ASK THE HIMS AME

Ian Blair Fries, M.D. SAP MRO
Cornerstone of Recovery
April 8-10, 2019

A1A Aviation Medicine, Inc.
Who I Am

• A1A Aviation Medicine, Inc.
• Vero Beach, Florida
• HIMS designated Senior AME
• Focus on Special Issuances
• TBM 900.
Physician Roles

- HIMS AME
- Addiction Medicine
- MRO
- SAP
- Psychiatrist
- Neuropsychologist
Roles

• Dual Roles?
  – HIMS AME & SAP
  – HIMS AME & Psychiatrist
  – HIMS AME & Addictionologist
HIMS AME

• M.D. or D.O.
• Designated by Regional Flight Surgeon
  – Local Need, Diversity, Background
• FAA AME Training. Office Approval.
• Recommended for HIMS
• HIMS Basic Course
• HIMS Advanced Course
HIMS Expectations

• It will be longer then you think
• It will be more difficult then you think
• It will cost more than you think
HIMS Expectations

• The HIMS Program
• Your HIMS Program
  – 0.08 DUI
HIMS ABCD

A = Abstinence
B = Plan B
C = Communications/Contact
D = Diary
Shuffling HIMS Sequence

- Inpatient
- IOP
- HIMS AME
- SAP Evaluation
- Psychiatric Evaluation
- [Civil Enforcement Requirements]
  - HIMS AME letter to court
- Neuropsychological Testing…
HIMS Sequence

- April 2018 DUI (Airline - First Class)
  - BAC 0.337 and 0.262
- FAA advises psychiatric evaluation
- Contacts HIMS AME November 2018
- FAA records not yet requested
- Neuropsychiatric eval pending April 2019
- No randoms, AA, etc.
- No response to extension request.
Airline Pilot A

• For 2 weeks had URI, sinusitis, and chronic cough for which he took Musinex. Did not have Musinex aboard and took whole package (almost 30) Halls Menthol lozenges during and exiting final flight. Random DOT BAC on landing was 0.022%...
Airline Pilot A

• 2 whiskeys and 2 vodkas over an hour prior to 17:00 CST dinner. Went to sleep. Reported to duty 04:42 CST (18 minutes short of 12 hour airline bottle to throttle policy).

• Flew three flight legs landing after 8 hours duty time. Was then tested…
Airline Pilot A

- Airline contract and DOT has 0.02 % ETOH limit while on duty.
- Company hearing.
- Pilot fired.
- Settlement policy (0.04)
  - Shortens enforcement proceedings
- HIMS Program?
Airline Pilot B

• DUI with BAC 0.33% and 0.31%
• Pilot plans to continue flying until the FAA advises he cannot.
• Does he have to report to airline?
• What will be airline, union and aeromedical response?
• What if pilot does not fly for an airline? Second or third class.

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How to Ground a Pilot

• Have pilot ground self.
  – FAR 61.53 – Medical deficiency
  – LOC ? cause
    • Engine restart
  – Fear post microburst
Can I Fly?

• It is not only whether you can fly with a medication
• It is also whether you can fly with the diagnosis.
Prescription Medications

- Ambien
  - BID - Plus ETOH
  - Before each flight
  - Other pilot fell off balcony at motel – also uses Ambien
- Psychoactive medication
- Whom do you notify?

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Airline Pilot C

- Wandering disoriented in layover hotel hall wearing just pants.
- Claims fell in shower and briefly lost consciousness.
- Ambien bottle in room, but says he did not take any.
- Wife says he gets that way with Ambien.
Prescription Medications

• Low Back Pain
• Doctor prescribes prn opioid and muscle relaxer
  – Xanax
  – Soma
  – Flexeril
“I did not advise you of medication from my dentist after surgery, because, though I filled the prescription, I did not take the medication.”
Interactive HIMS Proposal

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I-HIMS

Principle: Interruption in a HIMS Program is detrimental to recovery and risks relapse.
A portion of a individualized HIMS Program might be satisfied by remote interactions.

- Skype, Zoom, etc.
Eligibility

• Singular
  – Not a routinely offered option
  – Not a substitution for the standard HIMS Program.
Applicability

• Geographic constraints to frequent face-to-face meetings.
  – Foreign country
  – Frequent travel between domiciles in multiple locations
  – Impractically long distance/time to HIMS required facilities.
Applicability

• Medical constraints
  – Bed rest or isolation
    • Pregnancy complication, trauma, surgery, infection, etc.
  – Physical rehabilitation hospitalization
    • Recovering from surgery or acute illness
Applicability

• Legal constraints
  – Court ordered home confinement
  – Loss of driving privileges without satisfactory options
Eligibility

• Suitable substance diagnosis
  – Alcohol (remote monitoring).
  – Not for a relapse.
  – Less serious (DUI with low BAC)
  – No associated mental condition.
  – Attended a residential recovery program with excellent response.
Eligibility

- Excellent compliance.
- Support of HIMS AME.
- Individual FAA approval.
- Considerations before SI and after SI.
I-HIMS Program

- After discharge continued weekly residential aftercare group meetings via Skype or Zoom.
- Once or twice monthly individual interactive meetings with aftercare counselor.
I-HIMS Program

• Soberlink testing routinely three times daily and at time of online meetings as appropriate.

• Face-to-face meetings no less frequently than every six months with HIMS AME and each time returns to home location.
I-HIMS Program

- Consider face-to-face meetings at an appropriate aftercare facility when home.
- Maintain relationship with primary care physician if needed for medical issues outside HIMS.
I-HIMS Program

• Online residential program
  Alcoholics Anonymous meetings
  90/90 post discharge, and then
  one to three times a week.
• Or pilot initiated AA meetings
• AA and pilot peer sponsors
  – Phone, online, or in person.
Administration

• Privacy - releases
• On line, video and computer equipment details
• Licensing, legal, and professional issues.
• Possible video recording.
Administration

- Pilot responsible for meeting documentation. Proposed form.
- After approval by group leader forwarded to HIMS AME.
- Leader advises HIMS AME if discrepancies.
Questions

- Will I-HIMS allow clinically effective recovery in particular pilots compared to HIMS?
- Will HIMS professionals accept the program?
- This is a study/proposal.
- I would appreciate your input.
MARIHUANA

- State laws allow recreational (9 states) or physician prescribed use (23 states & DC).
- FAA considers Marihuana in any form and for any reason an illicit substance
  - Schedule I with Heroin, LSD, Ecstasy
MARIHUANA

- CBD (cannabidiol) products
- FDA approved seizure drug, Epidiolex
- Unregulated CBD products often contain THC (tetrahydrocannabinol) and will show up as a positive on DOT and other testing.
- FAA considers marihuana or its byproducts incompatible with aviation.
Random Testing

• 14 times per year FAA minimum
• At time of each AME visit?
• Weekend (holiday) laboratory window
  – Thursday PM to Tuesday (or Wednesday AM)
• Combined alcohol and drug tests
• Paying for Breathalyzer. “Why must I also participate in random testing in your office at an additional cost?”

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Soberlink

- Frequency
  - Once a day?
  - On demand - 30 minutes
- Window 1 hour / 2 hours
- Multiple Late & Missed
- Low Level Positive
- Time Zone
- Classified/Restricted Areas
- Simulator. Single Pilot…
Breathalyzer Problems

“I spoke to the FAA about testing during flights while a pilot. It is a violation of FAR’s and would cause substantial passenger concerns.”
Random Frequency

• When should random testing frequency be increased or expanded?
  – For pilot not yet on SI
  – For pilot on SI
Random Frequency

Impaired physician programs

- Soberlink 3 to 4 times a day.
  • Window 1 to 2 hours.
- Random 10 panel two times per week.
- PETH Quarterly
- EGT/ETS and 10 panel 4 to 5 a month for first 2 years.
  • 48 to 60 tests/year.
“Please note that your medical certificate has not been denied; however, if no reply is received within 60 days from the date of this letter, we will either refer your case for legal enforcement or deny your application…”

(Underlining as in FAA letters)
Disability

- Pilot in HIMS Program prior to SI applies for disability payments or leave.
- What is HIMS AME role?
- Is HIMS AME a treating physician?
“Motor Vehicle”

- According to FAR 61.15 any legal action related to the operation of a motor vehicle under the influence of alcohol or drugs must be reported within 60 days to the FAA Security Division.
- Boat, golf cart, snowmobile, ATV
Questionable Evidence

• Bad Behavior on Layover
  – Bar Fight
  – Property Damage
  – Loss of Room Key Card
  – Explicit Public Sex

• Questionable Evidence
  – Powder in Hotel Bathroom
  – Hearsay (OSA)
Questionable Appearance

• Post intervention for drug use airline pilot arrives at inpatient facility with all hair shaved and nails clipped to nail beds.
What’s Next Post Discharge?

“Patient did not demonstrate any attitudinal or behavioral change during his treatment. He maintains his stance he is not an alcoholic and that his DUI was an outlier event. (BAC 0.158 and 0.166) He focused on the external conditions linked to his DUI arrest… (Bartender at fault)
What’s Next Post Discharge?

He maintains a relapse and noncompliance with monitoring are not potential issues. He prefers a future where he can engage in controlled and social drinking.” He signs the discharge summary; “I do not agree with recommendations.” …
What’s Next Post Discharge?

“I have a few things that need my immediate attention and then I will proceed to the next item. I will seek out a source for the NeuroPsychological evaluation performed by a HIMS evaluator.” Missed full week of Soberlink testing post residential discharge.
THE GREEN DOCTORS
MEDICAL MARIJUANA
EVALUATION

$40

DR. IS IN

VENICE
SUIT & HT

420
DOCTOR

MEDICAL MARIJUANA
EVALUATION

toe rings

Ice Cream
Marihuana

- Legal Prescription
- Legal Recreational Use
- Tetrahydrocannabinol (THC)
  - Schedule 1
- Cannabidiol (CBD)
  - Epidiolex FDA approved
  - OTC use
- THC and CBD incompatible with medical certification

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Transparency

• How to judge
  – Never brings significant other to HIMS IMS meetings
  – Surgery requiring controlled medication
  – Emergency room visit for LOC
  – Requested medical records unavailable

• How to handle each.
Transparency

• Denies hospital admissions.
• Records show three mental hospitalizations.
• Says her mother admitted her, she didn’t.
Continue to Fly?

- Two Pilots with DUls
  - One Refuses to Blow
  - One Blows 0.321
  - Both properly notify FAA within 60 days
  - Neither has heard from FAA other than confirmation of notification.
  - What if driving license suspended?
  - Can they fly drones?

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Special Issuance Ends

- Pilot had a DUI, successfully completes HIMS program.
- When SI ends FAA advises: “Continued airman medical certification remains continent upon your total abstinence from the use of alcohol.”

AIA Aviation Medicine, Inc.
Our review of your medical records has established that you are eligible for a first-class medical certificate.

The certificate you now hold is valid until the normal date of expiration.

You are cautioned that any further alcohol related offenses or evidence of alcohol and/or substance abuse will require re-evaluation or possible denial of your medical certification.

You are cautioned to abide by Title 14 of the Code of Federal Regulations (CFR) part 67.403 pertaining to falsification, you are required to answer "yes" to any positive answers listed under item 18 (a-y) on all subsequent medical applications, specifically to item 18(v); however, in the explanations box you may report "previously reported, no change" if that is the case. You are required to provide a written explanation regarding any new medical history and/or offenses/incidents, in the explanations box.
Special Issuance Ends

• What if pilot does drink socially?
• Eats food cooked in wine?
• Will FAA require abstinence from addictive prescription medications?
Opioid + Benzodiazepine

- History of Xanax dependence.
- Three times though rehab.
- On Third Special Issuance
- Divorce and new marriage
- Thumb surgery – Opioid + benzo
- Positive random.
Problem Case 3

• DUI with BAC 0.158% & 0.166% December 2, 2017
• 20+ years earlier DUI arrest and release
• April 25, 2018 – HIMS AME contact
• May 14, 2018 – Receives Soberlink
• Delays Soberlink until June 26, 2018
Problem Case 3

- FAA supervisor declines to act as sponsor. “A conflict of interest.”
- FAA has no inhouse HIMS Program.
- Nothing learned at AA applies to him.
Problems Are Not His

- HIMS AME recommendations not data based.
- Psychiatrist’s report is erroneous.
  - Disputes he drank the day before the psychiatric evaluation. Says he drank three days earlier (while allegedly sober and advised abstinence by HIMS AME).
- He has been told by FAA friends FAA requirements are unreasonable.

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Problem Case 3

• Judges barbeque cooking events with likely alcohol content sauces.
• 15 missed and 30 late tests are “Soberlink failures."
  – Does not test while at conferences
    • Air Venture, pilot associations, etc.
Problem Case 3

- Unable to find rehab facility close enough, cheap enough, and accepts his insurance.
- Claims cannot reach intake at a residential center I recommended. They did not return his call.
- Asked rehab facility if HIMS AME will receive a referral fee.
- Asks if he can split residential program in two parts to accommodate his busy schedule.
Problem Case 3

• Says his adult son believes he is being mistreated by the system.
• Decides to no longer wait for the FAA to modify his HIMS requirements.
• Self admitted to a residential program of his choice.
• Weekly report – Insight “limited.”
Alternatives

• Variety of IOP programs
• Aftercare options
• Return to same P & P?
  – Was displeased by opinion.
• Alternatives to AA or NA…
  – Smart Recovery
Whose Problems?

“I have elected to seek independent counseling beneficial to my individual needs (as I do not find AA appropriate for my situation).

“AA does not focus on recovery.”

“As AA is anonymous, I am not sure how AA is accepted (by the FAA).”
Whose Problems?

“I am not sure how many HIMS pilots you are currently seeing, or what experience you have in this program, but upon your return from the AME conference things changed with regard to requirements and compliance. By your own words it was not being done correctly.”

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“I will be corresponding with the Aeromedical division on the language contained in the SI letter. It states I have ‘an established history and or clinical diagnosis of abuse.’ As I have never been diagnosed with substance abuse and have no previous history of abuse, I am wondering where this diagnosis came from.”    DUI BAC 0.15% & 0.18%
Possession

- Possession not use
  - Marihuana on beach
  - Xanax after driving stop
  - Arrest for cocaine trafficking