



To All Australian Pilots

As the President of HIMS Australia and the person often called/contacted when an alcohol or other drugs issue impacts an aviation career, I believe it is time to provide some information pertaining to the regulator and impacts on medical certification. This information piece specifically mentions:

- HIMS
- DUIs
- DAMP Testing
- surveillance and timelines,
- harmful drinking,
- other drugs

It also outlines some general advice around lifestyle.

HIMS

For those who don't know what HIMS is; HIMS is the acronym for Human Intervention Motivational Study. It began in the US in 1974. The FARGO incident where a B727 crew all blew positive to alcohol in 1990 at the **completion** of a flight highlighted a problem in the US. Lyle Prouse was the captain, and his book is Final Approach.

In the US, HIMS is the "return to work" program used to keep pilots at work who have had an alcohol or other drugs (AOD) incident. 12,000 pilots in the US have remained employed following AOD issues. Approximately 2000 pilots are currently in the system. HIMS in the US is largely based on abstinence and the AA model. It is voluntary but strongly encouraged a for those who wish to continue to fly (<https://himsprogram.com>).

HIMS Australia operates under a different model. HIMS Australia is a peer support programme where trained peer supporters mentor pilots who have had AOD issues. Some of our peer supporters have lived experience. Others, do not. Together, we provide a sensible and pragmatic support umbrella. Often, the regulator mandates peer support in the letter attached to medical re-certification. Pilots are not forced into a HIMS programme in Australia. Participation is **voluntary**. (www.aushims.org.au)

Driving Under the Influence (DUI)

Most pilots would know that there is a question on your medical records every renewal re DUI. What may not be apparent is that a DUI charge will almost certainly result in a period of medical certificate suspension. CASA, sometimes in conjunction with your DAME, will ask for more information. They may go as far as mandating a comprehensive assessment by a Fellow of the Australian Chapter of Addiction Medicine Specialists (FACHAMS). That assessment can take months, and a report will be upwards of \$2000. CASA then act on that



report and may require abstinence for an extended period of time plus additional medical testing. The lifting of your medical certificate suspension can take months and almost certainly the medical certificate will be reissued with conditions in relation to sobriety and testing. For those working for themselves or in small organisations, a DUI can have devastating consequences re employment. Those in larger organisations may have more support in the form of accumulated leave etc, but the message for all pilots is that a DUI charge is very problematic.

In the US, the Department of Transport and the FAA databases are linked. A DUI will reflect in FAA records. 23% of all pilots in the US HIMS Program come from DUIs.

DAMP Testing and Blood Alcohol Concentration (BAC)

We appear to be seeing more workplace DAMP testing, and we are also seeing a number of positive returns. I've personally spoken with pilots who have recorded BACs ranging from 0.096 to just over 0.02. All pilots faced medical suspension, and some were charged by the regulator for breaching BAC limits in the workplace. The just 0.02 positive result was due wine consumption (perhaps more than realised) the night before an early sign on.

Once again, employment consequences can be devastating. It is important for pilots to realise that a reading greater than zero but less than 0.02 can also have consequences. That duty can continue but there may be an investigation which may still result in medical suspension. The message here is that a BAC of **zero** when commencing work will result in zero consequences.

I have spoken to several helicopter pilots who routinely do a BAC test prior to each duty. They continue to work when the BAC is less than 0.02. BAC devices require calibration, and the cheaper devices are not entirely accurate. Rotary pilots often work in remote locations in challenging conditions. In that environment, alcohol can be a threat.

In the US, the FAA spends \$60 million USD on testing 10% of their pilots for alcohol and 25% of their pilots for other drugs.

Surveillance and Timelines

Following a significant AOD incident, after the initial investigation and hopefully medical re-certification, a letter will be issued with the medical certificate that details extra surveillance. For a significant alcohol incident, a pilot will be required to use a breathalyser (such as Soberlink) at least **three times a day** for at least the first year. There will be monthly or quarterly blood tests and possibly hair tests. There will be mandated specialist doctor appointments with reports forwarded to the regulator. After one year, there may be a reduction in BACs but not necessarily the frequency of other testing.



Surveillance can regularly go for five years. In one recent case, a pilot who made an outstanding recovery asked to be released from surveillance after five years but instead the regulator insisted on another two years of random testing.

The message is that surveillance can be attached to your medical certificate for an **extended period of time (years)**. Some pilots embrace it as a measure of their recovery. Some pilots detest it. For all pilots, the impacts on their daily lives are significant. The timeline commences upon medical re-certification, not from the initial incident.

Harmful Drinking

Current medical advice around alcohol consumption is that more than 4 standard drinks in one session or more than 10 standard drinks a week constitutes harmful drinking. If the regulator becomes aware via your regular medical examination or other channels it may require further investigation. In the first instance it may be a blood test, the result of which may be a deep dive into your health. Depending on your results, medical suspension can occur.

Other Drugs

In the US and Australia, we are now seeing other drugs result in medical suspension. I provided recent advice around a pilot who had recently used methamphetamine. Cocaine use has increased in the general and aviation community. Once again, the consequences on medical certification and employment can be devastating. The regulator is conservative about re-certification of your medical certificate where other drugs are concerned. Twelve months can elapse before re-certification occurs; re-certification is not guaranteed.

Lifestyle

Pilots, like all members of the community, consume alcohol. Across the community it is generally accepted the 5% of the population have moderate to severe diagnoses of AOD misuse. 15% are highly at risk of developing a moderate to severe misuse disorder. The difference for pilots is that they require regular medical testing to exercise the privileges of their aviation licence. Adverse testing can result in medical certificate suspension.

Long term harmful drinking can bring about neurological changes to the brain that prioritises the use of a drug over the normal priority of food, water and reproduction. The brain normalises drug use to satisfy the reward structure of the brain (dopamine). These changes over time can be subtle but as outlined above, one misstep can result in serious workplaces consequences. Several published articles explain the neurological side to addiction in very clear terms.



Going Forward

After 10 years in the HIMS space and as the current President of HIMS Australia, I think it is important to reflect on the information provided above. I don't enjoy receiving those calls, but I realise we are dealing with human beings.

As a profession, we can do several things. For those who travel, such as our long-haul pilots, look after each other on slips. All pilots should be mindful of alcohol consumption. For those who consume other drugs, be aware that a positive test can have devastating consequences re employment. An operator may allow a pilot with alcohol related testing attached to a medical certificate, but many will not allow an "other-drugs" testing requirement. For rotary pilots this is particularly important as many helicopter operators are quasi police or military and they won't allow that condition even if medically safe.

Our lifestyles should be such that AOD consumption does not give the regulator a reason to mandate further investigation beyond the norm and compromise medical certification.

Thanks for taking the time to read the information provided. Feel free to contact HIMS Australia if needed via our website or directly via email (dholt@aushims.org.au). All comms with myself or HIMS AUS will be confidential. Please note, I am not a pilot under medical surveillance. Myself, and Captain Laurie Shaw (formerly Cathay Pacific), started the HIMS AUS organisation about 10 years ago to compliment the US, New Zealand and Hong Kong HIMS organisations. We are a small organisation, but we do our best to support Australian pilots and others working in aviation sensitive roles.

Yours sincerely

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HIMS Australia