



SAFETY ALERT 2017-08

Issue 01

Date of Issue: 31st May 2017

SUBJECT:

PSYCHOACTIVE SUBSTANCES¹ WITHIN THE UAE CIVIL AVIATION SYSTEM

REFERENCE PUBLICATIONS:

UAE Federal Act – Civil Aviation Law

ICAO Doc 9654-AN/945 'Manual of Problematic Use of Substances in the Aviation Workplace'

CAAP-51

REASON:

Psychoactive substances², including alcohol 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-sensitive personnel in the UAE and internationally has demonstrated alarming trend that warranted the GCAA to change its approach to tackle this growing risk.

The tragic accident of the Germanwings Flight 9525 reminded the international aviation community that the medical and psychological conditions of flight crews, if not detected, can lead to a catastrophic outcome.

Additionally, the GCAA is even more concerned by the situation since the implementation of a drug and alcohol policy is not uniformed within the industry: there are more report of violation by pilots and cabin crews than ATCO and at the same time there is discrepancy between organisations of similar size and employing same profile of pilot and cabin crew or ATCO population.

Problems relating to the use of psychoactive substance may arise as a consequence of:

- Personal, family or social factors; or
- Certain work situations; or
- A combination of these elements.

Such problems not only have an adverse effect on the health and well-being of licence holders but most importantly induced a negative impact on safety. Given that there are multiple causes of psychoactive substance-related problems, there are consequently multiple approaches to prevention, assistance, treatment and rehabilitation.

¹ ICAO Doc 9654 contains definition for Psychoactive substance and safety-sensitive employee

² Hereafter "Psychoactive substances" and "Alcohol and Drugs" are interchangeable



While the elimination of substance abuse is a highly desirable goal, experience has shown the difficulty of achieving this. However, workplace policy to assist individuals with psychoactive substance-related problems, and minimize the illegal drugs use among the aviation community, would seem to yield the most constructive results for employees and employers alike.

A clear policy on the use of alcohol and drugs must be an essential component of the management system of all organisations. **A robust alcohol and drugs policy for licence holders is important to provide safety assurance.**

This Safety Alert has been produced to cover the most important points that should be included in an alcohol and drugs policy.

However, understanding the consequences of Drug and Alcohol on the UAE Aviation System, the GCAA is reviewing its regulatory framework³ to achieve a more effective Drug and Alcohol Programme within organisations employing licence holders

RECOMMENDATIONS:

(a) All organisations employing GCAA licence holders should establish and implement a drug and alcohol policy as part of their management system which should include the following elements:

1) training and education programme covering:

- i. the potential effects of alcohol and drugs (Refer to Appendix II);*
- ii. medication use (prescribed or bought from a pharmacy) to ensure the safe exercise of licence privileges whilst taking medication;*
- iii. the early recognition and rehabilitation of individuals with an alcohol or drug problem; a peer intervention programme may be considered in this context; and*
- iv. Licence holder's liability in case of positive testing (Refer to Appendix I), incidents and accidents (Refer to Appendix III).*

2) briefing on self-awareness and facilitation of self-referral for help with an alcohol or drug problem. Support should be offered to licence holder who self-report a drug or alcohol problem to facilitate their rehabilitation.

3) procedures for monitoring the effectiveness of the alcohol and drugs policy; this is likely to include:

- i. measures to reduce alcohol- and drug-related problems within the organisation through proper personnel management, good employment practices, improved working conditions, proper arrangement of work, and consultation between management and licence holders*
- ii. prohibit or restrict the availability of alcohol and drugs in the workplace;*
- iii. identification, assessment and referral to an approved GCAA Medical Specialist of those who have alcohol- or drug-related problems;*

³ The GCAA will share the conclusion by end of 2017 and invite and encourage every organisation to manage and profile the personnel they employ by applying the best practices available to the aviation community.



- iv. *measures relating to intervention and treatment and rehabilitation of individuals with alcohol- or drug-related problems;*
 - v. *rules governing conduct in the workplace relating to alcohol and drugs, the violation of which could result in the invoking of disciplinary procedures up to and including dismissal;*
 - vi. *a drug and alcohol testing programme ('with cause', post incident/accident and random). Organisations should review their employment contracts to ensure they permit testing (Refer to Appendix IV).*
- 4) *monitoring and support for return to work after rehabilitation for an alcohol or drug problem, including the corrective actions and sanctions that may be imposed upon licence holders for violations of this policy or GCAA regulations*
- (b) *When introducing a drugs and alcohol policy for the first time, organisations should communicate the policy to all licence holders who will be affected and should make it under the role and responsibility of an nominated Post-Holder who will be become accountable for the effectiveness of the Drug and Alcohol policy.*
- (c) *The establishment of drug and alcohol testing, and especially random testing, is a sensitive issue. Organisations will naturally wish to have regard to the employment, data protection and other considerations which arise.*

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APPENDIX I: UAE STATISTICS

	2016	2017 (as of mid-May 2017)
Number of positive tests reported to the GCAA	40	10
% of positive case reported to the GCAA on which the GCAA took decision to suspend or revoke.	85%	50%



APPENDIX II: THE EFFECTS OF PSYCHOACTIVE SUBSTANCE

Alcohol and drugs impair human performance and capacity, 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.

It is important to note that the effects of alcohol or drugs may be very difficult to recognise, even in close colleagues or friends. However, the following indicators, among others, should provide useful information for identifying and assessing the nature and size of the problem in a given enterprise:

- i. national and international surveys / statistics on prevalent consumption rates in the community;
- ii. internal surveys;
- iii. absenteeism in terms of incidence of unauthorized leave and lateness;
- iv. use of sick leave;
- v. accident rates;
- vi. personnel turnover;
- vii. alcohol consumption in the enterprise's canteen, cafeteria, or other facilities used by personnel (e.g. hotels);
- viii. opinions of supervisors and managers, workers and their representatives, safety personnel, and occupational health service personnel.



APPENDIX III: ICAO STANDARDS, UAE LAWS AND GCAA REGULATORY REQUIREMENTS

International Civil Aviation Organisation (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'*.

UAE Law

A pilot, crew member, or ATCO working or attempting to work under the influence of a psychoactive substance or alcohol is a blatant disregard for the GCAA and air operator's or ANSP's safety rules and regulations. This is not considered error, it is mala fide intention which represents willing and negligent behavior as opposed to a mistake in judgment or error in an emergency situation. Employees that are found under the influence of alcohol or drugs can be subject to criminal charges. The Air Operators or ANSPs (the employer) can be liable as well if there is an accident or incident due to their employee's actions.

UAE Federal Act – Civil Aviation Law - Article 24(7) and Article 26(2) set for the legal framework for Licence Holder to exercise their privileges within the strict adherence of the law and regulations.

UAE Federal Act – Civil Aviation Law - Article 26(2) and Article (69) empowers the GCAA to suspend or revoke the licence of any of the contravener of any provisions to the law and regulation.

UAE Federal Act – Civil Aviation Law - Article 38(3) provides the legal provisions in case of false declaration for the purpose of obtaining a medical certificate.

Air Operations

Requirements CAR-OPS 1.085 Crew responsibilities and CAR-OPS 3.085 Crew responsibilities set out requirements for Air Operations.

Air Navigation Service Providers

Requirements 4.7 PERSONNEL REQUIREMENTS of CAR PART VIII Subpart 4 and A.3.10 MEDICAL FITNESS set out requirements for Air Traffic Control Officer Licence holders and ANSPs.



APPENDIX IV: TESTING PROGRAMME

The testing process. Trained staff should carry out screening tests usually by 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 testing should be undertaken. A confirmed positive result should be reported to the GCAA.

Deciding which drugs and medicines to test for and the frequency of testing should be determined by the individual operator. 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.

Monitoring of results should be undertaken regularly and the results of testing workers should influence future testing frequency.

The procedures for testing should include:

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