

PSYCHIATRIC WAIVERS

CONDITION: ALCOHOL-RELATED DISORDER, NOS (ALCOHOL MISUSE)

Revised September 2002

AEROMEDICAL CONCERNS: While a single incident of alcohol misuse (mild or minimal alcohol-related problem) is not of significant concern, it may be an indication of underlying alcohol abuse or dependence.

WAIVERS:

1. Initial Applicants:

a. Class 1A/1W: A single episode of alcohol misuse will be filed as Information Only provided that a current (within 90 days of the date of FDME submission) Alcohol Substance and Abuse Program (ASAP) evaluation reveals no underlying problem with abuse or dependence. Multiple episodes will require a request for exception to policy and are rarely granted.

b. Class 2, 3, 4: A single episode of alcohol misuse will be filed as Information Only provided that a current Alcohol Substance and Abuse Program (ASAP) evaluation reveals no underlying problem with abuse or dependence. Multiple episodes will require a request for waiver and these will be evaluated on a case-by-case basis.

2. Rated Aviation Personnel (All Classes): A single episode of alcohol misuse will be filed as Information Only provided that a current Alcohol Substance and Abuse Program (ASAP) evaluation reveals no underlying problem with abuse or dependence. Multiple episodes will require a request for waiver and these will be evaluated on a case-by-case basis.

DSM-IV CODE:

291.9 Alcohol-Related Disorder, NOS

INFORMATION REQUIRED:

1. For a single episode of alcohol misuse, a copy of a recent ASAP evaluation must be submitted with the FDME.

2. For multiple episodes an AMS must be submitted with the following:

a. Completion of an alcohol education program, such as PERR, (Prevention, Education, Risk Reduction) or equivalent and a favorable recommendation from the program director.

b. Letters of recommendation and support from the immediate aviation chain of command to the level of Battalion Commander.

PSYCHIATRIC WAIVERS

CONDITION: ALCOHOL-RELATED DISORDER, NOS (ALCOHOL MISUSE)

Revised September 2002

c. Flight surgeon recommendations and a summary of findings, to include: absence of any significant underlying psychological or psychiatric disorders or evidence of lasting or residual health impairment or significant work, social, or family dysfunction.

d. Laboratory Evaluation: CBC, Liver Function Tests to include AST/ALT and Gamma GT.

FOLLOW-UP: The local flight surgeon will continue to reevaluate the individual at 2-month intervals for the first year after return to full flying duties and then annually in conjunction with annual FDME.

TREATMENT: An alcohol education program is generally adequate therapy. NOTE: If the aircrew member requires disulfiram as treatment or to demonstrate abstinence, then the condition cannot be classified as alcohol misuse. Refer to APLs for alcohol abuse and dependence.

DISCUSSION: Alcohol-related incidents such as driving under the influence (DUI), under age drinking, and public intoxication resulting in unusual, bizarre, or violent behavior or any other alcohol-related misbehavior, which in the opinion of the commander or the flight surgeon deserves attention, must be viewed with caution because of the potential for creating unusual stress on the aviator. These stressors may arise from pending legal action, command pressure, marital discord, or even self-generated pressures. Local Duties Not Including Flying (DNIF) is appropriate pending completion of evaluations and will allow the aviator time to cope with these demands. A single episode of alcohol abuse may reflect an isolated event, but may represent the initial presentation of an underlying substance problem and deserves thorough evaluation by the unit FS/APA.

The Alcohol-Related Disorder, NOS or Alcohol Misuse category is for disorders associated with the use of alcohol that are not classifiable as Alcohol Dependence, Alcohol Abuse, Alcohol Intoxication, Alcohol Withdrawal, Alcohol Intoxication Delirium, Alcohol Withdrawal Delirium, Alcohol-Induced Persisting Dementia, Alcohol-Induced Persisting Amnestic Disorder, Alcohol Induced Psychotic Disorder, Alcohol-Induced Mood Disorder, Alcohol-Induced Anxiety Disorder, Alcohol-Induced Sexual Dysfunction, or Alcohol-Induced Sleep Disorder.

REFERENCE:

Burge SK. Alcohol Related Problems: Recognition and Intervention. Am Fam Physician 1999;59(2): 361-70, 372.