

Pilots with Alcohol Problems and Managing a Safe Return to Flying

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Scope

- Review considerations when addressing a potential alcohol misuse problem
- DAME considerations during the initial pilot assessment
- Surveillance considerations
- Three cases of contrast
- Proposed Framework for managing alcohol misuse in airline pilots
- General Aviation considerations

Disclosures

- Employed by Qantas, views are my own
- Please respect privacy, cases not for external discussion

Pilots with problematic use?

- Not fit to fly unless
 - Appropriately treated
 - Proven stability
 - Ongoing safeguards are in place to monitor the condition
- HIMS is an **optional** peer driven support program for pilots who accept they have a dependency problem. Entry via self-referral or structured intervention
- Pilots may also elect to take the HIMS path to address 'problematic use' identified by an appropriate assessment process*
- HIMS is expected to return pilots sooner, and assist disciplinary aspects.
- Without HIMS, pilots address the issues under CASR part 67 and 99. Proving stability is more difficult and likely to take longer, and future monitoring is expected to be more rigorous.

* Assessment process in Australia is a FACHAM comprehensive assessment, US model 5 hour to 3 day combined assessment.

The DAME initial contact following a substance concern

- The initial consultation sets an expectation of assessment requirements and beyond
- Pilots should be informed that a clear history is expected and will be documented, safe pathways are defined, and honesty is important
 - Exact details around misuse event(s), number of standard drinks, pattern of drinking, others involved; CASA comprehensive guidelines for recommended history; Past or present legal/ workplace/ training/ CASA issues
- For 'trigger' events, expectations can be discussed (assessment first, likely clearance requirements, CASA/ employer/ legal issues)
- For significant alcohol misuse events, alcohol marker testing is recommended – GGT, MCV, CDT +/- others. Document deadline for test (48 hours) and non-compliance raises problematic use concern
- Organise FACHAM referral if indicated, Notify regulator if indicated

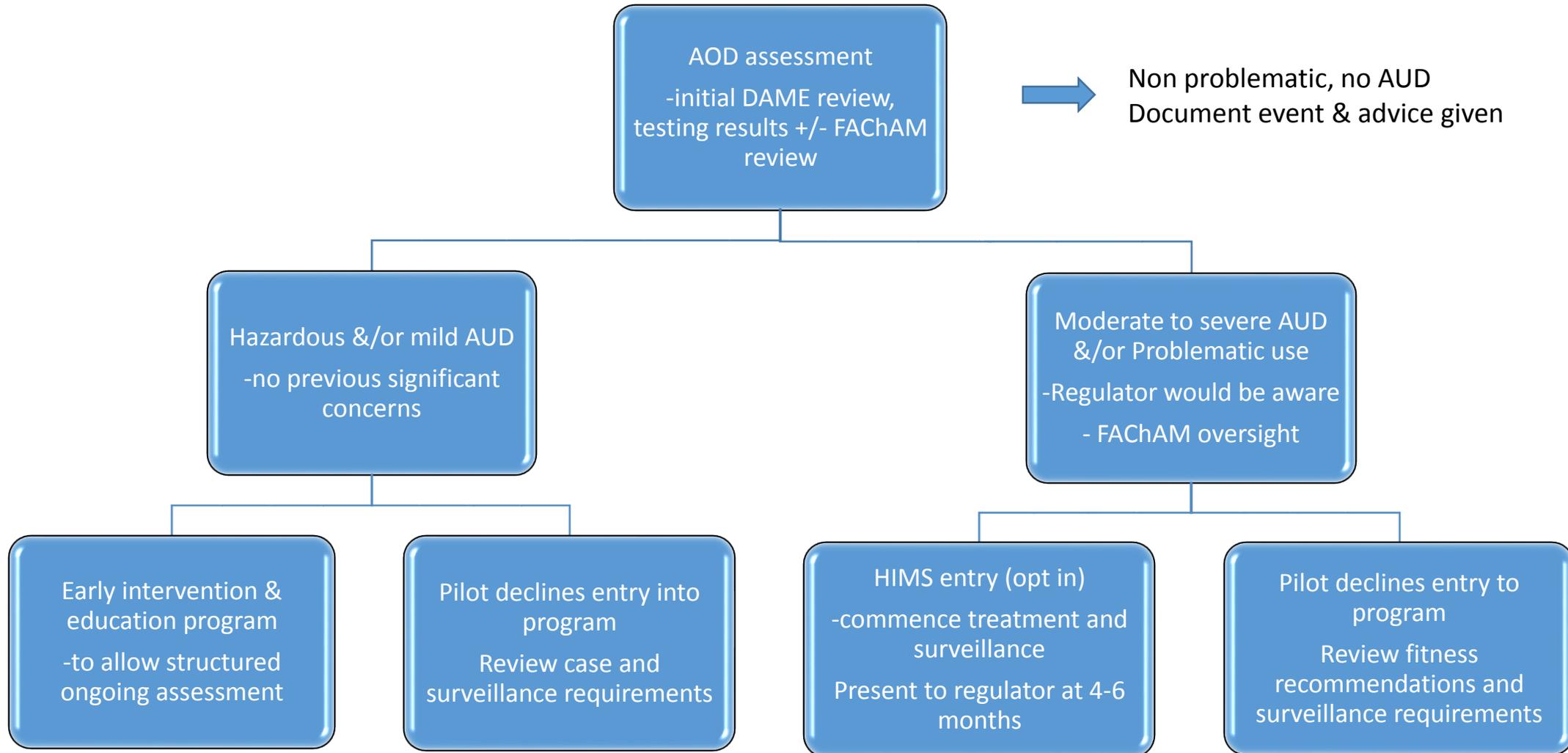
Testing – Assessment & Surveillance considerations

- Have clear distinctions for testing reasons:
 - Assessment (self refer vs substance concern DAME trigger vs CASA/ employer/ legal required)
 - CASA audit or DAMP surveillance
 - Early intervention & education program
 - HIMS aftercare
- Tests recommended – GGT, MCV, CDT
- Consider UDS, FBC/ Hep B&C, EtG, PETH, Hair testing
- Understand limitations of pathology tests

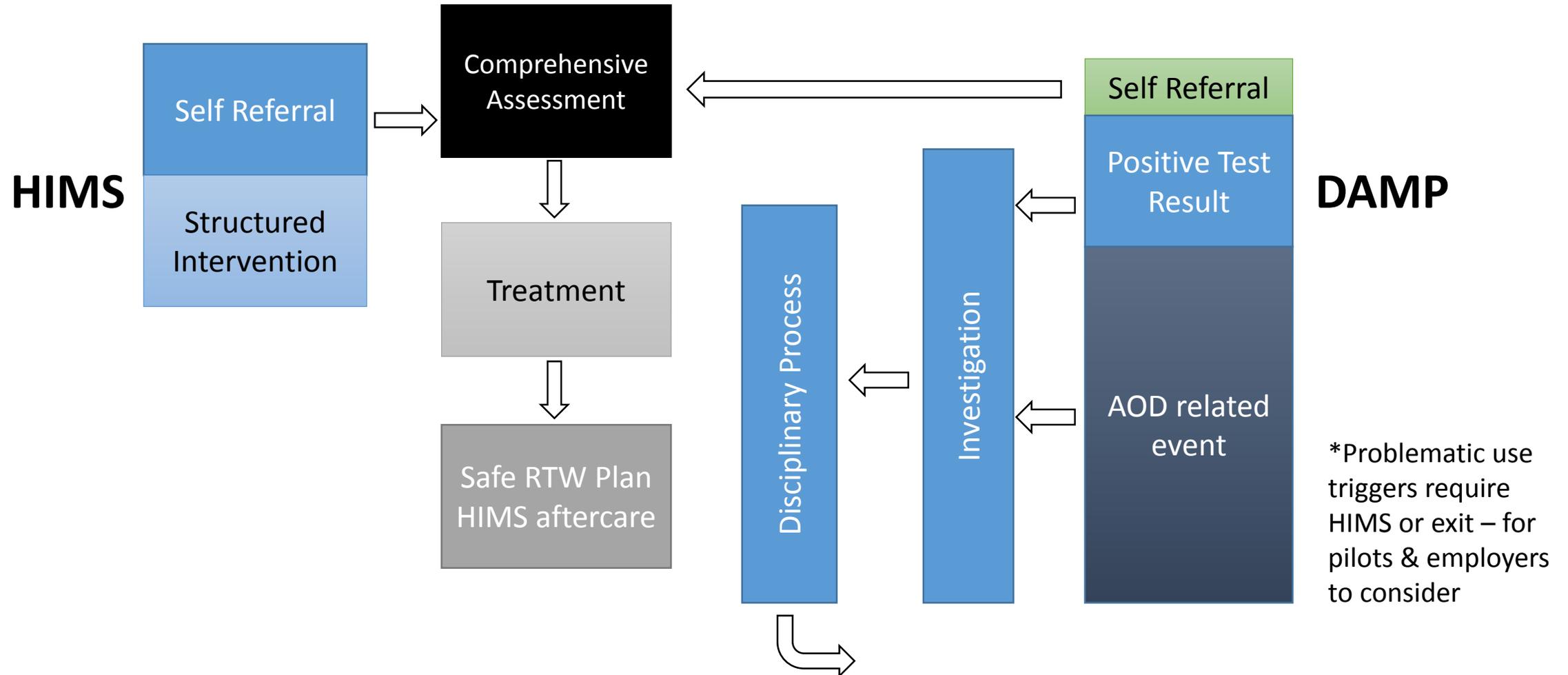
Surveillance considerations cont...

- HIMS aftercare initial year recommendation
 - Soberlink – daily monitoring, scheduled twice a day + ‘no notice’. Consider pre- and post sector self initiated, absent from work days
 - Occasional ‘no notice’ workplace breath tests
 - 3 monthly ‘no notice’ CDT/ GGT/ EtG (~\$200, results 2-3 weeks)
 - Controlled drinking workplace monitoring
 - GGT/ CDT, ‘no notice’ breath testing

Framework for DAMEs – Pilots with an alcohol problem



Relationship of HIMS and CASA part 99



Peer Support Medical Treatment Programs

Early Intervention & Education Program

Tier I

AOD counselling sessions

Doctor monitor & Peer monitor oversight

Tier II (Significant alcohol misuse event)

Diagnosis uncertain, dependency possible but early phase

Short structured treatment program to allow further

assessment and empower pilot to safely manage alcohol

Triggers include significant alcohol misuse event or

accumulation of 'yellow flags'

4-6 month program

Abstinence during program with expectation to return to

controlled drinking

Peer monitor minimal intervention contact

AOD counselling

Doctor monitor (DAME) oversight

HIMS

Dependency likely. Also an option for pilots assessed as

'problematic' or hit a 'required' trigger

'Required' entry triggers defined for voluntary path to an expected quicker return to flying

Long term abstinence program

Initial treatment normally includes inpatient care, typically 4-12 weeks. Outpatient in some cases.

Annual review of case with two year minimum

Peer supported with trained volunteer pilots

Doctor monitor - DAME with AOD interest

FACHAM oversight

Structured surveillance

Agreed aftercare plan with DAME, CASA, employer (if aviation worker) & family

Classifying Problematic use on trigger alone

- Should triggers be defined to provide transparency, although all cases assessed individually
- A suggestion for Airline 'Required' entry triggers into HIMS:
 - confirmed workplace drug or alcohol test
 - DUI charge at a time where flying was planned and alcohol was likely to impact on safety
 - Multiple DUI charges
 - Significant alcohol misuse event* impacting work with abnormal alcohol markers and an addiction medicine specialist opinion stating significant risk of dependency exists
 - Significant alcohol misuse event* impacting work for a pilot who has had a previous significant
- Following a trigger, HIMS entry requires confirmed AUD (FACHAM) and is optional for pilot.
- Airline disciplinary processes and CASR pt 99 issues e.g. positive test prosecution, will continue in these cases – message for pilots - **Self referral** is recommended

*For Airlines, a significant alcohol misuse event is defined by alcohol intoxication either requiring medical treatment or causing a disruption to operations while at work or up line.

General Aviation challenges

- Reduced visibility of a pilots life
 - Aviation employers (Airlines/ ATC/ commercial operators) have visibility of employment performance and absenteeism/ up line behaviour (pilots)/ training issues; may need to talk with partner or flying club
- Less financial support
 - Aviation employers often cover comprehensive assessment costs, some surveillance costs, workplace counselling services
- Reduced resources in remote locations
- DAMEs encouraged to be part of HIMS Australia and use this network
 - working with these pilots is time demanding but rewarding

Conclusions

- DAMEs should have a framework to manage substance misuse concerns – early interactions important. Document all events well.
- Formal early intervention and education program should be considered when problematic use suspected. Recommend HIMS committee input.
- HIMS recommended for dependency
- Consider concept of Problematic use triggers ‘requiring’ HIMS entry – pilot acceptance important
- HIMS is peer driven and voluntary – important to disconnect from negative commentary around DAMP/ disciplinary & legal aspects/ regulator challenges
- We hope HIMS will drive a culture shift, increase self referrals or interventions. Similar to the successes of the ‘PAN’ program for mental health

Thank you