



Drugs and Alcohol Testing at the Initial Class 1 Medical Assessment - A Regulator's View

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Overview

- **Background**

Medical cause CAT accidents

Current national screening activity

- **Issues**

Where, when, what, who?

- **Role of National Regulators and EASA**

Initial Class 1 medical assessment

(NB Random best for drugs, Due Cause best for alcohol))

- **Recommendations**

Medical Cause CAT Accidents

- **Flight Safety Risks**

- Acute (immediate), prolonged (48hr) and chronic (long-term) effects of D&A.
- Errors, Incidents, Accidents

- **Accident statistics**

- 1980-2011 → of 31 fatal CAT accidents¹:
 - 20 psychiatric - 11 alcohol or drugs
 - 5 medication involved
- Human Factor accidents and incidents: errors due to psychological factors unknown.

¹*Medical Cause Fatal Commercial Air Transport Accidents: Analysis of UK CAA Worldwide Accident Database 1980-2011 (Abstract). SJ Mitchell, M Lillywhite Aviat Space Env Med: 2013; 84(4) p346*

D & A Policies

- Educational programme has to underpin
- Deterrent effect of education and random testing is key
- Clear processes and policies
- Robust

Issues for D&A Testing at Initial Class 1

- **Where**

- Location

- **When**

- Timing (pre/post or in conjunction with medical examination?)

- **What**

- Evidential testing (eg 2 samples)
- Accuracy of results (negligible false positives)
- Process
- Type of testing (urine, breath, blood, hair, saliva etc)
- Equipment
- Which drugs to test for?

Who should test?

- Impartiality of testing - potential Conflicts of Interest
 - Not future employer
 - Not AeMC/AME – has to act as assessor of fitness and collate results of all investigations
 - Complete independence from applicant
 - Trained in D&A testing
 - Accredited company

- Handling of Results
 - Impartial, trained Medical Review Officers (independent from applicant and no doctor/patient relationship, ensure due process, determine true positives)
 - Could be AeMC staff (not AME assessing Class 1 fitness)

Current National Screening for D&A

- **National legislation in EU States**
 - Transport
 - Employment
 - Health and Safety laws
- **CMOs' Forum survey**
 - All respondents agreed with D&A testing.
 - Caveats are:
 - the use of formal procedures
 - accredited service
 - training of those being tested and those doing the testing
 - evidential chain of custody
 - **not AMEs**

Role of EASA

▪ Rulemaking Task:

- mandate testing so consistent and harmonised approach
- require testing organisations to report results to AeMC and CA
- specify obligations of AeMCs regarding organisation of testing and submission of results for data analysis by competent authorities
- GM on handling of positive results (eg prescribed medication, foods)
- specify role of competent authorities:
 - 1) to receive and analyse results to determine frequency of testing
 - 2) to ensure work of MRO is audited
 - 3) to ensure organisations undertaking testing are accredited

▪ Standardisation

- oversee national implementation

Recommendations

- 1) Mandate D&A testing in conjunction with initial C1 medical assessment
- 2) Specify roles of CA, AeMC, testing organisations, MRO and obligations of individual applicant
- 3) Issue frequently updated guidance eg on drugs to be tested (may need to vary between States)

Additional considerations

- All aviation safety critical workers to be included?
- Education on medication as well as alcohol and drugs

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