



Substance Misuse in Pilots:
A view from commercial aviation

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5 Apr 08

The media headlines

**Virgin co-pilot
in alcohol arrest**

Drunken pilot jailed for four months

**BA pilot and crew arrested
on drink charges**

**Transatlantic pilot 'more than
six times over alcohol flying
limit'**

**EasyJet pilot was five times over
legal alcohol limit**

**Pilot caught
drink driving is
allowed to
carry on flying**

**Pilot failed breath
test after going on
diet**



Issues for the airline

- Safety is our number one priority
- Brand image and reputation
- Duty of care to our employees
- Consistent application of staff management policies

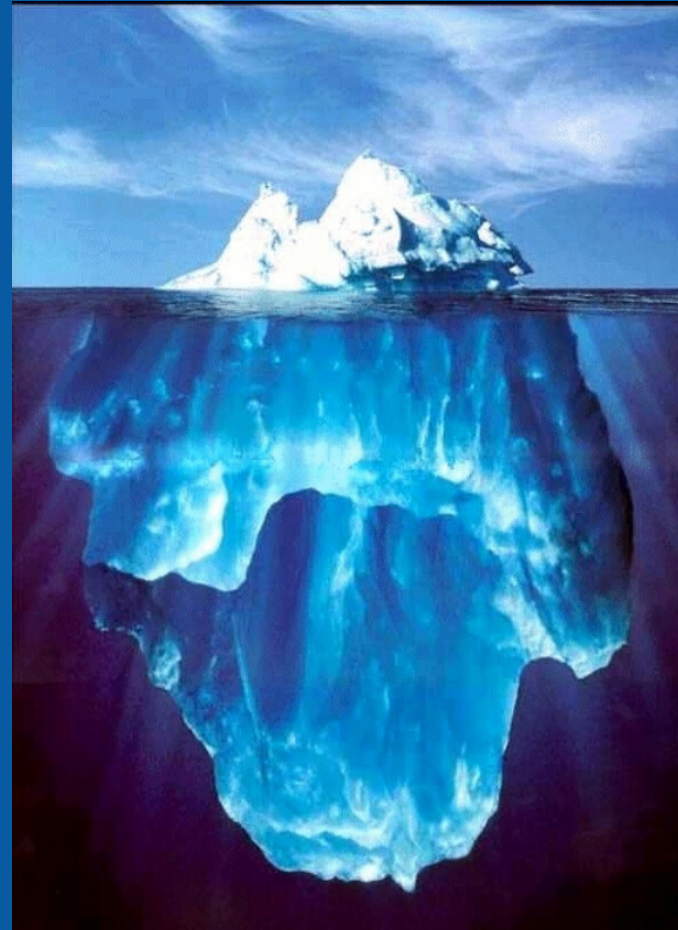
Issues for the pilot

- Legal consequences
- Implications for career
- Impact on relationships
- Response of management, colleagues
- Sources of advice and help



How many pilots have problems?

- BA Mainline has approximately 3000 pilots
- Mar 07-Feb 08:
 - 7 pilots – alcohol mentioned as an issue during consultation
 - Of these:
 - 4 under review at CAA Alcohol Misuse clinic
 - 1 seen by psychiatrist (probable alcohol dependency/denial)
 - 1 increased intake secondary to personal problems
 - 1 slightly raised GGT – test by GP at new patient check



EG303: BA's drug and alcohol policy

Applies to all employees

In the interests of safety, British Airways prohibits:

- The use of alcohol in breach of this policy;
- The use of illegal and misuse of controlled drugs at all times;
- The use of drugs or medication in breach of this policy;

and requires that its employees report for work unimpaired by alcohol and/or drugs

British Airways promotes a culture that opposes drug and alcohol misuse whilst at the same time, subject to this policy, providing support to any employee who, personally or through a 3rd party, comes forward and acknowledges that he or she has an alcohol and/or drug problem.

If a drug or alcohol problem results in an act of misconduct, the misconduct will be dealt with in accordance with EG901: Disciplinary Procedures

EG303: drug and alcohol testing

- Carried out by a 3rd party provider in accordance with laid down protocols
- Circumstances where testing required or permitted:
 - Post safety incident or accident
 - 'Reasonable cause' – suspicion that individual on duty, or intending to commence duty, may be impaired by alcohol or drugs
 - Where an employee self-refers under the policy
 - During the first 6 months of employment
 - During the first 6 months of return to work under a Return to Work agreement
- Policy does not allow for random testing other than as above



Additional requirements/regulations

- **Railways and Transport Safety Act 2003**
- CAA Airworthiness Notice No. 47 (Licensed Aircraft Maintenance Engineers – Personal Responsibility When Medically Unfit or Under the Influence of Drink or Drugs)
- Misuse of Drugs Act (1971)
- Flying crew orders



Railways and Transport Safety Act 2003

- extends to the flight and cabin crew of an aircraft, air traffic controllers and licensed aircraft maintenance engineers in the United Kingdom
- also applies to the crew of an aircraft registered in the United Kingdom wherever it may be in the world

Aviation Functions (Section 94)

- ...applies to people preparing to carry out an aviation function or otherwise holding themselves ready to carry out one of those functions by virtue of being on duty or standby.
- ..an activity shall be treated as an ancillary function if it is undertaken by a person commencing a period of duty in respect of the function, and as a requirement of, for the purpose of or in connection with the performance of the function during the period of duty. For example, the pre-flight briefing of the flight and cabin crew and any post-flight activity such as filing reports is considered to be an 'ancillary' function



Railways and Transport Safety Act 2003

Offences - Being Unfit for Duty (Section 92)

A person commits an offence if:

- He/she performs an aviation function at a time when his/her ability to perform the function is impaired because of drink or drugs, or
- He/she carries out an activity that is ancillary to an aviation function at a time when his/her ability to perform the function is impaired because of drink or drugs.

Offences – Prescribed Limit (Section 93)

- A person commits an offence if:
- He/she performs an aviation function at a time when the proportion of alcohol in his/her breath, blood or urine exceeds the prescribed limit, or
- He/she carries out an activity that is ancillary to an aviation function at a time when the proportion of alcohol in his/her breath, blood or urine exceeds the prescribed limit.

Railways and Transport Safety Act 2003

Detailed Limits

When:

- *acting as a pilot, cabin crew, flight engineer, flight navigator or flight radio-telephony operator of an aircraft during flight;*
- *attending the flight deck of an aircraft during flight to give or supervise training, to administer a test, to observe a period of practice or to monitor or record the gaining of experience; ...*

The prescribed limit of alcohol is:

- a. In the case of breath: 9 microgrammes of alcohol in 100 mls.
- b. In the case of blood: 20 milligrammes of alcohol in 100 mls.
- c. In the case of urine: 27 milligrammes of alcohol in 100 mls.

- *acting as a licensed aircraft maintenance engineer:*

The prescribed limit of alcohol is:

- a. In the case of breath: 35 microgrammes of alcohol in 100 mls.
- b. In the case of blood: 80 milligrammes of alcohol in 100 mls.
- c. In the case of urine: 107 milligrammes of alcohol in 100 mls.

Railways and Transport Safety Act 2003

- Section 96 of the Act provides that the Police have power to require a person to co-operate with a preliminary test where:
 - (a) a constable in uniform reasonably suspects that the person is over the prescribed limit, or his/her ability to perform his/her aviation function is impaired through either drink or drugs,
 - (b) a constable in uniform reasonably suspects that the person has been over the prescribed limit or impaired through drink or drugs, and still has alcohol or a drug in his/her body or is still under the influence of a drug,
 - (c) an aircraft is involved in an accident and a constable reasonably suspects that the person was undertaking an aviation function, or an activity ancillary to an aviation function, in relation to the aircraft at the time of the accident, or
 - (d) an aircraft is involved in an accident and a constable reasonably suspects that the person has undertaken an aviation function, or an activity ancillary to an aviation function, in relation to the aircraft.
- Has no provision for random testing



State guidance and regulation

Country	UK Rules	State Restriction	Concentration of alcohol	Applicable to Foreign Carriers	Source of data
Luxembourg	UK rules apply	same as UK		Applicable to all carriers	
Mauritius	As per ICAO Regulations	As per ICAO Regulations	As per ICAO Regulations	As per ICAO Regulations	Department of Civil Aviation
Mexico	UK rules apply	same as UK			("local" CAA)
Netherlands		10 hrs before operating	0.2 promille @ report	Yes + random breath test on all carriers	(Government Law)
Nigeria	UK rules apply	8 hours before operating	0.0 Promille	all carriers	Dr. Haggar Ng. CAA
Norway	UK rules apply	8 hours before operating	0.2 promille @ report	Applicable to all carriers	(Govmt. Law)
Oman		12 hrs before operating	0.2 promille @ report	Applicable to all carriers	DGCA

Accessing support for pilots

- Self-referral:
 - GP
 - Voluntary organisations e.g. Alcoholics Anonymous
 - Line manager
 - British Airways Health Services (BAHS)
 - Help Direct
 - BALPA PAG
- Referral by line manager – performance issues, absence
- Referral by Help Direct
- Intervention by colleague or family member



Supporting the pilot

- Consultation:
 - Is there an alcohol (or drug) problem?
 - How bad is it? Physical or psychological health. Consequences – legal, work, social.
 - Are there any precipitating factors?
 - Why now? Self-referral, manager, colleague, family etc
 - Help already sought or in place, e.g. GP, Help Direct etc
- Referral:
 - Usually to Psychiatrist – direct or via GP
- Notification:
 - CAA Medical Dept
 - Line manager – extent dependent on consent



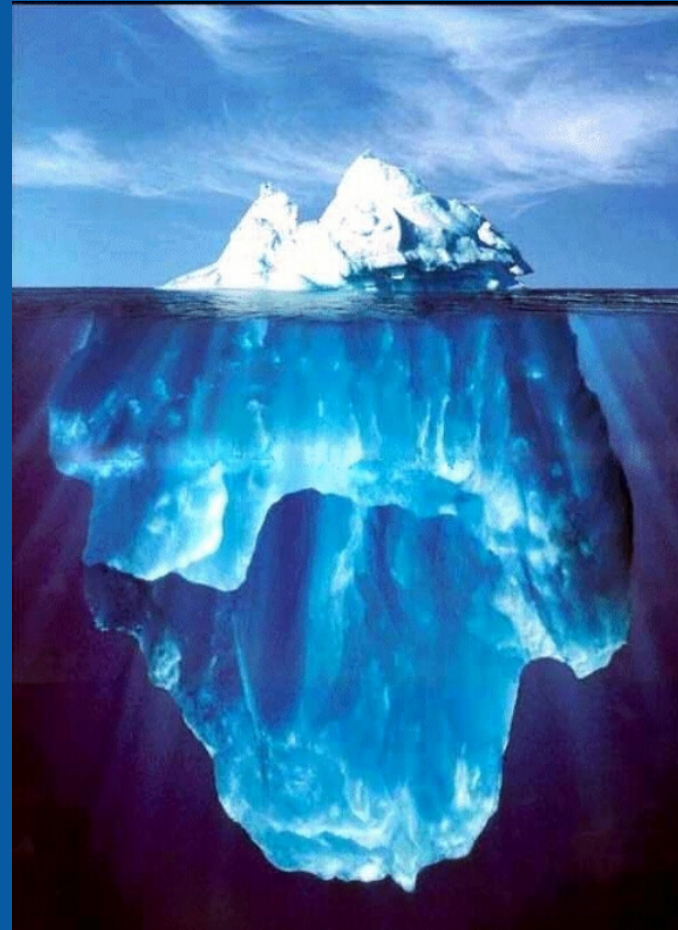
Monitoring and return to work

- Liaison with treating psychiatrist and CAA if possible
- CAA Medical Dept determine fitness for return to flying duties
- Consider return to work in ground role – liaison with line manager
- Alcohol dependency – use of 'buddy' to facilitate monitoring and support
- 'Return to work' agreement:
 - Formal written agreement under EG303, lasting up to 6 months
 - Specifies requirements for BAHS and management review
 - Facility for unannounced testing
 - Breach may lead to disciplinary action including dismissal



Addressing the iceberg

- Changing the culture
 - Education - awareness of risks, risk factors and signs
 - Awareness of benefits of early intervention
 - Safety culture and personal responsibility
- Peer intervention programme
 - Potential to identify and help some who are currently 'below the surface'
 - Current BALPA model may exclude management
 - Used in North America – how can it be tried in the UK?



Any questions?



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