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Drugs and Alcohol Testing in the Initial Class 1 Medical Assessment

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Disclaimer

Any comments provided in this presentation or arising from this workshop will be processed according to the official ICAO procedure for review prior to any action being taken by ICAO.





EASA recommendations

- 3 (a): Recommends to mandate drugs and alcohol testing as part of a random programme of testing by the operator and at least in the following cases: when employed by an airline, post-incident/-accident, with due cause, and as part of follow-up after a positive test result
- 3 (b): recommends to **mandate drugs and alcohol testing in the initial Class 1 medical assessment**



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- *Annex 1, Personnel Licensing*
- *Annex 2, Rules of the Air*
- *Annex 6, Operation of Aircraft*
- *Annex 13, Accident and Incident Investigation*
- *Annex 19, Safety Management*



ICAO Guidance Material

- *Assembly Resolution A27-12 - Role of ICAO in the prevention of substance abuse in the workplace*
- *Manual of Civil Aviation Medicine (Doc 8984)*
- *Safety Management Manual (SMM) (Doc 9859)*
- *Human Factors Guidelines for Safety Audits Manual (Doc 9806)*
- ***Manual on Prevention of Problematic Use of Substances in the Aviation Workplace (Doc 9654)***



Definitions

- ***Problematic use of substances*** - The use of one or more psychoactive substances by aviation personnel in a way that:
 - a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others; and/or
 - b) causes or worsens an occupational, social, mental or physical problem or disorder
- ***Psychoactive substances*** - Alcohol, opioids, cannabinoids, sedatives and hypnotics, cocaine, other psychostimulants, hallucinogens, and volatile solvents, whereas coffee and tobacco are excluded

Definitions

- ***Problematic substance use prevention*** - consists of the actions necessary to preclude problematic substance users from being employed within the safety-sensitive areas of aviation and the actions aimed at deterring safety-sensitive aviation personnel from engaging in problematic substance use
- ***Problematic substance use intervention*** - consists of actions aimed at nullifying or minimizing the psychological, physiological, medical, occupational, operational, and/or social consequences of problematic substance use, especially those adversely affecting safety in the aviation workplace



Definitions

- ***Safety-sensitive employees*** - are persons who might endanger aviation safety if they perform their duties and functions improperly. This definition includes, but is not limited to, technical air crew, cabin crew, aircraft maintenance personnel, air traffic controllers, and security screeners.



Requirements for Medical Assessments

- **Standard 6.2.2** – Physical and mental requirements
 - Including any effect or side-effect of any prescribed or non-prescribed therapeutic, diagnostic or preventive medication taken
- **Standard 6.3.2.2** – Class 1 mental requirements
 - The applicant shall have no established medical history or clinical diagnosis of a mental or behavioural disorder due to use of psychoactive substances; this includes dependence syndrome induced by alcohol or other psychoactive substances;
- **Various standards** – the use of drugs for (*condition*) shall be disqualifying except for those drugs, the use of which is compatible with the safe exercise of the applicant's licence



Use of psychoactive substances

- **Standard 1.2.7.1** – Holders of licences ... shall not exercise the privileges of their licences ... **while under the influence** of any psychoactive substance which might render them unable to safely and properly exercise these privileges
- **Standard 1.2.7.2** – Holders of licences ... shall not engage in any problematic use of substances



Use of psychoactive substances

- **Recommendation 1.2.7.3** – *Contracting States should ensure, ... licence holders who engage in any kind of problematic use of substances are **identified and removed from their safety critical functions**. Return to the safety-critical functions may be considered after successful treatment or, in cases where no treatment is necessary, after cessation of the problematic use of substances and upon determination that the person's continued performance of the function is unlikely to jeopardize safety.*



Medical Examination in Accident Investigation

- **5.9.1 Recommendation.**— *When appropriate, the State conducting the investigation should arrange for medical examination of the crew, passengers and involved aviation personnel, by a physician, preferably experienced in accident investigation. These examinations should be expeditious.*
- *Note 1.— Such examinations may also determine whether the level of physical and psychological fitness of flight crew and other personnel directly involved in the occurrence is sufficient for them to contribute to the investigation.*
- *Note 2.— The Manual of Civil Aviation Medicine (Doc 8984) contains guidance on medical examinations.*



EASA recommendations and ICAO Requirements

EASA

Mandate drugs and alcohol testing as part of a **random** programme of testing by the operator at least in the **following cases**: when employed by an airline, post-incident/-accident, with due cause, and as part of follow-up after a positive test result

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-**Medical Assessment** includes requirements regarding use of alcohol, psychoactive substances and medication needed to treat medical conditions.

-**Removal from safety critical functions** when considered necessary.

-Medical examinations recommended during **accident investigation**, when appropriate

-**Mandatory testing not required** but **guidance provided** in Manual of Civil Aviation Medicine and Manual on Prevention of Problematic Use of Substances in the Aviation Workplace



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EASA recommendations and ICAO Requirements

EASA	ICAO
<p>Mandate drugs and alcohol testing in the initial Class 1 medical assessment</p>	<p>Measures focus on prevention and not mandatory testing, legal issues or culture</p> <ul style="list-style-type: none">*Current submission to ICAO Council on upgrading of application of safety management principles in medical assessment process (from a Recommendation to a Standard)*Implementation of “health promotion” Standard for States



Drug and alcohol testing

Question	EASA	Consider
Current extent of problem?	UK study on medical causes of fatal accidents	More data required in terms of non-fatal. ? Reliability of data
Legislative requirements & standardisation	Mandated by some States, undertaken in some States where there is no mandatory requirement	National legislation More information needed
Acute (operational safety only) or chronic effect (added health effects) testing?	Not specified	Different approaches “select-out” vs. “select-in” Trigger referral for rehabilitation Mandatory follow-up



Drug and alcohol testing

Question	EASA	Consider
Indications for testing	Initial, pre-employment, due cause, periodic, random, follow-up Airline pilots initially Consider extending to other safety critical positions	Distinguish between mandatory and random for various indications. Consider risk analysis and national legislation
Responsibilities of stakeholders	Regulator, operator, employer, accredited organisations, license holders	Different roles of different stakeholders to be clearly defined and well communicated



Drug and alcohol testing

Question	EASA	Consider
Impact on stakeholders	Not clearly defined	Confidentiality, employment, loss of license, cost, litigation etc. Individual rights vs. public safety
Strategies and guidance	Elements include policy, training of staff, testing principles and implementation, quality assurance and issues for employers	Policy on health promotion and safety management, with focus on prevention and support. Data collection with ongoing risk and trend analysis to drive policy and process development Practical issues to be addressed in policy & procedures



Drug and alcohol testing

Question	EASA	Consider
Practical aspects	Consider best practice	<p>Which substances – alcohol, illegal drugs, prescription drugs, aviation-‘safe’ drugs, others</p> <p>Type of testing – invasive vs. non-invasive (urine, saliva, blood, fingernails, hair)</p> <p>Reliability of results – consent, training of collection officers, chain of custody, certification of testing methods & laboratories, interpretation of results, further testing required</p>



Comments

- Recommendations upgraded to Standards (in process)
 - Health promotion
 - Safety Management System Principles
- Substance testing after accidents
 - Discussed at Accident Investigation Panel (AIGP) in April 2015
 - Working group was formed to further study this issue
 - Report back at next AIGP meeting, scheduled for June 2016



Comments

- More data and information sharing needed
 - Legislation requirements of States
 - Substance prevention strategies implemented by States
 - States that have implemented mandatory/ employment driven/ other reasons substance abuse testing
 - Data analysis, trend analysis and risk analysis
 - Sharing of best practices
- Mandatory testing not currently justified by evidence
- Guidance material to be updated (1995, although principles still valid)



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