



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 .”



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 approves 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

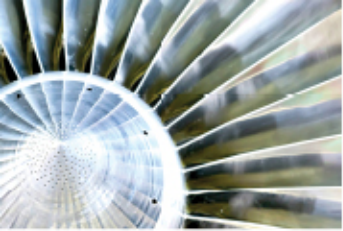
- 23 of 35 ALPA airlines had some HIMS program
- First 30 months of HIMS – 250 “Exemptions”
 - 14% self-referral
 - 72% peer-referral
- 59 of 74 supported by Dr. Masters ‘76 (58 granted)
 - 52 had long-term sobriety
 - 7 relapsed
- 1978 – Airline Medical Directors started petitions



1980's - Deregulation

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

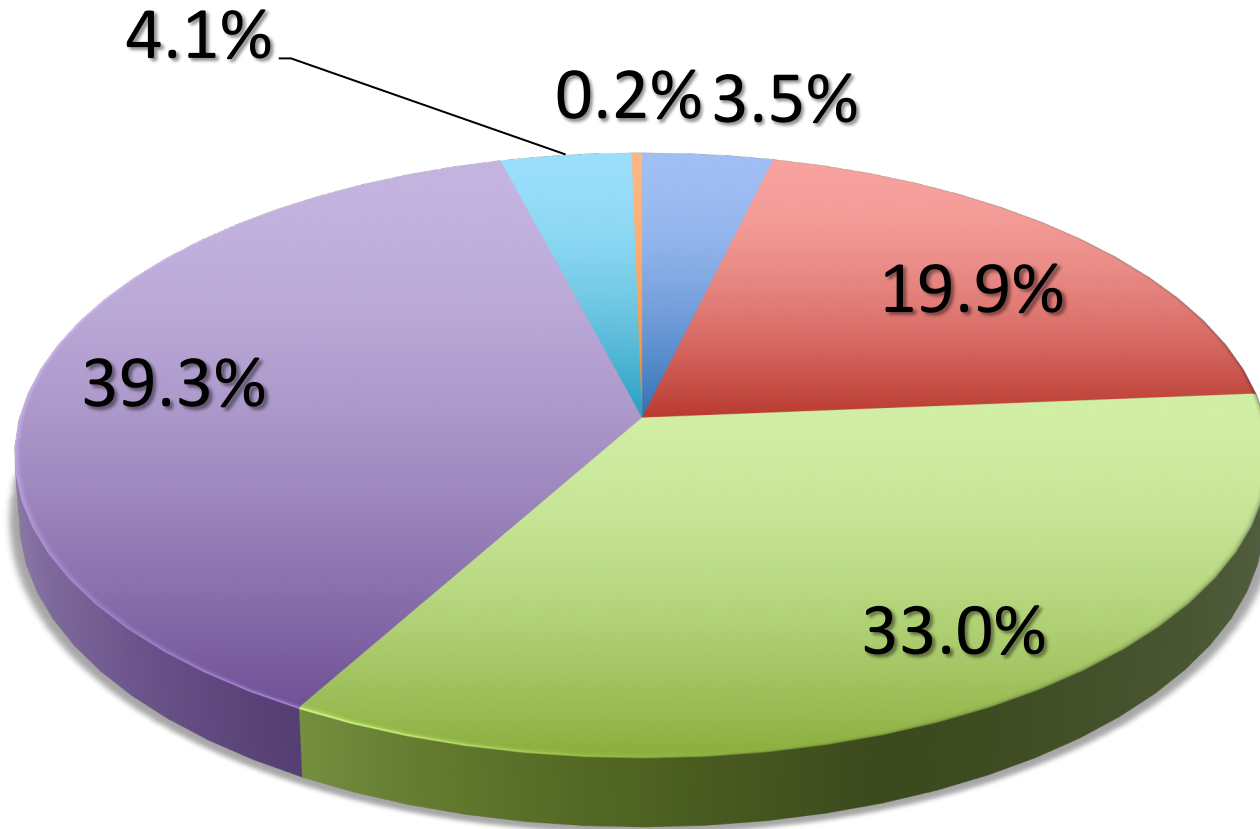
Primary

- 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%

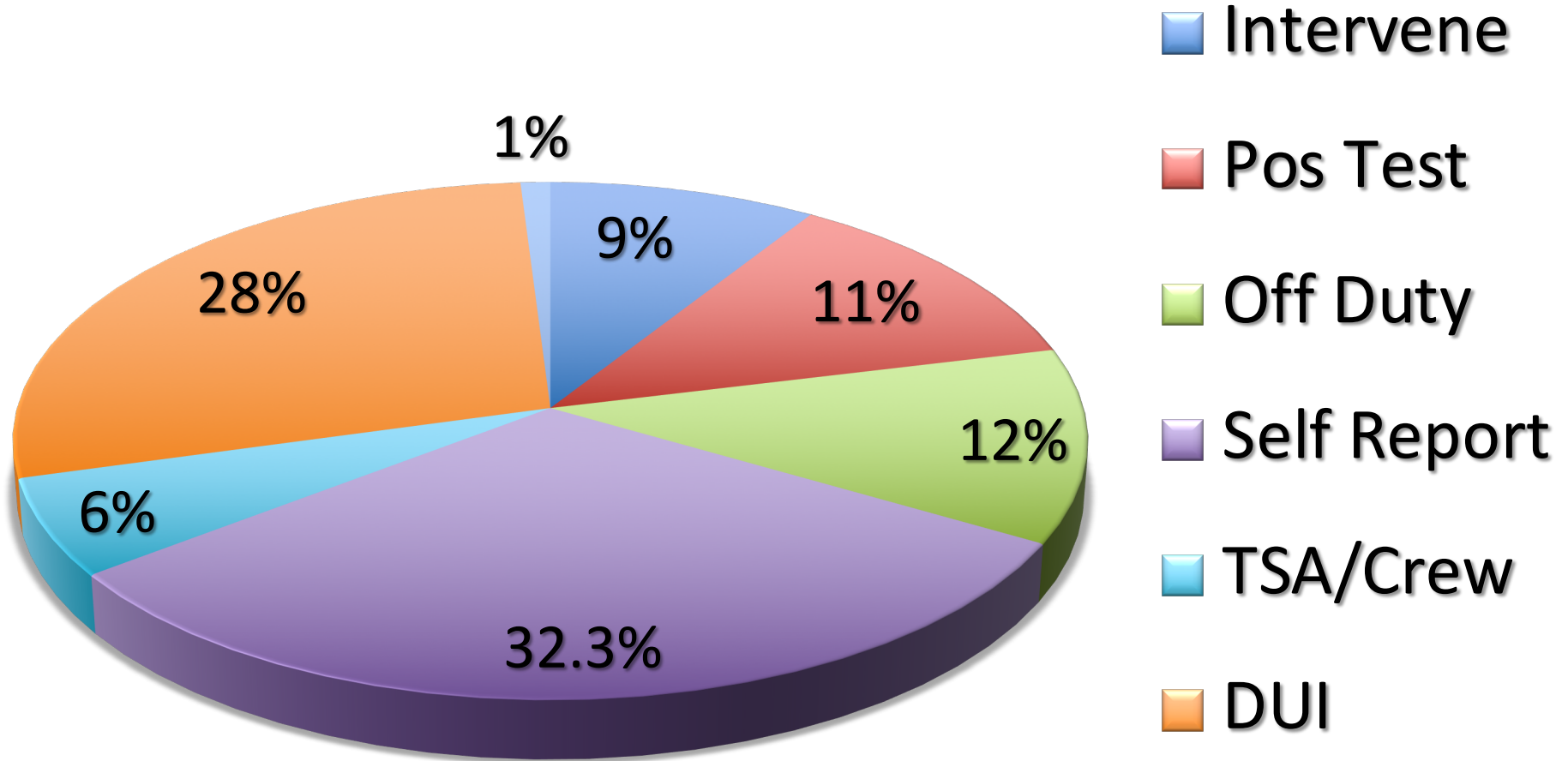
- Opioids - 1/3
- Marijuana - 1/3
- Coke/Amp - 1/3

Age Distribution



- 20-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65+

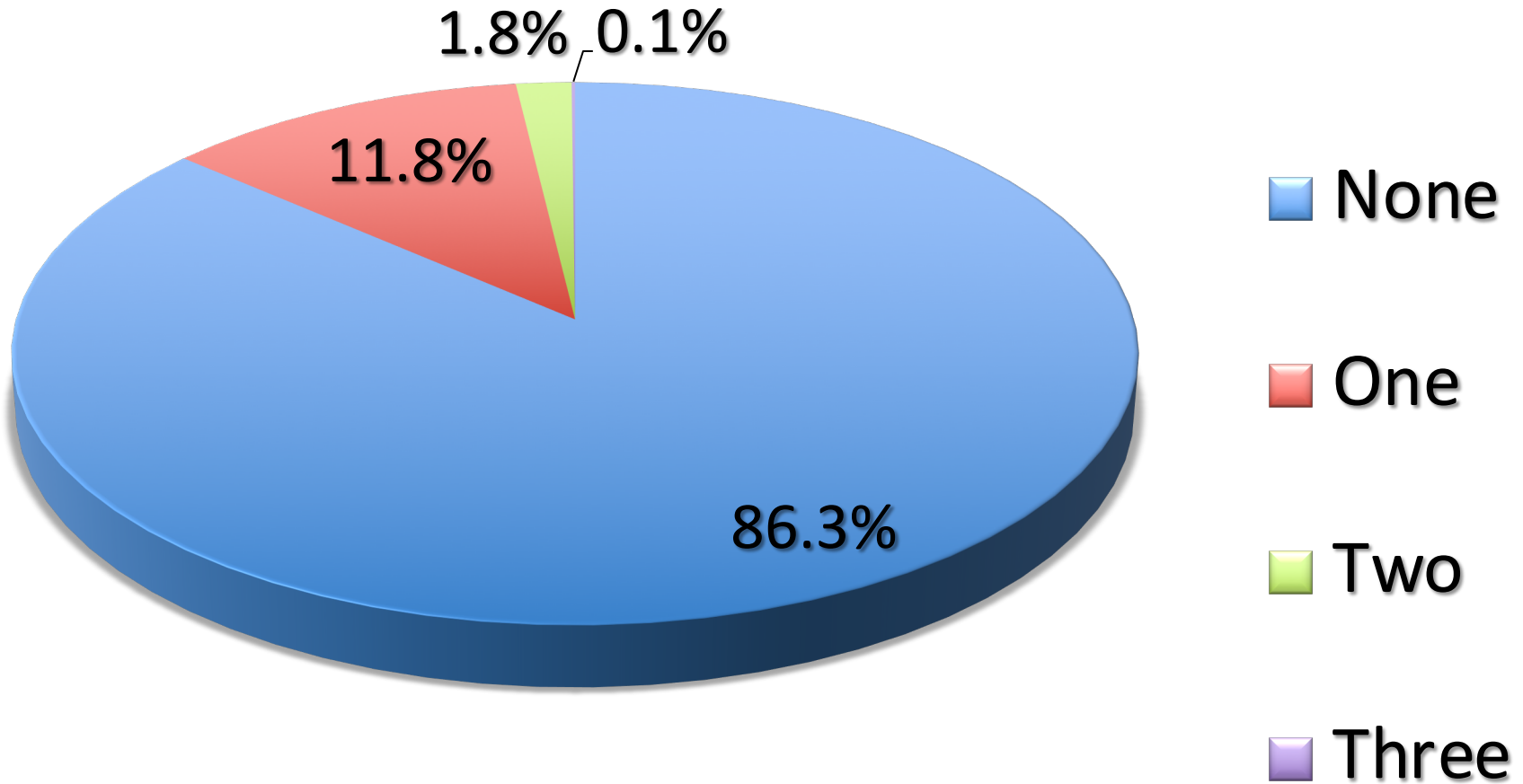
How Entered Program



Relapse Detection Data

Discovery	EtOH	Cocaine	MJ	Opioid	Rx Narc	Rx Other	Total
Intervene	8	0	0	0	1	0	9
+ Test	22	2	0	2	1	0	27
Off Duty	7	1	0	1	0	0	9
Self Report	32	2	0	3	0	0	37
TSA/Crew	3	0	0	0	0	0	3
DUI	31	0	0	0	1	0	32
Other	3	0	0	0	0	0	3
Total	105	4	0	6	3	0	120

Relapse Rates



Drugs of Choice

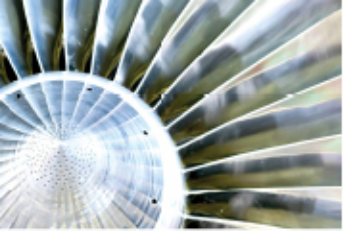
<u>Primary Drug</u>		<u>Relapse Rate</u>
• Alcohol	- 91.5%	11%
• Cocaine	- 2.4%	19%
• Opiates	- 1.9%	29%
• Opioids	- 0.7%	33%
• Marijuana	- 1.7%	6%
• Stimulants	- 0.7%	0%
• Rx Other	- 0.7%	17%





Co-Morbid Psychiatric Conditions

	<u>10/31/17</u>	<u>% w/relapse</u>
• None	829	11.7%
• Affective Disorder	25	8.0%
• Anxiety Disorder	14	21.4%
• Personality Disorder	2	50%
• Other	13	0%
• Unknown	9	22.2%



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 \neq HIMS
- Recovery Philosophy vs. Costs



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

