**14.13 SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**

Last Revised: Jul 14 Last Reviewed:

**AEROMEDICAL CONCERNS**: The consumption of alcoholic beverages is a widely accepted practice in our society, and most people are able to drink moderately and responsibly without any adverse effects. In addition to its use as a “social lubricant,” alcohol used in moderation may even confer modest health benefits. A minority of drinkers, however, suffer from an alcohol use disorder which, unless properly treated, presents an unacceptable risk to aviation safety. Alcohol is a sedative and hypnotic drug that has both acute and chronic effects on cognitive and physical performance. Cognitive effects include impairment of short-term memory, degradation of reasoning and decision-making, and inattentiveness. Psychomotor dysfunction includes an increase in reaction time and procedural errors. These damaging effects can occur at low blood alcohol levels (0.02 mg/dl), or after as little as a single standard drink. In addition, after moderate alcohol consumption, these effects can persist for many hours even after the blood alcohol level has returned to zero. Alcohol can also cause problems with visual acuity, oculovestibular dysfunction (positional alcohol nystagmus), and vertigo. This susceptibility persists long into the "hangover" period. In addition, alcohol reduces Gz tolerance by 0.1-0.4 G. Acute alcohol intoxication can also produce ataxia, vertigo, nausea, and dysrhythmias that usually disappear quickly but can leave moderate conduction delays for up to one week (the "holiday heart" syndrome). Aviation duties involve highly demanding cognitive and psychomotor tasks, frequently performed in an inhospitable environment, so it is not difficult to see how the presence of an untreated Alcohol Use Disorder with impaired control over drinking, or even the injudicious use of alcohol by non-alcoholic individuals, introduce a potentially lethal risk to the safety-sensitive occupation of flying.

Gambling Disorder also involves an inability to resist acting on impulse that may lead to aviation safety problems. Individuals with Gambling Disorder are generally preoccupied with gambling, irritable or distracted when attempting to cut down or stop gambling, and lie to conceal the extent of involvement with gambling. Gambling Disorder is generally treated with behavior therapy. A solid aftercare program, similar to that required for Alcohol Use Disorder, is required for a waiver.

**DIAGNOSIS/ICD-9 Code:**

**305.00 Alcohol Use Disorder, Mild**

**303.90 Alcohol Use Disorder Moderate**

**303.90 Alcohol Use Disorder Severe**

**312.31 Gambling Disorder**

**HISTORY OF ALCOHOL RELATED INCIDENT:** (Applicants and Designated Personnel): Any history of an Alcohol Related Incident (e.g. DUI, Minor in Possession/Underage Drinking, Open Container, Drunk and Disorderly, etc.) requires due diligence to rule out a possible Alcohol Use Disorder or a pattern of hazardous use requiring early intervention. To that end, all Police/Arrest Reports and Court Records of the incident(s) are required, as are certificates of completion of any court-directed alcohol education or alcohol treatment program(s). Upload these documents into AERO with the Physical. Also required is an AMS with a detailed history of events surrounding the incident. An alcohol related incident in the absence of a diagnosed Alcohol Use Disorder is not considered disqualifying.

**ABSTINENCE:** Abstinence is required of all aeronautically designated personnel or students (aviators, aircrew, air traffic controllers, unmanned aerial vehicle operators, hypobaric chamber inside observers, and instructors) diagnosed with Alcohol Use Disorder per BUMEDINST 5300.8 as follows:

 Navy/Marine Corps active/reserve serving in a flying status involving operational or training flights (DIFOT)

 Duty in a flying status not involving flying (DIFDEN) orders

 Personnel serving as hypobaric chamber inside observers

 Instructors under hazardous duty incentive pay (HDIP) orders

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 Civilian DON employees including non-appropriated fund employees and contract employees involved with frequent aerial flights or air traffic control duties

**PREVIOUS DIAGNOSIS OF ALCOHOL USE/GAMBLING DISORDER:**

If the member has a previous diagnosis of Alcohol Abuse or Dependence (DSM-III through DSM-IV-TR) or Alcohol Use Disorder (DSM-5) or Gambling Disorder and a waiver has not been granted, follow the guidelines for *New Diagnosis of Alcohol Use or Gambling Disorder* (outlined below)

If the member has a previous diagnosis of Alcohol Abuse or Dependence or Alcohol Use Disorder or Gambling Disorder and has been granted a waiver, follow the guidelines for *Annual Waiver Continuance Process* (outlined below).

**NEW DIAGNOSIS OF ALCOHOL USE DISORDER OR GAMBLING DISORDER:** Flight Surgeon must submit grounding physical to NAMI Code 342. Waiver is possible 90 days after the service member has:

1. Successfully completed Outpatient, Intensive Outpatient, or Residential treatment (the appropriate level of treatment will be determined by the treatment facility, using the current edition of the American Society of Addiction Medicine treatment criteria, The ASAM Criteria).

2. Maintained a positive attitude and an unqualified acknowledgment of the alcohol use/gambling disorder.

3. Remained abstinent from alcohol without the need for amethystic medications.

4. Fully complied with aftercare requirements post-treatment during the minimum of 90 days (see below).

**AFTERCARE REQUIREMENTS:** The member must document participation in an organized alcohol recovery program (for Alcohol Use Disorder, Alcoholics Anonymous (AA), including “Birds of a Feather” for pilots and cockpit crew members; for Gambling Disorder, may use a combination of Gamblers Anonymous (GA) and AA, e.g., when there are not sufficient GA meetings available locally to satisfy the requirement), and meet with designated professionals for the following specified timeframes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Aftercare Timeframe Professional /Meetings**  | **First Year**  | **Second/Third Year**  | **Fourth Year +**  |
| Flight Surgeon  | Monthly  | Quarterly  | Annually  |
| DAPA/SACO  | Monthly  | Monthly  | No formal requirement  |
| Psychiatrist/Psychologist/Licensed Clinical Social Worker  | Annually  | Annually  | No formal requirement  |
| Alcoholics Anonymous (or for Gambling Disorder, Gamblers Anonymous)  | 3x weekly  | 1x weekly  | Strongly recommended but not required  |

**INITIAL WAIVER PROCESS:** As with any other waiver, the member should initiate the request*. In the waiver request letter, the member must acknowledge the specific aftercare requirements listed above.* Further, the member must provide specific evidence of current compliance. This will avoid claims that the member was never advised of all the requirements for requesting and maintaining an alcohol waiver.

**Information required:**

1. Complete flight physical, including Mental Status Exam.

2. Flight Surgeon's narrative (AMS) to include:

a. Detailed review of all factors pertaining to the diagnosis, including events preceding and after the initial clinical presentation.

b. Statements concerning safety of flight, performance of duties, potential for recovery, and any symptoms of co-occurring disorders or significant stressors.

c. Documentation of compliance with aftercare requirements including abstinence and AA/GA attendance.

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3. Outpatient/Intensive Outpatient/Residential treatment summary.

4. DAPA's statement documenting aftercare including AA/GA attendance.

5. Psychiatric evaluation by a privileged psychiatrist, clinical psychologist or licensed clinical social worker—this should be completed at the 90-day mark following successful completion of the appropriate level of treatment.

6. Commanding officer’s endorsement on command letterhead.

7. Signed member statement. The following paragraph must be included in the member’s request (Nota bene: member’s statement should not contain only the following statement, but also demonstrate unqualified acknowledgment of the condition and give evidence of a positive attitude towards recovery). In the case of Gambling Disorder, please substitute the appropriate verbiage. *"I have read and received a copy of BUMEDINST 5300.8 series. I understand that I must remain abstinent. I must meet with my flight surgeon monthly for the first year, then quarterly for the next two years of aftercare. I must meet with the DAPA monthly and receive an annual mental health evaluation for the first three years of aftercare. And I must document required attendance at alcoholics anonymous (AA)."*

8. Internal Medicine evaluation (if indicated).

**ANNUAL WAIVER CONTINUANCE PROCESS:**

1. During first three years of aftercare

a. Complete long-form flight physical (SF 88 and SF 93 or DD2807/2808).

b. Flight Surgeon's statement (must address the following)

(1) Safety of flight, performance of duties, potential for sustained recovery, and any symptoms of co-occurring disorders

(2) Documentation of compliance with aftercare requirements including abstinence and AA attendance.

c. DAPA's statement documenting aftercare including AA attendance.

d. Psychiatric evaluation by a privileged psychiatrist, clinical psychologist or licensed clinical social worker.

2. After three years of aftercare

a. Short-form flight physical (NAVMED 6410/10)

b. Flight Surgeon's statement (must address the following)

(1) Safety of flight, performance of duties, potential for sustained recovery, and any symptoms of co-occurring disorders.

(2) Documentation of member’s continued abstinence

**NONCOMPLIANCE OR AFTERCARE FAILURE:** The following guidance pertains to any member in denial of an alcohol or gambling problem, failing to abstain, or not compliant with all aftercare requirements as enumerated above. These members are to be considered NPQ and the following actions shall be performed:

1. Ground the member immediately! Grounding period is a minimum of 6-12 months.

2. Submit grounding physical to NAMI Code 342 (MED-236).

3. Re-evaluation by Flight Surgeon, DAPA, and Alcohol Treatment Facility to determine potential for re-treatment.

**NOTE:** The member's command must recommend a revocation of the current waiver in accordance with BUMEDINST 5300.8 series. If member requests waiver after the 6-12 month grounding period, please follow the Initial Waiver Process (above). Please discuss these waiver requests with NAMI Psychiatry Department Code-321 before submission. NAMI will review these waiver requests on a case by case basis.

**DISCUSSION:** Use the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (as of this writing, DSM-5) criteria to diagnose Substance-Related and Addictive Disorders. It should be noted that no difference exists in the waiver process or aftercare requirements for a member diagnosed with Alcohol Abuse versus Alcohol Dependence (categories used in earlier editions of the DSM). The evidenced-based aftercares requirements (outlined above) will help a member U.S.

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diagnosed with Alcohol Use Disorders maintain long-term sobriety/abstinence in the interest of aviation safety.

**HISTORY OF ALCOHOL USE DISORDER TREATMENT:**

BUMEDINST 5300.8 was written in the early 1990s, prior to widespread acceptance of ASAM’s Patient Placement Criteria. At that time the Navy had a three-tier system of alcohol treatment:

Level I - PREVENT/IMPACT for an alcohol related incident or prevention.

Level II - OUTPATIENT for a diagnosis of Alcohol Abuse.

Level III - INPATIENT for a diagnosis of Alcohol Dependence.

In the late 1990s the Navy adopted the ASAM criteria, then in its second edition, “ASAM PPC-2,” as part of a “continuum of care” model of treatment. One feature of this model is the use of multiple dimensions of disease severity and level of function, rather than mere diagnostic categories, as the basis for assignment of patients to specific levels of treatment. The importance of this to the aviation waiver process was that aviation personnel with either Alcohol Abuse or Alcohol Dependence could be treated at any of the three new treatment levels, and upon successful completion, be eligible for waivers. While the fine print of the ASAM Criteria has evolved over the years, the levels of treatment have remained essentially the same since first adopted:

Level 0.5 – IMPACT. Early intervention service for individuals at risk of developing a Substance-Related or Addictive Disorder, usually recommended after a single ARI; analogous to the civilian “DUI school.” This is not considered adequate for anyone meeting diagnostic criteria for a Substance-Related or Addictive Disorder and hence is not sufficient for waiver eligibility.

Level 1 – OUTPATIENT.

Level 2 - INTENSIVE OUTPATIENT.

Level 3 – RESIDENTIAL.

Level 4 – MEDICALLY MANAGED INTENSIVE INPATIENT. (Rarely necessary for military aviation personnel.

Once again, with the release of DSM-5, the previous categories of Alcohol Abuse and Alcohol Dependence were subsumed under the new heading of Alcohol Use Disorder, with severity specifiers of Mild, Moderate and Severe. Depending upon the multidimensional assessment by the treatment facility, a patient with a given degree of severity might be appropriate for Level 1, 2, or 3; any of these will be acceptable for a waiver upon successful completion and demonstrated compliance with the other waiver elements described above.

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