

September Pilots Medical Column: 868 words  
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#### A SELF TEST FOR ALCOHOLISM

If you worry that you or someone you know is an alcoholic, try answering these questions:

1. Have you ever consciously stopped drinking for a period of time? Normal drinkers do not have to make a conscious effort to stop drinking. Consciously stopping indicates a struggle with a habit.
2. Can you or did you ever drink more than other people without showing it? If yes, this means an abnormal tolerance to alcohol, which is what alcoholics have.
3. Did either of your parents have a drinking problem? Two-thirds of alcoholics give a family history of alcoholism.
4. Were you ever nearly arrested while drinking but you were let off because you are a VIP or you used some other influence? A "near arrest" commonly occurs in VIP drunk drivers and women who are alcoholics.
5. Did your doctor ever suspect that your medical problems were caused by drinking? Any person who has a disease caused by alcohol should be suspected of having alcoholism.
6. Did you ever have hangovers during the first few years of your heavy drinking? Many alcoholics are so tolerant to alcohol that

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they never or almost never feel sick after heavy drinking, whereas 95 percent of normal non-alcoholics suffer from hangovers.

7. Do you tell others "I can quit any time", or "I can take it or leave it". Some alcoholism experts say that normal drinkers do not make statements like this.

(These questions are from Alcoholism A Guide to Diagnosis, Intervention and Treatment, by Donald M. Gallant)

#### MEDICAL CRITERIA FOR ALCOHOLISM

The major criteria for the diagnosis of alcoholism according to the National Council on Alcoholism are: dependence as evidenced by withdrawal symptoms when alcohol is interrupted or decreased; evidence of tolerance to alcohol by a blood alcohol level of 0.15 without gross evidence of intoxication; alcoholic blackouts; major alcoholic illnesses in a person who drinks regularly: fatty liver, alcoholic hepatitis, pancreatitis, or chronic gastritis; continued drinking despite strong medical warnings; and continued drinking despite social problems.

Q: If an alcoholic seeks treatment for alcoholism and recovers, when can he be issued an FAA medical certificate?

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A: Aviation medical examiners are not authorized to issue airman medical certificates to individuals with a history of alcoholism. Only the certification officer at Oklahoma City may issue. The usual standard for a special issuance in these cases is two years after treatment, but for certain pilots who are carefully monitored, the FAA may issue a medical certificate in as few as three to four months.

Q: Will the attitude of the FAA be that a single DWI conviction, whatever the circumstances, automatically brands one as an alcoholic requiring treatment?

A: No one is automatically labeled an alcoholic. All extenuating circumstances are considered before making the diagnosis of alcoholism.

Q: If a pilot has been ordered by a court to undergo treatment for alcoholism because of a conviction for DWI, what information or documents does the FAA require for a special issuance of a medical certificate?

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A: The following is from the protocol of the Regional Flight Surgeon, Great Lakes Region, as revised February 1, 1988:

1. Copies of all medical records from hospitals, clinics, doctors, counselors, psychologists, and others.
2. Letters from health professionals, employers, AA sponsors, and others specifying severity and duration of alcoholism; duration of abstinence; number of relapses; quality of treatment; complications of alcoholism; progress in marital, social, and vocational areas; commitment to rehabilitation; underlying personal and emotional difficulties; the use of any other addicting substances.
3. A letter from the pilot describing the treatment and progress.
4. A report of recent blood tests for liver function.
5. A report of a current, comprehensive psychiatric evaluation done according to FAA guidelines.

Q: I need the list of prescription and over-the-counter medicines which can cause false positive urine tests for illegal drugs.

A: Such a list would refer only to the Enzyme Multiplied Immunoassay Technique (EMIT) screening test, and not to the confirmato-

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ry gas chromatography mass spectrometry (GCMS) test. The GCMS is to be performed on all specimens of employees which test positive by the EMIT. The confirmation rule is not mandatory for pre-employment screening for commercial firms.

I realize that everybody is worrying about false positive tests. I called an official at the Department of Drug Testing of the Department of Transportation (DOT) in Washington, D.C. about the issue of false positives. He informed me that the DOT has done more than 30,000 drug tests since January, 1987, and there have been no false positives among the confirmation tests. Confirmatory GCMS tests were done on all screening (EMIT) positives in this series. He stated these were pre-employment, random, and periodic drug tests. When more facts are available, I will report them in this column.

Q: Is there a list of over-the-counter remedies which a pilot is forbidden to take before flight?

A: No, there is no official list. However, pilots should take nothing which could cause drowsiness or in any way interfere with functioning. Most cold remedies contain antihistamines which cause drowsiness. Air sickness remedies are forbidden. The best

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advice is to take no medications of any kind, but if in doubt,  
consult your aviation medical examiner or the FAA certification  
office in Oklahoma City.