



Alcohol & Drug Use: Roadmap to Certification

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Civil Aviation Medical Association Annual Meeting, Cleveland
September 27, 2019

Disclosure Information

- Salaried, staff, private academic medical center
- Military flight surgeon
- Financial: Prior consulting for JetBlue (2013)
- No off-label med or investigational
- My perspective FAA

Agenda

- Historical perspective
- Conceptualization
- 'Classic' & 'Not so simple'
- Drug paraphernalia
- Judgmental error
- Alcohol-induced pancreatitis?
- Other cases

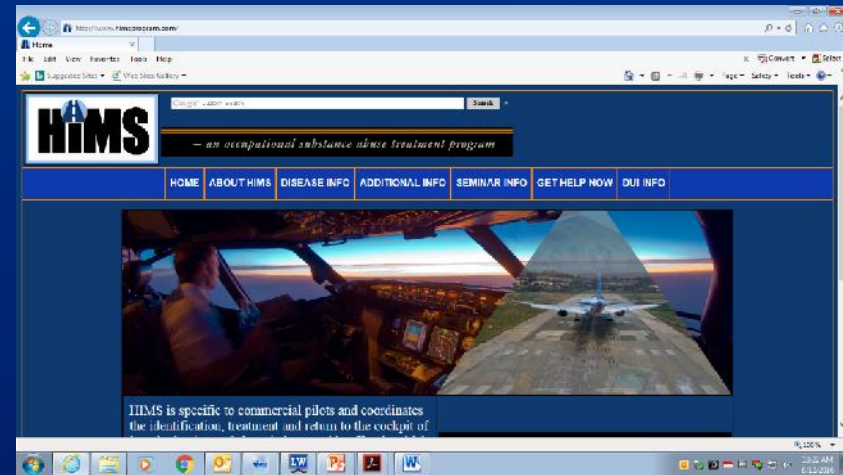


Objectives

- Define FAA regulations regarding addiction
- Differentiate the nuances in medical certification for an airman with addiction history / concerns
- Understand the basic HIMS model addiction protocol specifications



Occupational Alcohol Addiction Treatment Program (1970s)



www.himsprogram.com

Drugs of Abuse

Alcohol / Drug Monitoring

"HIMS" today

-HIMS "Program" (ALPA/airline formalized support)
-'Non-program' (everyone else)

SSRI/combo/other psych cases (HIMS AME)

<https://himsprogram.com/>

<https://www.faa.gov/pilots/amelocator/>

Conceptualization

- Medications
- Condition / Diagnosis
- ★ • Cognitive defects:
DQ'ing

What is disqualifying?

- Specifically disqualifying **All Classes:**
14 CFR 67.107(a)(b), 67.207(a)(b),
and 67.307(a)(b)
 - Substance dependence (a)
 - Substance abuse (b)



www.brandsoftheworld.com

Alcohol dependence in SR

- 64 y/o male 737 captain AA domestic
 - Transfer of HIMS case 2015
 - Hx 2 relapses, most recent 2010
 - Saw for 12 mo return
- Documentation – onerous for a reason!
- Motivation for sobriety??
 - Oversight / checks & balances

HIMS Protocol Specifications

- FAA will require additional documentation:
 - Personal statement
 - State driving record x 10 years
 - Court records / arrest reports
- HIMS Evaluation
 - Psychiatric evaluation
 - Addiction psychiatrist OR HIMS-trained
 - Neuropsychological evaluation
 - HIMS-trained Neuropsychologist

SUMMARY –
FAA
CERTIFICATION
AID
DRUG / ETOH
RE-CERT

- HIMS AME
- Lab testing
- Psychiatry History Report
- Aftercare
- Chief Pilot
- Peer Pilot
- Additional providers



www.himsprogram.com

FAA CERTIFICATION AID – Drug and Alcohol Monitoring Recertification

(Updated 5/25/2016)

ician/provider who may be unfamiliar with FAA medical certification requirements. It lists the ABSOLUTE MINIMUM
ould strongly consider taking a **copy to each evaluator so they understand what specific information is needed**
a **delay** in the processing of your medical certification until that information is submitted. Additional information su
within the last 90 days) for FAA purposes.

HIMS AME Checklist - Drug and Alcohol Monitoring Recertification

(Updated 5/25/16)

Airman Name _____

PI# _____

Instructions to the HIMS AME:

- Address the following items based on your in-office exam and documentation review;
- **Submit this Checklist** (it must be signed and dated by the HIMS AME); **AND**
- **Include supporting documentation reviewed to complete this checklist** (including your HIMS AME report) **within 14 days to:**

Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
PO Box 26080, Oklahoma City, OK 73125-9914

I reviewed the airman's HIMS Authorization Letter dated: _____
(date of Authorization letter)

1. HIMS AME FACE-TO-FACE, IN OFFICE EVALUATION: Required EVERY 6 months for ALL CLASSES

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 EVERY 12 months for ALL CLASSES 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.....

Yes	No

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

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 **ONLY** 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 AME Signature

 Date of Evaluation

If ALL items fall into the clear column, the AME may issue with the time limitation specified in the Authorization letter.

If ANY SINGLE ITEM falls into the SHADED COLUMN, the AME MUST DEFER or contact the FAA for guidance AND EXPLAIN in the HIMS evaluation report.

A not-so-simple case...

- 47 y/o male, married w/ 2 children, student pilot seeking 3rd class
 - Hx of 2 SAP, 2001 & 2017
 - Last use Etoh 2012, but...
- Histrionic traits, 6 wks anhedonia 2001
- Opiate abuse SR, Ritalin abuse, ER
- Tobacco use, on 21mg, 4
- 1 THC brownie Jan 2017

FAA: “SUBSTANCE” includes...

- Alcohol, PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals



www.ohsutp.ca/topics

FAA Def'n of Substance Abuse

- Physically hazardous to situation
- (+) drug test
- Etoh 0.04
- Refusal to submit to DoT Etoh/drug test
- Misuse that the Federal Air Surgeon finds...

FAA: Definition of Misuse

- Makes person unable to safely perform duties OR exercise airman certificate privileges
- May be reasonably be expected (for duration of med cert) to make person unable to...
- Based on case hx and medical judgment

Could he get certified?

- Hx substance dependence → Defer! ★
- Follow clinical recs!
- Severity of disease
- Identifiable stressor(s) for relapse??
- Not every condition is DQ'ing

“Not my [cannabis paraphernalia]”

- 31 y/o single, never married, female student pilot seeking 3rd class
- Hx of anxiety, alcohol, and THC
- Red flags
 - Easy to elicit / some NPV
- Insight into disease / stages of change
 - ? chance for SI

More cases for discussion


- 33 y/o male private pilot w/ Etoh-related incident
 - FAA letter 3rd class still valid
 - License suspension alcoholism, but...
 - ★ • If in doubt, DEFER!
- What constitutes a motor vehicle action?

FAA: Motor Vehicle Actions



- DWI / DUI / OWI
- Arrest / conviction / admin action
- Affecting driving privileges
- Involved alcohol or drugs
- Attendance at rehab / educ program
- Any licence actions including test refusal
- Educational safe driving program for multiple speeding convictions

Reporting of Motor Vehicle Actions

- 8500 history does *not* alleviate airman's reporting req't of
- FAA requires reporting within 60 days of occurrence 
- Airman must report it to:

SECURITY AND INVESTIGATIONS DIVISION
AMC-700
P.O. BOX 25810
OKLAHOMA CITY, OK 73125-0810

- AKA the (Civil Aviation) Security Division 

More cases for discussion

- 41 y/o male 767 FO hx DUI & pancreatitis (June Flight Physician)
 - BAC 0.184
- Any regulatory components present?

- Tolerance – ? (*must defer 0.15*)
- Withdrawal – not present
- Impaired control of use – not present
- Physical health or impairment – **present**
- Personality/neurosis/mental health – not present
- Physically hazardous situation – **present (DUI 2008)**

Other cases

- 51 y/o male AW CA Etoh dep, SR
 - Comorbid personality trait(s)?
 - Self-described liar to hide use
 - Lifelong SI
- 49 y/o male CFI/club pres 2nd OWI
 - FAA RFI letter
 - Incident vs abuse vs dep??
 - Right/wrong way to approach??



www.aopa.org

Other cases

- 36 y/o male Sun Country FO 11 mo sober
 - Solid aftercare despite lack of formal HIMS



Questions & Discussion