Impairment of Social, Occupational, or Personal Functioning
Dependence	**SUD**	**Dependence**

"Rules of Engagement" for an Independent Evaluation.

Be candid right up front. Verbally AND in in writing.

- There is no "Treatment Relationship," confidentiality modified.
- Regardless of who pays the bill, you do not work for the client.
- You also do not technically work for the FAA.
- Your job is to gather information, understand the situation, and apply FAA criteria, The FAA will make the disposition.
- Any information revealed in records, interview, or by collateral sources then it will be in the report.





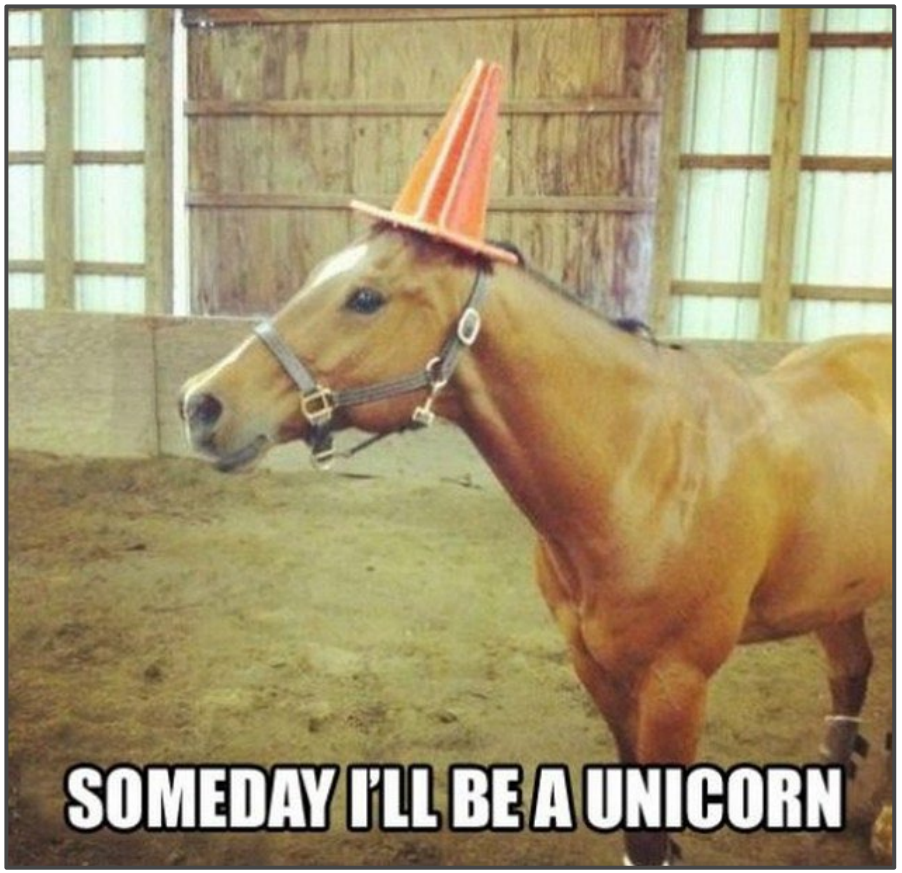
https://onsizzle.com/i/you-say-alcoholism-isay-liver-crossfit-happy-weekend-1199433

Tips to Interview a Potentially Defensive Client.

https://imgflip.com/memetemplate/94697450/Dog-psychiatrist

- Be affable and warm.
- Plan for a long appt. 90 min?
- Remind them that FAA makes final decisions. Not you.
- Invite them to tell their own story.
- Use reflective statements, open ended questions.
- Once you have all the basic info, circle back with some probing questions, later, if needed, offer challenging observations.
- **Asking a series of closed ended questions increases defensiveness.**

You learn more about a horse if you let it run around the corral than if you watch it in the stall.



https://racehorsemeds.com/wp-content/uploads/2015/05/Funny-Horse-Memes-10.jpg

Gathering Collateral History and Evidence

- Have client request FAA records **BEFORE** you schedule the appointment.
- Be prepared to review and store large files of paper. But electronic is now an option!

https://imgflip.com/memetemplate/86195260/Detective-Colombo

- Get police reports or ER records if BAC not documented in FAA record.
- Get releases of information up front, usually eliciting information more than providing it.
- **Information gathering and documentation must be comprehensive and will likely take several hours.**

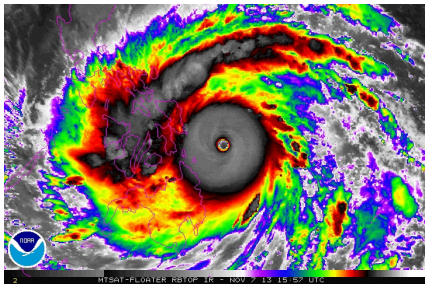
Gathering Collateral History and Evidence cont.

What does COMPREHENSIVE Collateral history mean?

- The FAA
- Their AME
- Their Neuropsychologist
- Their Aftercare Provider
- Their psychotherapist and/or treating psychiatrist
- Their supervisor
- Their sponsor
- Their spouse, partner, or ex-spouse
- Their CFI or someone who has flown with them
- Their union representative
- Any friends or co-workers

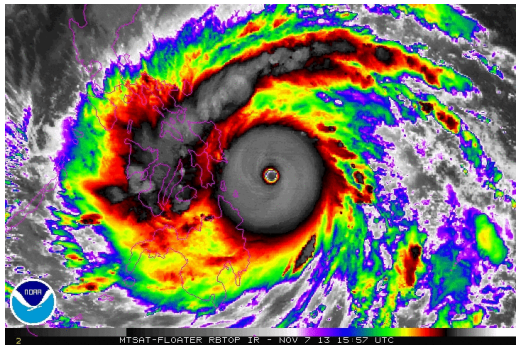
Evaluating QUALITY of recovery program. Identifying risk for relapse.

- Strong in sobriety ≠ Working a strong program
- Acceptance of the disorder
- 90/90 followed by 3-5 meetings per week x 1 year (Established home group)
- Active engagement with sponsor, working 12 steps.
- Active stress management program



Evaluating QUALITY of recovery program. Identifying risk for relapse.

- In addition to a strong program, the airman must continue to have a "Monitored Recovery"



FACTORS WHICH AFFECT RISK FOR RELAPSE

- Past relapses, Compulsive behaviors, co-morbid psychiatric disorders, Life Stressors, non-acceptance of diagnosis, lack of "bonding" with 12 step program.

S.T.R.O.N.G. P.R.O.G.R.A.M.

- Sponsor
- Three Mtgs./wk.
- Reading the Book/ Working the Steps
- OWN IT!
- Ninety in Ninety
- Group (Home)
- Professional/ Recovery balanced
- Resentments (dealing with)
- Outlets (fitness/ hobbies)
- Growth Mindset
- Relationships
- Aftercare
- Monitoring

A collaborative approach to include consultation with FAA SMEs.

- Do not be afraid to consult with an experienced colleague
- Do not be afraid to consult with an FAA SME
- This never ends no matter how senior you become.

https://imgflip.com/memetemplate/68343662/Dog-spotter-on-sniper-team

Report Writing

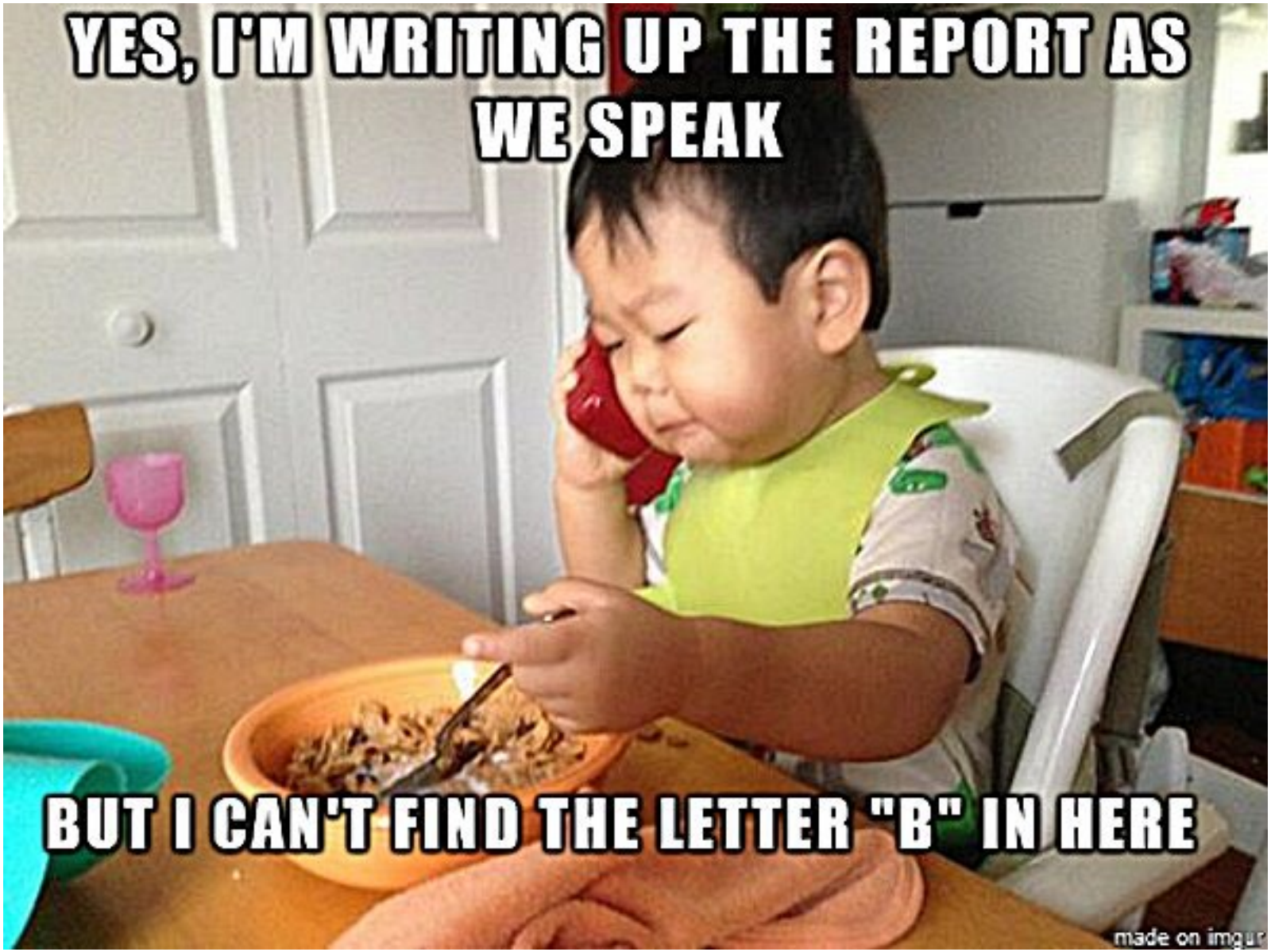
- Forensic Quality. Typically takes several hours to write.

- Write like you expect it will be reviewed in a hearing, and that you may be called upon to defend your position.

- Expect that it will be reviewed by other Subject Matter Experts who will disagree with some aspect of your assessment.

Report Writing, Continued

- Utilize clear language and FAA criteria for diagnosis.
- Write from the perspective of maintaining aviation safety.
- Do I want to have this airman flying in the airspace around myself and my family?


YES, I'M WRITING UP THE REPORT AS WE SPEAK
BUT I CAN'T FIND THE LETTER "B" IN HERE
made on imgur

Cross Check Report Prior to Submission:

https://gaba.healthcare/

- HAVE I CLEARLY…..?
- Made or confirmed a clinical diagnosis for the FAA?
- Ruled out any disqualifying psychiatric conditions?
- Assessed the quality of the airman's recovery program?
- Maintained a neutral stance with respect to advocacy, and accurately presented the airman's areas of strength and risk?

Cross Check Report Prior to Submission Continued:

https://gaba.healthcare/

- HAVE I CLEARLY…..?
- Addressed rule out conditions which would be disqualifying (Psychosis, suicidal ideation, ECT treatment, need for multiple medications)
- Made all appropriate recommendations for additional treatments and monitoring issues?
  - Couples Therapy, individual therapy, need for further labs or testing, need for medication.

Follow Up Planning

- Recommend a follow up schedule, but FAA will determine what is required.
- May be annually, may be up to 4 times per year.
- Clients often “forget” when they are supposed to follow up.
- **Some may see that as “lack of investment” on their part, however, I recommend you maintain a system which allows you to reach out and remind them in a timely manner.**

Please save your questions until after Dr. Dan…

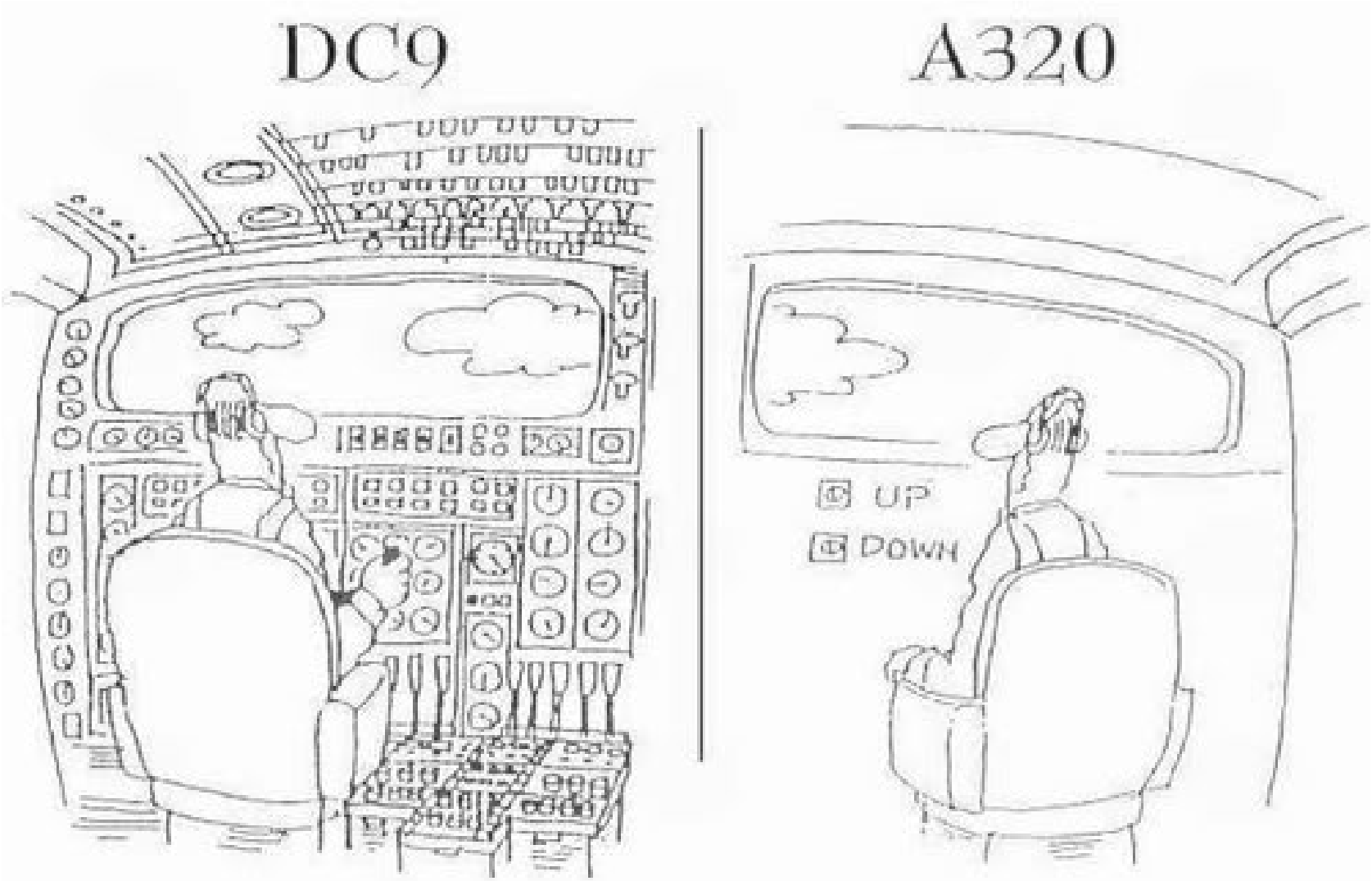
https://faceswaponline.com/composite

https://i.chzbgr.com/full/6628958720/h4D54AF31/

Purpose of the Neuropsychological Evaluation

- Primarily, to assess for aero medically significant neurocognitive deficits secondary to substance abuse.
- Alcoholism affects brain functioning. Important to be aware of those functions most sensitive to the impact of chronic/sustained substance abuse.
- Assess quality of recovery program/investment in recovery.

Demands may differ but the standards are the same…



- NOT an assessment of airman proficiency.
  - Proficiency as a pilot is assumed based on their certificates and flight time.
- Part 67 of FAR's addresses medical eligibility with criteria that apply regardless of flight hours or aircraft type.

- Alcohol damages frontal/limbic systems
  - Extent varies from individual to individual
  - In most cases, the damage is reversible

The deficits we see are consistent with the "reversible" concept.

Alcohol-related Impairments

- Executive Functioning
  - Cognitive Flexibility
  - Deductive Reasoning
- Memory
  - Learning
  - Recall
- Visuospatial abilities

In the course of the evaluation, incidental findings may become apparent.

If aero medically significant or disqualifying conditions are uncovered, they cannot be ignored.


FITZSIMMONS
THE ARIZONA DAILY STAR
TEXT TEXT TEXT
TEXT TEXT TEXT
TEXT TEXT TEXT
U HEAR ABOUT PILOTS W/ LAPTPS IN CKPIT ? IDIOTS ! LOL :) R WE LOST?

Why a Standardized Battery?

- Establishes standardization
  - Essential domains are always assessed
  - Regardless of where the evaluation is performed and regardless of neuropsychologist, every pilot gets the same battery
  - Selection of valid tests that are sensitive to the alcohol-related deficits and the recovery
  - Facilitates determination by reviewer

Why a standardized battery?

- Not following the standard battery...
- Not seeing a HIMS trained neuropsychologist unfamiliar with the standards.

Loss of time and money!

Increases the likelihood that the report will be flagged by the FAA on initial review.

Cog Screen-AE (CSAE; Kay)

- One hour computerized battery.
- Unique as it is the only measure in the battery specifically designed for aviation.
- Assesses the critical neurocognitive domains critical to aviation.
- Established predictor of actual and simulated flight performance.

CSAE

- Validated as sensitive to brain dysfunction including that attributable to alcohol use and its recovery.
- Unique in its extensive normative data for both general aviation and commercial pilots.
- Used by inpatient treatment facilities to assess
  - Severity of brain dysfunction
  - Need for cognitive rehab
  - Readiness for the P&P

Issues to Consider at the Time of Referral

- Is the pilot ready?
  - At the time of initial contact…
    - Has the pilot been diagnosed (cart before the horse)?
    - Has the pilot been in treatment?
    - Is the pilot monitored/random drug/alcohol screens?

How Should the Pilot Prepare

- Work the Program
- Rest
- Proper nutrition
- Exercise
- Continued engagement in treatment and supports
- Websites to practice cognitive tasks (Lumosity, Elevate, Happy Neuron etc.)
- Anxiety reducer

The day of the testing…

- One day vs two days
- Approximately seven hours of testing +/-
- Style will differ from one examiner to the next
- Psychologist should assess the pilot's readiness for the assessment.
  - Proper rest?
  - Proper nutrition
  - Level of anxiety
  - Other distracting factors

Effects on testing results…

- Lack of sufficient rest – Fatigue.
- Anxiety – What is appropriate level, normal?
  - Similar to a normal check ride?
- Learning disabilities, dyslexia, Etc.
- Cultural, educational and language variations.

After the core battery…

- Is there anything else that *warrants follow-up, clinically?*

- Collateral Information (i.e. spouse, chief pilot).

What if there are issues?

- Usually, need for more recovery tim
  - For older (aging) pilots
  - For pilots with comorbidities
  - For pilots with more severe disease

What if there are issues?

- Timeline for retest – Discretion of Neuropsychologist?
- Cognitive Rehabilitation?
  - Healthy living!
  - Online and purchasable software (not proven but some efficacy shown in academic research).
  - Reduced anxiety and sense of increased control

- Reduce anxiety!

  - Psychotherapy
  - Meditation
  - Clinical hypnosis


ANALOGY NEWS
IF HOSPITAL = FLYING, 17 CRASHES A DAY
"NURSE? I THINK I'D LIKE A PILOT TO PERFORM MY SURGERY."

Questions?

FAA Process

Presented to: HIMS Basic Seminar

By: Penny Giovanetti, D.O. and Matthew Dumstorf, M.D.

Date: September 9, 2023

Job # 1:
Safety of the National Air Space

- San Diego, California PSA Flight 182
- Sept. 25, 1978
- B-727 / Cessna 172
- Fatalities = 144

Challenging Realities

- **“The runway is not age adjusted” -- Gary Kay, PhD**
- **The weather does not provide reasonable accommodation**
- **You can’t just pull over and stop**
- **“Aviation… is terribly unforgiving” – Capt. A.G. Lamplugh**

Impact in 2023

- **522 pilots flying while taking SSRI antidepressants**
- **2906 pilots flying with history of substance dependence**

HIMS Team

- Employers
- Pilot Unions
- FAA
- HIMS AMEs
- Treatment Facilities
- Psychiatrists
- Peer Support Groups
- Peer Pilots
- Aftercare Providers

Role of the HIMS AME

- Coordinate care
- Administratively manage case
- Regular meetings with pilot
- Evaluate the quality of the recovery
- Make a recommendation regarding safety for special issuance and step down

FAA Program

- Dependence vs. abuse vs. one-time stupid
- Formal treatment program – 28 day inpatient or intensive outpatient
- Group aftercare
- Peer support group e.g. AA
- Compliance testing
- Evaluation by HIMS psychiatrist
- Initial neurocognitive assessment
- Maintain abstinence
- Step-down plan

Title 14, CFR Part 67.107(4)

Substance dependence…as evidenced by:

- **Increased tolerance, OR**
- **Manifestation of withdrawal symptoms, OR**
- **Impaired control of use, OR**
- **Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.**

DSM 5

Alcohol Use Disorder

- **A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12 month period.**

Title 14, CFR Part 67.107(4)(b)

No substance abuse within the preceding 2 years defined as:

- **Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous**
- **A verified positive DOT drug test result**
- **Misuse of a substance**

Title14, CFR Part 67.107(4)(b)

No substance abuse within the preceding 2 years defined as: (cont.)

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved,

finds ….

Makes the person unable to safely perform…

HIMS AME Checklist

•Drug and Alcohol Monitoring – RECERTIFICATION

1. **HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required <u>EVERY 6 months for ALL CLASSES</u>**
   Any concerns that the airman is not successfully engaged in a continued abstinence-based recovery program or is not working a good program based on your clinical interview/evaluation and review of reports? .....
   - Interval evaluations (every 3 months or as required by Authorization Letter) were unfavorable?.....
   - Any evidence or concern the airman has not remained abstinent? .....
   - Any positive drug or alcohol tests since last HIMS evaluation? .....
   - Any evidence of noncompliance or concern the airman is not working a good recovery program.....
   - Any NEW condition(s) that would require Special Issuance? (Do not include any new CACI qualified condition.).....

No	Yes

2. **TREATING PSYCHIATRIST REPORT** or **HIMS PSYCHIATRIST REPORT: Required <u>EVERY 12 months for ALL CLASSES</u>** unless a different time interval is specifically stated in the Authorization Letter.
   - Report(s) is/are favorable (no anticipated or interim treatment changes) .....
   - The psychiatrist recommends no additional treatment or monitoring.....

Not Due	Yes	No

Items 3 - 5: The AME should review. Do not submit these items (3-5) to the FAA <u>unless concerns are noted.</u>

3. **AFTERCARE COUNSELOR REPORTS**: For 1st and 2nd class: Required every 3 months; 3rd class: Per Authorization Letter.
   - Show continued participation and abstinence-based sobriety? .....

N/A	Yes	No

4. **CHIEF PILOT REPORT(S):** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):
   - Report(s) is/are favorable? .....

N/A	Yes	No

5. **PEER PILOT REPORTS:** Required monthly for commercial pilots holding first- or second-class certificates (N/A for third-class):
   - Report(s) is/are favorable with continued total abstinence? .....

N/A	Yes	No

6. **ADDITIONAL REPORTS:** Required **<u>ONLY</u> when specified by the Authorization letter**
   - HIMS related (AA attendance, therapy reports, etc.) are favorable and meet authorization requirements.....
   - Reports required for other **non-HIMS** conditions all meet Authorization requirements.....

N/A	Yes	No

7. I have no other concerns about this airman and recommend re-certification for Special Issuance. .....

Yes	No

HIMS Certification Aid – Drug and Alcohol INITIAL Sample

#5 NEUROPSYCHOLOGIST EVALUATION AND RAW TEST DATA

The neuropsychologist report MUST address:

1. **Qualifications:** State your certifications and pertinent qualifications.
2. **Records review:** What documents were reviewed, if any?
   - **a.** Specify clinic notes and/or notes from other providers or hospitals; and
   - **b.** Verify if you were provided with and reviewed a **complete copy** of the airman's FAA medical file.
3. **Results of clinical interview**: Detailed history regarding psychosocial or developmental problems; academic and employment performance; family or legal issues; substance use/abuse (including treatment and quality of recovery); aviation background and experience; medical conditions and all medication use; and behavioral observations during the interview and testing. Include any other history pertinent to the context of the neuropsychological testing and interpretation.
4. **Mental status examination**
5. **Testing results:**
   - **a**. CogScreen-Aeromedical Edition (CogScreen-AE); and
   - **b**. Remainder of the core test battery.
6. **Interpretation:**
   - **a.** The overall neurocognitive status of the airman;
   - **b. Clinical** diagnosis (es) suggested or established based on testing, if any;
   - **c.** Discuss any weaknesses or concerning deficiencies that may potentially affect safe performance of pilot or aviation-related duties, if any;
   - **d.** Discuss rationale and interpretation of any additional testing that was performed; and include
   - **e.** Any other concerns.
7. **Recommendations:** Additional testing, follow-up testing, referral for medical evaluation (e.g., neurology evaluation and/or imaging), rehabilitation, etc.

HIMS Document Links

HIMS-TRAINED AME CHECKLIST

Drug and Alcohol Monitoring – INITIAL Certification

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/HIMS_DA_Monitoring_Initial_Certification.pdf

FAA CERTIFICATION AID

HIMS Drug and Alcohol Monitoring – INITIAL Certification

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/FAACertificationAid-HIMSDrugandAlcohol-Initial.pdf

HIMS-Trained AME CHECKLIST

Drug and Alcohol Monitoring - RECERTIFICATION

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/HIMS_Drug_Alcohol_Monitoring_Checklist.pdf

FAA CERTIFICATION AID

HIMS Drug and Alcohol Monitoring – RECERTIFICATION

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/Drug_Alcohol_Monitoring_Recertification_Aid.pdf

HIMS AME Report

“The patient met criteria for alcohol abuse did not meet criteria for alcohol dependence. He did have tolerance.

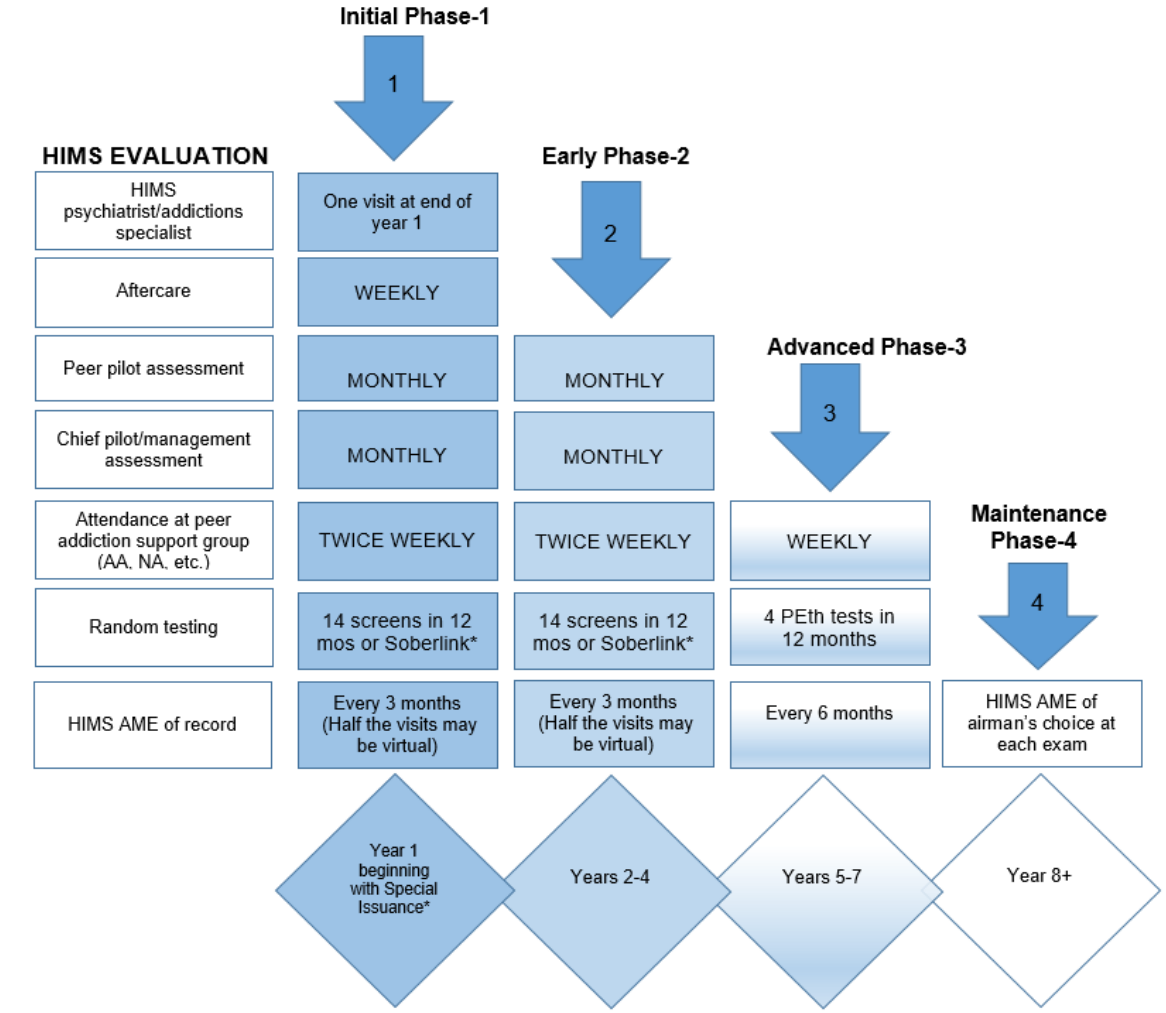
HIMS Program Issues

- **Incorrect regulatory determination**
- **Drug/alcohol monitoring test results**
  - Suspected breaches of collection protocol should be identified at the time of collection
  - Positive test results should be reported to FAA immediately
- **Failure to use Huddle creates delays**
- **Failure to send complete packages creates delays**

HIMS Step Down Plan Memo

- Released 8/17/2020
- Authored by Dr. Giovanetti
- Result of announcement by Federal Air Surgeon Dr. Berry in January of 2020 for career-long monitoring
  - Pilots with CFR Substance Dependence
  - NTSB Safety recommendation
  - Similar philosophy/management to other chronic medical conditions (e.g. coronary artery disease)

AME Guide Online



*Soberlink or similar portable, alcohol breath-monitoring system that has facial recognition and cellular transmission technology.

Important caveats

Note that the time course listed is nominal and indicates usual, uncomplicated progression of recovery but may be modified on a case-by-case basis.

- Not all airmen will progress at the same rate.
- Progression is NOT guaranteed.
- An airman's progression is based on compliance, his or her individual evaluation by HIMS professionals, and **FAA review**.

Permanent abstinence from mind and mood altering substances is required for the duration of the flying career.

The testing frequencies listed are minimums and may be increased at the discretion of the HIMS AME.
AMEs should recommend a change in testing/evaluations when clinically appropriate and after the minimum time has passed in each stage.

Questions?

We’re all headed the same direction

First Timer HIMS AMEs
Breakout Group 3

Ian Blair Fries, M.D.
Shawna Adkins

September 9, 2023

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Who Are You ?

- Mental Health
- Addictionology
- MRO
- SAP
- Pilot

HIMS AME Roles

- Substance abuse and dependence
- SSRIs for depression*

- Psychiatric diagnoses
  - ADHD, Autism, PTSD, Anxiety
  - Psychotropic medication
- Loss of consciousness

Typical AME Practice

- Single office visit
- Issue or Defer (?Deny)
- Optionally assist pilot in assembling medical data.
  - CACI - Conditions AMEs Can Issue
  - AASI - Aviation Medical Examiner Assisted Special Issuance

Designated HIMS AME

- Directs YOUR HIMS Program
  - Residential or IOP
  - Continued/after care
  - Random testing
  - Referrals for P & P
  - Decision when ready for SI application
  - Continued direction after SI

Designated HIMS AME

- Multiple pilot contacts before AME examination. Follow-up for years.
- Collateral interviews
  - spouse, sponsors, employers
- Psychiatric referral
  - Early if dual diagnoses
  - Prior to SI application
- Neuropsychological testing

Directing HIMS Sequence

- Begin HIMS ASAP
  - No benefit waiting for FAA letter
- At minimum
  - Abstinence
  - Random testing
  - AA, NA, BOAF
  - Collect documentation
  - Discuss IOP and residential programs

HIMS AME

- FAA expects and respects HIMS AME opinions.
- Detailed documented report(s)
  - Status of recovery
  - Review of residential, IOP, aftercare, and P&P reports.
  - Effectiveness of AA, NA, BOAF and aftercare programs.

HIMS AME PRACTICE

- Educator – pilot and collaterals
- Interpreting FAA letters, requirements, and procedures.
- Interacting with airline HIMS programs, aftercare, and FAA.
- Assisting leave of absence and disability applications.
- Step down recommendations

Day One - HIMS Program

- HIMS will
  - Take Longer (to SI)
  - Be More Difficult Administratively
  - Cost more (not insurance covered)

- HIMS is 85% successful

A B CC DD

- Abstinence
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

ABSTINENCE

- Random Testing
  - Minimum 14/12 months
- Soberlink
  - Three or four times a day
  - Window
  - Missed tests
  - Low level positive
  - PETH backup

ABSTINENCE

- Definition of “substance”
- Pilot’s responsibility to avoid all substances and to assure all testing is negative
- Tobacco, caffeine
- Family and social


THE GREEN DOCTORS
$40
MEDICAL MARIJUANA EVALUATION
DR. IS IN
420 DOCTOR
ICE CREAM
MEDICAL MARIJUANA EVALUATION
toe rings
Ice

Marijuana

- Legal Prescription
- Legal Recreational Use
- CBD
- Schedule 1
- DOT testing
- Illicit in federal airspace

A B CC DD

- Abstinence
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

Release

MEDICAL INFORMATION RELEASE

Ian Blair Fries, M.D. of A1A Aviation Medicine, Inc., 1480 Highway A1A, Vero Beach, Florida 32963 is serving as my aeromedical consultant.

I authorize Dr. Fries to request and receive copies of my past, present, and future medical, surgical, psychiatric, and psychological records, examinations, tests, and treatments.

I authorize Dr. Fries to correspond with my treating practitioners and other persons as necessary to establish eligibility for FAA medical certification.

Dr. Fries has my permission to confirm my prescription medication history at phamacies and state prescription monitoring agencies.

Upon receipt Dr. Fries is authorized to review and evaluate the above information. He has my permission to forward appropriate information and discuss his review and findings with FAA officials, and consultants I have seen.

While the above releases may be rescinded by the undersigned in writing, such action will be considered termination of this office's role as a consultant.

All of the above remains in effect, unless modified by written notification from A1A Aviation Medicine, Inc. after which you will be asked to confirm receipt and agreement.

A copy of this signed form will be considered as valid as the original.

I have received a copy, read, and understand all of the above.

Signed: _____ Witness_____

Print Name_____ Print Name_____

Date: _____ 09/01/21

Release & Records

- Not a HIPAA Release
- Release as Teaching Tool

- FAA Records – pilot must authorize file release individually to AME, psychiatrist and neuropsychiatrist.

A B CC DD

- Abstinence
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

HIMS Airline Sponsors

- AA and/or NA
- Chief pilot*
- HIMS sponsor/Peer pilot*
- Aftercare leader**

*monthly reports

**quarterly reports

HIMS Private Sponsors

- AA and/or NA
- Boss/supervisor*
- Friend/pilot*
- Aftercare leader**
- Flight instructor/checkride

*monthly reports

**quarterly reports

A B CC DD

- Abstinence
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

Documentation

- Diary
- Personal Statement
- Pilot Responsibility
  - Medical and Pharmacy Records
  - Sponsor Reports
    - Pilot, Chief Pilot, Airline HIMS, Employer
  - Legal documents – DOT, driving

Day Two – Pilot Evaluation

- Details of Incident
- Past/present substance use
- Social & family history
- Review of Systems
- Medications
- Mental status
- FAA diagnosis (vs DSM-5-TR)

HIMS AME Follow-up

- Monthly contact – phone, email
- Quarterly meetings
  - Virtual
  - Face to face
    - MedXpress - Physical exam

FAR 61.53

- Cannot act as pilot in command, or required crewmember, if that person knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation.

HIMS AME Discussions

- Pre and post examination with psychiatrist/addictionologist and neuropsychologist
- Aftercare leaders
- Sponsors
- Spouse and family!

Prompt DOT Settlement

- Within 10 days of Letter of Investigation (LOI)
- Loss of Medical and all Pilot certificates.
- 9 months before reconsideration of airman certifications.

Security Notification

- Alcohol and/or drug motor vehicle conviction or administrative action (not arrest)
- By pilot within 60 calendar days
- To FAA Security and Investigations Division
- Also, on next MedXpress plus arrest. Dual reporting.

HIMS AME Transfer

- Request letters to FAA from
  - Current HIMS AME
  - Accepting AME
  - Pilot
- FAA approves transfer.

HIMS AME Education

- HIMS AME Basic & Advanced
- SAP training and certification
- MRO training and certification
- Airman Certification – Student Pilot

HIMS AME Zoom Meeting

- HIMSAMEcollaboration@gmail.com
- HIMS AMEs only
- First Wednesday each month
- Dave Rogers and Dean Olson

  Cell phone 919-922-2998

Questions

Ian Blair Fries, M.D.
A1A Aviation, Inc.
Vero Beach, FL 32963
ibfmd@ibfmd.net
732-433-0211

Family Issues in Recovery

Navjyot S. Bedi M.D.
Barbara D. Woods, LCSW ACSW SAP

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

It’s A Family Disease!

- NCADD (National Council on Alcohol and Drug Dependency) states that Addiction is a family disease that stresses the family to the breaking point…..impacts the family unit’s mental and physical health…..

- Over time family becomes more and more dysfunctional in order to adapt. Dysfunction becomes the “new normal”.

So how do we begin to think through this?

- A framework of understanding how Substance Use disorders impact families is useful to understand and predict family behavior.

- Two theories important to understanding how and why SUDs impact the family are Family Systems theory and Attachment theory.

Soc Work Public Health. 2013; 28(0): 194–205.

Family Systems Theory (FST)

- In family systems theory the family is essentially its own “system.”

- All the family therapy models share the basic principle that the individual cannot be fully understood or successfully treated without first understanding how that individual functions in their family system.

- The identified patient can be considered “symptomatic,” and their presentation can be viewed as an attempted adaption of the family system in order to maintain status quo.

Soc Work Public Health. 2013; 28(0): 194–205.

3 Key elements of FST *Homeostasis (1)*

- *Homeostasis* is the tendency of a system to seek stability and equilibrium. (Status quo)
- Each family member tends to function in such a way that keeps the whole system in balance even if it is not healthy.
- Wife cleans up after her husband, puts him to bed and minimizes his drinking to her family.
- This maintains equilibrium and reduces disruption caused by his use. (enabling, keeping the peace, keeping up appearances) BUT…….
- Continues the problem!

3 Key elements of FST *Feedback (2)*

- *Feedback* refers to the circular, at times dysfunctional, way in which members of a family communicate with each other.
- Wife may say that she uses pain pills because her husband ignores her and because she is sad.
- The husband in turn states that he avoids his wife because she is always complaining and high on pain pills.
- Each person's behavior becomes *reinforcing feedback* for the other.

3 Key elements of FST *Boundaries (3)*

- *Boundaries* are established by creating a protective barrier around a system. In a family they regulate interpersonal contact.
- In a healthy family, boundaries surround the parental subsystem and the child subsystem by keeping them separate.
- In a family with SUD, boundaries around the parental and child subsystems are weakened as the parental subsystem is not a cohesive unit. Boundaries around the family itself are rigid to maintain the family secret of substance abuse.

Attachment theory (Bowlby)

- The primary relationship, with the main care provider, serves as the template for all subsequent relationships throughout the life.
- A secure attachment if the primary caretaker is responsive and nurturing (confidence, trust, resilience, self reliance, industry)
- An insecure attachment if caregiver is unresponsive or inconsistent (inferiority, doubt, avoidant, stress, anxiety, SUD)
- Quality of the attachment system that developed in infancy will affect ability to form healthy attachments to their own children and with other adults.

The myriad manifestations

- Poor communication, lack of emotional and physical intimacy, marital conflict, domestic violence, divorce.
- Inconsistent parenting, possible abuse, neglect, Child Protective Services involvement, removal of children, legal problems.
- School problems, truancy, delinquency, teenage SUD, unstable peer relationships, anxiety, depression, or oppositional behaviors.
- Failure to launch, isolation, separation from parents.

Soc Work Public Health. 2013; 28(0): 194–205.

Codependency

- A psychological and behavioral condition that develops as a result of an individuals prolonged exposure to a practice of rules which prevent the open expression of feelings as well as the direct discussion of personal and interpersonal problems.

- Robert Suddy, M.A.

Codependency

The central feature is “an unhealthy dependence on relationships”, usually in an attempt to avoid emotional pain or discomfort and feelings of abandonment.

Alcoholics Anonymous

CHAPTER 9: The Family Afterward

Years of living with an alcoholic is almost sure to make any wife or child neurotic. The entire family is, to some extent, ill.
Page 122

Healthy Family

- Nurturing
- Flexible rules- mutual respect
- Self-worth validated
- Change is encouraged
- Open honest communication

Unhealthy Family

- Isolation
- Rigid rules
- Self-worth validated through the alcoholic
- Status quo is protected
- Little or no communication

Identified Patient Treatment Experience

- Treatment setting offers safety and security
- Shame, anger, guilt, fear reduction
- Education about disease of addiction
- Recipe for recovery provided

Family Treatment

- Varies among facilities
- Weekly visits/sessions in person if feasible (pre-covid)
- Virtual or telephonic sessions
- Weekend extended programs
- 2-3-5 day family program

Family Treatment Benefits

- Education on the Disease
- Learn how to set healthy boundaries/feel safe
- Learn how to self care
- Couples/family therapy in safe environment
- Open lines of healthy communication
- Education on support groups
- Learn healthy ways to respond to loved one’s change in behavior post treatment

Family With Treatment

- Positive personality changes
- Alanon and other self help group participation
- No drugs/alcohol in the home
- Improved communication/healthy boundary setting
- Family members participate in self care
- Stronger family unit—in it together

Family Without Treatment

- Difficulty adjusting to the “new normal”
- No support group-no education on addiction and codependency
- Resentment/distrust
- You are the problem and I’m suffering

Relapse

Treatment for the identified patient with no family

Treatment is a recipe for relapse.

Treatment Recommendations

- Secure ROI and contact family members upon patient admit.
- Support family attendance in family program
- At a minimum, educate family on disease of addiction and impact on family.
- Refer family members to therapy
- Encourage self help/support groups—family members work “their” recovery program

Self Help Groups for Family Members

- www.al-anon.org
- www.al-ateen.org
- www.coda.org
- www.aa.org-- open meetings

BOAF Al-Anon Meeting Friday 11 ET 8PT

- Schroeder.Kimberly@yahoo.org

- https://us02web.zoom.us/j/83758671792

- Meeting ID: 837 5867 1792
- Passcode: Birds
- One tap mobile
- +14086380968,,83758671792# US (San Jose)
- +16694449171,,83758671792# US

- Meeting ID: 837 5867 1792
- Find your local number: https://us02web.zoom.us/u/kbfeAZoBOa

Book Recommendations

- *Healthy Boundaries: How to Set Strong Boundaries, Say No Without Guilt, and Maintain Good Relationships* …..by Chase Hill

- *How Al-anon Works for Families and Friends of Alcoholics* ....by Al-anon Family Groups

- *If You Loved Me, You'd Stop*, by Lisa Frederiksen

Book Recommendations

- *The Dilemma of the Alcoholic Marriage*
  by Al-anon Family Group

- *Co Dependent No More*, by Melody Beattie

- *Co-Crazy*, by Sarah Michaud

- *Emotional Sobriety*, by Allen Berger, Ph.D

The Legal Framework for DOT and Non-DOT Alcohol and Drug Testing

Suzanne Kalfus, Esq.

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

DOT TESTING

- Omnibus Employee Testing Act
- Safety-sensitive employees in various transportation modes
- Trucking, rail, mass transit, pipeline industry and aviation
- Over 6 million DOT-regulated tests per year

Testing Act Statutory Requirements

- Specific employee safeguards (e.g., split samples)
- Requires following Department of Health and Human Services (HHS) Guidelines on scientific matters
- Certain mandatory sanctions
- Implemented in Agency Regulations

HHS SCIENTIFIC GUIDELINES

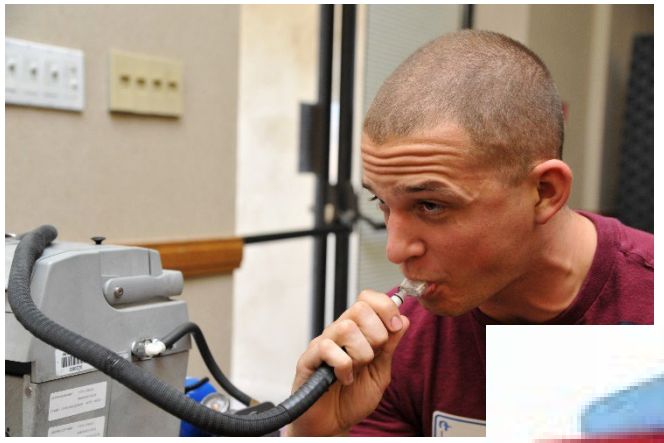
- Addresses: drugs to be tested, types of tests authorized cannot go beyond HHS authorization (e.g., blood testing, hair testing, particular drugs tested)

- Protections: laboratory certification program, lab standards, testing protocols, etc.

- DOT procedures in 49 CFR Part 40

- Changes via notice–and–comment rule making

TYPES OF TESTS



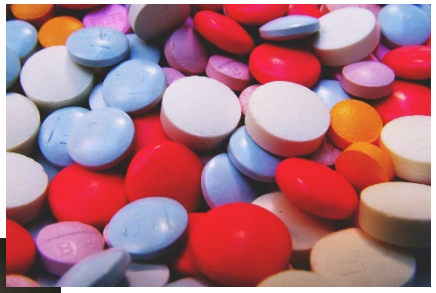
CATEGORIES OF TESTING:

- Pre-employment (only drug testing required)
- Random
- Post-accident
- Reasonable cause
- Return-to-duty
- Follow-up (at least 6 tests in first 12 months; not longer than 60 months)

CONFIRMED ALCOHOL TESTS – ONLY BREATH CURRENTLY PERMITTED

- Initial test, waiting period, must be confirmed on EBT
- No blood testing
- No urine testing

DRUGS CURRENTLY AUTHORIZED FOR DOT TESTING – "NIDA 5"



- Amphetamines
- Marijuana (THC)
- Cocaine
- Phencyclidine (PCP)
- Opioids / Opiates
  - Semi-synthetic (prescription) opioids (HHS guidelines authorized Jan. 2017; DOT procedures changed effective Jan. 2018)
  - Synthetic opioids (e.g., fentanyl) not authorized

MEDICAL REVIEW REQUIRED FOR LAB REPORTED URINE TEST RESULTS

Image Unknown Author, licensed under creative commons

- DOT Procedures require Medical Review Officer (MRO) Review
- MRO must give employee opportunity to provide a “legitimate medical explanation” for a drug test reported by the lab as positive (or adulterated, substituted or invalid)
- Only reported as “verified” positive test after that opportunity
- If there is a “legitimate medical explanation,” test must be reported as negative
- Valid prescription can provide legitimate medical explanation

VALID PRESCRIPTION?

Image Unknown Author, licensed under CC BY-NC-ND.

- “Legally valid” prescription under the Controlled Substances Act (CSA)
- Employee has own doctor provide to MRO
- Test reported positive if no valid prescription /legitimate medical explanation

- Valid script for a medication does not mean it is legal to fly while taking it
- Pilots are prohibited entirely from flying while taking certain drugs
- Other medications have specific waiting periods
- Must also consider whether underlying medical condition is disqualifying

MEDICAL MARIJUANA

- Marijuana is still a controlled substance under Federal law
- A positive test for marijuana is a “positive” DOT/FAA test
- If marijuana were legalized at the Federal level?

CONSEQUENCES

- Consequences under Testing Act
- Under Testing Regulations
- FAA Enforcement Action
- Pilot Medical Certificate Implications
- Employer consequences

Consequences under the Testing Regulations

- Employees must be immediately removed from safety-sensitive functions
- Cannot return until evaluated by a “Substance Abuse Professional” – “SAP”
- Employees who test 0.02 – 0.039 must be removed from safety-sensitive functions until they test below 0.02 or until eight hours have passed before next safety-sensitive duty

- Must comply with SAP's recommendations
- Must pass a DOT/FAA return-to-duty test
- Must be subject to DOT/FAA "follow-up" testing (at least 6 tests in 12 months; no more than 60 months)
- Wholly independent from special issuance requirements

DOT/FAA Random Alcohol Testing

- Far less successful tool than HIMS to identify alcoholic pilots
  - Violation rate – 0.035% (19 yr. average – 2003-2021)
  - Positive results: 35 100ths of one percent
- Not cost-effective identifier
  - Average cost to detect single violation (19 yr. average)
  - $177,658

Back-Up Data for DOT/FAA Alcohol Test Statistics

Flight Crewmember Alcohol Test Statistics (2003-2012)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Number of FAA-Regulated Safety Sensitive Employees	375,508	366,683	371,925	368,442	395,114	397,960	377,222	376,023	384,429	383,318
Number of Flight Crewmembers	93,033	92,502	94,349	94,352	101,661	101,394	98,086	98,466	100,345	99,522
Total # of alcohol test results										
Pre-Employment	119	146	120	108	298	434	284	421	431	328
Random	10,484	11,092	10,799	11,044	11,610	11,835	12,120	11,757	11,352	11,529
Reasonable Cause	24	15	19	28	16	16	12	22	14	12
Post Accident	104	90	112	110	135	102	85	92	90	103
Positive alcohol test violations										
Pre-Employment	-	-	-	-	-	-	-	-	-	-
Random	5	3	4	2	-	6	4	4	5	6
Reasonable Cause	7	4	5	7	7	6	4	5	5	5
Post Accident	-	-	-	-	-	-	-	-	-	-

Flight Crewmember Alcohol Test Statistics (2013-2021)

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Number of FAA-Regulated Safety Sensitive Employees	383,784	390,069	424,273	434,494	447,526	464,727	478,169	434,017	428,424
Number of Flight Crewmembers	98,303	99,670	107,858	111,770	115,727	121,578	125,548	119,252	118,449
Total # of alcohol test results									
Pre-Employment	588	478	497	438	496	688	454	678	423
Random	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,883
Reasonable Cause	18	11	24	25	23	24	24	9	19
Post Accident	97	93	90	80	97	132	103	78	75
Positive alcohol test violations									
Pre-Employment	-	-	-	-	-	-	-	-	-
Random	1	6	3	6	7	-	7	8	5
Reasonable Cause	4	1	7	7	10	10	9	3	6
Post Accident	-	-	-	-	-	-	-	-	-

Alcohol Random vs. Reasonable Cause Violations (Number of violations and violation rate, 2003-2012)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Random Alcohol Tests	10,484	11,092	10,799	11,044	11,610	11,835	12,120	11,757	11,352	11,529
Random Alcohol Violations	5	3	4	2	0	6	4	4	5	6
Random Alcohol Violation %	0.048%	0.027%	0.037%	0.018%	0.000%	0.051%	0.033%	0.034%	0.044%	0.052%
Reasonable Cause Alcohol Tests	24	15	19	28	16	16	12	22	14	12
Reasonable Cause Violations	7	4	5	7	7	6	4	5	5	5
Reasonable Cause Alcohol Violation %	29.2%	26.7%	26.3%	25.0%	43.8%	37.5%	33.3%	22.7%	35.7%	41.7%

Alcohol Random vs. Reasonable Cause Violations (Number of violations and violation rate, 2013-2021)

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Random Alcohol Tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,883
Random Alcohol Violations	1	6	3	6	7	0	7	8	5
Random Alcohol Violation %	0.009%	0.053%	0.024%	0.047%	0.054%	0.000%	0.046%	0.063%	0.036%
Reasonable Cause Alcohol Tests	18	11	24	25	23	24	24	9	19
Reasonable Cause Violations	4	1	7	7	10	10	9	3	6
Reasonable Cause Alcohol Violation %	22.2%	9.1%	29.2%	28.0%	43.5%	41.7%	37.5%	33.3%	31.6%

Random alcohol test violation rate, 19 Year average: 0.035%
(35 100ths of one percent)

Costs to Detect Random vs. Reasonable Cause Violations (2003-2012)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Random Alcohol Tests	10,484	11,092	10,799	11,044	11,610	11,835	12,120	11,757	11,352	11,529
*Estimated Cost of Random Alcohol Tests	$660,492	$698,796	$680,337	$695,772	$731,430	$745,605	$763,560	$740,691	$715,176	$726,327
Number of violations found	5	3	4	2	-	6	4	4	5	6
Estimated Cost to detect single violation (Random testing)	$132,098	$232,932	$170,084	$347,886	No violation	$124,268	$190,890	$185,173	$143,035	$121,055
Reasonable Cause Alcohol Tests	24	15	19	28	16	16	12	22	14	12
*Estimated Cost of Reasonable Cause Tests	$1,512	$945	$1,197	$1,764	$1,008	$1,008	$756	$1,386	$882	$756
Number of violations found	7	4	5	7	7	6	4	5	5	5
Estimated Cost to detect single violation (Reasonable Cause testing)	$216	$236	$239	$252	$144	$168	$189	$277	$176	$151

Estimated Cost per Event: $63

Costs to Detect Random vs. Reasonable Cause Violations (2013-2021)

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Random Alcohol Tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,883
*Estimated Cost of Random Alcohol Tests	$736,029	$711,963	$792,981	$805,896	$821,583	$907,893	$955,899	$802,872	$874,629
Number of violations found	1	6	3	6	7	-	7	8	5
Estimated Cost to detect single violation (Random testing)	$736,029	$118,661	$264,327	$134,316	$117,369	No violation	$136,557	$100,359	$174,926
Reasonable Cause Alcohol Tests	18	11	24	25	23	24	24	9	19
*Estimated Cost of Reasonable Cause Tests	$1,134	$693	$1,512	$1,575	$1,449	$1,512	$1,512	$567	$1,197
Number of violations found	4	1	7	7	10	10	9	3	6
Estimated Cost to detect single violation (Reasonable Cause testing)	$284	$693	$216	$225	$145	$151	$168	$189	$200

Estimated Cost per Event: $63

Cost Per violation – Random Alcohol Screening
(2003-2012)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
# of Flight Crewmember Random tests	10,484	11,092	10,799	11,044	11,610	11,835	12,120	11,757	11,352	11,529
*Estimated cost spent on Random Crewmember alcohol testing	$660,492	$698,796	$680,337	$695,772	$731,430	$745,605	$763,560	$740,691	$715,176	$726,327
Number of violations found	5	3	4	2	-	6	4	4	5	6
Estimated Cost to detect single violation (Random screening)	$132,098	$232,932	$170,084	$347,886	No violation	$124,268	$190,890	$185,173	$143,035	$121,055

Cost Per violation – Random Alcohol Screening
(2013-2021)

	2013	2014	2015	2016	2017	2018	2019	2020	2021
# of Flight Crewmember Random tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,883
*Estimated cost spent on Random Crewmember alcohol testing	$736,029	$711,963	$792,981	$805,896	$821,583	$907,893	$955,899	$802,872	$874,629
Number of violations found	1	6	3	6	7	-	7	8	5
Estimated Cost to detect single violation (Random screening)	$736,029	$118,661	$264,327	$134,316	$117,369	No violation	$136,557	$100,359	$174,926

19 Year average cost to detect single violation: $177,658

Estimated spend of $14.6M from 2003-2021 (using $63 per event), 82 violations

DOT TESTING - RECENT UPDATES – Oral fluid testing for Drugs

- DOT procedures amended to authorize oral fluid (saliva) testing for drugs – not effective before 6/1/23
- Follows HHS guidelines – authorized effective 1/1/20
- No implementation until HHS certifies at least two labs for oral fluid testing
- None certified when rules published

ORAL FLUID TESTING KEY POINTS

- HHS says has same scientific and forensic supportability as urine testing under its standards
- Split samples required
- Oral fluid testing is to detect drug “use” – not impairment (like urine testing)
- Rule allows but does not require oral fluid specimen testing as an alternative method (whether and under what circumstance is employer determination; or per negotiated agreement)

BENEFITS OF ORAL FLUID TESTING CITED BY DOT

- Collection is directly observed - reducing risks of adulteration and substitution
- Less invasive of individual privacy than urine testing
- Good alternative for employees with “shy bladders”
- Fewer collection site requirements, enabling prompter collections of samples
- Detects more recent drug use than urine specimens (though not reporting impairment)

NON-DOT TESTING

Image 1 Unknown Author, licensed under CC BY.
Image 2 Unknown Author, licensed under creative commons.

Pilots can be directed to alcohol or drug testing under authority other than the Federal testing regulations.

- Company Authorized
- HIMS AME/IMS Directed

Authority for Company Directed Non-DOT Testing

- Authority for Non-DOT Testing
  - Collective Bargaining Agreement
  - Company Policy
  - Last Chance Agreement
  - Other legal document

Image Unknown Author, licensed under creative commons.

Company Directed Non-DOT Testing (con't)

- Different standards from DOT testing
- Varies from airline to airline
- Who directs the testing
- Frequency of tests
- Substances identified in testing
- Types of tests administered
- Consequences of positive test

Image Unknown Author, licensed under creative commons.

HIMS AME/IMS Directed Testing

- May occur regardless of Company-ordered abstinence verification testing
- Authorization for Special Issuance provides authority

This Photo by

DIFFERENCES BETWEEN TESTS

Image Unknown Author, licensed under creative commons.

Differences Between DOT vs. HIMS Non-DOT tests

- Population subject to testing
- DOT testing must comply with statutory & reg standards
  - Custody & Control Form identifies as DOT test
  - Split sample to different, certified lab for urine drug specimens (and oral fluid drug testing)
  - MRO review

Differences Between DOT vs. HIMS Non-DOT tests (con't)

- HHS Scientific Guidelines determine which drugs, cut-off levels, etc.

- Labs must be certified, inspected, meet quality review standards (Proficiency Testing, blind specimen testing for yrs, etc.)

- Testing devices on approved list (e.g., EBTs)

- No-Notice HIMS testing should comply with IMS and/or Employer requirements
  - Non-DOT test – lab determines protocols
  - IMS – determines drug(s), alcohol tested; frequency & type of test consistent with SI reqs & other FAA guidance
  - Employer directed – same as IMS, and complying with any CBA, Airline-specific HIMS Program reqs, LOAs, MOUs, etc.

RESOURCES

DOT Office of Drug Enforcement and Program Compliance

- Office of Drug Enforcement and Program Compliance
  - *https://www.dot.gov/ost/dapc*
  - (800) 225-3784
- Misuse Provisions: 14 CFR § 120 Subpart D: *https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/regulations/*
- DOT Testing Regulations: 49 CFR Part 40: *https://www.transportation.gov/odapc/part40*
- Conforming Products Lists: 82 Fed. Reg. 50940 (Nov. 2, 2017)
- DHHS-certified laboratory list: *https://www.samhsa.gov/workplace/resources/drug-testing/certified-lab-list*

QUESTIONS

Drug & Alcohol Monitoring
Myth Busters & Testing Strategies

Quay Snyder, MD, MSPH

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Learning Objectives :

- Explain advantages and disadvantages of different abstinence testing media
- Relate windows of detection and frequency of testing with timeliness of relapse detection
- Identify high risk times for relapse
- Develop strategy for individualized testing

Flight Plan

- Purpose of Testing
- Types of Testing
- Windows
- Strategies
- References
- TPA Observations
- Audience Feedback

We are either working on our RECOVERY or We are working on our RELAPSE

Purposes of Abstinence Compliance Testing

- Meeting requirements of FAA
  - Special Issuance Authorization
- Assessing Recovery
- Reinforcing Recovery
- Documentation of Abstinence – Not PROOF

SIA Requirements

- At LEAST 14 x per 12 Month Interval (Initial + Early) - EtG
- At LEAST 4 PEth's annually + indicated drugs (Advanced)
- Undergo **Random Unannounced**
  Drug and/or Alcohol Testing
- Directed by IMS / HIMS AME – May Coordinate w/ TPA
- Discretion to require Supplemental Testing
- This is NOT DOT Testing!!!
  - Consequences are vastly different!

Assessing, Reinforcing, Documenting

- Assess - Primary DOC and Other Mood-Altering Chemicals
  - Intentional Use for Effect
  - Unintentional – prescribed by HCP, unknown ingestion
  - Education Issue for AME, Treatment Centers
- Reinforcing - Potential Deterrent, Comprehensive Program
- Documentation
  - Protection against False Accusations
  - Aftercare - ELISA Screens w/o Confirmations

Types of Testing

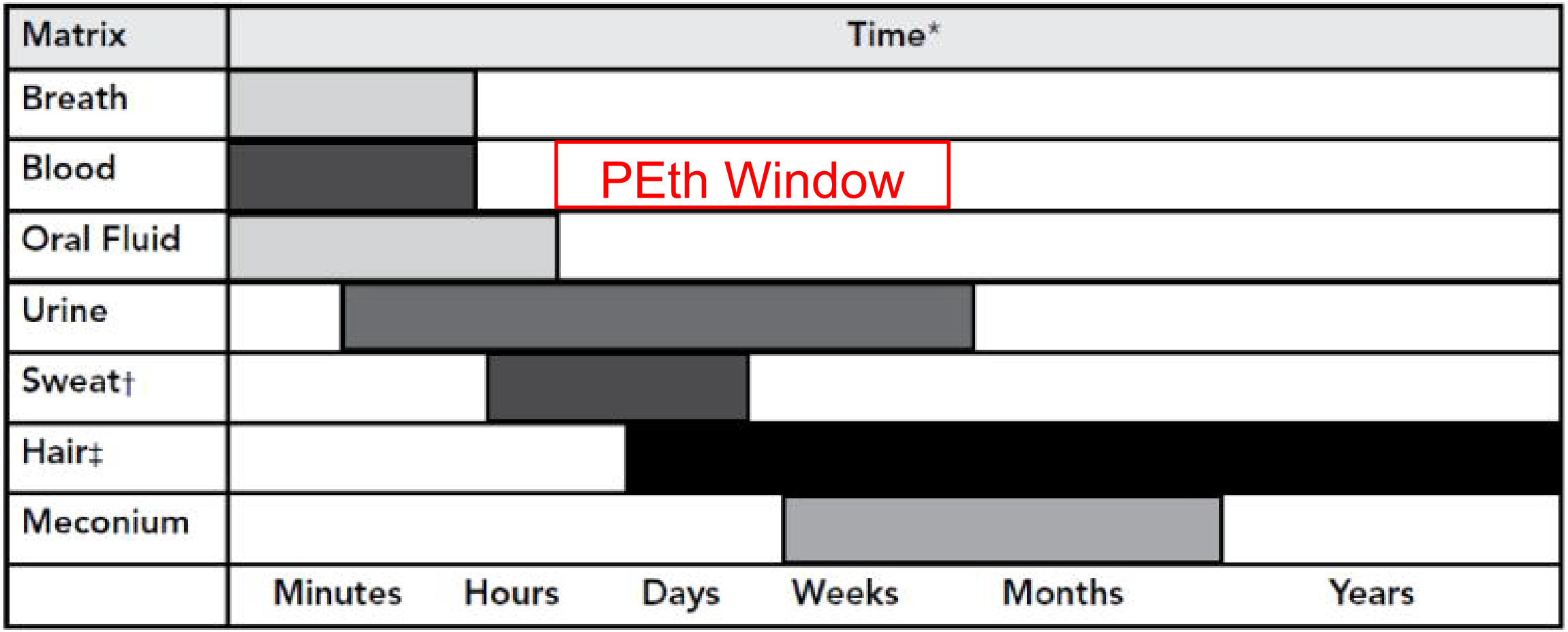
- Screening
  - ELISA – Enzyme Linked Immunoassay
  - Cross-reactivity with many analogues / similar chemical structures
  - Need Confirmatory testing for ELISA Positives / Can have Negatives
  - “Non-Negative” ≠ “Positive”
  - Below Detection Limits will be Negative
- Confirmatory
  - GC/MS LC/MS GC/MS-MS LC/MS-MS
  - Specific for individual substance or metabolite
  - Below Detection Limits will be Negative

Media for Testing

- Breath – Alcohol Only, Volume & Time Dependent
- Urine – Metabolites, Longer Detection Windows
- Blood – Drug or Metabolites, Shorter Detection Window
- Hair – Very Long Detection Window, False + / -, Exposures
- Nails – Very Long Detection Window, More Specific
- Sweat – Continuous Monitoring – Patch or Bracelet
- Saliva – Very Short Detection Window – better for impairment testing than for abstinence testing

NO ONE TEST IS COMPREHENSIVE!!!

Testing Windows



Objective Testing – Urine and Drug Tests, Hadland SF, Levy S Child Adolesc Psychiatr Clin N Am. 2016 Jul; 25(3): 549–565.Published online 2016 Mar 30. doi: 10.1016/j.chc.2016.02.005

Breath Testing

- SoberLink® is Primary Device used in HIMS
  - Not a DOT Evidentiary Breath Test Device
  - Individual photograph and GPS location
  - Electronic notification w/ optional testing windows
  - "Non-Compliant Test" retest every 15 min up to 3 hours
    - Declined Identity (Facial Recognition) or Positive Ethanol
  - Device Cost + Monthly subscription - $299 - $549 ($499 - $749)
- Convenient, cell phone connection (Cellular) or pairs with smartphone (Connect)
- Alcohol Only!

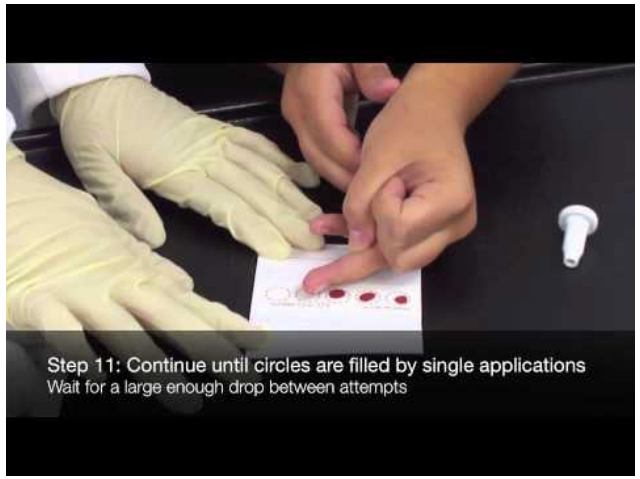
Urine Testing

- Most Common, Cheapest, Most Substances
- Metabolites Primary Tested
- For Alcohol – Uses EtG and EtS
- Many Options for Panels – Know what you are getting!
- Immunoassay screen, negatives only
- Non-Negatives confirmed by GC/MS/MS & LC/MS/MS → Positive
- Adulterants, Dilution, Substitution

Urine Detection Windows

• Amphetamines	• 2 – 3 days
• Cannabis (1x, 3x/wk, daily, heavy)	• 2 days, 2 weeks, 2-4 wk, 4-6 wk
• Cocaine / BZG metabolite	• 1 – 5 hr, 2 -4 days metabolite
• Heroin / Morphine	• 2 - 3 days
• Opioids	• 1 – 2 days, CR form 3-4 days
• EtG – alcohol metabolite	• 1-3 days (Single Drink)

Blood PEth Testing



- Direct Biomarker of Alcohol
- Not variable by Age, Gender, Incidental Exposures (Mouthwash, Skin Agents)
- Not sensitive to single drink
- Requires up to several drinks for several days for Positive
- Detection Window (2 – 4 weeks with 28 days abstinence after heavy drinking)
- Dried Blood Spot and Whole Blood options

ETG Nail Testing

- Higher Cost
- ETG positive up to 3 months
- Detectable in 1 -2 weeks after use
- Not affected by Cosmetic treatments
- Not affected by Incidental Exposures (non-EtOH substances)
- More Concentrated than in Hair

Basis of Testing Strategies

- FAA Minimum – 14 times per year, ETG or non-specified
- FAA Mins + plus other substances – “XX panel + ETG ”
- Increased Frequency
- Off-Duty, Non-Office Visits*
- Special Events Triggers – Surgery, Reunions, Vacations, Accusations
- Multiple Media – Overlapping Tests
- Stage of Recovery – Pre SIA, Initial, Early, Advanced, Maintenance
- Special Substances – Synthetic Cannabinoids, Benzos, Soma, Z-drugs, Ambien, GHB, Bath Salts, Designer drugs (nothing for inhalants)

What is Your Strategy Missing?

- SoberLink Daily – misses other drugs, small windows to drink
- Urine ETG – misses other substances, big windows to drink
- Urine 10 Panel – misses some substances, window to use/drink
- PEth – misses other drugs, possible undetected low-level drinking
- Nails ETG / Drugs – 1–3-week post-use blind spot, high detection
- Saliva – Acute Impairment marker, only very recent use
- Indirect Biomarkers – (LFT's, MCV, CDT) Proves Nothing
- ELISA Only – Raises Suspicion, Proves Nothing

Frequency Study of 48 Hour Detection Window (Mean/SD to positive urine)

Drug Use	DT 2X a week	DT 1X a week	DT 2X a month	DT 1X a month	8X a year
Every Day	3 +/- 2	7 +/- 2	15 +/- 10	30 +/-13	46 +/- 40
Every other day	5 +/- 3	9 +/- 5	21 +/- 14	41 +/- 24	61 +/- 52
2X a week	7 +/- 6	14 +/- 10	30 +/- 24	63 +/- 48	91 +/- 81
1X a week	12 +/- 12	25 +/- 22	56 +/- 47	111 +/- 92	168 +/- 158
2X a month	27 +/- 28	56 +/- 50	134 +/- 133	222 +/- 190	379 +/- 320
1X a month	53 +/- 56	102 +/- 96	212 +/- 190	463 +/- 474	806 +/- 817

Ross Crosby, Gregory Carlson, Sheila Specker: Journal of Addictive Diseases, Vol. 22(3) 2003.

One Idea, Many Options

- Early Recovery
  - ETG 20-30 times a year,
    - Include Drug Panel 5 -6 times / yr, every test if DOC not alcohol
    - Test day after vacations, holidays, reunions or a previous test
  - SoberLink optional – useful, esp. w/ travel and on-duty
  - PETH – if SoberLink not used, 2 – 3 times a year
  - Nails / Hair – for poor recovery or accusation (after 3 mo. “sobriety”)
- Reduce Frequency and Scope with Sustained Recovery

Suspicious Testing Behaviors

- Continuous low creatinine
- Similar creatinine, pH or specific gravity with > one test
- Lack of communication on schedule changes
- Hesitance to do extra testing like PEth etc.
- Constant requests for out-of-town travels while not working
- Constant concern and questioning of frequency of testing

Suspicious Testing Behaviors

- Not willing to screen when out of town for an extended period of time
- Refusing to test on date selected and then testing a few days later with an excuse as to why they missed the date requested.
- Overabundance of information about their personal lives or niceness that has not been seen in the patient before.
- Lack of funds, declined cards, multiple cards for payments

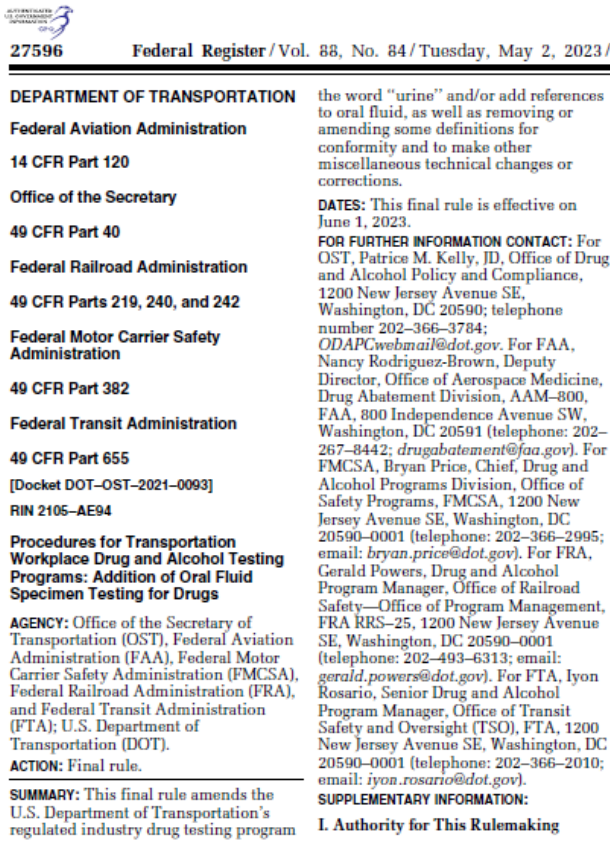
No One Answer is Right

- Company policy may be driven by CBA / LOA ? HIMS Committee
  - Type of Testing
  - Who Pays? What is Covered? / Alternative Arrangements
  - Off-Duty / On-Duty (DON'T CONFUSE with DOT Tests) / Rest Rules

- IMS / AME - Different Strategies / Resources
  - Internal Office Testing or Local Collection Sites – Chain of Custody
  - TPA's
  - Knowledge of Pilot Disease / Life Events / Quality of Recovery

DOT – Oral Testing/Saliva

- Oral Fluid Testing for DOT tests
- Alternative to Urine Testing
- Direct Observation – Less Substitution, Adulteration
- Cheaper, Less Privacy Invasion, Convenient
- Technology used for 20 years – law enforcement
- Saliva has shorter detection window than urine
- “Shy Bladder” avoided
- More an indicator of impairment vs past use
- Federal Law 5/02/2023



27596 Federal Register / Vol. 88, No. 84 / Tuesday, May 2, 2023 /

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 120

Office of the Secretary

49 CFR Part 40

Federal Railroad Administration

49 CFR Parts 219, 240, and 242

Federal Motor Carrier Safety Administration

49 CFR Part 382

Federal Transit Administration

49 CFR Part 655

[Docket DOT–OST–2021–0093]

RIN 2105–AE94

Procedures for Transportation Workplace Drug and Alcohol Testing Programs: Addition of Oral Fluid Specimen Testing for Drugs

AGENCY: Office of the Secretary of Transportation (OST), Federal Aviation Administration (FAA), Federal Motor Carrier Safety Administration (FMCSA), Federal Railroad Administration (FRA), and Federal Transit Administration (FTA); U.S. Department of Transportation (DOT).

ACTION: Final rule.

SUMMARY: This final rule amends the U.S. Department of Transportation's regulated industry drug testing program the word "urine" and/or add references to oral fluid, as well as removing or amending some definitions for conformity and to make other miscellaneous technical changes or corrections.

DATES: This final rule is effective on June 1, 2023.

FOR FURTHER INFORMATION CONTACT: For OST, Patrice M. Kelly, JD, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue SE, Washington, DC 20590; telephone number 202–366–3784; *ODAPCwebmail@dot.gov*. For FAA, Nancy Rodriguez-Brown, Deputy Director, Office of Aerospace Medicine, Drug Abatement Division, AAM–800, FAA, 800 Independence Avenue SW, Washington, DC 20591 (telephone: 202–267–8442; *drugabatement@faa.gov*). For FMCSA, Bryan Price, Chief, Drug and Alcohol Programs Division, Office of Safety Programs, FMCSA, 1200 New Jersey Avenue SE, Washington, DC 20590–0001 (telephone: 202–366–2995; email: *bryan.price@dot.gov*). For FRA, Gerald Powers, Drug and Alcohol Program Manager, Office of Railroad Safety—Office of Program Management, FRA RRS–25, 1200 New Jersey Avenue SE, Washington, DC 20590–0001 (telephone: 202–493–6313; email: *gerald.powers@dot.gov*). For FTA, Iyon Rosario, Senior Drug and Alcohol Program Manager, Office of Transit Safety and Oversight (TSO), FTA, 1200 New Jersey Avenue SE, Washington, DC 20590–0001 (telephone: 202–366–2010; email: *iyon.rosario@dot.gov*).

SUPPLEMENTARY INFORMATION:

I. Authority for This Rulemaking

References

- Alcohol Biomarkers in Clinical & Forensic Contexts | Dtsch Arztebl Int 2018; 115: 309–15 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987059/
- Kale, N "Urine Drug Tests: Ordering and Interpretation" *Am Fam Physician*. 2019; 99 (1): 33-39 https://www.aafp.org/afp/2019/0101/p33.html
- Biomarkers of Alcohol Misuse: Recent Advances and Future Prospects (2016) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916243/
- Alcohol Biomarkers in Clinical and Forensic Contexts (2018) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987059/
- Biomarkers for Alcohol Use and Abuse - A Summary, Karen Peterson, Ph.D. (2004) https://pubs.niaaa.nih.gov/publications/arh28-1/30-37.pdf
- The Role of Biomarkers in the Treatment of Alcohol Use Disorders (SAMSHA 2012) http://adaiclearinghouse.org/downloads/Advisory-The-Role-of-Biomarkers-in-the-Treatment-of-Alcohol-Use-Disorders-434.pdf
- Objective Testing – Urine and Drug Tests, Hadland SF, Levy S Child Adolesc Psychiatr Clin N Am. 2016 Jul; 25(3): 549–565

References, Cont.

- HIMS Program – Monitoring Monitoring | HIMS (himsprogram.com) https://HIMSprogram.com/monitoring

- Oral Fluid Testing Final Rule 49 CFR Part 40 [Docket DOT–OST–2021–0093] https://www.federalregister.gov/documents/2023/05/02/2023-08041/procedures-for-transportation-workplace-drug-and-alcohol-testing-programs-addition-of-oral-fluid

- ASAM Appropriate Use of Drug Testing in Clinical Medicine (April 2017) https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/the-asam-appropriate-use-of-drug-testing-in-clinical-addiction-medicine-full-document.pdf?sfvrsn=700a7bc2_0

Audience Questions

Thank you very much!

Trust but Verify!

Searching for Substance Abuse Treatment/Aftercare

Barbara D. Woods, ACSW, LCSW, SAP
Matthew Dumstorf, M.D. M.S.

HIMS

2023 Basic Education Seminar
HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Helpful Resources

- National Association of Addiction Treatment Providers www.naatp.org

- Psychology Today
- www.psychologytoday.com

- Patient's insurance company (managed care)

Accreditation

The Joint Commission (www.jointcommission.org)

Credit: www.jointcommission.org

Commission on Accreditation of Rehabilitation Facilities (www.carf.org)

CARF is a registered mark of the Commission on Accreditation of Rehabilitation Facilities

Treatment Costs

- For profit vs not for profit…
  What's the difference?
- Pay out of pocket?-Know the cost prior to admission—ask about ancillary costs.
- "In" network vs "we accept insurance"
- Balance Billing

General Information

- Managed care vs self pay-length of stay
- Medical necessity
  - ASAM criteria vs. FAR
- Age of Program = consistent outcomes
- 12 Step vs holistic vs scientific/medical model

Levels of Care

- Detox (medical vs social detox)
- Inpatient Hospitalization
- Residential Treatment
- Partial Hospital (Boarded Partial)
- Intensive Outpatient (IOP)

Professional Staff

- Seasoned/experienced staff – PhD/PsyD, Masters Level Counselors- helpful if familiar with HIMS protocol

- Psychiatrist on staff vs Psych consult –ability to treat co-occurring disorders

- Willing to follow professional group protocols (can involve extra $$)

Treating Pilots

- Understand the nuances of treating a professional pilot (fear, need for control, lack of trust)
- 14 CFR Part 67 vs DSM
- Disqualifying Disorders- Psychiatric/Medical
- Admit Peth/Etg
- Baseline cog screen available?

General Information

- How often does treatment team meet? —is the doctor included…nursing?
- Warmth of staff—demonstrate they CARE?
- Weekly Report—timely submission
- AA attendance – Step work
- BOAF

Comprehensive Treatment

- Family program—in person vs virtual
- Individualized treatment plan/ address specific clinical needs
- Discharge planning…step down vs aftercare?
- Communication re: weekly report/questions about medical record

Summary - Ideal Pilot Program

- Accredited
- Knowledge of HIMS program
- Caring, trained and credentialed staff
- Psychiatrist on staff-- admit to discharge
- Detailed and appropriate documentation
- Communication during treatment
- Comprehensive discharge planning
- Timely record submission
  & communication with AME/IMS/EAP

Contact Info

Barbara D. Woods, LCSW, ACSW, SAP-Qualified

Barbara@barbarawoodsandassociates.com

972-467-7993

Monitoring Letters

Captain Tim Markley, NetJets

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Learning Objectives

- HIMS participants will recognize the critical and unique perspective offered by peer and management reports

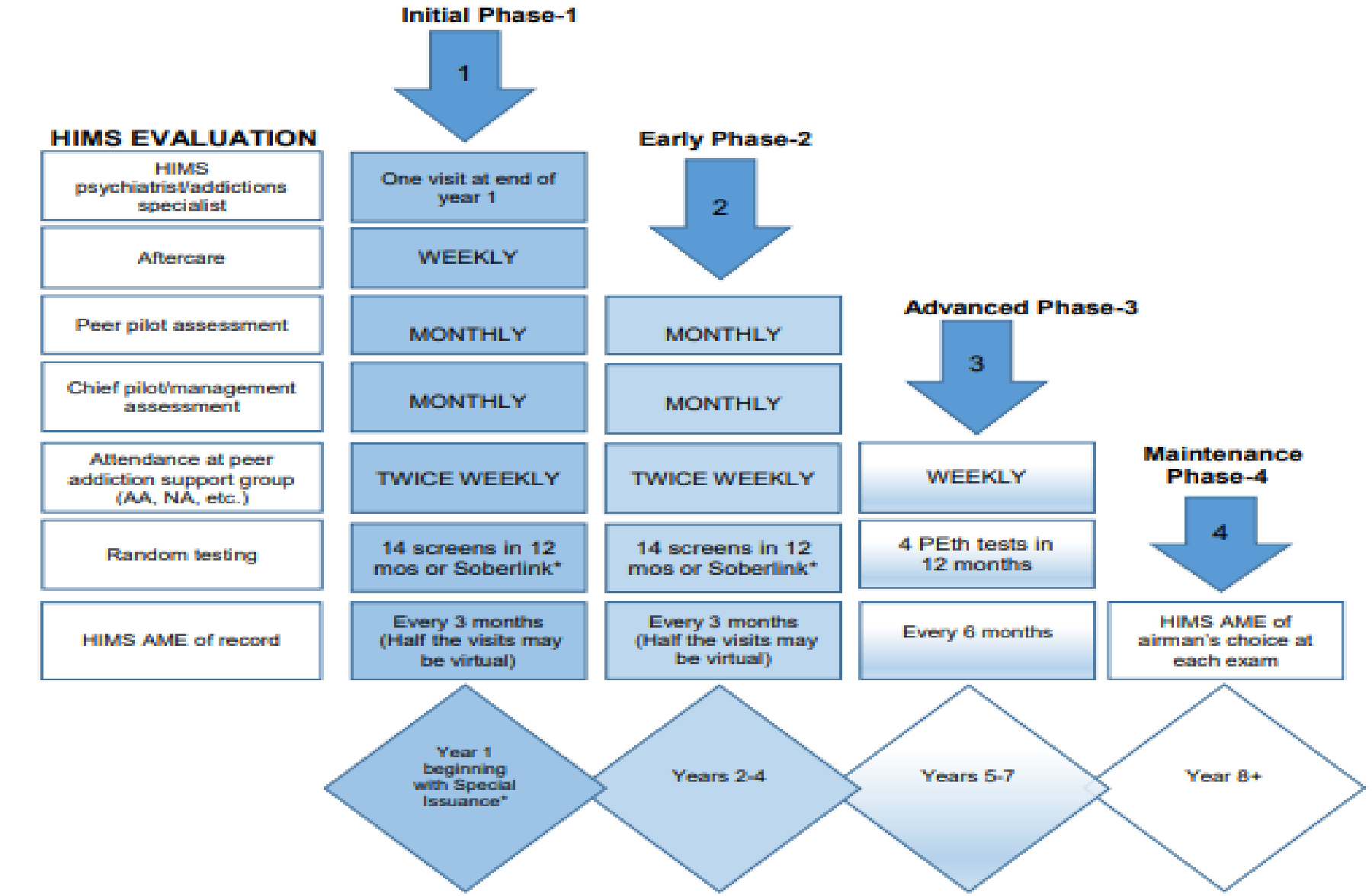
- HIMS participants will be able to write and assess the information provided in the peer and management letters

- HIMS participants will be able to move beyond “boiler plate” and “copy and paste” type reports to documents which communicate the nuances of the recovery process

Who are Monitors?

- Peer Monitor– Fellow Pilot usually in recovery
- Company Monitors – Chief Pilot or management personal familiar with pilot's work performance
- Volunteers
- Serve as the operational eyes and ears on the pilot for the AME and FAA

FAA Step-Down Plan



*Soberlink or similar portable, alcohol breath-monitoring system that has facial recognition and cellular transmission technology.

Monthly Letter Writing

- FAA is asking your opinion of the pilot's recovery, not an expert evaluation
- Report the facts
- Is pilot drinking or noncompliant?
- Verbal and nonverbal communication
- Situations where recovery was utilized

Monthly Letter Writing

Facts

- Identify This Letter
- Contact Frequency
- Compliance

Supported Opinions

- Where at in Recovery Process
- How is Pilot Doing
- Real Life Examples

Conclusion

- Concerns
- Praises
- Sum It Up

Positive Letter – Version 1

Dr. Holliday

This letter will serve as my monthly monitoring report for Pete Mitchell. I had regular phone contact with Pete this month and met with him once in person. He tells me he has frequent contact with his sponsor and regularly attends AA meetings. Pete is in compliance with the terms of his aftercare contract and the terms of his Special issuance from the FAA.

Pete has been very open with me concerning his recovery. I feel confident in this because of all he has shared with me over the last several months concerning his step work. Pete also told me about a time this past week where he used new recovery tools to handle a situation differently than in the past. I feel Pete is dealing well with the stress of getting back to work, while still making the requirements of his aftercare a priority.

I have no concerns about Pete's sobriety.
Please let me know if you have any questions or require any more information.

Sincerely, Tom Kazansky

Positive Letter – Version 2

Dr. Holliday

This letter will serve as my monthly monitoring report for Pete Mitchell for March 2021. I had phone contact with Pete 3 times this month and met with him once in person for about an hour over coffee. He tells me he has frequent contact with his sponsor and attends at least 3 AA meetings per week. Pete is in compliance with the terms of his aftercare contract and the terms of his Special issuance from the FAA.

Pete has been very open with me concerning his recovery and is currently working on step 7. I feel confident in this because of all he has shared with me over the last several months concerning his step work. Pete also told me about a time this past week where he used new recovery tools to handle a situation differently than in the past. I feel Pete is dealing well with the stress of getting back to work, while still making the requirements of his aftercare a priority. When I saw Pete, he seemed relaxed and at peace.

Positive Letter – Version 2

Continued…

I have no concerns about Pete's sobriety. I feel he is working the program of AA and using all available tools of recovery. This is demonstrated to me not just by what he says, but by how he acts in and out of our meetings.

Please let me know if you have any questions or require any more information.

Sincerely,

Tom Kazansky
(123)-456-7890

Positive Letter – Version 3

Dr. Holliday 3/31/2021

This letter will serve as my monthly monitoring report for Pete Mitchell for March 2021. I had phone contact with Pete 3 times this month and met with him once in person for about an hour over coffee. He tells me he talks to his sponsor twice a week on the phone and sees him once a week face to face. He attends at least 3 AA meetings per week. Pete is in compliance with the terms of his aftercare contract and the terms of his Special issuance from the FAA.

Pete has been very open with me concerning his recovery and is currently working on step 7. He described at length how he can see how the 12 Step program involves applying the principle of humility to every aspect of his life. I feel confident in this because of all he has shared with me over the last several months concerning his step work.

Positive Letter – Version 3

Continued…

Pete also told me about a time this past week where he used new recovery tools to handle a situation differently than in the past. He was able to pause and recite the Serenity Prayer during a minor disagreement with his wife. I feel Pete is dealing well with the stress of getting back to work, while still making the requirements of his aftercare a priority. In the he would get "twisted tight around the axle" when there would be a change of schedule. Now he just accepts these changes as part of the job. When I saw Pete, he seemed relaxed and at peace.

I have no concerns about Pete's sobriety. I feel he is working the program of AA and using all available tools of recovery. This is demonstrated to me not just by what he says, but by how he acts in and out of our meetings. His next challenge will be when he works on Steps 8 and 9 and begins making his amends.

Please let me know if you have any questions or require any more information.

Sincerely, Tom Kazansky (123)-456-7890

Negative Letter – Version 1

Dr. Holliday

This letter will serve as my monthly monitoring report for Pete Mitchell.

There really isn't any thing new to report about Pete. Just as in the previous months he doesn't contact me as he should. So, although he does not appear to be drinking, I do not have anything else to tell you.

Please let me know if you have any questions.

Sincerely,

Tom Kazansky

Negative Letter – Version 2

Dr. Holliday

This letter will serve as my monthly monitoring report for Pete Mitchell for March 2021. I had phone contact with Pete 1 time this month and he was unable to meet with me in person. He tells me he has frequent contact with his sponsor and attends AA meetings “all the time”. Pete’s lack of contact with me is not in compliance with the terms of his aftercare contract or the terms of his Special issuance from the FAA.

Pete has been very guarded with me concerning his recovery and always has an excuse for why he can not meet with me or call me as required by his contract. I feel that since Pete has returned to work, he has no longer made the requirements of his aftercare a priority.

Negative Letter – Version 2

Continued…

My main concern with Pete is his lack of contact. This has made it very difficult for me to access how his recovery is truly going.

Please let me know if you have any questions.

Sincerely,

Tom Kazansky
(123) 456-7890

Negative Letter – Version 3

Dr. Holliday 3/31/21

This letter will serve as my monthly monitoring report for Pete Mitchell for March 2021. I had phone contact with Pete 1 time this month and he was unable to meet with me in person. His explanations are that he has too many commitments at home. Such as remodeling his basement. He tells me he has frequent contact with his sponsor, but when pressed for details he can not provide a coherent history. When asked what feedback he receives from his sponsor, he reports that his sponsor tells him that he has a “great” recovery. He attends AA meetings “all the time”. He can not remember any event or insight he heard in any of the meetings, he attend. When asked what areas he is working on in terms of his spiritual development, he has no answer. Pete’s lack of contact with me is not in compliance with the terms of his aftercare contract or the terms of his Special issuance from the FAA.

Negative Letter – Version 3

Continued…

Pete has been very guarded with me concerning his recovery and always has an excuse for why he can not meet with me or call me as required by his contract. I feel that since Pete has returned to work, he has no longer made the requirements of his aftercare a priority.

Pete's lack of contact with me and his guarded stance are obvious concerns. These findings are not only incompatible with the expectations of the monitoring program but inconsistent with a functioning 12 Step program. I believe he needs help.

Please let me know if you have any questions.

Sincerely,

Tom Kazansky
(123) 456-7890

Letter Writing Recap

- The HIMS AME and FAA can have confidence that the pilot's status is genuinely being assessed
- The person writing the letter will be attentive to the recovery issues
- It is not possible to write this type of letter without interacting with the pilot in a serious and concerned manner. This attitude supports the idea that the HIMS program and recovery, in general are important

What Does Relapse Look Like?

Dr. Navjyot Bedi, M.D.
First Officer Rick Mahoney

HIMS

2022 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 11 – 13, 2022
Westin DIA - Denver, CO

Objectives

- Understand Relapse in context of a chronic medical illness model.
- Recognize common predictors of relapse.
- Use information to understand relapse prevention.

What is Relapse?

- Addiction is chronic medical condition characterized by relapses and remissions.
- Goal of treatment is to induce a sustained remission....
- But likelihood of relapse is real and often a part of the journey.
- And yet, responses to a relapse can often be unpredictable, confused, disproportionate, irrational and usually unhelpful.

What is a typical response to Relapse? (Patient)

- Denial, minimization, projection, anger, blaming.
- Shame, guilt, learnt helplessness (the F--- its!).
- The Abstinence Violation Effect (AVE): The response to relapse when person incorrectly concludes that it signifies moral failure and confirmation that long term recovery is not possible. “Might as well get stoned!”
- Counter-therapeutic and sets obstacles to getting back to recovery.

What is a typical response to Relapse? (Others)

- Unrealistic expectations of perfection. “All or nothing at all!”
- Isolation, stigmatization.
- Punitive.
- Reinforces the AVE.
- Counter-therapeutic and sets obstacles to getting back to recovery.

Taking a page from another Chronic Medical Condition.

- 30 year old Male, newly diagnosed Non-Insulin Dependent Diabetes.

- How is the response and outcome different?

Relapse versus Re-Instatement?

- When is it a true relapse?
- Was there true recovery ever established? Or was it just a prolonged state of externally mandated abstinence?
- Relapse track versus being treated for the very first time (again)!
- Can a relapse be predicted? And Prevented?

Relapse Prevention – It Takes a Village

Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.

- Sun Tzu

We fail as stakeholders when we don't recognize relapse prevention necessitates a system-based approach, requiring a strategy *and* tactics in our airline's HIMS Program design to prevent relapse.

Relapse Prevention – Does Everyone Relapse?

- Relapse *can* be a part of someone's recovery path - but doesn't *have* to be.

- As Union volunteers, HR partners, management pilots & healthcare professionals, we work together as a team. Our strategy and tactics towards relapse prevention are what serve to support a pilot facing challenges during their recovery.

Relapse Triggers – What do you look for?

- In-patient treatment sets the foundation, but it build the house.
- Post-discharge through Year 1 particularly vulnerable.
- Pilot returns to familiar surroundings, with different tools to engage with old challenges.
  - Relationship/Marital Issues
  - Family Conflict
  - Previous Trauma History
  - Workplace Issues

Relapse Prevention – Everyone's Role is Important

- Every aspect of the pilot's After-Care Team is a vital stakeholder to relapse prevention.
  - Peer and Chief Pilot Meetings are critical tools.
  - Regular training and strong communication networks are vital.
- Do you really know *where* the pilot's program is at? *How* do you know?
- Design and implement qualitative measures – box checking isn't going to get it done.
- The FAA asks for good recovery, not just abstinence.

The Pilot Relapsed – What Now?

- Respond with compassion, empathy, & be mindful of the stigma the pilot feels associated with the event.
- Stigma is a barrier to truth.
- Ensure support of the Program –the pilot's health, safety and welfare is *always* first.
- Remove from flight status via appropriate means.
- Notify the Pilot's HIMS AME.
- Enact HIMS Relapse Protocol for your respective airline.

How are Relapses Handled in Real Life? An Example

- Senior Captain. Previous DWI history.
- Presented initially to HIMS for alcohol-use concerns by co-workers and management pilot.
- Pilot going through difficult divorce, admitted he had a drinking problem and was a self-referral into HIMS.
- Pilot had elevated ETG on two occasions. Negative PeTH. No concerns from peer, AA Sponsor, or Chief Pilot.
- Conferring with drug testing coordinator, had history of *multiple failed ETG and ETS' over the last 12 months.*

How are Relapses Handled in Real Life? An Example

Pilot went for secondary Substance-Use Disorder Evaluation at different facility from where they initially went to treatment. They found him to be in good recovery.

…but, then the labs/drug testing came back.

Pilot tested above the highest measurable lab value for Kratom.

Confronted, the Pilot got honest and succeeded in recovery after secondary treatment.

AMEs - Airlines vs GA Pilots
Breakout Group 4

Ian Blair Fries, M.D.

September 10, 2023

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

A B CC DD

- Abstinence – Random Testing
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

Marijuana

- Legal Prescription
- Legal Recreational Use
- CBD
- Schedule 1
- DOT testing

Random Testing

- Scheduling responsibility
- Frequency

DOT Randoms

- Medical certificate
- Airman’s certificate

Prompt DOT Settlement

- Within 10 days of Letter of Investigation (LOI)
- Loss of Medical and all Pilot certificates.
- 9 months before reconsideration of airman certifications.

A B CC DD

- Abstinence – Random Testing
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

A B CC DD

- Abstinence – Random Testing
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

HIMS Airline Sponsors

- AA and/or NA
- Chief pilot*
- HIMS sponsor/Peer pilot*
- Aftercare leader**

*monthly reports

**quarterly reports

HIMS Private Sponsors

- AA and/or NA
- Boss/supervisor*
- Friend/pilot*
- Aftercare leader**
- Flight instructor/checkride

*monthly reports

**quarterly reports

A B CC DD

- Abstinence – Random Testing
- Plan B – Air & Ground
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

Documentation

- Substance Abuse Professional
- Board Certified Psychiatrist
- Board Certified Addictionologist

Documentation

- Leave of Absence
- Disability Application

Questions

Ian Blair Fries, M.D.
A1A Aviation, Inc.
Vero Beach, FL
ibfmd@ibfmd.net
732-433-0211

Course Review - Jeopardy

Volunteers

- Pilot
- AME
- Psychiatrist
- Psychologist

HIMS

2023 Basic Education Seminar

HIMS Program – Introduction to the Basics

September 9 – 11, 2023
Westin DIA - Denver, CO

Sample Title

- Sample Text
  - Text
    - Text
      - Text
        - » Text

Office of Aerospace Medicine

Federal Aviation Administration

SSRI Requirements

Presented to: HIMS AME Basic Seminar

By: Penny Giovanetti, DO, MSPH
Director, Medical Specialties Division

Date: September 11, 2023

History

- General observation that pilots on antidepressants were doing well
- General awareness that mild/moderate depression is very common
- Publication in Federal Register April 5, 2010
- 4 approved medications chosen for most favorable side effect profile

Why HIMS AME?

- **Interest in mental health issues**
- **Familiar with other mental health professionals and their reports**
- **Experience addressing more complicated follow up and administrative processes**

Antidepressants

- **Mild/moderate depression or other diagnosis**
- **Stable 6 months**
- **No history psychosis, suicidal ideation, multiple meds, electroconvulsive therapy**
- **Use of only fluoxetine, sertraline, citalopram or escitalopram prior to 2023**
- **Bupropion SR, ER, or XL added in 2023**

Antidepressants

- **Ongoing monitoring by:**
  - HIMS AME
  - Psychiatrist
  - Neuropsychologist – only for initial evaluation unless medically indicated
  - Treating physician

- **Changes in condition must be reported to HIMS AME and FAA immediately**

The “Red Flags”

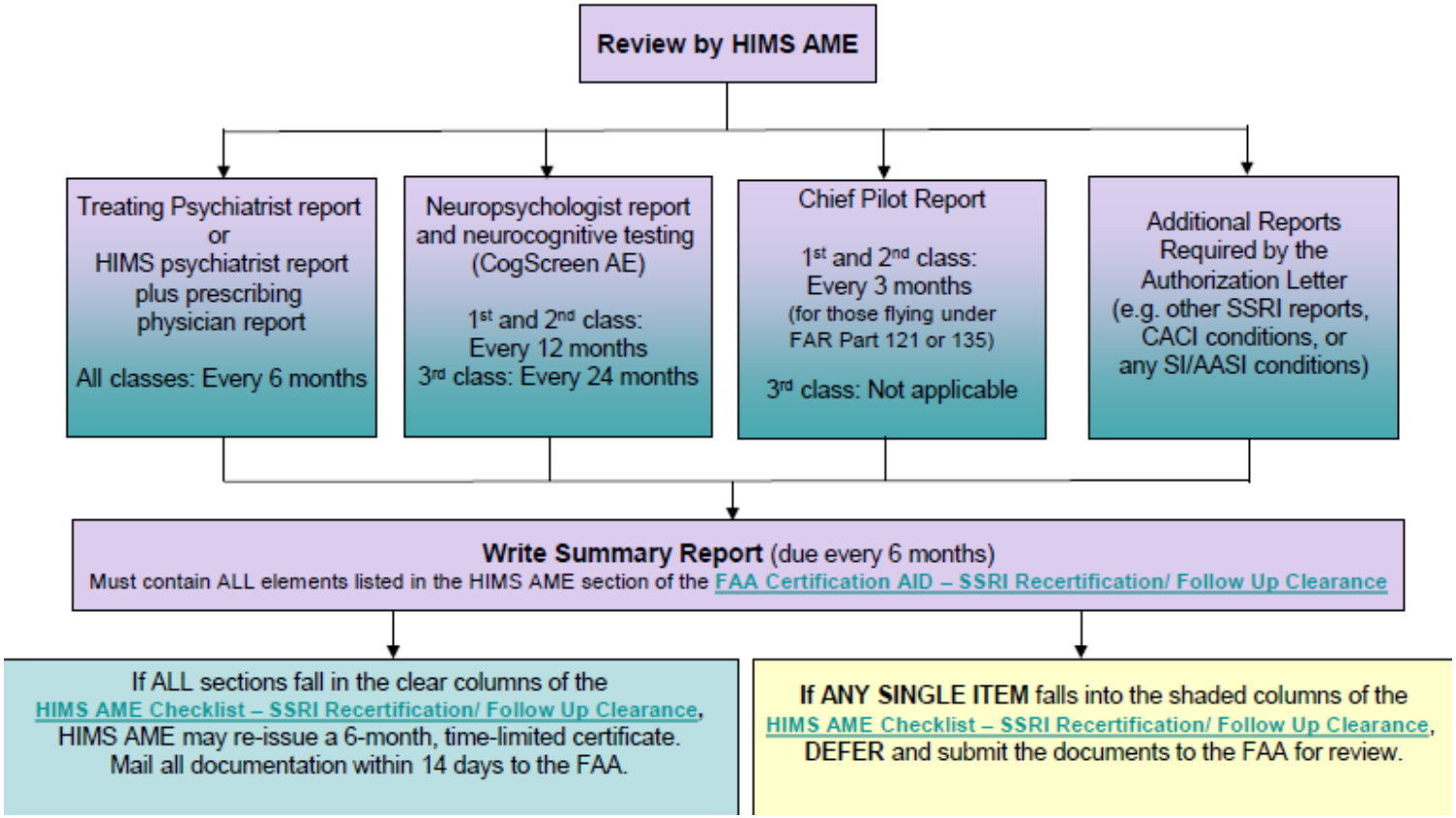
- Psychosis
- Suicidal ideation
- History of electroconvulsive therapy (ECT)
- Concurrent use of multiple antidepressants
- History of use of antidepressant plus other psychiatric drugs
- Psychiatric hospitalizations
- Bipolar spectrum disorders
- Affective instability

Diagnoses

- **Depression** **61%**
- **Anxiety** **39%**
- **Major depression** **12%**
- **Obsessive/compulsive** **0.05%**
- **PTSD** **0.02%**
- **Dysthymia** **0.02%**

SSRI Follow Up Path

HIMS AME must see the airman in person every 6 months and review ALL the documents required on the HIMS AME Checklist – SSRI Recertification/ Follow Up Clearance



Your Best Friends

- **Authorization Letter**
- **AME Guide:**

www.faa.gov/go/ssri

AME Guide

- HIMS AME checklist – SSRI Initial
- FAA Certification Aid – SSRI Initial
- HIMS AME checklist – SSRI Recertification
- FAA Certification Aid – SSRI Recertification
- Specifications for Neuropsychological Evaluations—separate site
- Airman Information
- Air Traffic Controllers

Neuropsychology Tips

- **Cog screen results**
  - Specify norm used and session number
  - Address LRPV, Taylor factors, base rates
  - Submit entire (approx 13 pages) report
  - Submit results and rationale for any additional testing done
- **Clinical neurocognitive evaluation**

  "Aeromedically significant cognitive deficits are/are not present"

  No need to address special issuance

AME Tips

- **Send complete package**
- **Huddle for SSRI is coming**
- **Beware the individual who quits SSRI just to get their medical**
- **Read the specialist consults critically**

Psychiatry Tips

- **Don’t omit relevant history e.g. “Rule outs”**
- **Include 14 CFR Part 67 determinations**
- **Beware excessive advocacy**

Cautions

- Dosage changes invalidate authorization
- Change of medical monitors must be preapproved
- Report changes in condition immediately to HIMS AME and FAA
- Issue only if all checklist items are green (renewal only)
- Send all reports to FAA, issued or not
- Recurrent major depression must be treated

QUESTIONS?