

Issued: 28 November 2013

Drugs and Alcohol Policies for Air Operator Certificate Holders and Air Navigation Service Providers

This Information Notice contains information that is for guidance and/or awareness.

Recipients are asked to ensure that this Information Notice is copied to all members of their staff who may have an interest in the information (including any 'in-house' or contracted maintenance organisations and relevant outside contractors).

Applicability:	
Aerodromes:	
Air Traffic:	All Air Navigation Service Providers
Airspace:	
Airworthiness:	
Flight Operations:	All Air Operator Certificate Holders
Licensed/Unlicensed Personnel:	All aeromedical examiners, all flight crew, all cabin crew, all air traffic control officers

1. Introduction

- 1.1 Alcohol, medication and drugs are the most common medical causes of worldwide fatal commercial air transport aircraft accidents. Recent evidence from alcohol and drugs testing programmes of aviation safety critical workers in the UK and internationally has demonstrated positive rates at levels that have warranted an increase in testing.
- 1.2 A clear policy on the use of alcohol and drugs should form an essential component of an Air Operator Certificate (AOC) holder's or Air Navigation Service Provider's (ANSP's) management system. A robust alcohol and drugs policy for safety critical staff is important to provide safety assurance in this area. This guidance has been produced to cover the most important points that should be included in an alcohol and drugs policy.

2. The Effects of Alcohol, Medication and Drugs

- 2.1 Alcohol impairs performance at any level and the impairment increases exponentially with the amount taken. Many medicines, whether prescribed by a doctor or obtained 'over the counter' or by other means (e.g. over the internet) and illicit drugs also impair performance. In the short term (minutes to hours) judgement and decision-making will be affected, there will be an increase in errors and risk-taking behaviour, mood changes, poor co-ordination, tracking and concentration and slow reaction times. Some effects can persist for several days, particularly poor balance and slow cognition. High or persistent intake over a prolonged period can result in a wide range of chronic and debilitating illness.
- 2.2 It is important to note that the effects of alcohol or drugs may be very difficult to recognise, even in close colleagues or friends.

3. Regulatory Requirements

3.1 International Civil Aviation Organization (ICAO)

The ICAO Standards require that States ensure their safety critical personnel are not under the influence of alcohol or drugs. Annex 1 Personnel Licensing to the Convention on International Civil Aviation includes:

- 1.2.7.1: licence holders *'shall not exercise the privileges of their licences and related ratings while under the influence of any psychoactive substance* which might render them unable to safely and properly exercise those privileges.'* * The definition of psychoactive substance includes drugs and alcohol but excludes coffee and tobacco.
- 1.2.7.2: licence holders *'shall not engage in any problematic use of substances'*.

3.2 European Union – Air Operations

Annex IV to Regulation (EC) No 216/2008 sets out Essential Requirements for Air Operations. Paragraph 7.g. states: *'A crew member must not perform allocated duties on board an aircraft when under the influence of psychoactive substances or alcohol or when unfit due to injury, fatigue, medication, sickness or other similar causes'*.

In addition guidance on alcohol is referred to in the current EU-OPS requirements and forthcoming EASA-OPS. This guidance includes the requirement for AOC holders to have text in their operations manual dealing with crew health precautions and covers alcohol, drugs and pharmaceuticals.

3.3 European Union – Air Navigation Service Providers

Regulation (EC) No 805/2011 sets out Essential Requirements for Air Traffic Control Officer licence holders and ANSPs. Article 17 (1) states:

Licence holders shall:

(a) not exercise the privileges of their licence at any time when they are aware of any decrease in their medical fitness which might render them unable to safely exercise the privileges of the licence;

(b) notify the relevant air navigation service provider that they are becoming aware of any decrease in medical fitness or are under the influence of any psychoactive substance or medicines which might render them unable to safely exercise the privileges of the licence.

3.3 UK legislation

a) General

The Health and Safety at Work etc Act 1974 and Management of Health and Safety at Work Regulations 1999 put a duty on employers to ensure a safe working environment for workers including safety issues related to the misuse of drugs or alcohol in the workplace.

b) Aviation

The Railways and Transport Safety Act 2003 sets out a prescribed alcohol limit for people involved in aviation activities including flight crew, cabin crew and air traffic controllers (ATCOs). The limit is 20mg of alcohol / 100ml blood except for licensed aircraft engineers for whom the limit is 80mg/100ml (the same as the current drink driving limit in England and Wales). The Act authorises the police to test flight crew, cabin crew and ground crew after accidents or incidents or with due cause.

Article 139(2) of the Air Navigation Order 2009 states that *'a person must not ...as a member of the crew...be under the influence of drink or a drug to such an extent as to impair their capacity so to act'*. The government has recently published two consultations on drug driving which consider legislation for the introduction of roadside drug testing. There is likely to be consequential legislation for other transport areas including aviation workers.

4. Creating a Drug and Alcohol Policy

4.1 All AOC holders and ANSPs should have a drug and alcohol policy as part of their SMS which should include the following elements:

- 1) training and education programme covering:
 - i) the potential effects of alcohol and drugs
 - ii) medication use (prescribed or bought from a pharmacy) to ensure the safe exercise of licence privileges whilst taking medication and
 - iii) the early recognition and rehabilitation of individuals with an alcohol or drug problem; a peer intervention programme may be considered in this context.
- 2) briefing on self-awareness and facilitation of self-referral for help with an alcohol or drug problem.
- 3) procedures for monitoring the efficacy of the alcohol and drugs policy; this is likely to include a drug and alcohol testing programme ('with cause', post incident/accident and random). AOC holders and ANSPs should review their employment contracts to ensure they permit testing.
- 4) monitoring and support for return to work after rehabilitation for an alcohol or drug problem.

4.2 Issues to be considered for drug and alcohol testing include:

- frequency of testing
- the medicines and drugs that are tested
- who undertakes testing (normally an external specialist provider)
- the samples that are taken
- which safety critical personnel are tested
- when testing is undertaken – e.g. pre-employment, before a duty period, the availability of repeat testing facilities
- where testing takes place
- safeguards for the process e.g. chain of custody, legally secure, robust process, confidentiality
- quality standards including the accreditation of the service and ISO standard
- procedure to be followed in the event of a positive test

5. Drug and Alcohol Screening Programme

5.1 The testing process. Trained staff should carry out screening tests usually by mouth swab, breath, blood, hair or urine sample. Tests are becoming simpler to administer and less invasive as the technology continues to improve. Minimal notice should be given of the intention to undertake random testing. The sample collection and testing process should be designed to ensure the result is reliable. If a positive result is found further (usually blood) testing should be undertaken. A confirmed positive result should be reported to the relevant

regulatory authority; in the UK the report should be sent to the Medical Department of UK CAA for aviation licence holders.

- 5.2 Deciding which drugs and medicines to test for and the frequency of testing should be determined by the individual operator in conjunction with their medical advisor. This will be influenced by the location of the safety critical workers, by employment and residence, and local factors including the availability of particular substances, accepted regional practices and availability of medicines, certain types of food and drugs. Cultural practices and the diversity of the workforce and sectors flown should also be taken into account.
- 5.3 Monitoring of results should be undertaken regularly and the results of testing workers should influence future testing frequency.

6. Introducing a Drug and Alcohol Policy

- 6.1 If introducing a drugs and alcohol policy for the first time an operator should communicate the new policy to all safety critical staff who will be affected. Support should be offered to individuals who self report a drug or alcohol problem to facilitate their rehabilitation.
- 6.2 The introduction of drug and alcohol testing, and especially random testing, is a sensitive issue. Operators will naturally wish to have regard to the employment, data protection and other considerations which arise¹.

¹ See for example the Information Commissioner's Employment Practices Code http://www.ico.org.uk/for_organisations/guidance_index/~media/documents/library/Data_Protection/Detailed_specialist_guides/the_employment_practices_code.ashx

7. CAA Support for Operators and Affected Individuals

- 7.1 Guidance on the introduction and monitoring of the policy in practice is available from aviation medicine practitioners. The CAA is providing appropriate training for UK based Class 1 aeromedical examiners (AMEs). It is important to maintain a robust, impartial approach to the testing process and it is likely that operators will seek independent medical assistance with testing.
- 7.2 The CAA has the services of a Consultant in Addiction Disorders who runs a fortnightly clinic at the CAA Aeromedical Centre, Gatwick. Any commercial pilot or ATCO may self-refer or refer themselves via their AME to this clinic if concerned they have an alcohol or drug problem. Any individual who wishes to refer themselves because of a potential alcohol or drug problem or has concerns about a colleague may discuss the matter in confidence with a CAA Medical Assessor on 01293 573700 (press 1 then 4 and ask to speak to the 'Duty Doctor').

The clinic has a successful record of reintroducing 80% of aviation safety critical workers with a treated alcohol or drug problem back into the workplace and continues to monitor and support these individuals long term.

- 7.3 Aeromedical examiners are being trained by the CAA to support AOC holders and ANSPs in implementing a drugs and alcohol policy and advise on appropriate referral routes for other safety critical staff.

8. Further Information

- 8.1 ICAO Doc 9654-AN/945 'Manual of Problematic Use of Substances in the Aviation Workplace 1995' gives further guidance for employers of aviation workers.

9. Cancellation

- 9.1 This Information Notice shall remain in force until 28 November 2014.