HIMS History & Perspective

Cornerstone of Recovery Peer Pilot & Mgt Conference
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Overview

• HIMS History
• Pilot Trends – HIMS Database
• Challenges for Airlines/ Pilots
• HIMS Program Challenges on the Horizon
• Timeline for Certification
• Tips for IMS’s
HIMS Goal

“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, and enhancing flight safety.”

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AMAS
1970’s

• Pre- HIMS 1970-1974
  – No FAA “Exemptions” for alcohol or drugs

• 1970 ALPA BOD approves funding for “information-gathering exercise”
  – Capt. Rod Gilstrap, UAL
  – Capt. Gil Chase, CAL
  – Dr. Richard Masters, ALPA Aeromedical Advisor
1970 - 1974

- Pilot Group Survey
- Survey of Addiction Medicine Experts
- Survey of Addiction Treatment Centers
- Discussions with Airline Medical Directors
- Discussion with FAA Medical – Dr. Siegel
Fundamental Assumptions

• Alcoholism is a **primary** treatable disease
  – Chronicity
  – Relapse
• Early identification and treatment is possible
• Total abstinence is essential for recovery
• Job motivation yields a ↑ pilot recovery rate
1970 - 1974

• 1972 - ALPA BOD meeting –
  – ALPA approved funding for an occupational and preventive program

• 1973 – ALPA HIMS Grant Proposal to NIAAA

• 1974 – Proposal Accepted / Program begins

• “Human Intervention & Motivation Study”
1974 - 1980

- 375 Petitions - (270 by ALPA Aeromedical)
- 305 “Exemptions” granted – Some No RX
- All legacy carriers, except one, establish rehabilitation structures using “EAP” for “HIMS Model”
- “HIMS Model” – not standardized
- 1976 - Dr. Reigard FAS letter
- Aftercare Impact – Dr. Pakull 1978
1978 NIAAA White Paper

• 23 of 35 ALPA airlines had some HIMS program
• First 30 months of HIMS – 250 “Exemptions”
  – 14% self-referral
  – 72% peer-referral
• 59 of 74 supported by Dr. Masters ‘76 (58 granted)
  – 52 had long-term sobriety
  – 7 relapsed
• 1978 – Airline Medical Directors started petitions
HIMS Grows

• **Pilot Leadership** – Capt. Richard Stone
• 15 new programs started
• Federal Grant support sporadic
• Refinement of HIMS Model
  – gradual expansion of aftercare/monitoring req’ts
• Decentralization of HIMS
• 900 pilots successfully treated, given SIA’s
1990’s – Medical Model

• 1988 – FAA DUI database audit - amensty
• 1990 - Fargo Incident
• 1992 – DOT random alcohol testing begins
• Increasing FAA guidance – Dr. Pakull
• Dr. Audie Davis becomes Program Manager
• 1500 pilots certified
2000’s – MD Leadership

- HIMS Disease Model
  - increasingly defined by medical standards
- AME / IMS role expanded
- Alcoholism + Chemical Dependency
- Increased influence of “P&P”
- 2008 – change in DUI reporting
- 1700 pilots recertified
2010’s – Pilot Leadership

• Reinvigorating role of recovering pilots and management
• Reemphasizing HIMS TEAM approach
• Expanding reach of HIMS to include BA/GA
• “Best Practices” Model
• Use of HIMS framework in SSRI cases
• Family support component
HIMS contract vs. HIMS Programs

• FAA contract - funding for HIMS Education
  – Seminars – Basic, Advanced Topics, Outreach
  – Database, Web site, Educational materials
  – Advisory Board, program management / admin

• Airline HIMS programs
  – Common FAA Core requirements
  – Individualized processes, agreements, testing, contracts, meeting strategies
  – Funded by airlines and union - Volunteers
Pilot Trends – HIMS Database

• Robust discussions on content / purposes
• Started collection in April 2011
• AME / IMS provides coversheet
• Dr. Sager verifies / added information
• Not in FAA site, deidentified data
• Only Airline / First Class type HIMS cases
• New Database - ↑ granularity referrals, DOC’s
Database Fields

- NO NAMES – use unique identifier
- Size – 1, < 20 < 500, <4000, < 8000, > 8000
- How entered program
- Treatment type / month / facility
- Relapse Y/N
- Primary, secondary substances of choice
- Family history of substance abuse
- Tobacco Use
Drugs of Choice

Primary

- Alcohol - 90%
- Cocaine - 3%
- Opioids - 2%
- Marijuana - 2%
- Rx Narcs - 0.9%
- Stimulants - 0.6%
- Appetite Sup - 0.2%
- Others Rx - 0.8%

Secondary 15%

- Opioids - 1/3
- Marijuana - 1/3
- Coke/Amp - 1/3
## Relapse Detection Data

<table>
<thead>
<tr>
<th>Discovery</th>
<th>EtOH</th>
<th>Cocaine</th>
<th>MJ</th>
<th>Opioid</th>
<th>Rx Narc</th>
<th>Rx Other</th>
<th>Total</th>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>9</td>
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<tr>
<td>+ Test</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>27</td>
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<tr>
<td>Off Duty</td>
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<td>0</td>
<td>9</td>
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<tr>
<td>Self Report</td>
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<td>0</td>
<td>3</td>
<td>0</td>
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<td>1</td>
<td>0</td>
<td>32</td>
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<tr>
<td>Other</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
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<tr>
<td><strong>Total</strong></td>
<td>105</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>3</td>
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<td>120</td>
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Relapse Rates

86.3%
11.8%
1.8%
0.1%
None
One
Two
Three
### Drugs of Choice

<table>
<thead>
<tr>
<th>Primary Drug</th>
<th>Relapse Rate</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>91.5%</td>
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<tr>
<td>Cocaine</td>
<td>2.4%</td>
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<tr>
<td>Opiates</td>
<td>1.9%</td>
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<tr>
<td>Opioids</td>
<td>0.7%</td>
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<tr>
<td>Marijuana</td>
<td>1.7%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>0.7%</td>
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<tr>
<td>Rx Other</td>
<td>0.7%</td>
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<tr>
<td>Condition</td>
<td>Count</td>
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<td>---------------------</td>
<td>-------</td>
</tr>
<tr>
<td>None</td>
<td>829</td>
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<td>Affective Disorder</td>
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<tr>
<td>Anxiety Disorder</td>
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<tr>
<td>Personality Disorder</td>
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<tr>
<td>Other</td>
<td>13</td>
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<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>
Database Observations

- Age reflects pilot population
- 90% Alcohol trend stable
- Numbers increasing annually
- ~ 80 – 85% No Detected Relapse rate
- Monitoring periods longer
- Aviation-Savvy Treatment Centers Used
- 215 AME’s trained – 41→ 4+ cases
  - 100 have 1+ cases*
Limitations

- Depends on IMS data
- No visibility on those not completing Rx
- No visibility on relapses after retirement
- No visibility on relapse if not reapplying
- No link to particular IMS, monitoring protocol
- No link to individual airline program
- Relapse = 13.7% + no visibility cases ~20%
Challenges - Airlines

- Designated vs. Random IMS / HIMS AME
- Designated vs. Random Treatment Centers
- Certification Timeline
- Monitoring requirements / Duration
- Testing requirements / Protocols
- Costs
- Abstinence Monitoring ≠ HIMS
- Recovery Philosophy vs. Costs

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Challenges - Pilots

- Finding Knowledgeable IMS
- When to do Cognitive Testing
- HIMS Psychologist / Psychiatrist
- Duration / Quality of Continuing Care
- Monitor reports
- Out of Pocket Expenses
- Testing – Costs, Detection Windows, Off-Duty
- Qualified Evaluators for DUI’s
HIMS PM Observations

- DUI’s represent increasing percentage
- Longer monitoring periods
- Older pilots w/ more problems on Cog Tests
- More rigorous abstinence testing
  - More frequent
  - Off-duty
- Opioid Testing Did Not Increase Participation
  - ALPA Education Efforts – FAA guidance
HIMS Program - Horizon

- DOT Semi-Synthetic Opioid Testing 2018
- Funding – FAA – Airlines - Pilots
- Training Treatment Facilities
- Timeline Management – AME’s, HIMS, FAA
- HIMS AME and P&P rosters - Mentoring
- Abstinence Monitoring Testing Protocols
- Outreach – Overseas EASA D&A testing
- Family Involvement in Recovery
Certification Timeline

• Identification ➔ Treatment
• Treatment ➔ Recovery Program
• Recovery Program ➔ IMS
• IMS ➔ Testing
• Testing ➔ IMS Submission
• Submission ➔ FAA HQ Review
• FAA HQ Approval ➔ AMCD SIA
  – Suspensions, Revocations, Employer Terminations
IMS / HIMS AME Tips

- Early involvement
- Experienced – Ask for Help
- Comprehensive summary, recommendation
- Data sheet complete
- Testing process – well established
- Communicate w/ monitors, A/C, testing, MDs
- Timely communication w/ FAA
- One member of the HIMS TEAM
CLEAR SKIES AHEAD

THANK YOU CORNERSTONE!

Saving Lives, Families, Careers
Improves Safety
Provides Great ROI
Remarkable Cooperation
Dynamic Process