HIMS Basic Education Seminar 2024 - 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

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16 – 18, 2024
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	165	11
Airline Mgmt	56	3
AME's	43	5
P&P	23	6
FAA Staff	7	0
General	2	7

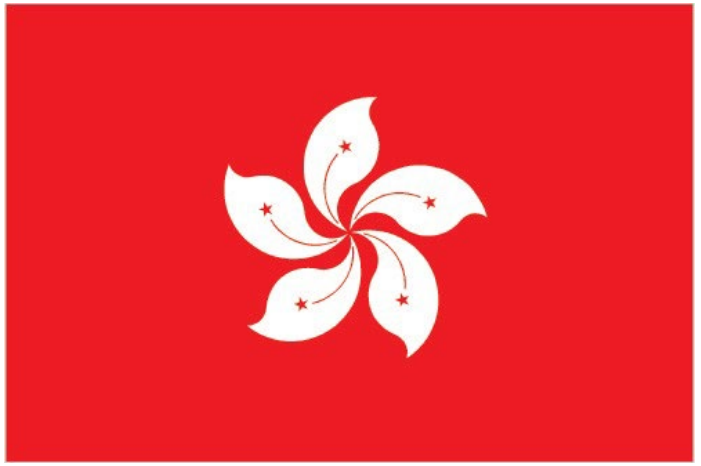
Speakers/AB	31	1
HIMS Staff	5	1
International	10	1
First Timers P&P	61	0
First Timers AME	29	0

TOTAL ATTENDEES

385 31

International Guests

- Canada
- Hong Kong
- United Arab Emirates



Special Guests

- Dr. Susan Northrup – FAA Federal Air Surgeon

- FAA –
  - Linda Johnson & Leah Olson – AME Test questions
  - Jazmine Reffke – AME and PNP HIMS Designation questions
  - Brenda Smith & Christine Anderson - FAA DUI Reporting Team
  - Shawna Adkins - Huddle

- Birds of a Feather – Beth O. Al- Anon BOAF – Kim S.

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
- Cvent App - David Evans
  - Agenda, Presentations, Surveys, CME Test
  - HIMS Resources
  - Attendee Networking
  - Westin and DIA links
- FAA Staff – AME's, P&P's, CME
- Dr. Joyce Fowler – Neuropsychologists - CE
- 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) – Jasmine Reffke
  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
- Everything is posted in the app

Recovery Fellowship

Birds of a Feather / AA meetings

- Open Tuesday 0700– Maple
- Closed Monday/Wednesday 0700 – Maple

Al-Anon BOAF Meetings

- Closed Monday 0700 – Cottonwood
- Open Wednesday 0700 - Cottonwood

Networking

- Breakouts and Joint sessions
- Rooms available – See the registration desk
- Messaging via the app (requires opt in)
- Tuesday Lunch with Speakers – Map in App

- Conversations outside away from doors
- Cell phones on silent
- In place, On time

HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY

Safety & Assistance

Exits and Meeting areas
Smoking areas

AMAS staff – **Red**
- Faith Leach
- Marisa Zarlengo
- Stephanie Orr
- (Caitlin Bruton)
- Jackie Churchill

Encore App Staff – David Evans

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 After Every Session!

SPONSORS – THANK YOU !!!!

Gold Sponsors

DELTA

NETJETS

NJASAP

Silver Sponsors

THE ATLAS AIR PILOT GROUP

ATLAS AIR

FedEx

UNITED

Allegiant Pilots Association

HIMS Overview, Database, Web Site Tour

CPT 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

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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 Pilot Specific Model

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.

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?

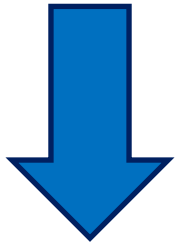
HIMS is a MONITORING and SUPPORT Program

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

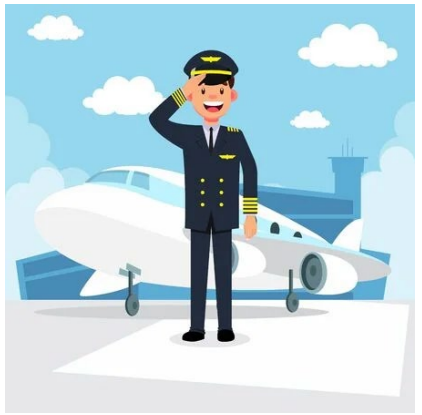
How does HIMS work?

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 Familiar 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
  - Group Leader Familiar with HIMS / Pilots
  - 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
    - SoberLink
  - 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 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
  - Ideally be HIMS Trained
  - Helps pilot adjust in Return to Flying
  - Is a Resource and an Advocate
  - Must 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
  - Guides the HIMS Process
  - Collects all Reports on the HIMS Pilot
  - 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?

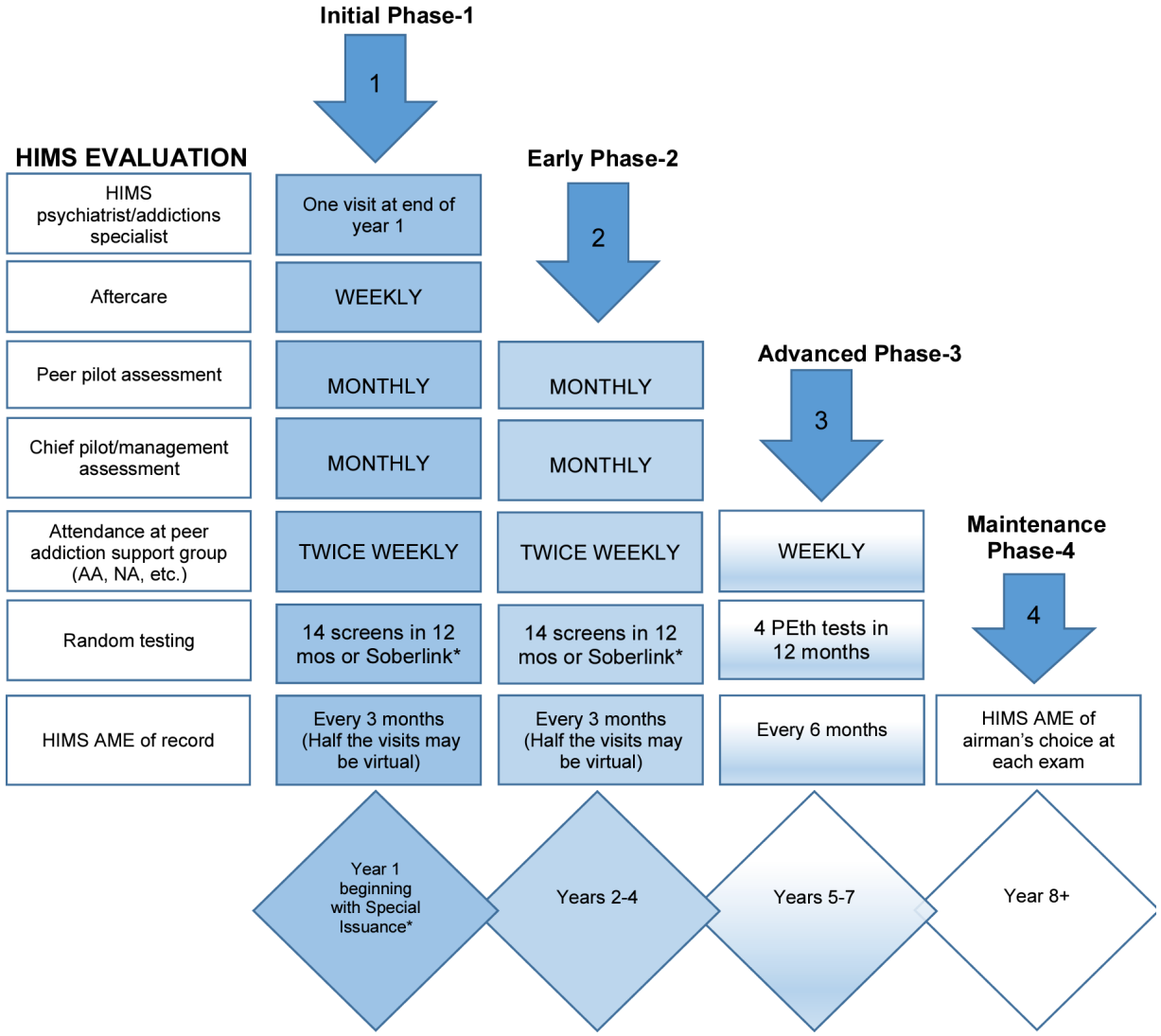
The HIMS PROCESS

- 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



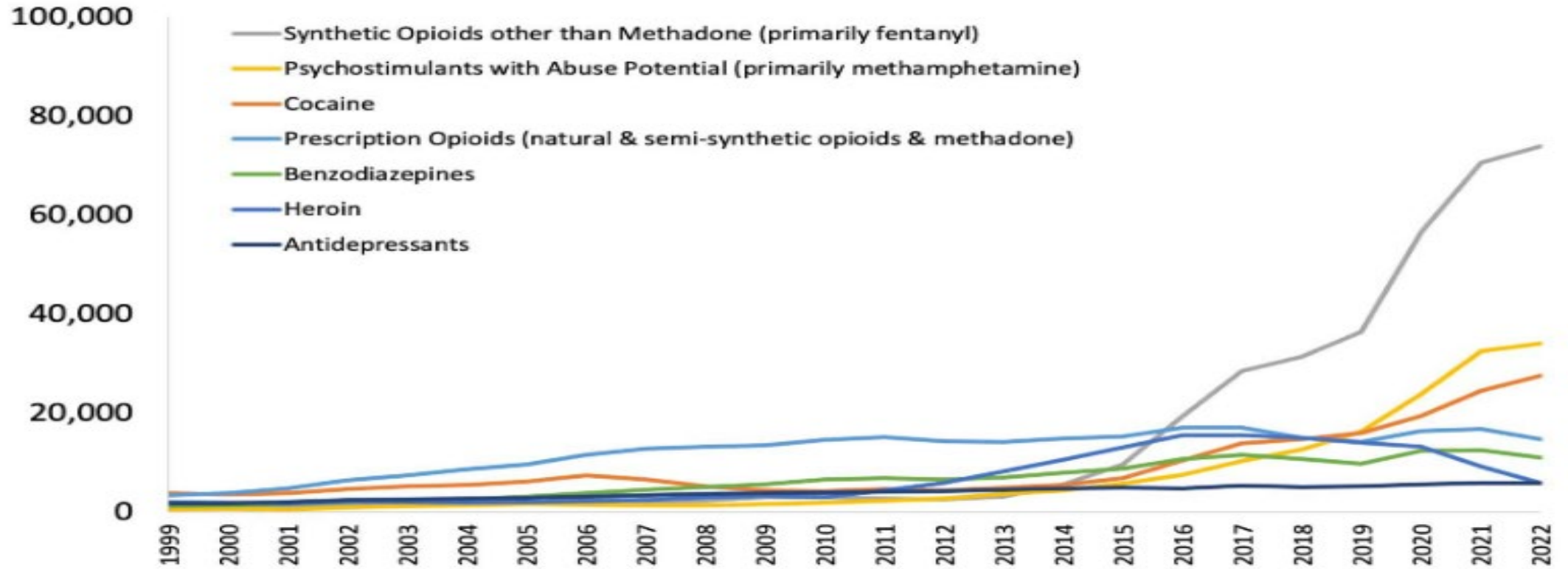
Does HIMS Work?

HIMS Database

Drug & Alcohol Overdose Deaths 2022

- Total – 107,941 296 / Day
  - Opioids – 73,838
  - Stimulants ~ 20%
- Alcohol Overuse Deaths
  - 178,000 deaths in US ~ 5 M worldwide (5.3% of all deaths)
  - 488 deaths/day overall – 99,000 listed on death certificates 2020
  - 1/10 deaths age 20-64 13,524 additional MVA deaths in 2022
  - 22% Opioid/benzo OD's
  - 4th leading cause US Preventable Deaths

Figure 2. National Drug Overdose Deaths*, Number Among All Ages, 1999-2022



*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 1999-2022 on CDC WONDER Online Database, released 4/2024.

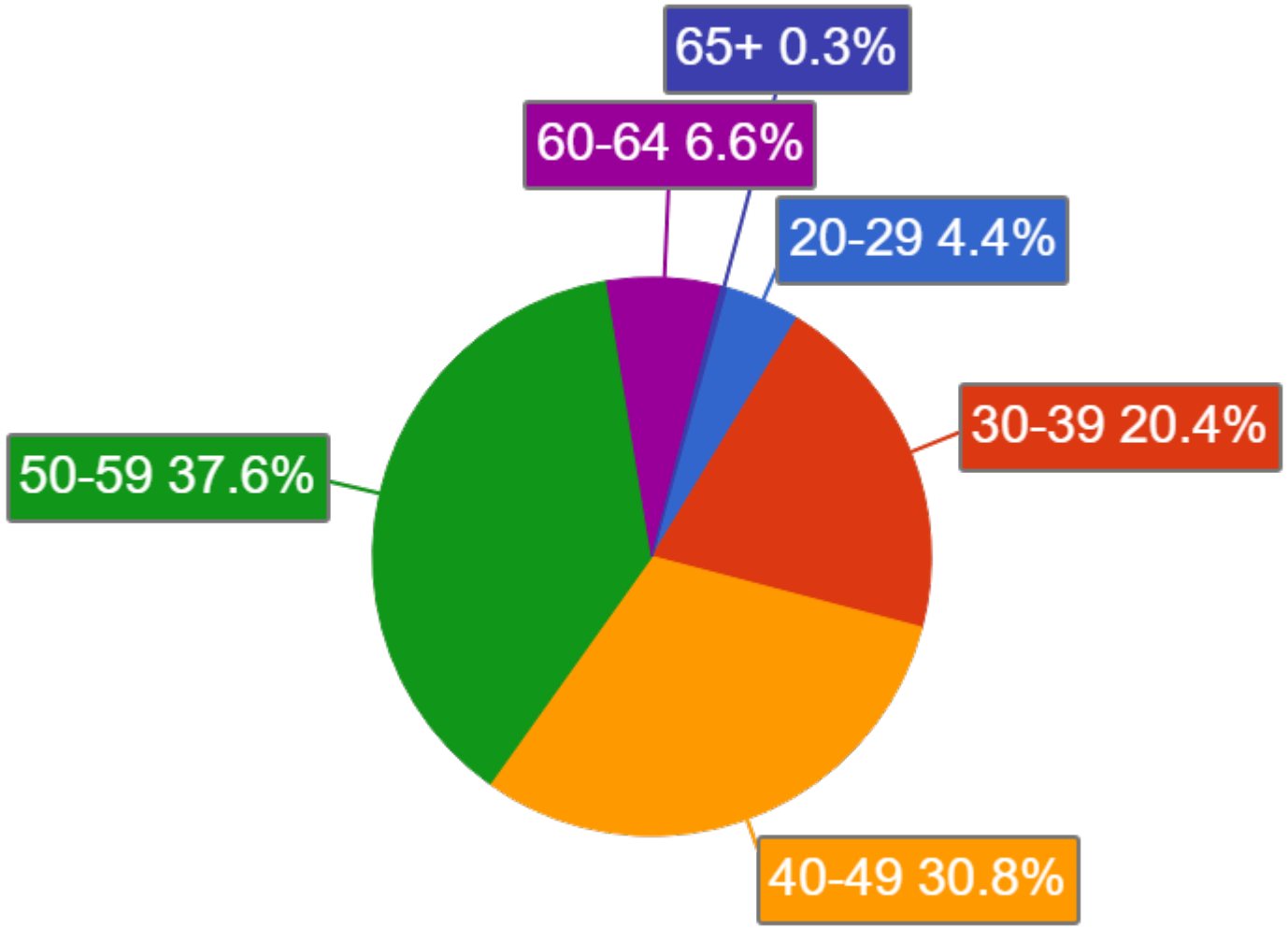
Source: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

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

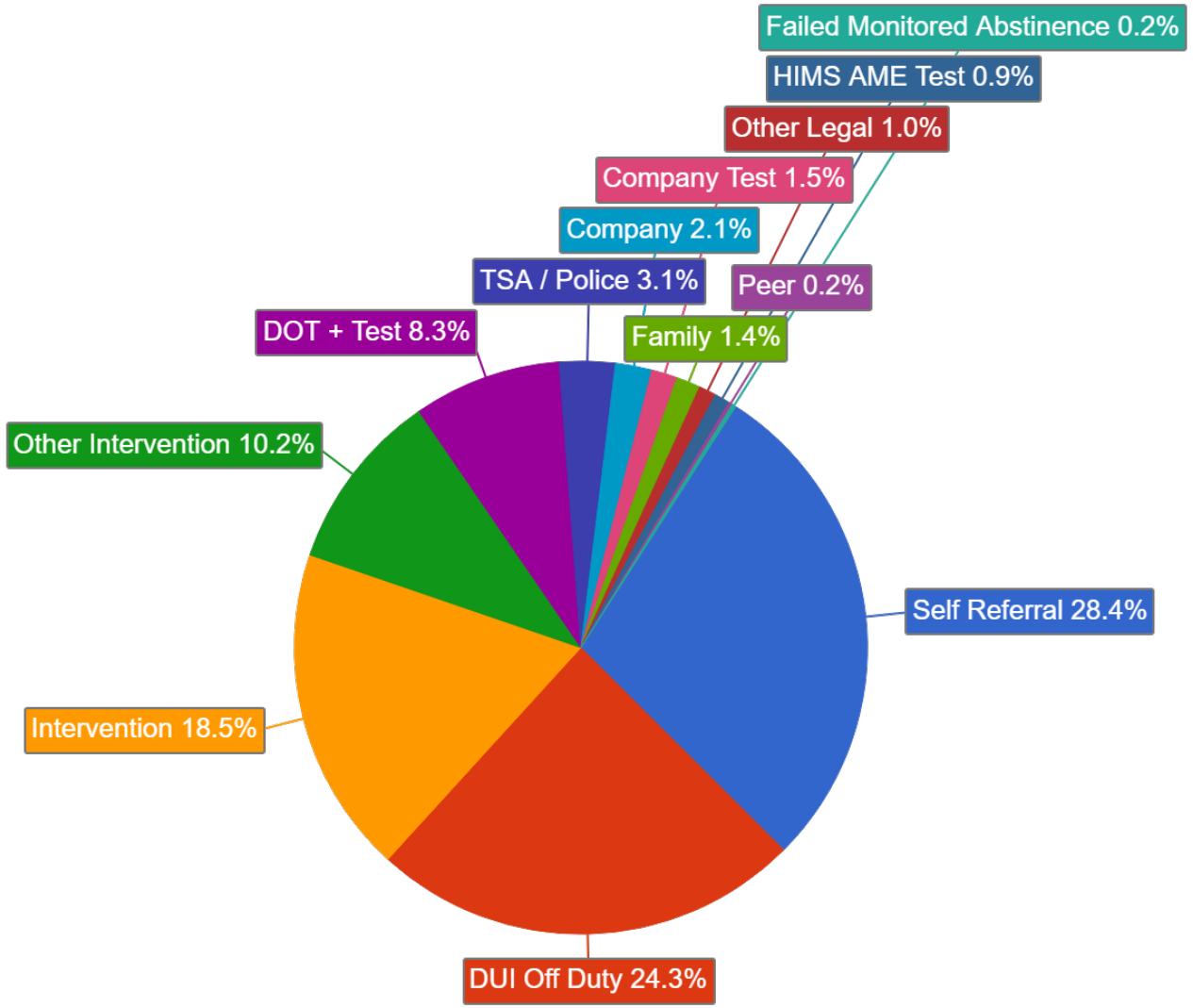
Source: National Survey on Drug Use & Health 2020 and NIAAA Alcohol Facts

Age Distribution



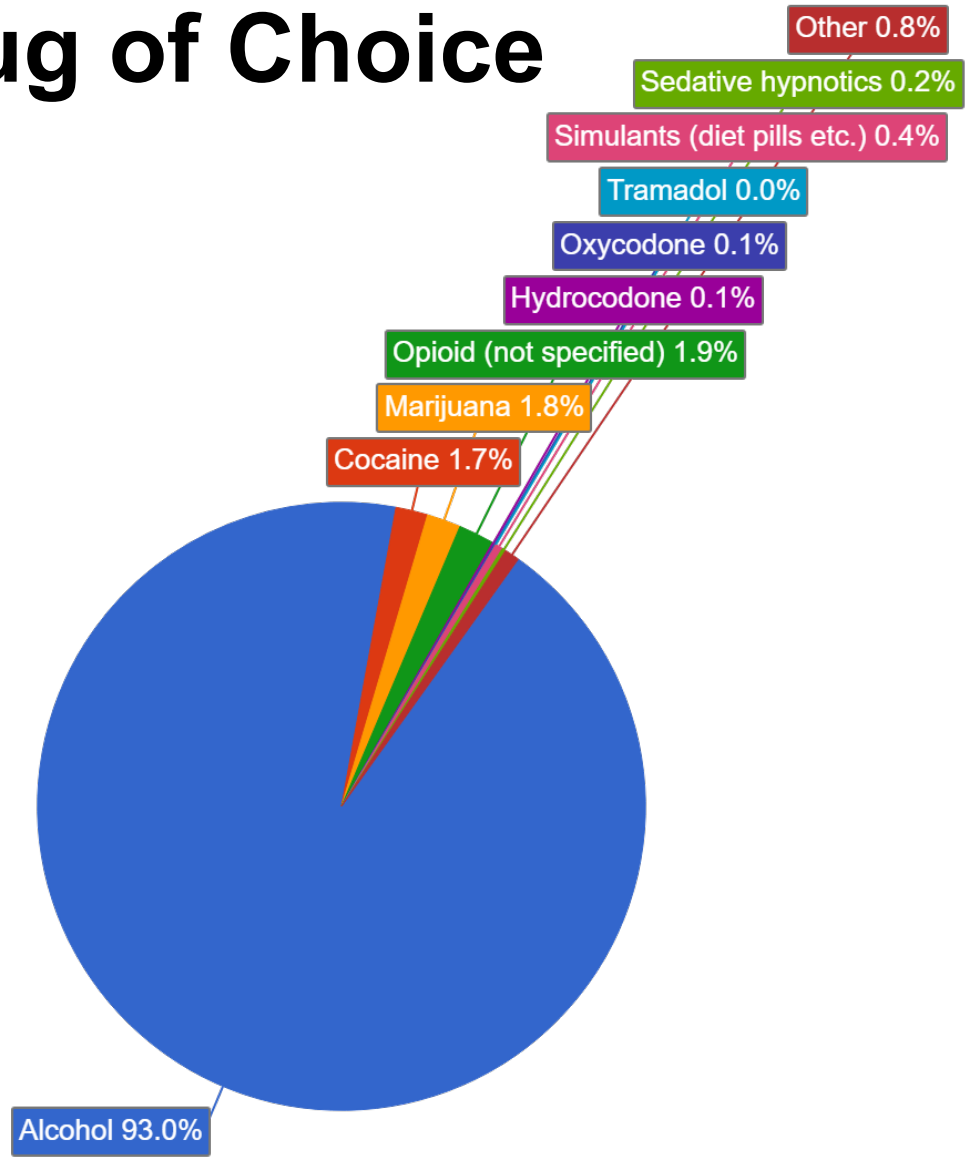
Age	Pilots	%
20-29	64	4.4
30-39	299	20.4
40-49	453	30.8
50-59	552	37.6
60-64	97	6.6
65+	4	0.3

How Entered Program



Discovery		%
Self-referral	523	28.4
DUI Off Duty	447	24.3
Intervention	341	18.5
Other Intervention	188	10.2
DOT + Test	154	8.4
TSA / Police	58	3.1
Company	38	2.1
HIMS AME	16	0.9
Family	25	0.4
Peer	4	0.2
Failed M.A.	4	0.2

Drug of Choice



Primary DOC 1,469 Pilots	#'s	%
Alcohol	1365	92.9
Opioid/Opiate	30	2.1
Cocaine	25	1.7
THC	26	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	4	1	0	1
Off Duty	7	0	0	2	0	0	0
Self Report	133	2	0	11	0	0	1
TSA/Crew	12	0	0	0	0	0	0
DUI	113	0	0	3	1	0	0
Other	3	0	0	0	0	0	0
AME Test	16	0	0	0	0	0	0
Failed M.A.	1	0	0	0	0	0	0

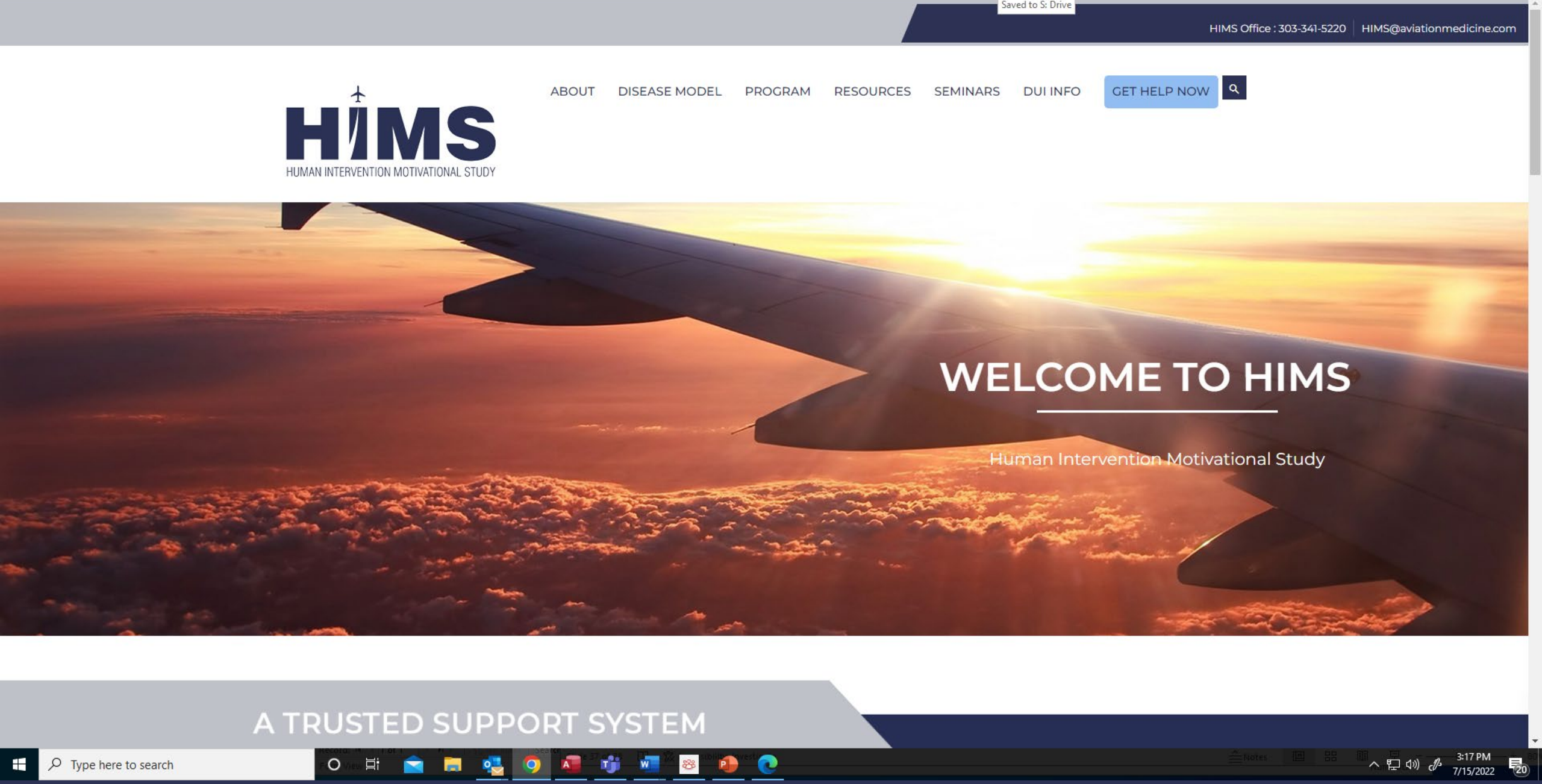
Relapse Rate by Drug of Choice

Drug of Choice	Relapse Rate
Alcohol	13.1 %
Cocaine	16.0 %
Cannabis	7.7 %
Opioids	39.3 %
Stimulants	0.0 %
Sedative Hypnotics	0.0 %
Other	8.3 %
Total	13.9%

FAA Special Issuances – Drugs, Alcohol & SSRI's

Diagnosis	1st	2nd	3rd	Total
Alcohol Abuse & dependence	3,165 1.07%	956 1.03%	1043 0.52%	5,164 0.88%
Drug Abuse & Dependence	1,730 0.59%	501 0.54%	589 0.29%	2,820 0.43%
Alcohol / Drug Monitored	2,366 0.80%	321 0.16%	329 0.07%	3,016 0.51%
Alcohol related offense	12,529 4.25%	5,522 5.93%	8,595 4.27%	26,646 4.52%
Drug related Offense/misuse	1,107 0.38%	475 0.51%	672 0.33%	2,254 0.38%
SSRI (MDD, Adj d/o w. depressed mood, dysthymia	510 0.17%	104 0.11%	414 0.21%	1,208 0.17%
SSRI Issued	336 0.11%	40 0.04%	187 0.09%	563 0.10%

Source: DOT/FAA/AAM-23-383 "2022 Aerospace Medical Certification Statistical Handbook",; November 2023 Page 32


Saved to S: Drive
HIMS Office : 303-341-5220
HIMS@aviationmedicine.com
HIMS
HUMAN INTERVENTION MOTIVATIONAL STUDY
ABOUT
DISEASE MODEL
PROGRAM
RESOURCES
SEMINARS
DUI INFO
GET HELP NOW
WELCOME TO HIMS
Human Intervention Motivational Study
A TRUSTED SUPPORT SYSTEM
Type here to search
3:17 PM
7/15/2022

Questions??

Capt. 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
Caron Aviation Assessment Program

HIMS

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Disclosures

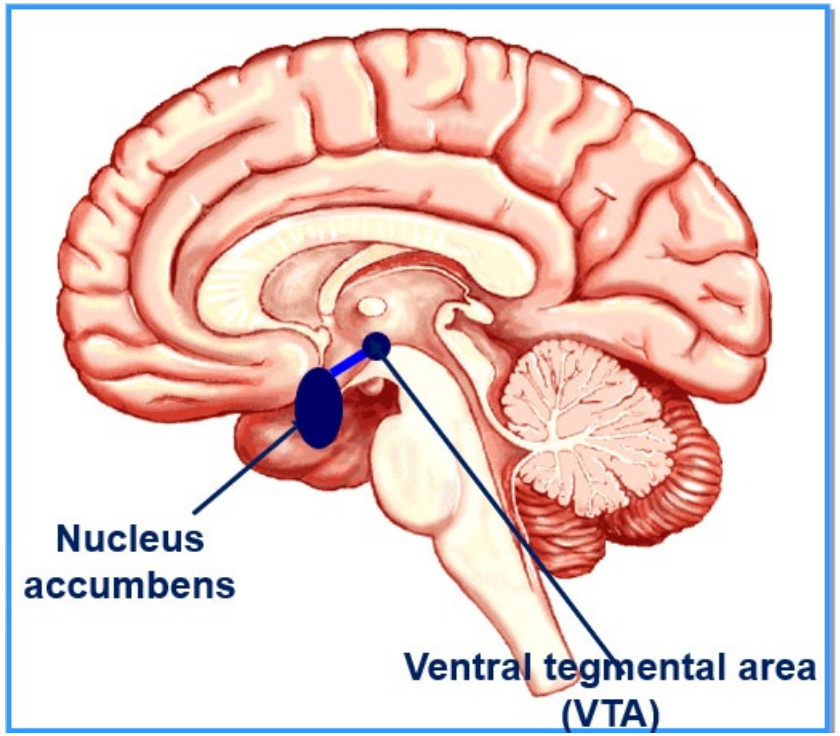
- I have no commercial relationships to disclose.
- I do not intend to discuss any off label use of any medication.

Objectives

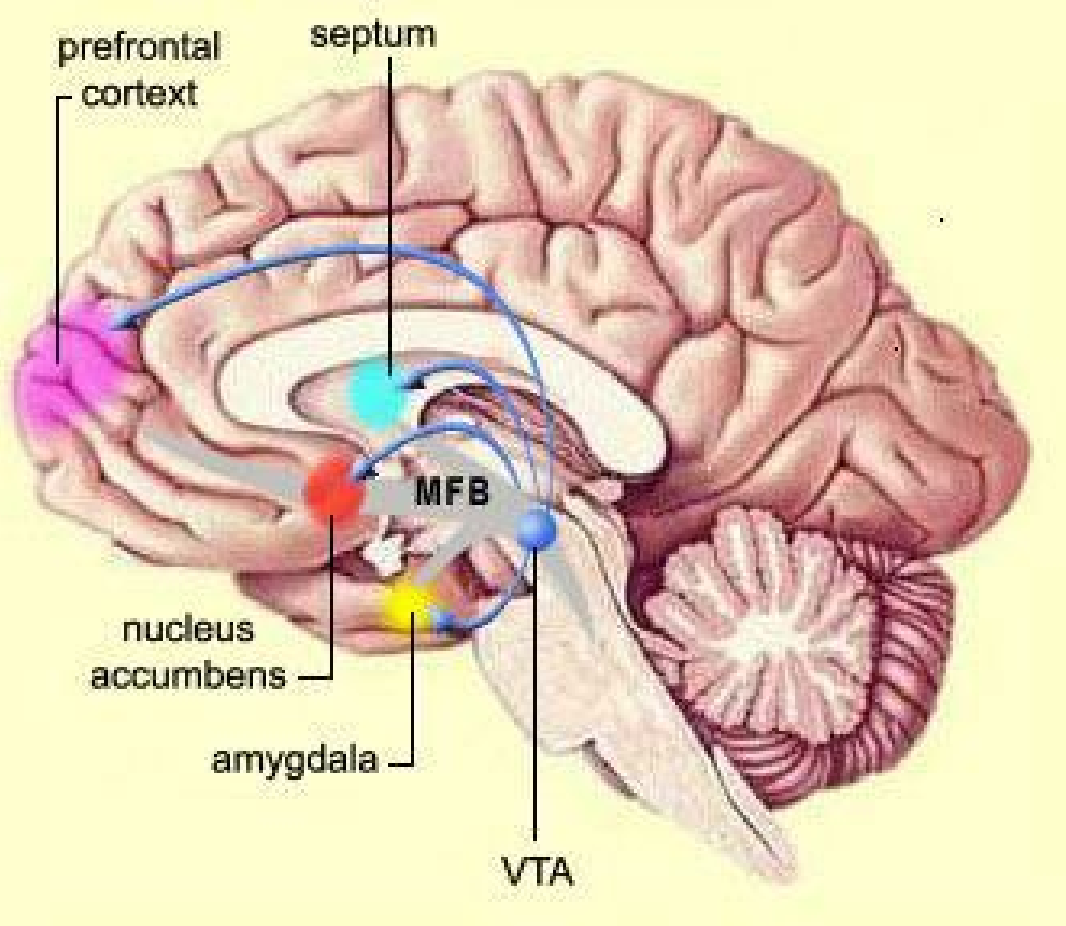
- To actively participate in exploring the biological basis of addiction.
- Understand and apply the core concept of addiction to understand natural history of addiction and loss of control.
- Understand Addiction as a Chronic medical condition.

WHY DO WE LIKE TO GET HIGH?

- <u>BRAIN REWARD PATHWAY</u>
- Exists to reward us for activities consistent with our survival
  - Food
  - Water
  - Sex
  - Child Rearing



THE POWER OF THE BRAIN REWARD PATHWAY

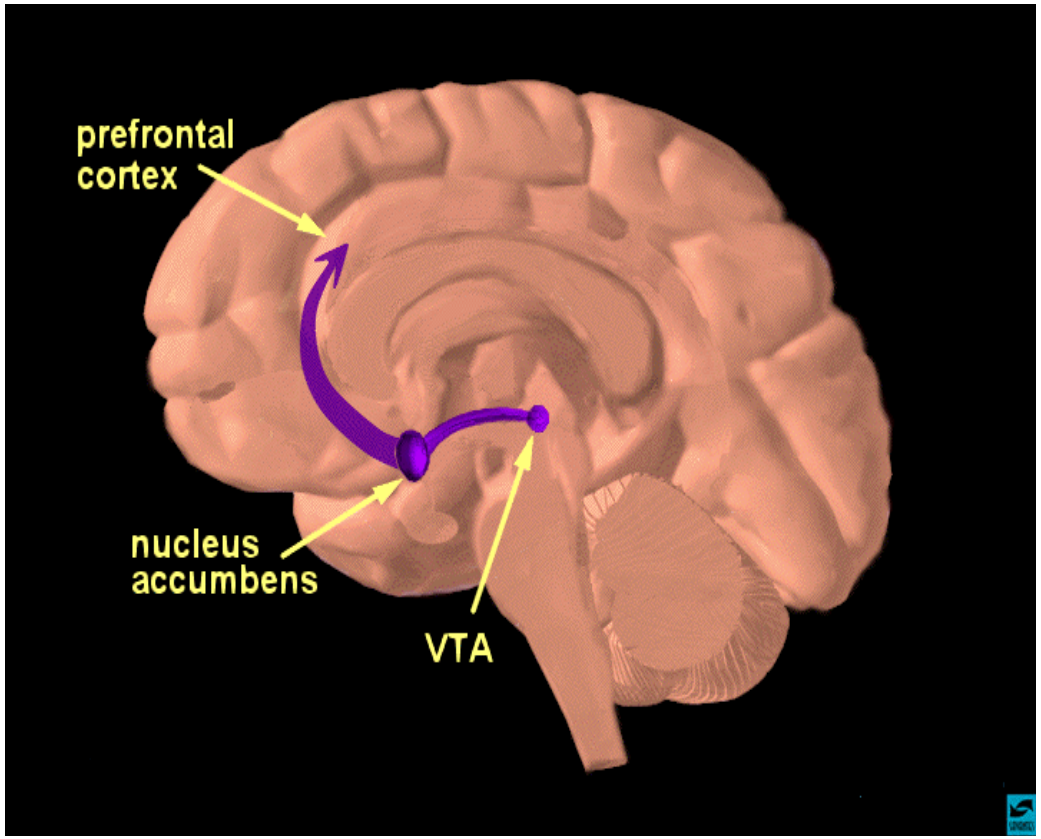


Exists to reward us for activities consistent with our survival

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

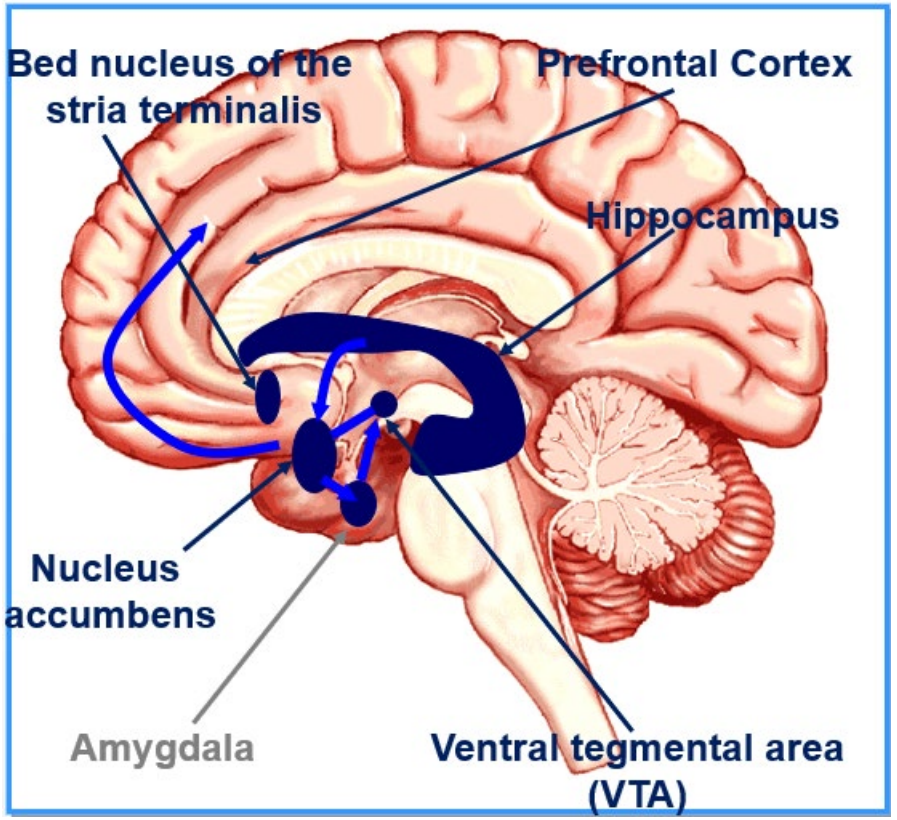
WHY DO WE USE DRUGS?

- <u>BRAIN REWARD PATHWAY</u>
  - I like
  - I want
  - NEUROADAPTATION
  - I need !!!
  - Brain hijacked



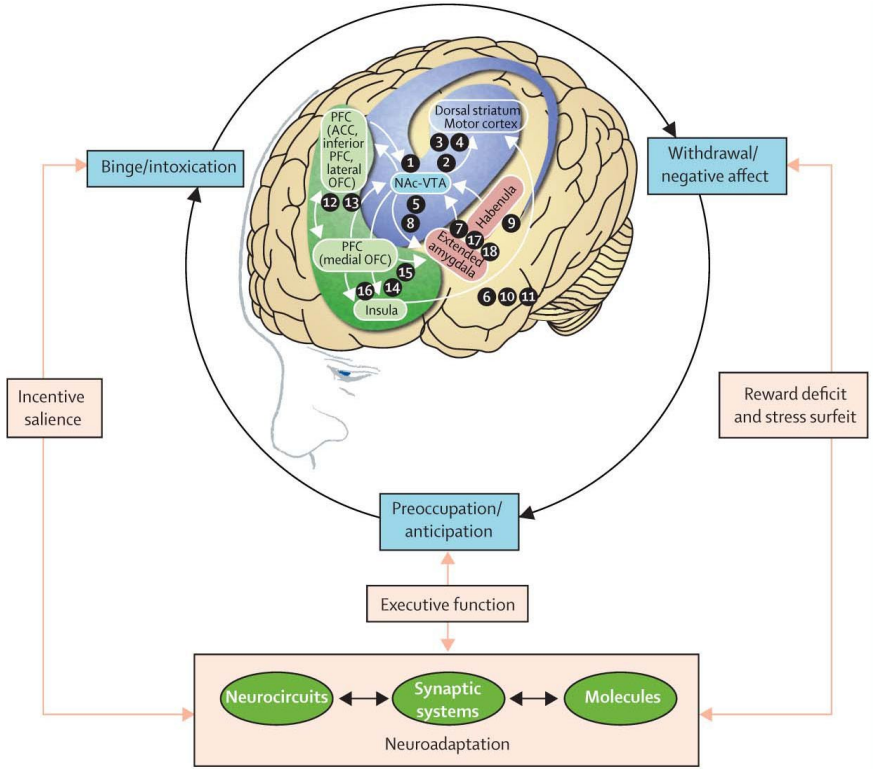
WHY DO WE USE DRUGS?

- <u>BRAIN REWARD PATHWAY</u>
- Exists to reward us for activities consistent with our survival
  - 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?”

Thank You!

Navjyot S Bedi M.D.

Addiction Psychiatrist, Aviation Assessment program at Caron

Diplomate, American Board of Psychiatry & Neurology
in Psychiatry and Addiction Psychiatry

Diplomate, American Board of Preventive Medicine in Addiction Medicine

Federal Aviation Administration, HIMS qualified Psychiatrist

1200 Ashwood Pkwy, Suite 125

Atlanta, GA 30338

Office: 678.543.5718

Fax: 678.543.5719

HIMS Certification Timeline

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

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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

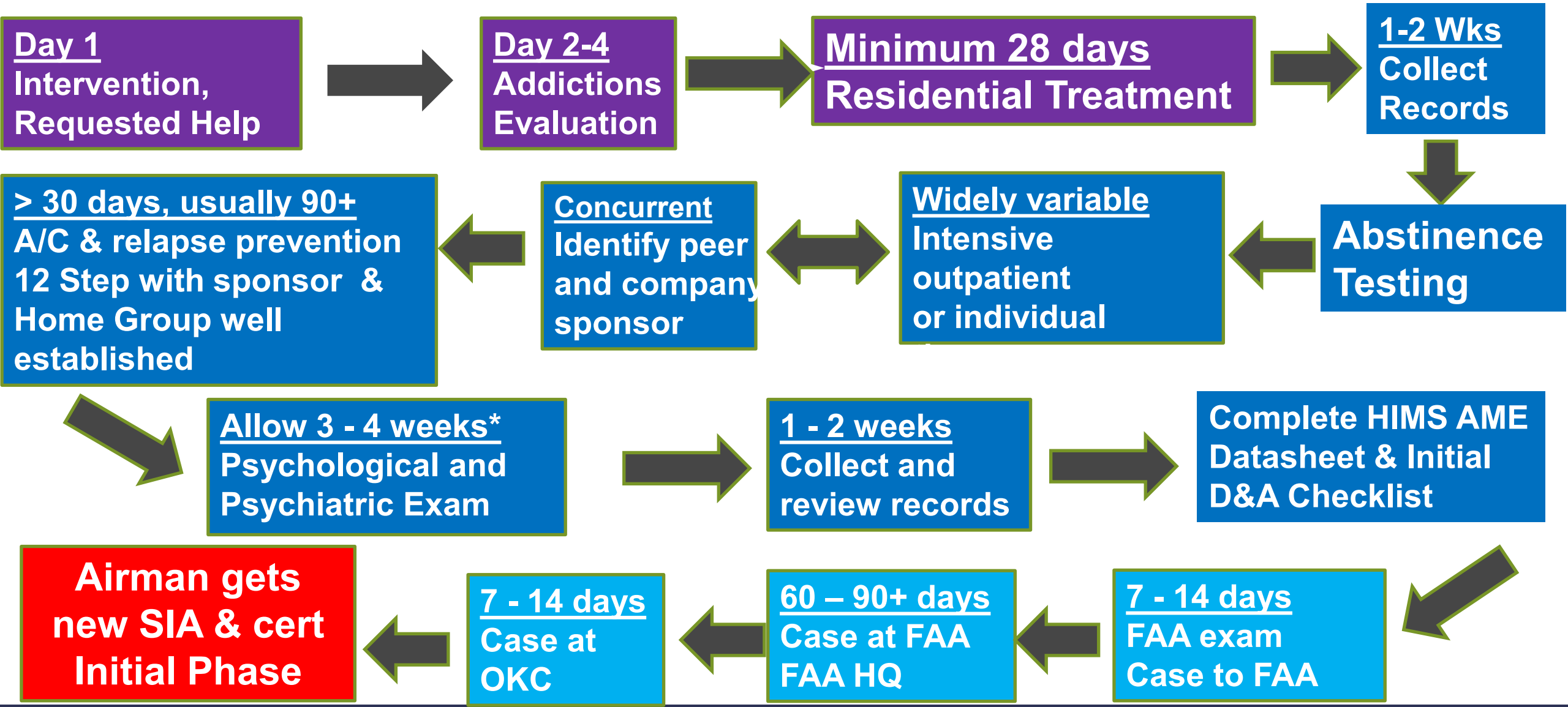
- Collateral Information
  - Driving / Police / Court Records
  - FAA Medical File
  - Relevant Medical Records*
  - Company Discipline Records*

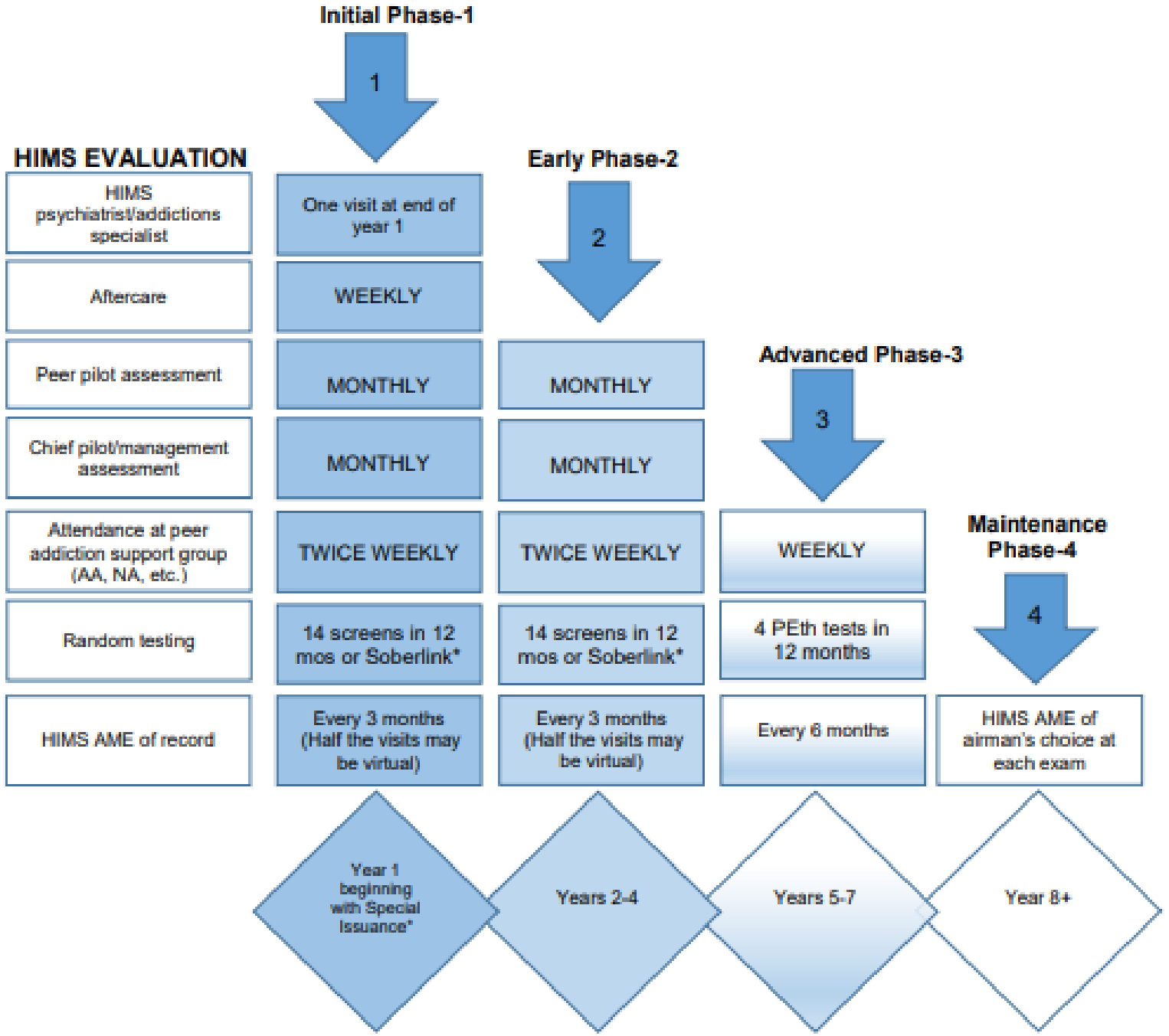
- Consents Signed for AME / IMS
  - Evaluator
  - Facility
  - HIMS Committee
  - Psychologist / Psychiatrist
  - FAA

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 for Airline HIMS Pilots
  - 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

Billy Petersen
ALPA National HIMS Vice-Chairman
Jetblue A-321 Captain

HIMS

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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?

Alcoholic in Their Natural Environment

Alcoholics Anonymous

-Alcoholics Anonymous is a fellowship of people 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 I miss meetings, the more I miss drinking"

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

Subgroups Within AA

BOAF

Atheist/Agnostic

Religious groups

Men and women only

LGBTQ+ groups

English/non-English speaking

Lawyers/Doctor/Actors/Police etc etc

Birds of a Feather

- **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

DFW West

Birds of a Feather

- 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

- 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

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 Alternative Recovery Programs

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

Almost Lunch Time!!

- Questions??

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

Aviation Family Fund

Dana C. Archibald

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO


Yeah, I was
drunk that day.

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 $865K granted!***
- IRS approved 501©3 nonprofit
- All donations are 100% tax deductible
- In 2023, AFF helped over 75 people with financial assistance
- Provided referrals, information and advice to several hundred people in 2023

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

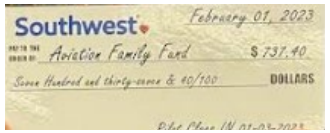
Applications may be emailed to: Info@aviationfamilyfund.org

How Does One Donate?

Monthly, through your bank's bill pay 

Personal/business check mailed to the address on website 

Stock Donations 

Company Donations 

AVIATION FAMILY FUND

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

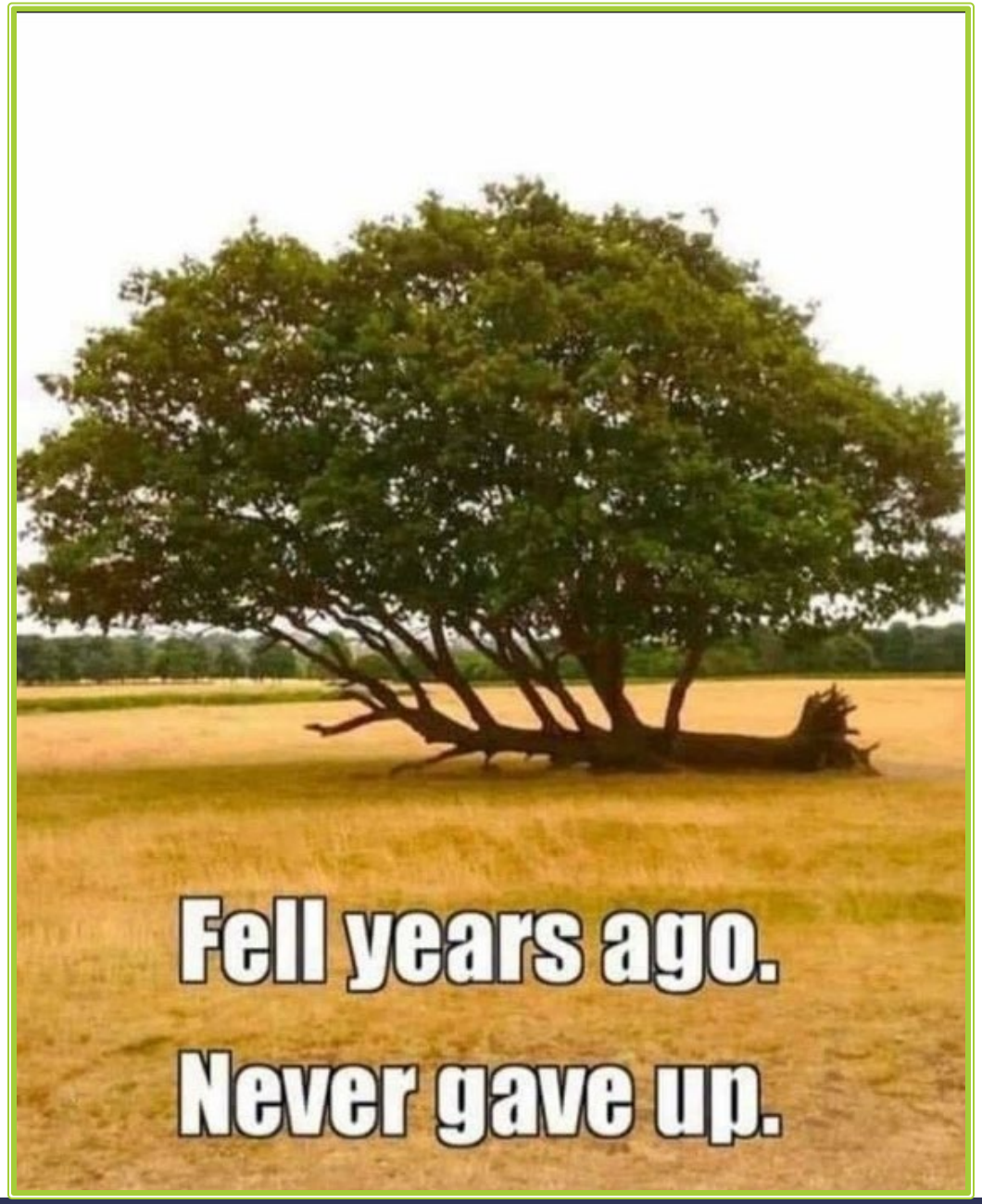
Providers may limit the amount of discounted cases, or receive referrals, or continue to receive referrals (for existing providers)

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*


Fell years ago.
Never gave up.

Questions?

Contact Information:

aviationfamilyfund.org

Dana Archibald, President

(919)-608-1735

Treatment

Navjyot Bedi, MD
Medical Director
Caron Aviation Assessment Program

HIMS

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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?

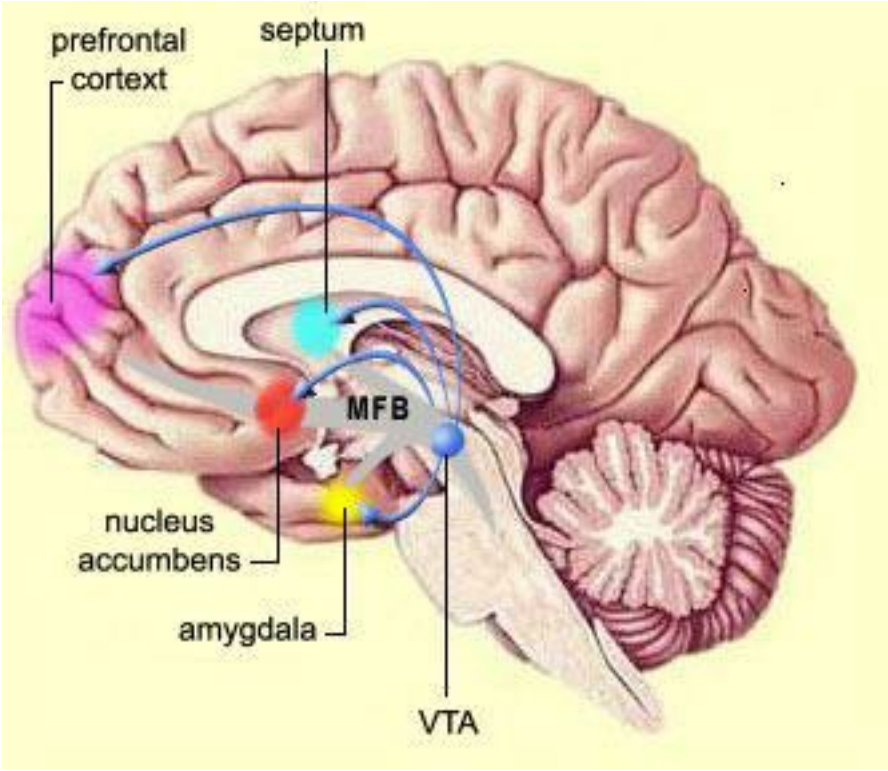
It's a Brain Disease…But where do we go from here?

- 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 person with substance use disorder 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.

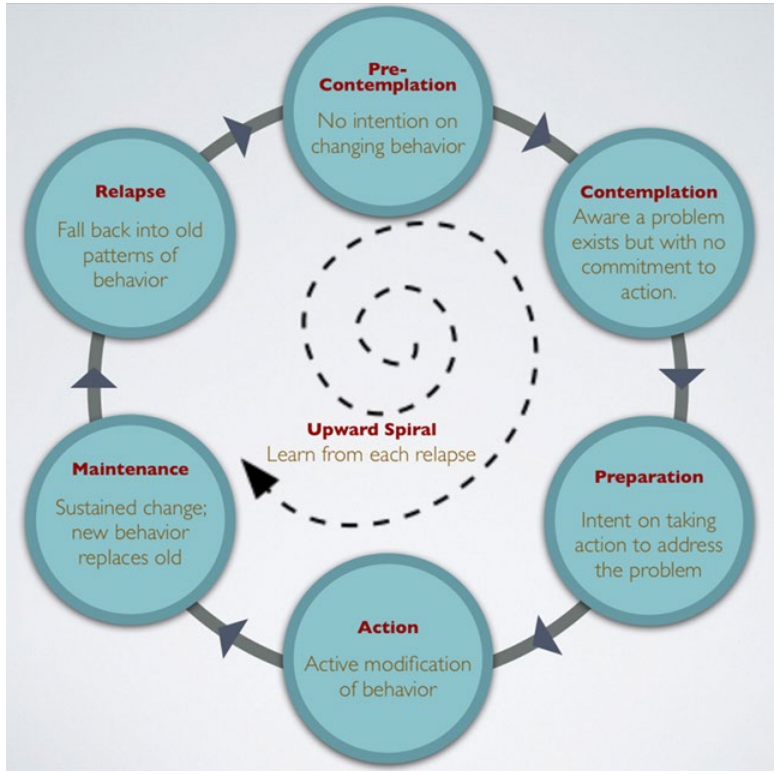
Phases of treatment: Comprehensive Assessment

- 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.

- Courtesy: Dr. Paul Earley, GA PHP

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.

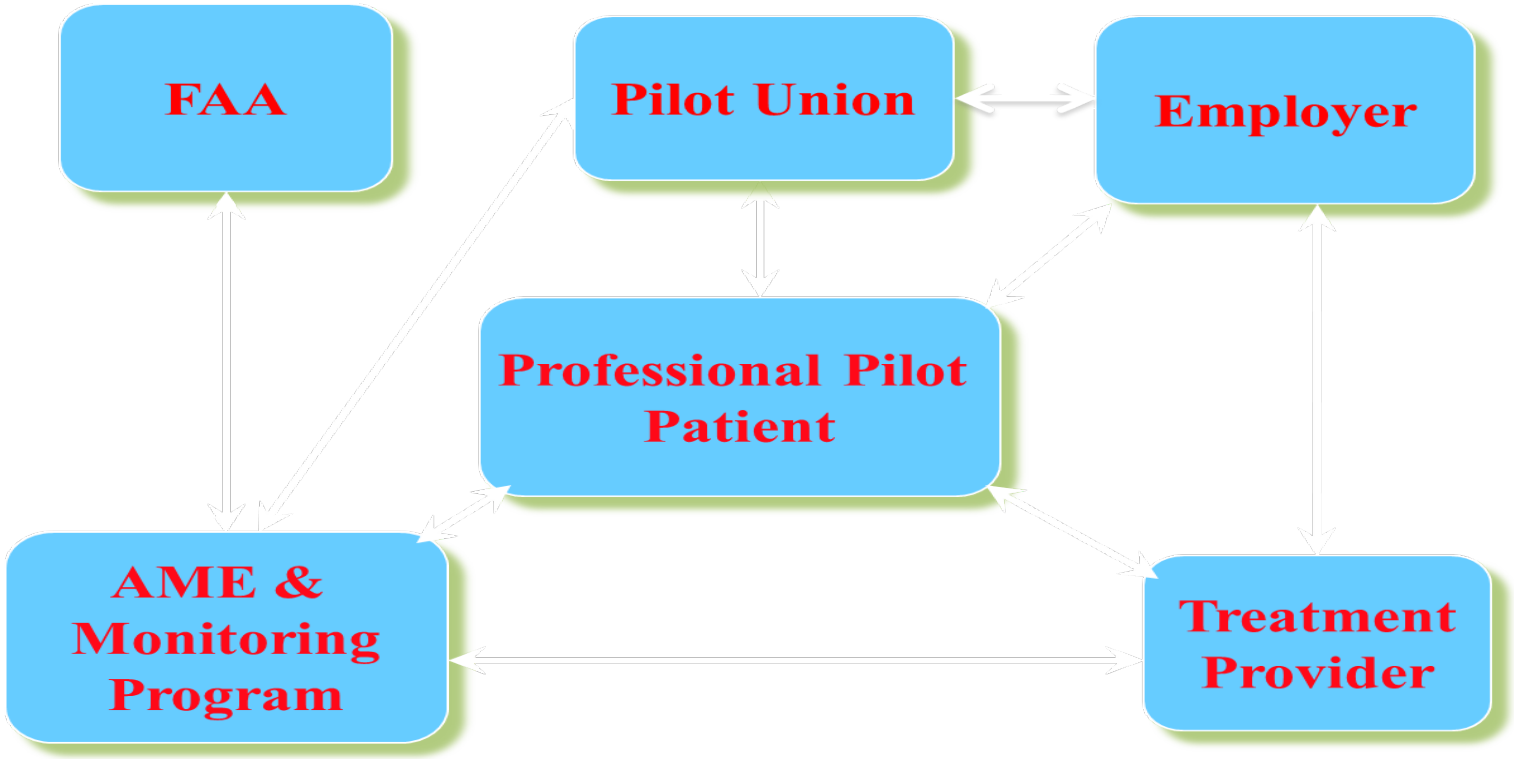
Why this level of care?

- 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?”

Thank You!

Navjyot S Bedi M.D.
Addiction Psychiatrist, Aviation Assessment program at Caron
Diplomate, American Board of Psychiatry & Neurology
in Psychiatry and Addiction Psychiatry
Diplomate, American Board of Preventive Medicine in Addiction Medicine
Federal Aviation Administration, HIMS qualified Psychiatrist
1200 Ashwood Pkwy, Suite 125
Atlanta, GA 30338
Office: 678.543.5718
Fax: 678.543.5719

HIMS Psychiatric and Psychological Evaluation

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

Dan DaSilva, Ph.D.
Aviation and Pediatric Neuropsychology

HIMS

2024 Basic Education Seminar

HIMS Program – Introduction to the Basics

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

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

- 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, Supervisors, and FAA medical staff.

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 solid recovery)
  - 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:

DSM-5 “Substance Use Disorder” (2 of 11)	14 C.F.R. part 67 “Substance Dependence” (1 of 4)
Larger amounts, longer period than intended	Impaired Control of Use
Desire/ unsuccessful effort to cut down or stop	Impaired Control of Use
Great deal of time spent in substance use and its effects	Continued Use Despite Damage
Craving	Leads to Impaired Control of Use
Recurrent use causing failure of obligations	Continued Use Despite Damage
Continued use despite interpersonal problems	Continued Use Despite Damage
Important actives given up due to use	Continued Use Despite Damage
Recurrent use in physically hazardous situations	Continued Use Despite Damage -OR- Impaired Control of Use
Continued use despite physical/ psychological consequences	Continued Use Despite Damage
Tolerance	Increased Tolerance
Withdrawal	Manifestation of Withdrawal

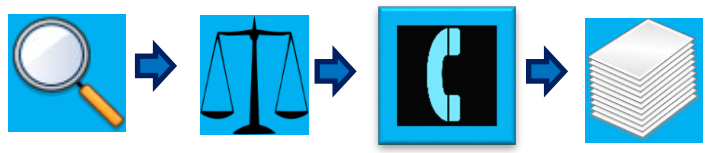
Case Review - SUD referral

- 30-year-old male seeking first class medical certificate
- Age 18-23. Binge drinking once per week on weekend. 6-8 beers. One ARI on record. MIP. Reduction in rank. Successfully completed enlistment in USMC. Honorable discharge.
- Age 24-27. Binge drinking while in college. 5-6 beers, 2-3 days per week. No blackouts. No problem with relationships or academic performance. Graduated on time with 2.9 GPA.
- Age 28 DUI (BAC 0.13%)
- Age 29 second DUI (BAC 0.21%)

“Rules of Engagement” for an Independent Evaluation.

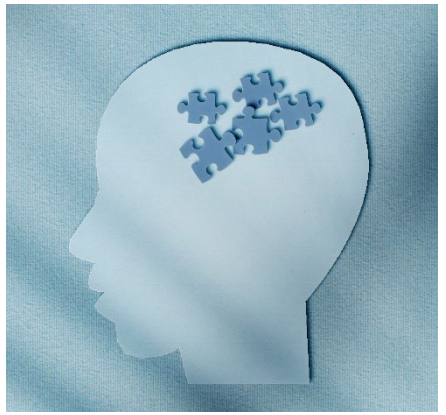
Be candid right up front. Verbally AND in in writing.

- 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.



Gathering Collateral History and Evidence

- Have client request FAA records **BEFORE** you schedule the appointment.
- 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.**



Evaluate QUALITY of recovery program.

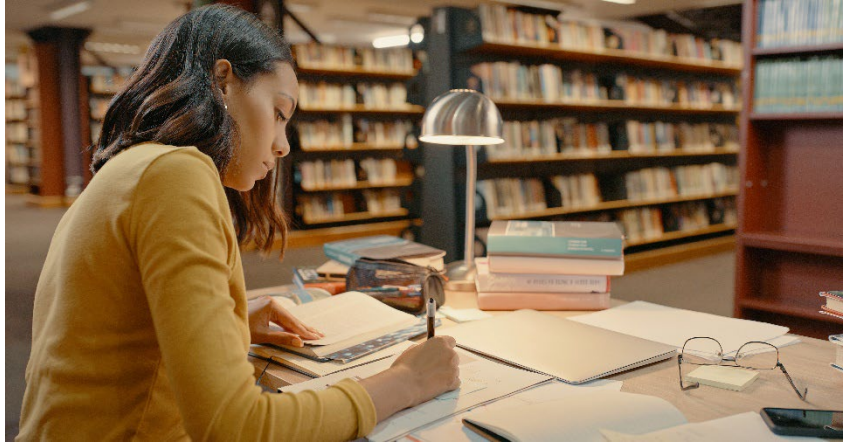
S.T.R.O.N.G. P.R.O.G.R.A.M.

- 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

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**

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 experts who will disagree with some aspect of your assessment.

Use a collaborative approach:

- 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.

- **Disagreements are best handled verbally before doing so in writing. Team has the SAME GOAL…..SAFETY!**

Cross Check Report Prior to Submission:

- 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
- 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 (Meds? Random Testing? Psychotherapy?)

Purpose of the Neuropsychological Evaluation

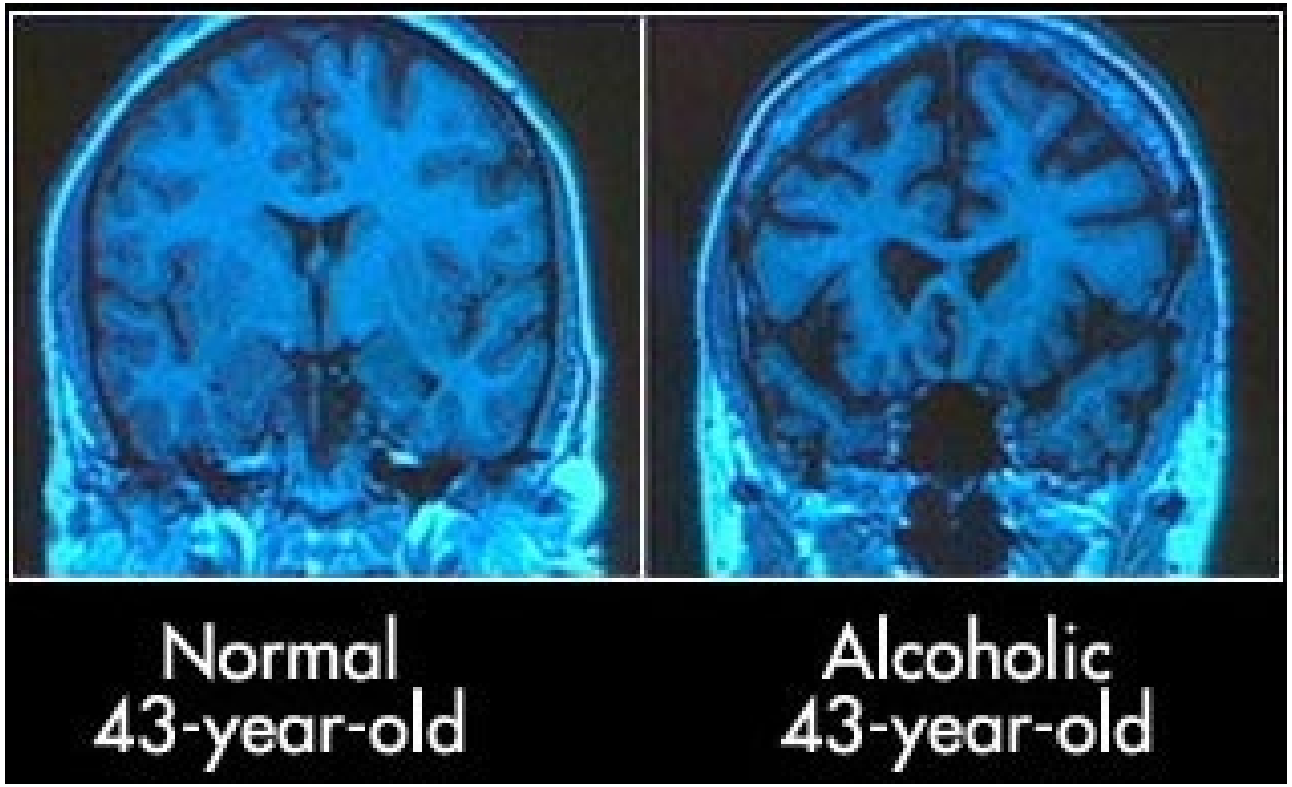
- Primarily, to assess for aeromedically significant neurocognitive deficits secondary to substance abuse.
- Alcoholism affects brain functioning. Important to be aware of those functions most sensitive to the impact of chronic/sustained substance abuse.
- Assess quality of recovery program/investment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

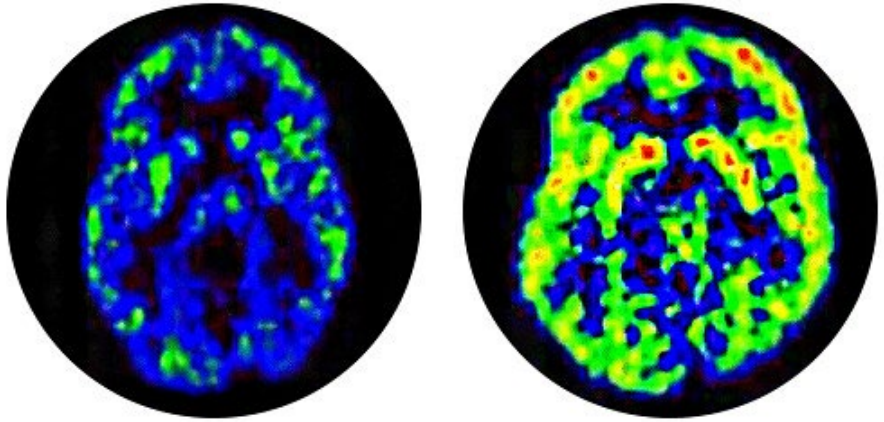
- Alcohol damages frontal/limbic systems
  - Extent varies from individual to individual
  - In most cases, the damage is reversible

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


Normal
43-year-old
Alcoholic
43-year-old

Alcohol-related Impairments

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



ALCOHOLIC

DARKER COLOURING INDICATES DEPRESSED BRAIN ACTIVITY

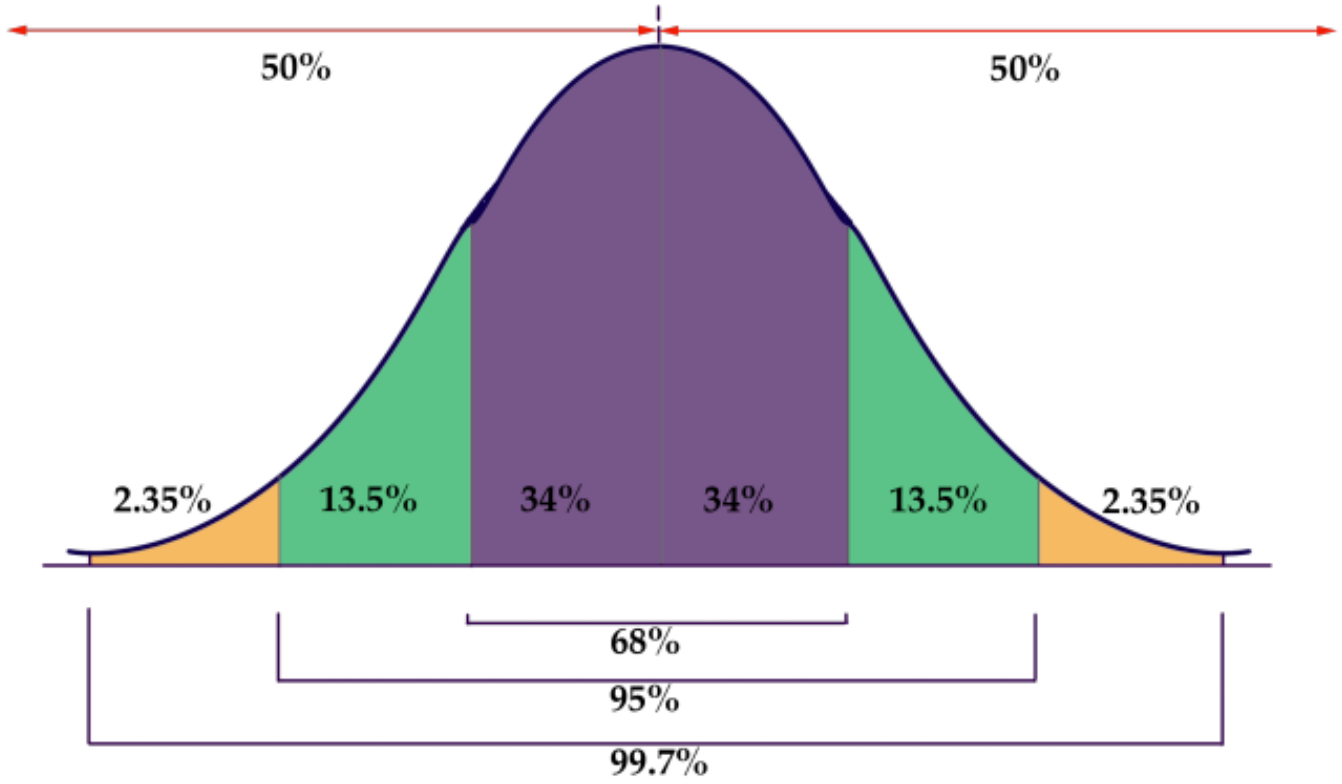
NORMAL

HEALTHY LEVELS OF BRAIN ACTIVITY

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

The Bell Curve

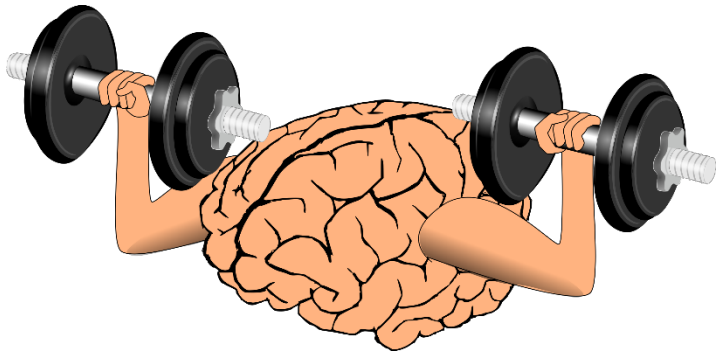


Issues to Consider at the Time of Referral

- 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?


©KINCAID
Pens?
Check.
Crossword?
Check.
Check.
Sudoku?
www.jetlaggedcomic.com
Pre-Flight Check List

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…

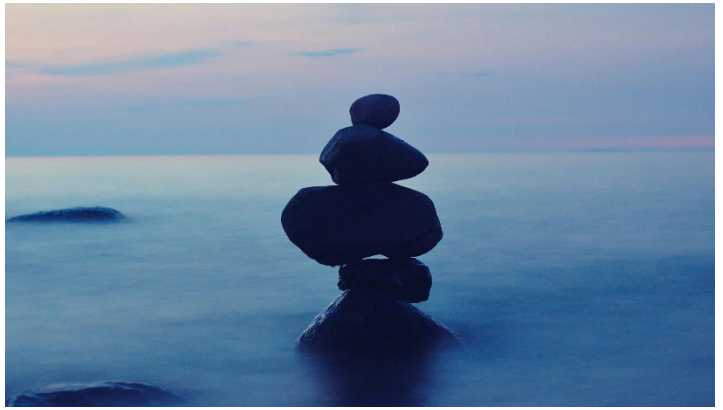
- One day vs two days
- Approximately seven hours of testing +/-
- Style will differ from one examiner to the next
- Psychologist should assess the pilot's readiness for the assessment.
  - Proper rest?
  - Proper nutrition
  - Level of anxiety
  - Other distracting factors

Effects on testing results…

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

What if there are issues?

- Usually, need for more recovery time
  - 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

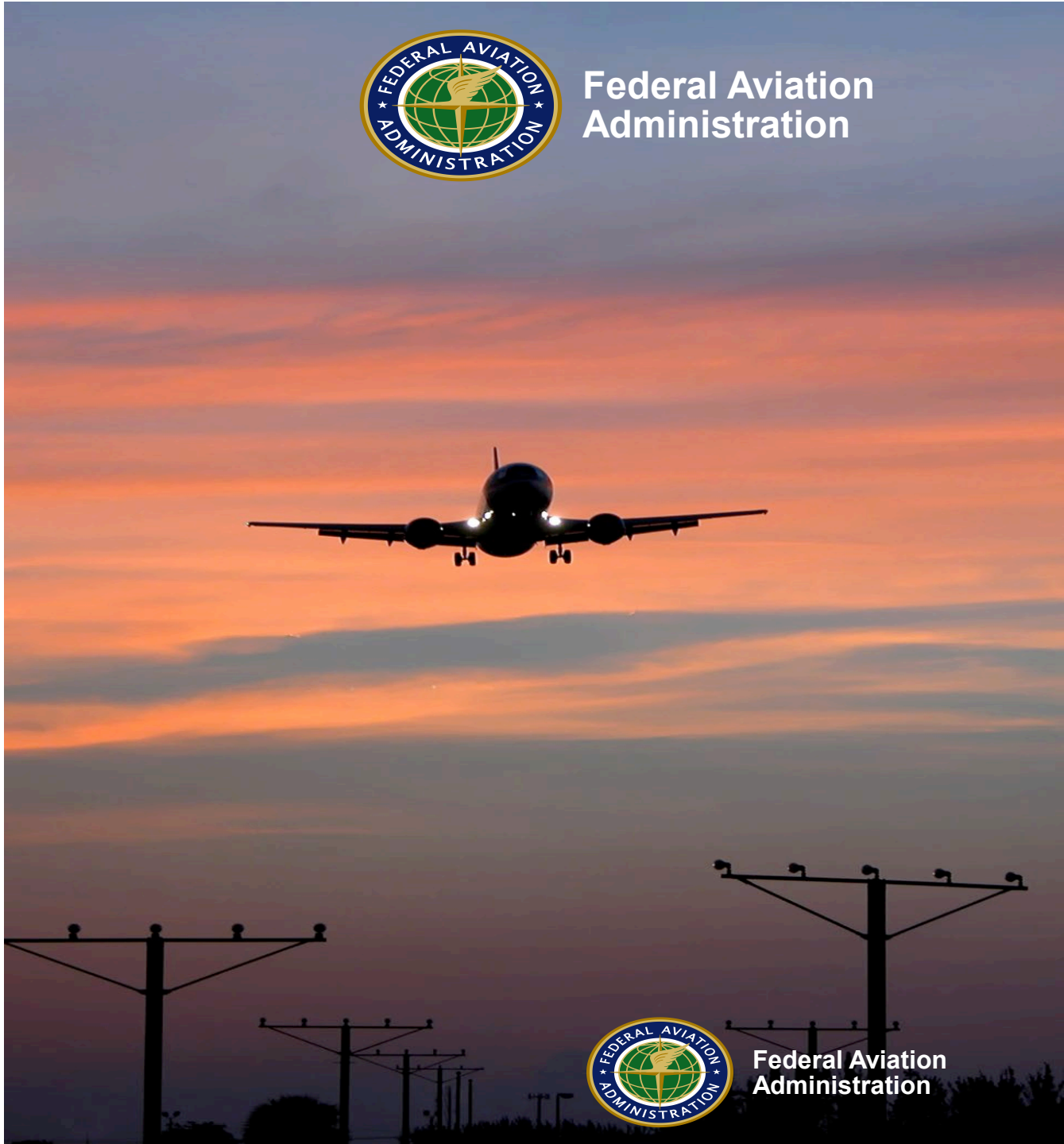

Questions

FAA Process

Presented to: HIMS Basic Seminar

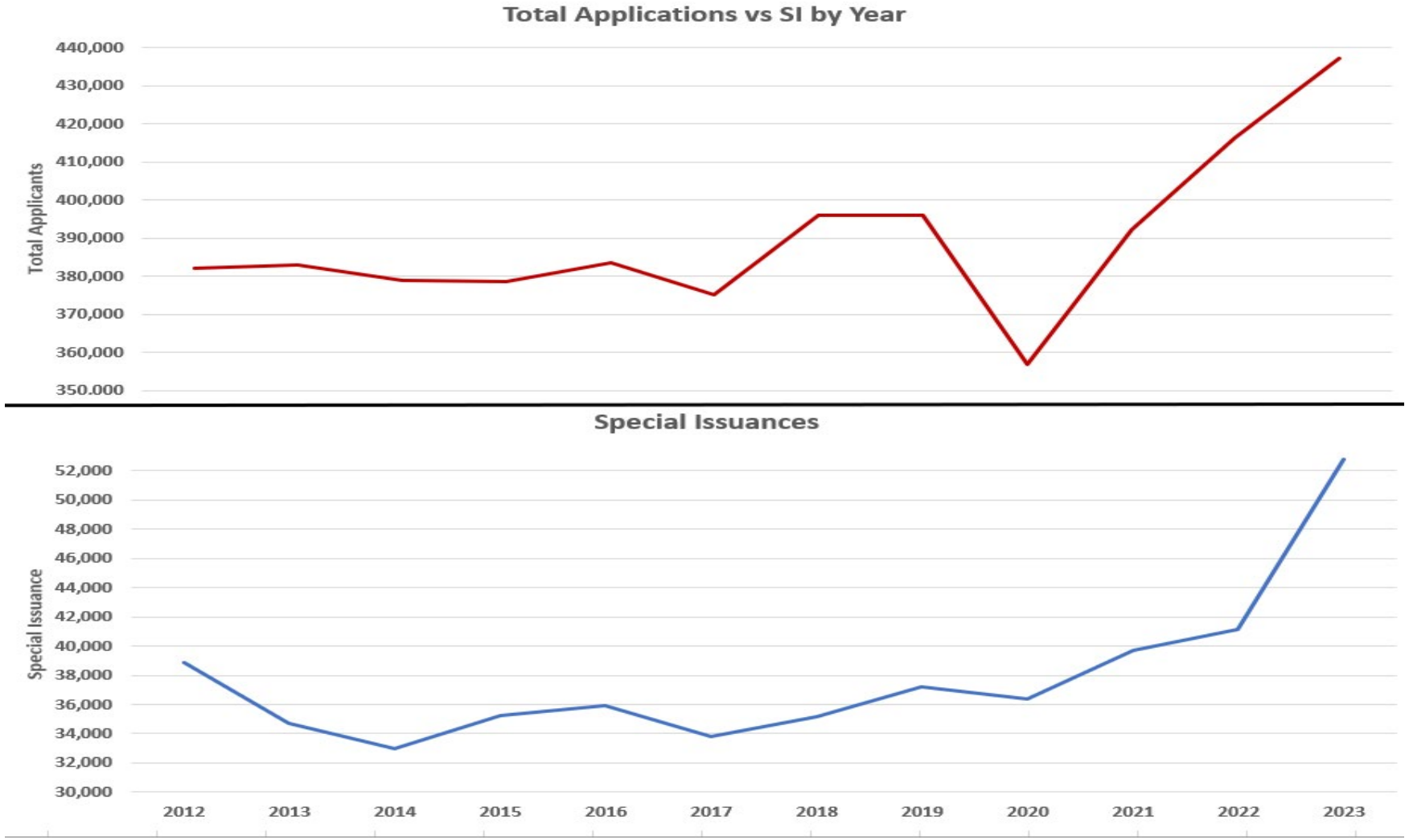
By: Penny Giovanetti, D.O. and Matthew Dumstorf, M.D.

Date: September 16, 2024



Job #1: Safety

Increasing Demand



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

Role of FAA

- Make a regulatory determination: dependence vs. abuse vs. one time stupid
- Safety risk assessment
- Risk mitigation

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 - TR

- 11 diagnostic criteria
  - 4 groups: physical dependence, risky use, social problems, impaired control
- Severity
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms

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…

Safety Risk Assessment

- How likely is the condition to occur again?
- If it occurs again, how serious is it likely to be?

Risk Mitigation Strategy

- 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 solid recovery
- Maintain abstinence
- Step-down plan

HIMS Team

- Employers
- Pilot Unions
- FAA
- HIMS AMEs
- Treatment facilities
- Psychiatrists
- Families
- Peer support groups
- Sponsors
- Aftercare providers
- Peer pilots

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

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 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.

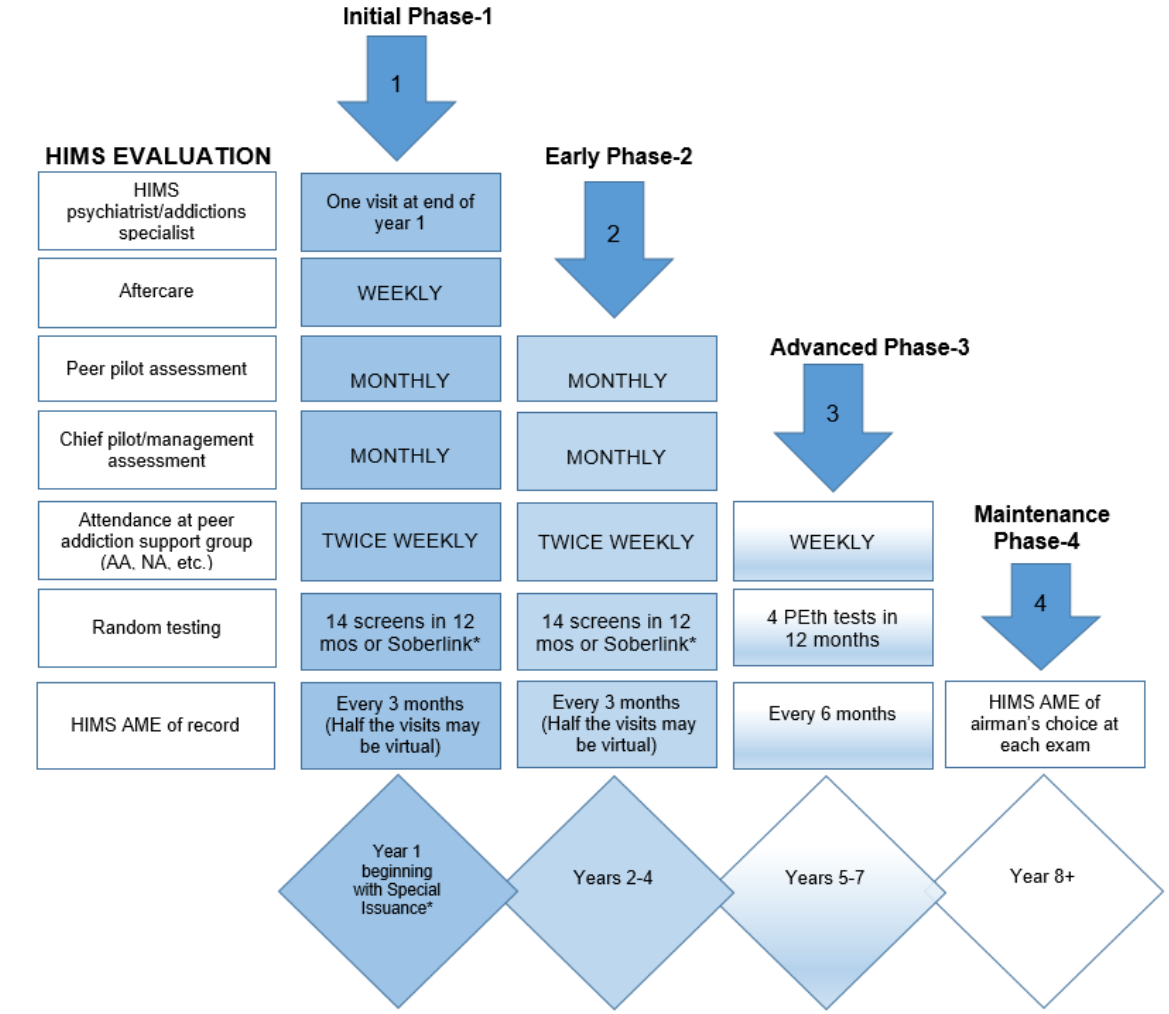
Cautions!

- Incorrect regulatory determination
- Understand drug/alcohol monitoring tests
  - Detection windows, cutoffs, etc.
  - Identify suspected breaches of collection protocol at the time of collection
  - Report positive test results 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

Peer Monitor Breakout

Billy MacDonald
Tim Markley
Jim Schneider

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

You have volunteered to be a peer monitor…

- This is inherently dangerous because you are taking someone's inventory. Judging someone can be a dangerous task for an alcoholic.

- This service work can be different than what you may expect. The next few minutes we will present ideas and challenges of monitoring people in HIMS.

You have volunteered to be a peer monitor…

- This may be an important step in your personal recovery but should not replace a strong personal program of recovery. IF you feel your program is compromised, call someone for additional support.

- You are monitoring and if you provide too much direction you maybe directing not monitoring. (This will be a topic in the Q+A.)

- 12 step calls/interventions may be a part of your new level of HIMS participation . They are never the same and can be shocking.

Principles to consider:

- Primarily we save lives. HIMS is a return-to-work program not a program of recovery

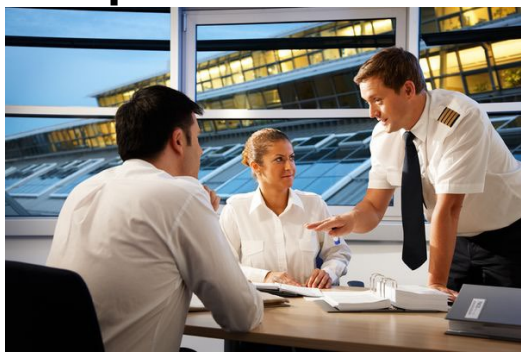
- Your experiences are important and should be shared but we are not experts. Monitors must stay in their lane. Referrals are mandatory… medical, discipline, disability, and legal issues all require special knowledge and expertise

Principles to consider:

- You do not guarantee that your monitored pilot is sober.
- Documentation is required and takes time to do well.
- Your perspective is important for others in the monitoring process

Monitoring Goals

- Maintain integrity of program
- Provide monitoring/support for recovering pilots
- Transition from initial “coerced abstinence” to “choosing sobriety”
- Identify “high risk” or “pre-drinking” behaviors – prevent return to drinking / using
- Face-to-face communication is best



Conversation suggestions for Pre-SI and Initial

- Hear their story.
- Do you have a home group?
- Do you have a sponsor?
- Treatment plan: IOP, Etc. ask them for details. How are they going?
- Have they told their Dr. they are in recovery for alternative meds

Conversation suggestions for post-SI (early)

- Content, Requirements on the SI
- Continuing care and its progress
- Next psych visit
- What have you learned up to now?
- Steps progress one and done or continued 10,11,12.
- Resentments to include the program

Transitioning to Advanced/Maintenance Phase

- Stagnation of recovery
- What your program looks like with fewer mandates/separation anxiety
- Service work
- Lifetime of sobriety
- Importance of SI Requirements
- Transfer from the program
- Retirement

Sorting Alcoholics and Addicts

Three Categories

Sober

Dry

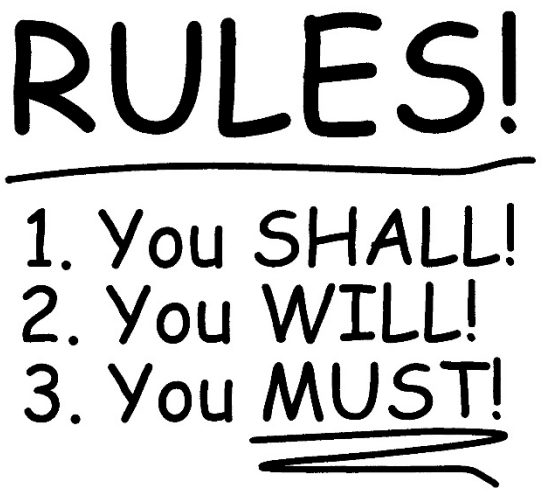
Drunk

Sorting Alcoholics and Addicts: Sober

- **Life based on:** Faith
- **Characteristics**
  - Trust
  - Acceptance
  - “Serene in an imperfect world”
- **Time:** The Present
- **Honesty:** Transparent
- **Blaming:** No blaming
- **Anger:** Acceptance
- **Perfection/Imperfection:** Accepts imperfection

Sorting Alcoholics and Addicts: Dry

- **Life based on:** Ethics/Rules
- **Characteristics**
  - Justice, fairness
  - Being responsible
  - Being balanced/moderation
  - Control is critical
- **Time:** The future
- **Honesty:** Honest to a reasonable degree
- **Blaming:** Victim/fault finding
- **Anger:** Frustrated at injustice “Righteous Anger”
- **Perfection/Imperfection:**
  Needs to make everything perfect



Sorting Alcoholics and Addicts: Drunk

- **Life based on:** Moment of pleasure
- **Characteristics**
  - "I want what I want when I want it"
  - "What the Hell!"
  - "It won't hurt to have just one"
- **Time:** Now
- **Honesty:** Not honest
- **Blaming:** Victim/justifying
- **Anger:** Often angry
- **Perfection/Imperfection:** Not an issue

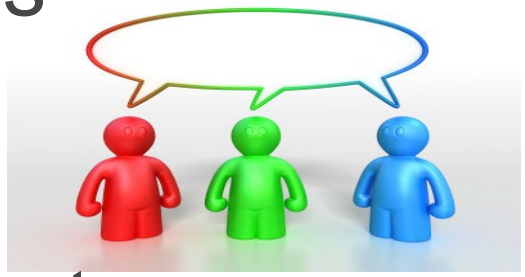
Drunk me
loves creating
awkward situations
for sober me!

High Risk Behaviors

- Being TOO busy to…
- Not following program requirements
- H.A.L.T. – Hungry, Angry, Lonely, Tired
- Repetitious anger, resentment, criticism
- Lack of acceptance of people, places, and things beyond one's control
- Lack of Gratitude for situation

Addressing Problem Behaviors

- Communicate amongst team members about the problem – Key!!!!! *Compare Notes on pilot, consistency among team*
- Provide graduated disincentives to continued non-compliance
- Follow through and be consistent



Addressing Problem Behaviors

Cannot legislate Attitude, just BEHAVIOR….but

Attitude is everything

Relapse is a Process

- Failure to engage in recovery practices
- Failure to stay engaged in recovery practices

"Never went to meetings"

"Never got a sponsor"

"Stopped…"

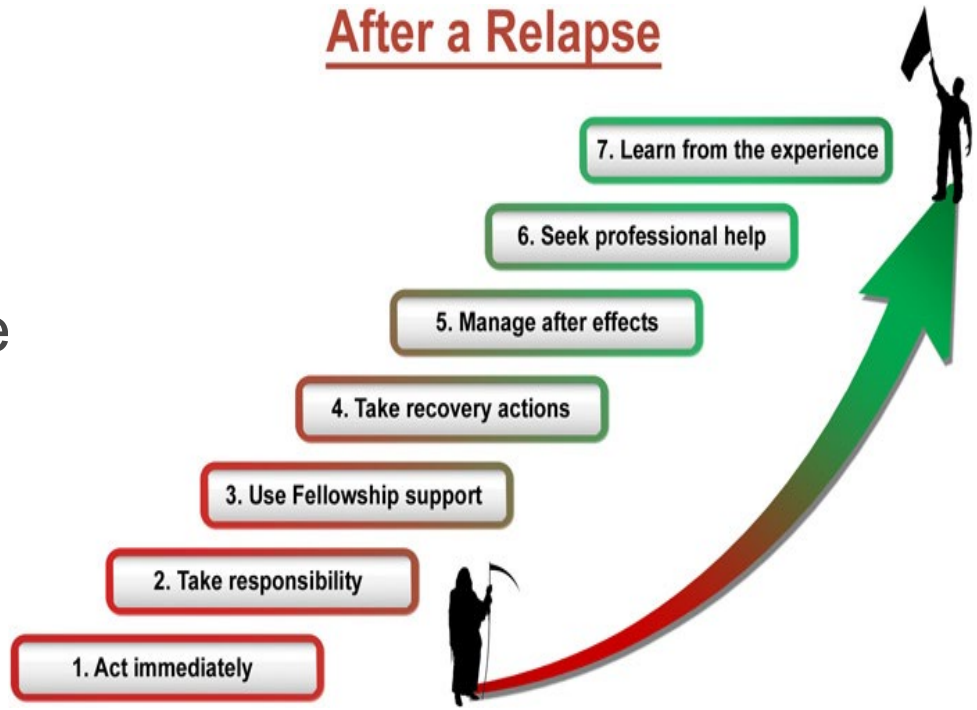
"Never worked the steps"

Relapse Risk Points

- Release from inpatient treatment
- 1st “sober” FAA physical exam
- Arrival of special issuance authorization letter
- 1st “sober” trip
- Anniversaries / Retirement
- Last “sober” FAA physical exam
- Arrival of FAA Step Down Phase letters
- Life “stress points” - vary according to individual

Relapse Actions

- Support Pilot – Fear / Shame
- Inform the HIMS team
- Ground the pilot
- Conduct investigation
- Determine appropriate treatment option
- IMS – inform FAA Special Medical Division



Relapse - Actions

- Type of disclosure, type of drug used, and length of use all impact the length and type of re-treatment

- Re-Treatment Options (No limit on number but tends to become longer and more intense each time with the cost shifting increasingly to the pilot)

- Last Chance letter (company) – Possibly

- Extended FAA Medical Review – Delayed Step Down

Summary – Monitoring and Relapse Prevention

- Each element supports good recovery
- Good communication is essential
- High risk behaviors occur before relapse — *relapse occurs before the first drink*
- If relapse occurs, take immediate action to support the pilot's recovery & aviation safety
- Very rewarding to participate in recovery
- Communicate! Communicate! Communicate!

First Timer HIMS AMEs
Breakout Group 3

Ian Blair Fries, M.D.
Penny Giovanetti, D.O.
Shawna Adkins

September 16, 2024

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Who Are You ?

- Mental Health
- Addictionology
- MRO
- SAP
- Pilot

HIMS AME Required

- Alcohol and Substance abuse and dependence.
- Dual diagnoses.
- 8 approved antidepressant medications.

HIMS AME Optional

- Psychiatric diagnoses
  - Current or Remote
  - ADHD, Autism, PTSD, Anxiety, Depression, etc.
  - Psychotropic medication history
  - VA Disability for mental conditions
- 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
- An AME does not direct care.
- An AME opinion is not expected.

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 management after SI

Designated HIMS AME

- Pilot chooses a HIMS AME.
- The HIMS AME accepts role.
- Recommend FAA notification by AME.
- HIMS AME receipt of FAA file required.
- Multiple pilot contacts before AME examination and Special Issuance request.
- Follow up for years – Step Down Plan.

Directing HIMS Sequence

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

Designated HIMS AME

- Collateral interviews and reports
  - spouse, sponsors, employers
- Psychiatric referral
  - Treating psychiatrist (Board Certified)
  - FAA designated psychiatrist
  - Early if dual diagnoses
  - Prior to SI application

Designated HIMS AME

- Neuropsychological testing
  - FAA designated neuropsychologist
  - Detailed FAA testing requirements
  - Early if mental faculties at question
  - Prior to Special Issuance application
  - Testing for psychotropic medications

Designated HIMS AME

- FAA Psychiatrists, Neuropsychologists and Psychologists list.
  - Provided to HIMS AMEs
  - Not for distribution
  - Revised quarterly
  - As appropriate, HIMS AME may provide contacts to a HIMS pilot or a pilot with a mental condition.
  - Pilot is responsible for arrangements with practitioners.

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 Adminstratively
  - Cost more (not insurance covered)

- HIMS is 85% successful in returning a pilot to flying.

A B CC DD

- Abstinence
- Plan B
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

ABSTINENCE

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

ABSTINENCE

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


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 – Aviation or Other
- Communication, Collateral
- Diary, Documentation

- www.himsprogram.com

Plan B

- Aviation
  - CFI not PIC
  - Simulator & Ground Teaching
  - Drones
  - A & P
  - Management
- Non- Aviation

A B CC DD

- Abstinence
- Plan B
- 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, Collaterals
- Diary, Documentation

- www.himsprogram.com

Formal HIMS Sponsors

- AA, NA, BOAF - anonymous
- Chief pilot*
- HIMS sponsor/Peer pilot*
- Aftercare leader/counselor**

*monthly reports

**quarterly reports

Private HIMS Sponsors

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

*monthly reports

**quarterly reports

HIMS Sponsor Reports

SPONSOR REPORTS - SUGGESTED TOPICS

When last seen and how often seen - in person, location, telephone, email.
Thoughts, feelings, changes and events since last report.
Effects on personal life.
Growth in recovery, altruism, transparency, addressing a slip, diligence adhering to treatment program, coping behavior, acceptance and willingness, humility,
Anger, depression, frustration, mood, jealousy, loneliness, isolation during recovery, repairing previous relationships and fostering new friendships.
Coping, promptness, responsiveness, truthfulness, and self-confidence.
Expectations, plans, fulfillment due to recovery, gratefulness, joy, and happiness.

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 psychiatrist,
- Addictionologist, and neuropsychologist examinations
- Aftercare leaders
- Sponsors
- Spouse and family!

Prompt DOT Settlement

- Within 10 days of Letter of Investigation (LOI)
- Loss of Medical and 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 Basic or Advanced Course
  - Attendance every three years
- SAP training and certification
- MRO training and certification
- Airman Certification – Student Pilot

Financial

- AME professional fees
  - Hourly, monthly, annually
- Random Drug & Alcohol testing
- Soberlink
- Insurance?
- Psychiatric & Neuropsychiatric evaluations.

HIMS AME Zoom Meeting

- HIMSAMEcollaboration@gmail.com (request link)
- HIMS AMEs only
- First Wednesday each month
- David Rogers and Dean Olson
  Cell phone 919-922-2998

New HIMS AME Dinners

Grill & Vine Restaurant

Monday, September 16
Tuesday, September 17
6:30 PM
12 places each evening

Questions

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

AME's Experienced

Robert J. Gordon, D.O., David Rogers, M.D., Shawna Adkins-Huddle

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Monthly Zoom Meeting for HIMS AMEs only

- Join us to share ideas, cross talk, commisurate…
- First Wednesday of month, 6:00-7:30pm MTN time (5:00pm pacific, 8:00pm Eastern)
- For link: HIMSAMECollaboration@gmail.com
- * must be current HIMS AME on the FAA list

What Is a “HIMS” Pilot?

Only pilots who work for an airline with a HIMS Program, and are listed in the HIMSProgram.com Website.

What Pilots are not official “HIMS” Pilots?

Any pilot who does not work for an airline with a HIMS program, and are not listed on the HIMSProgam.com website

Even if the FAA is requesting the pilot be monitored similar to that required by the HIMS outline.

HUDDLE

HUDDLE is an electronic portal to upload only HIMS pilot's initial packets for special issuance, but may be used for other uploads if approved by the FAA. (such as request for FAA records, periodic update reports, and information for HIMS pilots.)

HIMS AME DATA Sheet

Only HIMS Pilots initial special issuance packet are to have a data sheet completed.

Random Drug/Alcohol Monitoring

The minimum number of times per year the FAA requires random testing for substance use monitoring is 14 times a year.
An AME can test more than that at their preference. This is so the pilot will not think they won't be tested more than once a month.

Questions

Contact information
Robert J. Gordon, D.O.
Cell: 734-718-7607
DrRobertGordon.com webpage
DrGordonPilotDr@gmail.com

David Rogers, M.D.
Cell: 919-922-2998
AlpenGlowMD@gmail.com

Shawna Adkins-HUDDLE
Shawna.Adkins@FAA.Gov

Psychiatry Breakout

Concepts and Considerations

September 16, 2024; 1545-1700 hours

Chad Burgdorff MD

Paul Sargent MD

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024

The Westin Hotel DIA, Denver, CO

Learning Objectives

- Identify key components of the HIMS Psychiatry evaluation
- Recognize differences between DSM diagnoses and CFR conditions; learn to use both
- Determine where to submit reports and how to obtain FAA support

HIMS Psychiatry = Forensic Psychiatry

- Mission: Safety of National Airspace
- This is a regulatory environment
- Diagnostic Assessment + Application of Regulations = Forensic Psychiatry
- HIMS Psychiatry evaluations must meet Forensic standards AND include both DSM-5-TR diagnosis & CFR conditions

Forensic assessment- considerations before you start

- Who has hired you?
- Who are you writing the report to?
- What constitutes informed consent for this assessment?
- What release(s) will be needed?
  - How long will releases last, can they be rescinded?
- How will you establish clear communication?
  - Will written agreements be a part of your interaction?
- How will you develop shared expectations from start?
- What about licensure and professional indemnification?

First steps in case

- If FAA has sent a request letter: read it yourself
- Determine exactly what is being requested
- Obtain and review the aviators FAA Medical File
  - Aviator must release complete copy directly to your office
  - New HIMS Psychiatrists- Set up HUDDLE account with FAA for faster e-processing
  - Use FAA form 8065-2
    - “Request for Airman Medical Records”
    - Aviator to follow instructions on form

Key Forensic report elements

- Exhaustive record review (summarized)
  - Attach all substantiative records
- Comprehensive in-person interview
  - Collateral contacts/ testing where indicated (validity?)
- Integrated writeup, analysis, and synthesis
  - DSM-5-TR diagnoses and why? (**describe all criteria**)
  - Review applicable law/regulation, reach a CFR opinion
  - Recommendations for treatment/ monitoring
  - Limitations of opinion? What info did you not have access to that would have been useful?

Why both DSM and CFR?

- DSM-5-TR diagnoses:
  - Standard language of research and treatment
  - Aids in developing prognosis
  - Informs treatment
- 14 CFR-67 conditions:
  - Broader than DSM
  - Define aeromedical fitness (by describing disqualifications)
  - Provide a legal way for the FAA to mitigate safety concerns

CFR mental conditions

- Defined in 14 Code of Federal Regulations, part 67, sections 107, 207, and 307
  - Apply to 1st, 2nd, and 3rd class respectively
  - Sections 107, 207, and 307 contain identical standards across classes
  - See most recent application (form 8500-8 in airman's medical file) to determine which class was applied for
  - Internet search: “14CFR67.107”

CFR Mental conditions- Specifically disqualifying

14 CFR 67.107

- (a) Personality w/ overt acts, psychosis, bipolar, substance dependence (not in satisfactory recovery) (**lifetime lookback**)
- (b) Substance abuse (**2-year lookback**)
- (c) “No other [mental disorder]”…

“(c)”- All Other Mental Conditions

- No other personality disorder, neurosis, or other mental condition that [sic] finds:
  - Makes them unable to safely perform duties or privileges of pilot certificate, OR
  - May reasonably be expected, for max duration of medical, to make them unable to perform those duties/privileges

Dual Diagnosis: CFR medication restrictions

- 14 CFR 67.113(c), 67.213(c), 67.313(c)
  - No prohibited / restricted medication or treatment
- Mental health medication NOT allowed for standard issuance
  - Restricted but possible via Special Issuance:
    - Citalopram & escitalopram
    - Fluoxetine
    - Sertraline
    - Bupropion SR/XR (IR is prohibited)
    - Venlafaxine & desvenlafaxine
    - Duloxetine

CFR Abuse vs Dependence

- Abuse (2-year lookback, any single item)
  - Repeated hazardous use (at least twice)
  - DOT testing (usually an employer/ 49CFR program)
    - Alcohol >=0.04
    - OR drug positive
    - OR refusal
  - Misuse making them unsafe

- Dependence (lifetime lookback, any single item)
  - Tolerance (ie. BAC 0.2 or higher while meaningfully conscious)
  - Withdrawal
  - Impaired control of use
  - Continued use despite damage

Use Disorders: DSM-5-TR vs CFR (similar)

DSM-5 "Substance Use Disorder" (2 of 11)	14 C.F.R. part 67 "Substance Dependence" (1 of 4)
Larger amounts, longer period than intended	Impaired Control of Use
Desire/ unsuccessful effort to cut down or stop	Impaired Control of Use
Great deal of time spent in substance use and its effects	Continued Use Despite Damage
Craving	Leads to Impaired Control of Use
Recurrent use causing failure of obligations	Continued Use Despite Damage
Continued use despite interpersonal problems	Continued Use Despite Damage
Important actives given up due to use	Continued Use Despite Damage
Recurrent use in physically hazardous situations	Continued Use Despite Damage -OR- Impaired Control of Use
Continued use despite physical/ psychological consequences	Continued Use Despite Damage
Tolerance	Increased Tolerance
Withdrawal	Manifestation of Withdrawal

CFR condition may be present without meeting full DSM criteria

- Example: CFR dependence (1 of 4) could exist without full DSM Substance Use Disorder (2 of 11)
- This is where learning the skills to apply regulations per CFR is critical
- Analyze and explain in detail
- Be ready to provide education to HIMS AME and Aviator

Safety: More than diagnoses and conditions

- After identifying diagnoses and conditions, provide evidence-based recommendations
  - Identify treatment needs and risk mitigation activities
  - Can we strengthen this airman's recovery or 'safety net'?
  - Co-occurring conditions: are these in stable remission?
  - What is the risk of relapse?
  - Do you recommend case specific changes to the standard HIMS (dependence) or antidepressant monitoring program?

  - HIMS is a SAFETY PROGRAM! We make recommendations to reduce the risk of relapse and recurrence and maintain airspace safety.

Where to submit reports

- Via HIMS AME
  – If no HIMS AME→ Contact most recent AME

OR

- Hardcopy mail to:

  Federal Aviation Administration

  Medical Certification Division

  AAM-300 CAMI, Bldg 13

  6500 S. MacArthur Blvd

  Oklahoma City, Oklahoma 73169

Questions and Discussion

- For case support and guidance contact:
- HIMS Psychologists and Neuropsychologists:
  - FAA Chief Neuropsychologist: joyce.a.fowler-hoover@faa.gov
- HIMS Psychiatrists:
  - FAA Psychiatry branch: 9-AVS-Psychiatry-Branch@faa.gov
- HIMS AME's:
  - FAA Psychiatry branch: 9-AVS-Psychiatry-Branch@faa.gov
- Aviators:
  - Contact HIMS AME (if none→ contact RFS office)

FAMILY ISSUES IN RECOVERY

Barbara D. Woods, LCSW
Kimberly Schroeder

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Addiction – 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 mental and physical health …..

WHY ME?

- The stress of living with an active alcoholic/addict produces dysfunctional coping behavior.

- Similar to that of post traumatic stress syndrome.

CODEPENDENCY

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

- Robert Subby, M.A.

CODEPENDENCY

The central feature of codependency is "*an unhealthy dependence on relationships",* usually in an attempt to avoid 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

In It Together

- Recovery is for all family members of the identified addict or alcoholic…all are victims of the disease.
- First step: Identify or come to terms with whether or not
- you are codependent and/or an enabler.

Part of the problem or part of the solution? Enabling

- 1- Desire to “help” someone I love
- 2- Desire to avoid facing the discomfort or pain of the problem=exert influence or control over a situation to make it better.

Enabling/Codependency

- Basic foundation of family recovery:
- 1- Awareness
- 2- Acceptance
- "*I've effectively been part of the problem.*
- *The only thing I can change is MY part.*

Family Denial

- Family denial occurs in at least 3 ways:
- 1- Systemic Denial
- 2- Protection vs Exposure
- 3- Primary Patient Philosophy

Systemic Denial

- The entire system denies the existence of a problem:

Family members do not want to admit that one of them is alcoholic or they may perceive alcoholism as some sort of reflection upon themselves, or a character defect.

Protection vs Exposure

Protection- not talking about the problem as a method of sheltering one from the situation.

Exposure- not just experiencing the problem but recognizing it, discussing it and overcoming any effects.

Primary Patient Philosophy

- Assumes the alcoholic is the primary concern. Alcoholic to be helped first.

vs

- Nonalcoholic family members considered the primary Interest vs the alcoholic.

Typical Patient Treatment Experience

- Treatment setting offers safety and security
- Shame, anger, guilt, fear reduction
- Education about the disease of addiction
- Recipe for recovery provided
- Families are left “to deal” without support
- Minimal or no change in family dysfunction

Family Treatment

- Varies among facilities

- Weekly visits/sessions in person if feasible
- Telephonic/virtual sessions as alternative

- Weekend extended programs
- 2-3-5 day family programs on site

Family Treatment Benefits

- Education on the disease
- Learn how to set healthy boundaries
- Learn self-care
- Couples/family therapy in safe environment
- Open up lines of healthy communication
- Learn how to establish a support group

Family With Treatment

- Positive personality changes
- Alanon and other self help group attendance
- No drugs/alcohol in the home
- Improved communication/healthy boundaries established
- Stronger family unit=”We are in this together”
- Family members participate in self care

Family Without Treatment

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

Relapse

Treatment for the identified victim with no family treatment

is not a comprehensive treatment experience.

Returning home to dysfunction contributes to relapse.

Recommendation

- Upon admit to treatment-secure ROI-contact family members and collect collateral information.

- Stress importance of family involvement in family program.

Continued Care Post Discharge

- Refer the couple/family to couples/family therapy
- Encourage self help/support groups—family members and primary patient work “their” recovery program.
- Periodic “check-in” with family

Impact of Disease on Me

- Isolating
- Confusing
- Denial
- Hidden
- Detachment

- And then one day everything changed...

He's Going to Treatment

- Support from Chief Pilots and HIMS Chair
- Support from Family Therapist at treatment center
- 3-day Family Workshop at treatment center
    - Al-Anon
    - Meeting other spouses
- "It just keeps getting better"

Recovering Together

- 90 in 90, peer monitor, chief pilot, therapy, group therapy
- I need Al-Anon for Me
- My own therapy
- Weekly treatment center family support meeting

BOAF Al-Anon Meeting

"This Al-Anon meeting of the Birds Of A Feather (BOAF) has been established to address the special needs of family members of pilots, and aircrew members, whose lives have been affected by alcoholism. BOAF Al-Anon is also valuable to help our sober pilot members who are parents of alcoholics or are adult children of alcoholics"

Join Zoom Meeting – Fridays at 10:00 AM CT

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

Meeting ID: 837 5867 1792 Passcode: Birds

- Barbara D. Woods, LCSW, ACSW
  SAP Qualified

972-467-7993

Barbara@barbarawoodsandassociates.com

- Kimberly Schroeder

507-382-5447

schroeder.kimberly@yahoo.com

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

Suzanne Kalfus, Esq.

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
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 6.5 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

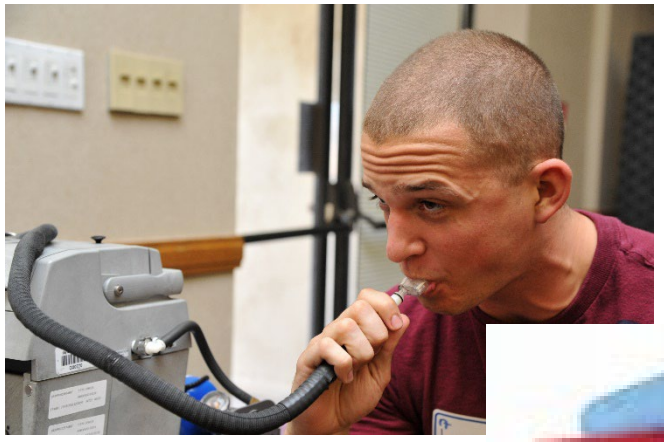
- Addresses: drugs to be tested, types of tests authorized cannot go beyond HHS authorization (e.g., blood testing, hair testing, particular drugs tested)

- 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



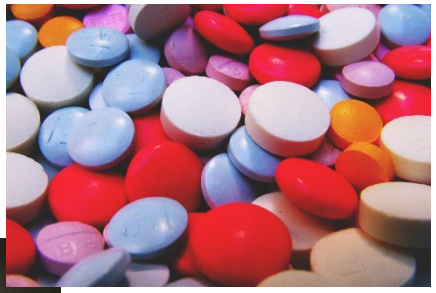
CATEGORIES OF TESTING:

- 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 (added to DOT testing Jan. 2018)
  - Synthetic opioids had not been authorized
    - Proposed to add fentanyl/norfentanyl (Nov. 2023)
    - Cutoffs still being considered

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

CONSEQUENCES

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

- 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
  - Random alcohol test violation rate – 0.035% (20 yr. average – 2003-2022)
  - Positive results: 35 100ths of one percent
- Not cost-effective identifier
  - Average cost to detect single violation (20 yr. average)
  - $193,283

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 (2013-2022)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Number of FAA-Regulated Safety Sensitive Employees	383,784	390,069	424,273	434,494	447,526	464,727	478,169	434,017	429,734	459,818
Number of Flight Crewmembers	98,303	99,670	107,858	111,770	115,727	121,578	125,548	119,252	118,421	124,901
Total # of alcohol test results										
Pre-Employment	588	478	497	438	496	688	454	678	429	479
Random	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,400	14,918
Reasonable Cause	18	11	24	25	23	24	24	9	16	18
Post Accident	97	93	90	80	97	132	103	78	76	89
Positive alcohol test violations										
Pre-Employment	-	-	-	-	-	-	-	-	-	1
Random	1	6	3	6	7	-	7	8	6	2
Reasonable Cause	4	1	7	7	10	10	9	3	5	4
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, 2013-2022)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Random Alcohol Tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,400	14,918
Random Alcohol Violations	1	6	3	6	7	0	7	8	6	2
Random Alcohol Violation %	0.009%	0.053%	0.024%	0.047%	0.054%	0.000%	0.046%	0.063%	0.045%	0.013%
Reasonable Cause Alcohol Tests	18	11	24	25	23	24	24	9	16	18
Reasonable Cause Violations	4	1	7	7	10	10	9	3	5	4
Reasonable Cause Alcohol Violation %	22.2%	9.1%	29.2%	28.0%	43.5%	41.7%	37.5%	33.3%	31.25%	22.22%

Random alcohol test violation rate, 20 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 (2013-2022)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Random Alcohol Tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,400	14,918
*Estimated Cost of Random Alcohol Tests	$736,029	$711,963	$792,981	$805,896	$821,583	$907,893	$955,899	$802,872	$844,200	$939,834
Number of violations found	1	6	3	6	7	-	7	8	6	2
Estimated Cost to detect single violation (Random testing)	$736,029	$118,661	$264,327	$134,316	$117,369	No violation	$136,557	$100,359	$140,700	$469,917
Reasonable Cause Alcohol Tests	18	11	24	25	23	24	24	9	16	18
*Estimated Cost of Reasonable Cause Tests	$1,134	$693	$1,512	$1,575	$1,449	$1,512	$1,512	$567	$1,008	$1,134
Number of violations found	4	1	7	7	10	10	9	3	5	4
Estimated Cost to detect single violation (Reasonable Cause testing)	$284	$693	$216	$225	$145	$151	$168	$189	$202	$284

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
(2013-2022)

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
# of Flight Crewmember Random tests	11,683	11,301	12,587	12,792	13,041	14,411	15,173	12,744	13,400	14,918
*Estimated cost spent on Random Crewmember alcohol testing	$736,029	$711,963	$792,981	$805,896	$821,583	$907,893	$955,899	$802,872	$844,200	$939,834
Number of violations found	1	6	3	6	7	-	7	8	6	2
Estimated Cost to detect single violation (Random screening)	$736,029	$118,661	$264,327	$134,316	$117,369	No violation	$136,557	$100,359	$140,700	$469,917

20 Year average cost to detect single violation: $193,283

Estimated spend of $15.5M from 2003-2022 (using $63 per event), 85 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
- Still none certified – not effective

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

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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

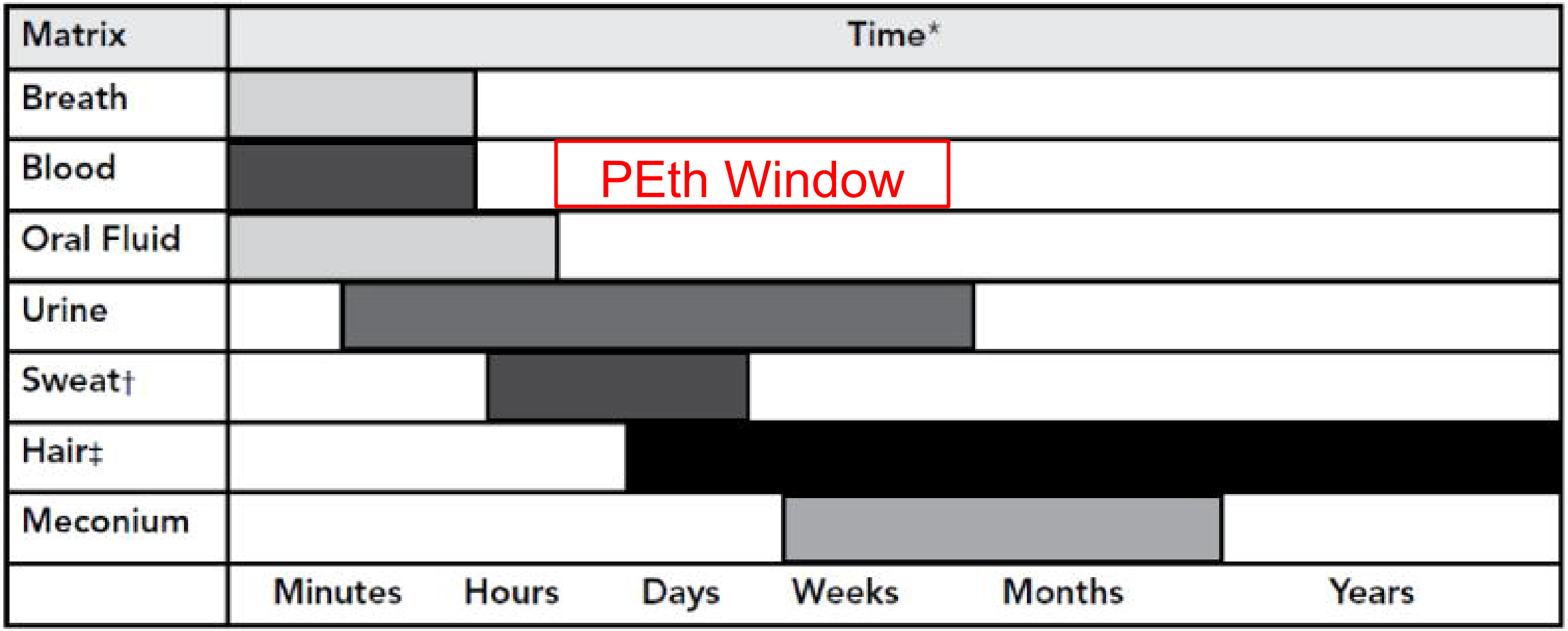
- Screening
  - ELISA – Enzyme Linked Immunoassay
  - Cross-reactivity with many analogues / similar chemical structures
  - Need Confirmatory testing for ELISA Positives / Can have Negatives
  - “Non-Negative” ≠ “Positive”
  - Below Detection Limits will be Negative
- Confirmatory
  - GC/MS LC/MS GC/MS-MS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

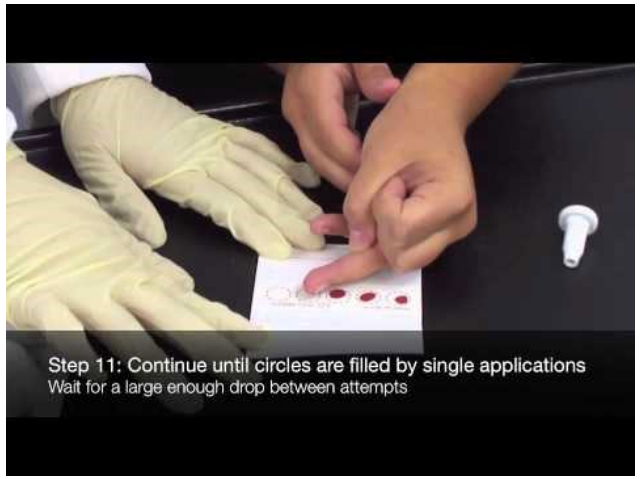
Urine Testing

- 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 (Drugs Only)
- 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 or dilute urines
- 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

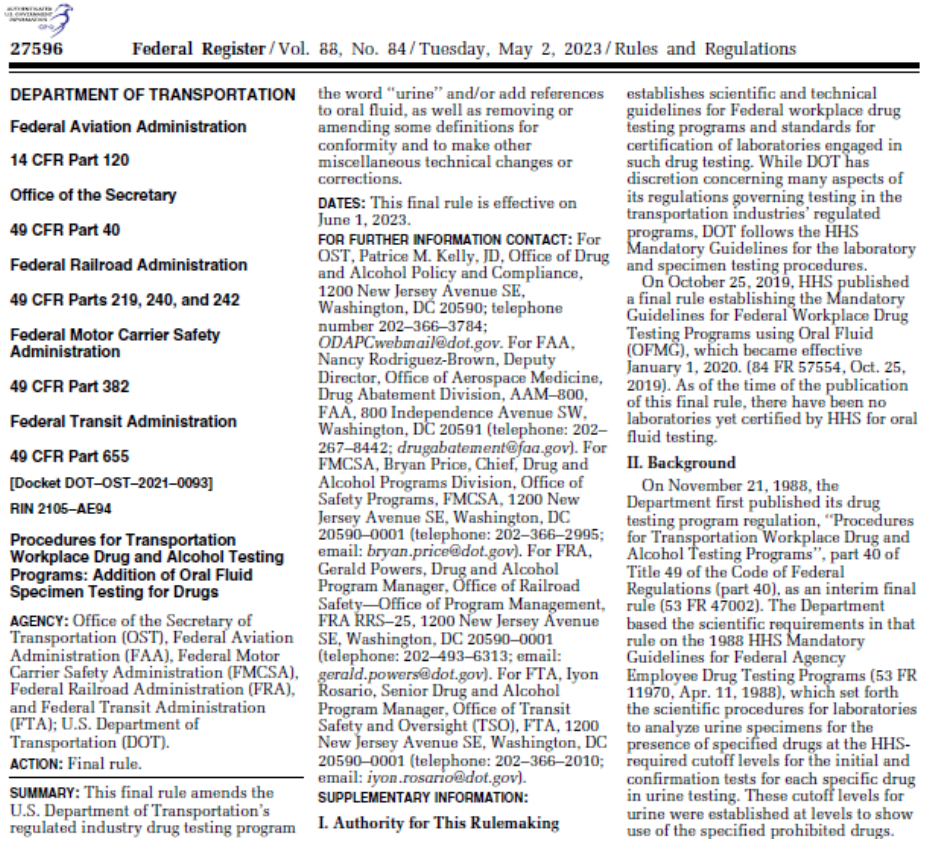
No One Answer is Right

- 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 / Rules and Regulations

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

establishes scientific and technical guidelines for Federal workplace drug testing programs and standards for certification of laboratories engaged in such drug testing. While DOT has discretion concerning many aspects of its regulations governing testing in the transportation industries' regulated programs, DOT follows the HHS Mandatory Guidelines for the laboratory and specimen testing procedures.

On October 25, 2019, HHS published a final rule establishing the Mandatory Guidelines for Federal Workplace Drug Testing Programs using Oral Fluid (OFMG), which became effective January 1, 2020. (84 FR 57554, Oct. 25, 2019). As of the time of the publication of this final rule, there have been no laboratories yet certified by HHS for oral fluid testing.

II. Background

On November 21, 1988, the Department first published its drug testing program regulation, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs", part 40 of Title 49 of the Code of Federal Regulations (part 40), as an interim final rule (53 FR 47002). The Department based the scientific requirements in that rule on the 1988 HHS Mandatory Guidelines for Federal Agency Employee Drug Testing Programs (53 FR 11970, Apr. 11, 1988), which set forth the scientific procedures for laboratories to analyze urine specimens for the presence of specified drugs at the HHS-required cutoff levels for the initial and confirmation tests for each specific drug in urine testing. These cutoff levels for urine were established at levels to show use of the specified prohibited drugs.

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

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

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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)

General Information

- Managed care vs self pay
- Medical necessity criteria
- ASAM (used by managed care) criteria vs FAR
- Age of Program/consistent outcomes
- 12 Step vs holistic vs scientific/medical model
- Evidenced based

Cost of Treatment

For profit vs non profit 501(c)(3)…What's the difference?

If self pay-know the cost prior to admission—including ancillary costs. No surprises.

"In network" vs "we accept insurance"

What is balance billing?

Levels of Care

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

Professional Staff

Seasoned/experienced staff ie:

PhD/PsyD, Masters Level Counselors

Psychiatrist on staff-ability to treat co-occurring disorders
Virtual vs “In Person” evaluations/sessions

Willing to follow professional protocols (can involve extra $)

Treating Professional Pilot

Important to understand nuances of treating a professional pilot:

(high bottom, fear, need for control, lack of trust).

FAR violation vs DSM Diagnosis (14 CFR part 67)

Familiar with disqualifying disorders

Psychiatric and medical

Comprehensive Treatment

- Family program included—in person or virtual?
- Discharge planning…who does it…when is it done?
- Individualized treatment plans to address specific clinical needs
- Chart to the treatment plan

General Information

- How often does treatment team meet?
- Is the doctor included (psych)…nursing?
- Warmth of staff—demonstrate they CARE
- Weekly reports --- timely...informative
- AA attendance – step work- temp sponsor
- BOAF

SUMMARY-Ideal Program for professional pilot

- Accredited—JCAHO or CARF
- Knowledge of HIMS program
- Caring, trained and credentialed staff
- Psychiatrist-admit to discharge
- Detailed and appropriate documentation
- Communication during treatment
- Comprehensive discharge planning
- Timely record submission to AME

Contact Info

Barbara Woods, LCSW, ACSW, SAP-qualified

Barbara@barbarawoodsandassociates.com

972-467-7993

Monitoring Letters - Monthly Report Writing

CPT. Tim Markley
Quay Snyder, MD, MSPH

HIMS

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Monitoring Letters

Captain Tim Markley, NetJets

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Learning Objectives

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

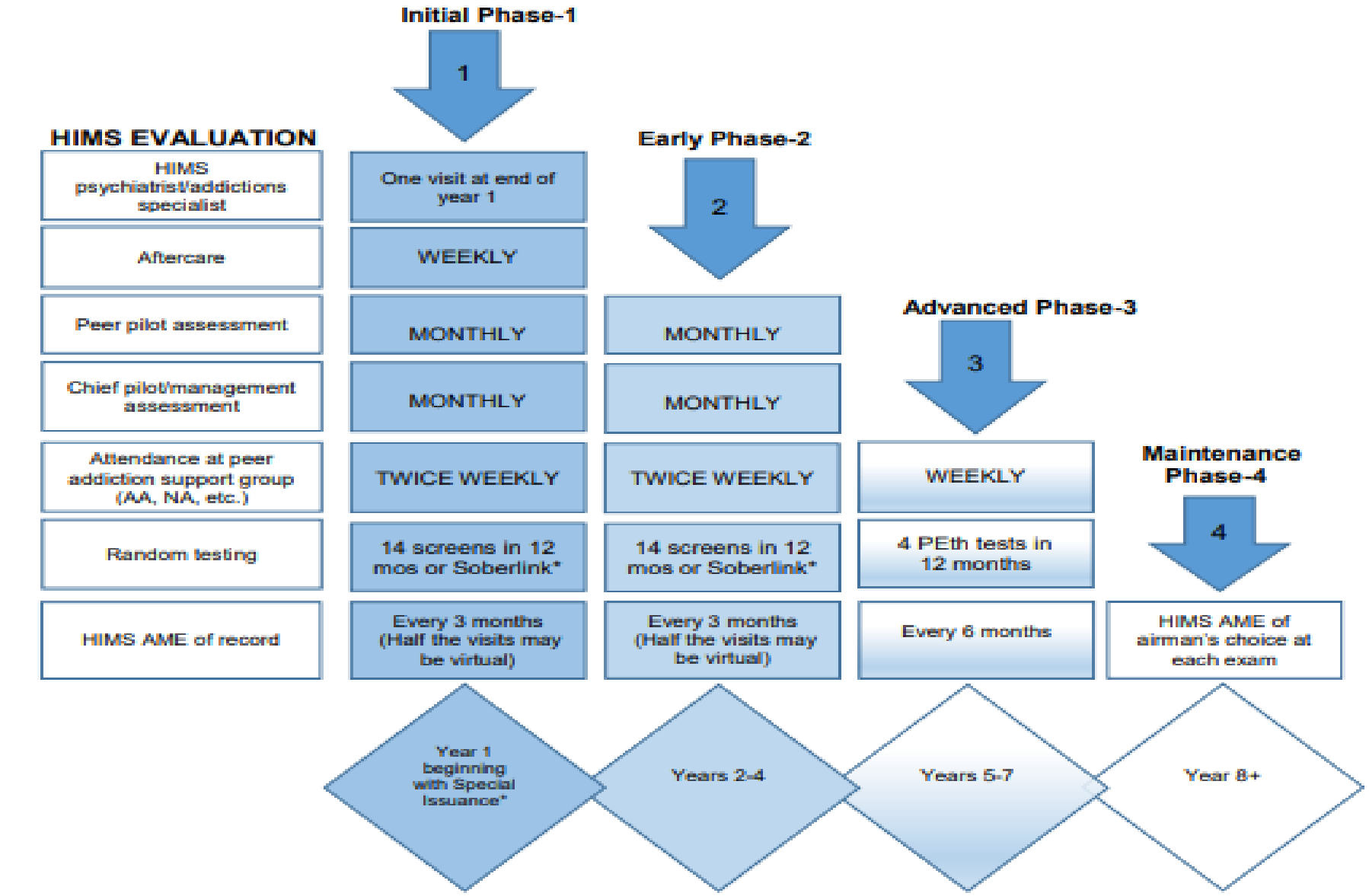
- HIMS participants will be able to write and assess the information provided in the peer and management letters

- 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

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel 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?

- 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?

- 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

- 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 – How Honest is Your Program?

- "…we covered low self-esteem by hiding behind phony images that we hoped would fool people. **The masks have to go."**

  NA Basic Text, p. 33

- A deep experience of and daily practice with Steps 1-3 in a pilot's 12-Step Recovery Program are hugely correlative to the pilot's risk of relapse, particularly in early recovery.
- Rigorous honesty required…

Relapse Prevention – Does Everyone Relapse?

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

- 3 simple things get/keep someone Sober. A lack of those three things lead down the path to relapse:
  - Sponsor
  - Steps
  - Community

Relapse Prevention – 3 Building Blocks

- The 3 Pillars to strong 12-Step recovery:
    1. Strong Sponsor Relationship
    2. 12-Step **Work**
    3. Community
        - AA Home Group
        - BOF
        - Airline HIMS Group

SLIP – Sobriety Lost Its Priority

Relapse Triggers – What do you look for?

- In-patient treatment sets the foundation, but it doesn't 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.
  - System-based approaches work best.
  - 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? -- Case Study

- 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? – Case Study

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- Airline vs. GA Pilots

Robert J. Gordon, D.O., Ian Blair Fries, M.D., Dave Rogers, M.D.

HIMS

2024 Basic Education Seminar
Safety & Sobriety – It Takes a Family
September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Monthly Zoom Meeting for HIMS AMEs only

- Join us to share ideas, cross talk, commisurate…
- First Wednesday of month, 6:00-7:30pm MTN time (5:00pm pacific, 8:00pm Eastern)
- For link: HIMSAMECollaboration@gmail.com
- * must be current HIMS AME on the FAA list

Airline HIMS Team Relations

- Ask Pilot if HIMS Team has been contacted
- Authorization
- May have Collateral info
- Possible designated Evaluators
- Possible preferred Treatment Centers
- Understand airline protocols
- HIMS site → Get Help Now → Pilot Referral Info

Treatment Programs

- Ask HIMS Rep for Preferred Facilities
- 12 Step Foundation
- In House Psychiatrist
- Professionals Program
- Insurance Coverage
- COMPLETE Treatment Records!!!
- Communications with You

“P & P”

- Check with HIMS Airline Rep for Required Evaluators
- Quality of Report/FAA Communications/Experience
- Scheduling/Timeliness of Report
- Association w/ Neuropsychologist & Psychiatrist/Location to your office
- Cost of Evaluation
- Forensic Case – FAA Medical File Review
- Good communication with you.

Monitoring Letters

-How to obtain the letters

(Chief Pilot, Peer Monitor, Aftercare providers, ETC.)

-Quality of the letters

Aftercare

- Professionals Program desirable (Pilots)
- Understand length of participation required (Weekly till back to work then minimum of twice a month).
- Willing to Submit INDIVIDUALIZED reports (monthly till SI issued then quarterly)
- Communication Plan
- Insurance Coverage

Abstinence Testing

- How to set up testing
- How often to test (FAA minimum 14 times a year)
- What to test (Urine, Hair/Nail, Blood)

Role of HIMS AME

- FAA expects your judgement as to the quality of recovery.
- You monitoring the pilot's recovery.
- You recommend when SI should be issued, revoked and end.
- You are **not** just passing through paper pusher. You provide ongoing opinions.
- Coordinate with Airline HIMS team
- FAA has broader criteria than DSM
- Aviation Safety

Payment

- No Single strategy (ala carte vs. global fee vs. other)
- Different events
  - Initial Evaluation
  - Case Preparation
  - Interim visits
  - Annual / Semi-Annual Visits
  - Release from Monitoring
- Physical Exam
- Testing

Non-Professional Pilot

- Less Motivation
- Less Financial Resources
- No formalized HIMS Structure
- Alternatives to Peers and Management
- Tend to be Local – have PCP
- Continuing Care strategies

Stepdown is not a Guarantee

- Step Down is not a given
- Both the time line and participation requirements can be extended
- Each case is evaluated on its own merits.

Qustions

Contact information:

Robert J. Gordon, D.O.
Cell: 734-718-7607
DrRobertGordon.com webpage
DrGordonPilotDr@gmail.com

Ian Blair Fries, M.D.
Cell:732-433-0211
IBFmd@ibfmd.net

David Rogers, M.D.
Cell: 919-922-2998
AlpenGlowMD@gmail.com

Best Practices

Captain Craig Ohmsieder
Captain Billy Petersen
Dr. Chad Burgdorff
Dr. Dave Rogers
Kim Schroeder

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

“Dual Diagnoses”

Co-Occurring Mental Conditions

September 18, 2024; 0830-0900 hours

Chad Burgdorff, MD

HIMS

2024 Basic Education Seminar

Safety & Sobriety – It Takes a Family

September 16-18, 2024
The Westin Hotel DIA, Denver, CO

Objectives:

1. Appreciate the importance of treating co-occurring conditions to improve quality of life and strengthen recovery;
2. List the basic components of an Antidepressant monitoring program;
3. Know where to find Antidepressant program guidelines and the list of current program medications

Additional ways to support aviators in recovery?

- Whole person care and support
- Identify additional conditions which need or would benefit from treatment
  - Monitor for co-occurring mental health issues
  - Connect aviator with referrals/ resources

What is a “co-occurring” condition

- Independent of each other
- But occurring at the same time

- Are they truly independent?
  - NO!
    - They may trigger each other
    - Treating one condition may decrease risk of relapse/ reoccurrence for the other condition
  - Benefits from parallel and integrated treatment

Common HIMS Co-occurring conditions

- Substance Dependence with
  - Depression
  - Anxiety
  - OCD
  - PTSD
  - Adjustment Disorders

Is this an independent condition?

- Discuss with AME and P&P providers, seek professional insights
- Points toward independent/ co-occurring:
  - Symptoms present before first use
  - Symptoms persist after a period of 100% abstinence-based sobriety (length depends on substance and history)
- Points toward substance as cause:
  - Symptoms limited to times of intoxication and withdrawal

Psychotherapy

- First line treatment for many types of conditions
- New policy allows AME to issue for certain uncomplicated mental health concerns even with ongoing psychotherapy
  - Search AME guide “Anxiety, Depression, and Related Conditions” disposition table
- 1:1 psychotherapy is an excellent addition to any HIMS (dependence) program
  - CBT principles often included in group therapy, aftercare, and certain peer support programs (ie. AA)

Antidepressant program

- Formerly known as “SSRI program”

- Antidepressants used for many conditions (not just depression)
  - Also work well for certain cases of:
    - Anxiety, OCD, PTSD, etc.
    - Chronic (neuropathic) pain
    - Other medical conditions
  - An expanding list of available medications

- The need for antidepressant treatment triggers FAA review
  - Special Issuance (monitoring) required for Antidepressant medication
  - Management is determined by status of underlying condition

Current medication options- AME guide

- “SSRI”
  - Citalopram & escitalopram
  - Sertraline
  - Fluoxetine
- “SNRI”
  - Venlafaxine & desvenlafaxine
  - Duloxetine
- Bupropion

Standard Antidepressant program elements- AME guide

- HIMS AME sponsorship/ monitoring (6 month)
- Neuropsychology screening (most cases only once)
- Board Certified (HIMS OK) Psychiatrist (6 month)
- Or HIMS Psychiatrist + Prescriber (6 month each)
- Must stay on specific medication at SAME dose

- Search AME guide: “Protocol for Antidepressants”

Questions/ Discussion

- Contact for support:
  - Aviators→ HIMS AME (if none, contact RFS office)
  - HIMS AME→
    - FAA Psychiatry Branch (email) OR
    - Drug & Alcohol Abatement (Dr. Dumstorf and team)
  - Psychiatrists→ FAA Psychiatry Branch (email)
  - Psychologists/ Neuropsychologists→ FAA Chief Neuropsychologist (email)

Antidepressant Program

Presented to: HIMS Basic Seminar

By: Penny Giovanetti, D.O.

Date: September 18, 2024

History

- General observation that pilots on antidepressants were doing well
- General awareness that mild/moderate depression is very common
- SSRI Program published in Federal Register April 5, 2010
- 4 approved medications chosen for most favorable side effect profile
- 2023-4 Additional meds added

Diagnoses

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

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

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

New Antidepressant Options

- Citalopram
- Escitalopram
- Fluoxetine
- Sertraline
- Buproprion SR/ER
- Desvenlafaxine
- Duloxetine
- Venlafaxine

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

Initial SI Package

- History of 6 months of stability on med
- Personal statement
- HIMS AME report
- Treating physician – if not psychiatrist
- Psychiatrist
- Neuropsychologist
- Management designee e.g. Chief Pilot

Recertification

- As directed in SI Authorization Letter
- Usual Semi-annual requirements
  - HIMS AME
  - Treating physician (if not psychiatrist)
  - Psychiatrist
  - Management designee

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
- 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

July 29, 2010