



AN EXAMINATION OF ADVERSE EVENTS ASSOCIATED WITH SCHEDULE II STIMULANT WAIVERS AMONG DIVERS

Anna Oppenheimer^{1,2}, Linda Hughes,¹ Quentin Wills¹, Robert Nordness^{1,2}, Alistair Morris¹
¹ Naval Submarine Medical Research Laboratory, Groton, CT
² Leidos, Inc., Reston, VA



Background and Naval Relevance

- The Navy Bureau of Medicine and Surgery (BUMED) noted an increase in waivers for Schedule II stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) among Navy divers
- The operational and health impacts on this population are unknown
- Understanding impact aids leadership and medical providers in making evidence-based health and readiness policy decisions

Study Objectives

- Objective 1:** Identify and describe characteristics and health and performance outcomes of Navy divers issued stimulant waivers and compare them to divers receiving waivers for other medical reasons.
- Objective 2:** Examine differences in health and performance outcomes before and after receiving a waiver between the two groups.

Methods



UHERP Data Collection System

- Large database links medical records and personnel files of all Navy undersea warfighters

Study Population

- Divers, defined as Active-Duty Navy Service Members with a dive record, who had a medical waiver between 2016 and 2024

Analyses

- Compared divers with stimulant waivers to divers with waivers for other medical reasons across demographics, occupational factors, performance, and health outcomes using summary statistics
- Determined ranks and ratings with highest odds of stimulant waivers using logistic regression
- Calculated mean difference between pre- and post-waiver outcomes (e.g., occupational dives, medical encounters) using linear mixed models

Results

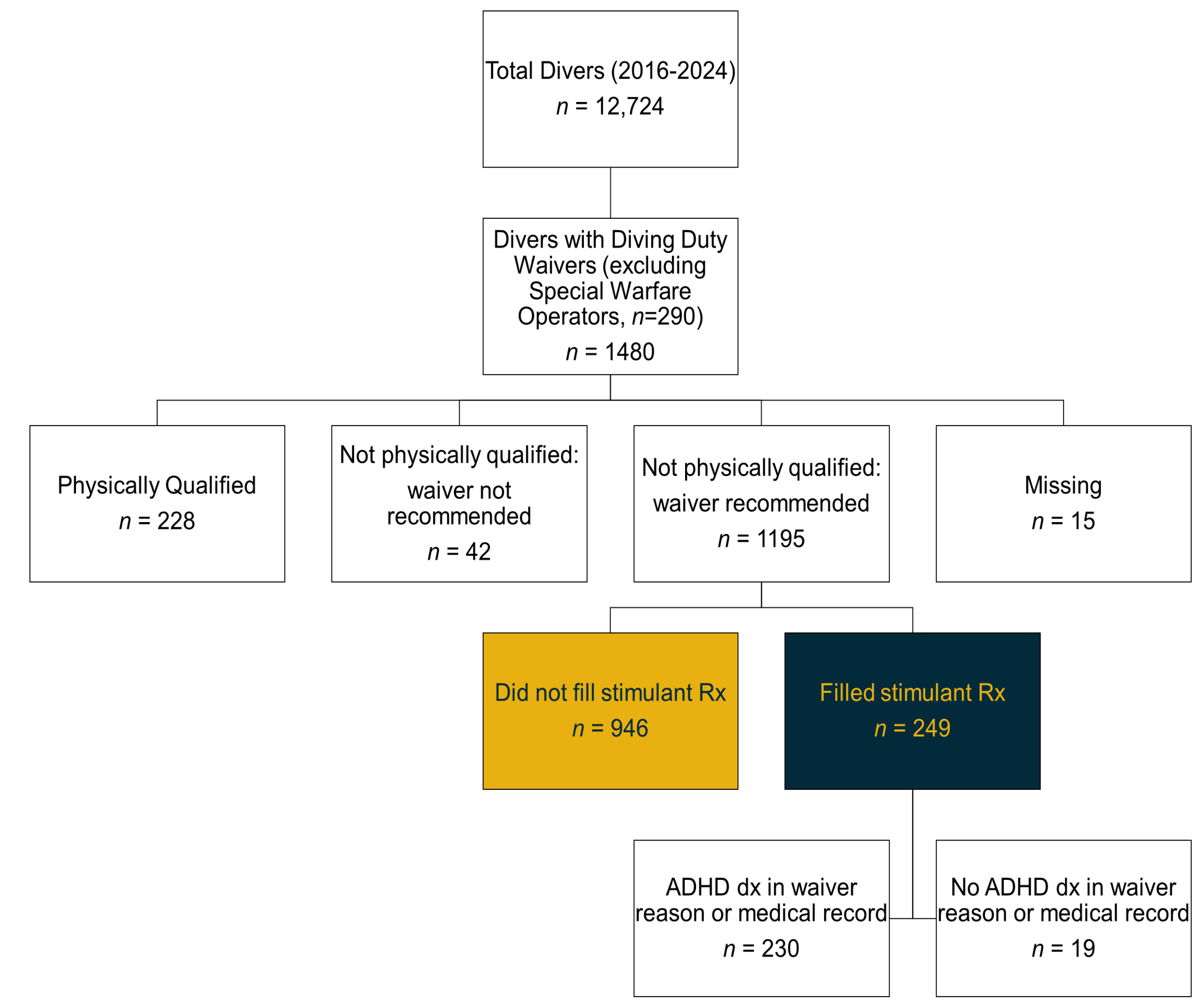


Figure 1. Active-Duty Navy divers who requested a diving duty waiver

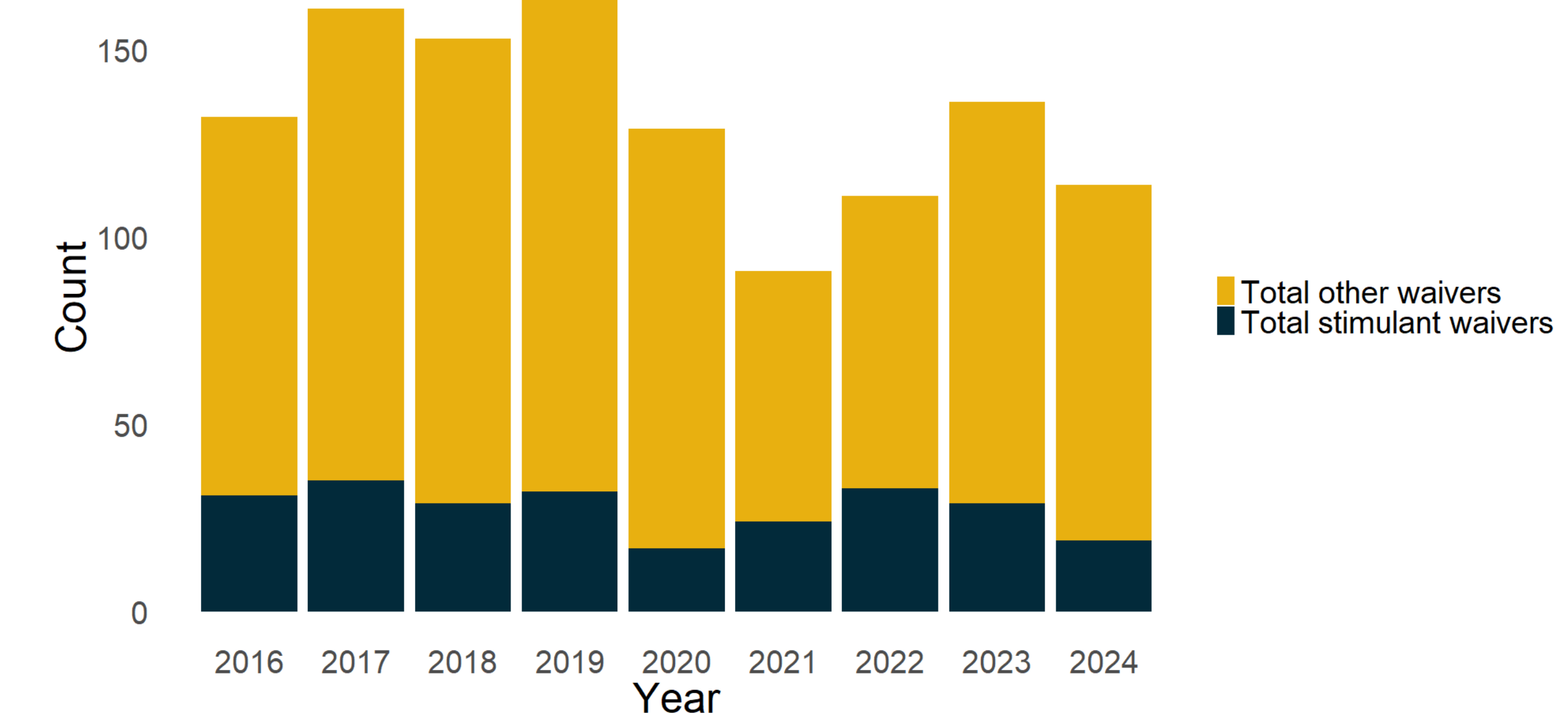


Figure 2. Diving duty waivers from 2016 to 2024 by reason

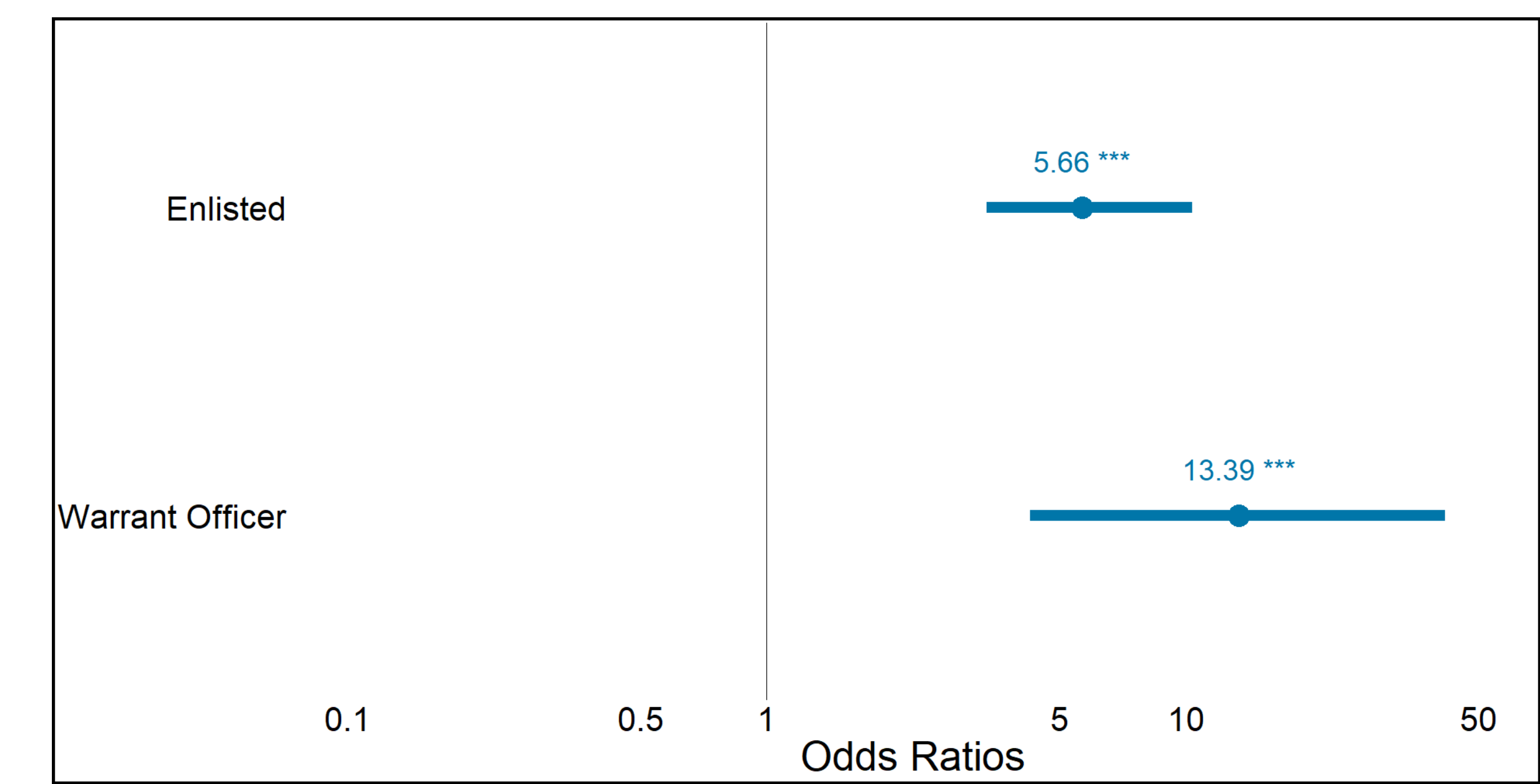


Figure 3. Odds ratios estimating odds of receiving stimulant waivers for diving duty among enlisted ($n=918$) and warrant officers ($n=15$) compared to officers ($n=251$)

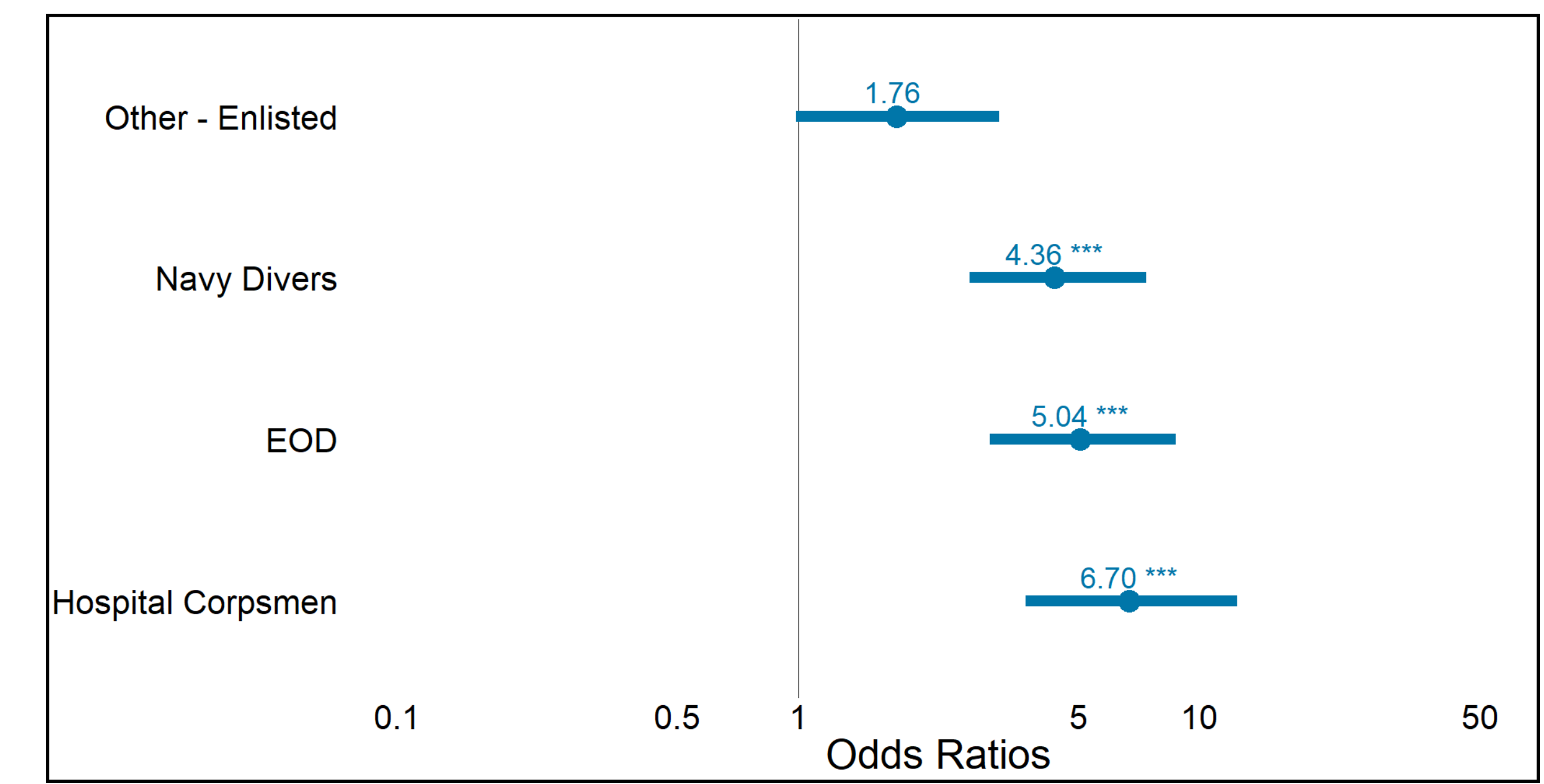


Figure 4. Odds ratios estimating odds of receiving stimulant waivers for diving duty among the following ratings: other enlisted ratings ($n=243$), Navy Divers (ND) ($n=347$), Explosive Ordnance Disposal (EOD) ($n=226$), & Hospital Corpsmen (HM) ($n=101$) compared to officers ($n=251$)

Compared to divers with other waivers, divers with stimulant waivers were more likely to:

- Be older, E4-E9, and in the rates of ND, EOD, or HM
- Have >1 waiver reason listed and separate during the study period
- Have the following outcomes: diving injury, ADHD, anxiety, post-traumatic stress disorder (PTSD), and health hazard related to socioeconomic and psychosocial circumstance

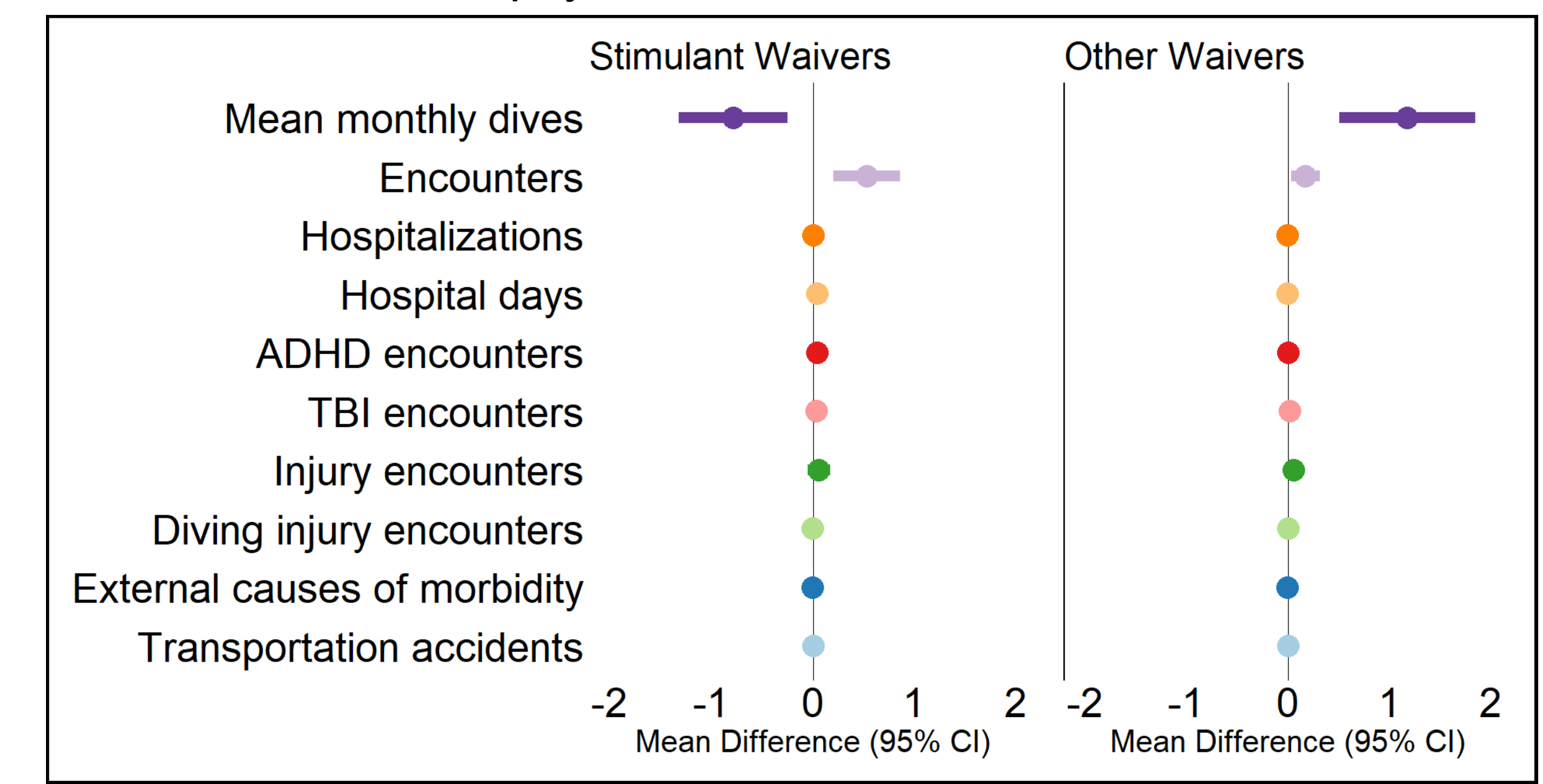


Figure 5. Mean differences from pre- to post-waiver dives and health outcomes among divers with stimulant waivers and divers with waivers for other reasons

Conclusions

- Stimulant waivers may continue to be issued when appropriate, but potential adverse performance and health outcomes should be considered.
- Mitigation efforts should focus on interventions that will improve diving performance.

Partners/Collaborators

