



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 5300.8  
BUMED-23  
20 Mar 92

BUMED INSTRUCTION 5300.8

From: Chief, Bureau of Medicine and Surgery  
To: All Ships and Stations

Subj: DISPOSITION OF REHABILITATED ALCOHOL DEPENDENT OR ABUSER  
AIRCREW, AIR CONTROLLERS, HYPOBARIC CHAMBER INSIDE  
OBSERVERS AND INSTRUCTORS

Ref: (a) SECNAVINST 5300.28B  
(b) OPNAVINST 5350.4B

1. Purpose. To provide guidance for the uniform disposition of aviators, aircrew, air traffic controllers, and hypobaric chamber inside observers and instructors who have been diagnosed as alcohol dependent or alcohol abusers.

2. Cancellation. NAVMEDCOMINST 5300.2.

3. Scope. Applies to all commands and activities having aircrew personnel, air controllers, and hypobaric chamber inside observers or instructors within their administrative control.

4. Background. The Navy recognizes that alcoholism is treatable and has established programs emphasizing individual participation in treatment and rehabilitation. Within the constraints imposed by flight safety regulations, appropriate Federal Aviation Administration (FAA) regulations, and all pertinent Chief of Naval Operations (CNO) and Bureau of Medicine and Surgery (BUMED) directives, these individuals should be returned, as expeditiously as possible, to their special duty assignments, per reference (a). The uniform disposition of rehabilitated aviation personnel throughout the naval aviation communities should be commensurate with operational requirements.

5. Applicability. Applies to all aeronautically designated personnel or students (Navy and Marine Corps), active and Reserve, serving in a flying status involving operational or training flights (DIFOT), duty in a flying status not involving flying (DIFDEN) orders, those personnel serving as hypobaric chamber inside observers or instructors under hazardous duty incentive pay (HDIP) orders, and to all civilian employees of the Department of the Navy, including nonappropriated fund employees and contract employees involved with frequent aerial flights or air traffic control duties.



6. Action

a. Personnel diagnosed as alcohol dependent or alcohol abusers using current Diagnostic and Statistic Manual (DSM) criteria must be grounded immediately and found not physically qualified (NPQ) for all aviation duty. The diagnostic criteria should conform to the most current DSM of the American Psychiatric Association.

b. Disposition:

(1) Personnel diagnosed as alcohol dependent by a flight surgeon, other medical officer, or clinical psychologist must be immediately referred to a Level III inpatient program for treatment.

(2) Personnel diagnosed as alcohol abusers and judged by a flight surgeon, other medical officer, or clinical psychologist not to be dependent must be immediately referred to a command alcohol counseling center Level II program for treatment per reference (b).

c. Upon satisfactory completion of the appropriate treatment program, personnel must be evaluated by a flight surgeon. (Aviation medical examiners under competent orders are used synonymously under the collective title flight surgeon throughout this instruction.) Those diagnosed as alcohol dependent and alcohol abusers are to be considered NPQ for aviation duties. Return to flight status requires a waiver for such duty from the Chief, Bureau of Naval Personnel or Commandant of the Marine Corps.

d. A recommendation for return to flight status, air controller duties, or hypobaric inside observer or instructor duties rests on a positive assessment by the flight surgeon. The flight surgeon must consider the following areas when making a recommendation:

(1) Member's positive attitude and unqualified acknowledgement of his or her alcohol disorder.

(2) Successful completion of the appropriate treatment program with favorable prognostic statement by the treatment facility.

(3) Abstinence from alcohol.

(4) Satisfactory participation in an ongoing program of recovery. The flight surgeon and squadron drug and alcohol

program advisor (DAPA) must document required visits. The member must provide proof of attendance at Alcoholics Anonymous (AA) or other organized outpatient alcohol recovery program.

e. Aftercare Intervals. The member must visit the following professionals and organizations at the intervals specified:

(1) Flight Surgeon. Monthly for the first 12 months, then every 3 months for the remaining 2 years.

(2) DAPA. Monthly for the entire 3 years with documentation of AA attendance.

(3) AA. Attended at least 3 times per week for the first 12 months out of treatment, then no less than 4 times per month for the remainder of the documented recovery program. Exceptions to this recovery program schedule for operational necessity must receive command endorsement.

f. All personnel must be given a series of physical examinations specified to provide additional monitoring of the recovery process. Forward all physicals to BUMED (MED-236) located at the Naval Aerospace Medical Institute (NAVAEROSP MEDINST), Naval Air Station, Pensacola, FL 32508-5600. These examinations must include a complete flight physical (SF 88 and SF 93 or NAVMED 6120/2 as appropriate) as well as the following information:

(1) Flight surgeon's narrative assessment of the member's recovery specifically addressing: work performance, peer relationships, family and marital relationships, psychosocial stressors and attitude toward recovery, abstinence, and AA attendance. A mental status examination should be performed with referral to NAVAEROSPMEDINST for specialized neuropsychological testing if there are any questions of cognitive impairment.

(2) Copy of Level II or Level III treatment summary (first time only).

(3) Flight surgeon's and DAPA's statements to document aftercare, including AA attendance. (AA attendance is usually verified by signature card and recorded by command DAPA.)

(4) Psychiatric evaluation by a privileged psychiatrist or clinical psychologist at initial waiver request, then annually while in aftercare).

(5) Internal medicine evaluation at initial waiver request as indicated.

g. Intervals for performance of flight physicals:

(1) Immediately upon completion of appropriate treatment program.

(2) Every 3 months thereafter during the first 12 months of recovery, then at 6-month intervals for the remaining 2 years, and annually thereafter for the duration of the member's aviation career.

(3) Recommendation of return to service group I, service group II, or service group III (class I personnel).

(4) Upon recommendation of return to naval flight officer, aircrew, air traffic controller, or hypobaric inside observer or instructor duties (class II personnel).

(5) Upon subsequent restriction of special duty assignment for any reason.

h. Return to flight status or aviation related duties:

(1) No sooner than 30 days after satisfactory completion of the appropriate treatment program.

(2) Those diagnosed as alcohol abusers, providing the criteria in paragraphs 6(d) and (e) are met, may request a waiver to return to class II duties normally after 90 days of demonstrated recovery.

(3) Those diagnosed as alcohol dependent and all class I aviation personnel will normally be returned to aviation duties after at least 3 months of demonstrated recovery and meeting the criteria in paragraphs 6(d) and (e). In cases of continued personal turmoil, emotional instability, or poor adherence to recovery program, the flight surgeon may wish to extend the observation time as long as 12 months. The 30-day option should only be used in those cases with minimum risk factors, minimal family or personal turmoil, and unqualified participation in treatment and recovery.

i. Submit initial waiver requests and flight physical with commanding officer's endorsements and specified consultations and documentation to MED-236 for review.

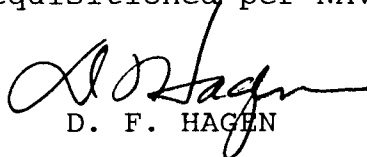
j. In line with current FAA and Navy and Marine Corps policy, Antabuse therapy is considered to be disqualifying for duty involving flight operations for all personnel who are involved in the conduct and safety of flight. A minimum of 14 days should lapse after cessation of Antabuse before resuming flying duties.

7. Noncompliance. Continued denial of an alcohol problem and refusal to abstain from alcohol following treatment is unacceptable for continued aviation status in any capacity and requires submission of SF 88 and SF 93 to MED-236. The disease concept of alcoholism, plus potential safety considerations, does not permit a trial of social drinking for an individual with a diagnosis of alcohol dependence or abuse. Refusal to abstain from alcohol requires a recommendation of permanent removal from flight status. Full documentation for such a recommendation must be provided with endorsement by the individual's commanding officer.

8. Forms

a. SF 88 (10-75), Report of Medical Examination, NSN 7540-00-634-4038, and SF 93 (10-74), Report of Medical History, NSN 7540-00-181-8368, are available from the Federal Supply System through normal supply procurement procedures.

b. NAVMED 6120/2 (11-79), Officer Physical Examination Questionnaire, S/N 0105-LF-208-3071, is available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.

  
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