Austrian Cockpit Association

Vienna, 30 August 2016

ACA Position Paper 3/2016

Drug & Alcohol Tests

This paper summarizes the position of the ACA board and ACA subject matter experts on EASA Opinion 09/2016.

ACA believes pilots are responsible specialists with an outstanding ethical attitude towards their profession. The outstanding safety record of the commercial aviation industry is proofing the high standard and quality of current rules and practices.

Following the tragic event of Germanwings 9525, EASA published a set of proposals to the EU Commission on changes of the rules concerning pilots' medical fitness.

These proposals can be consolidated in 3 points:

- Strengthening the initial and recurrent medical examination of pilots by including drugs and alcohol screening, comprehensive mental health assessment as well as improved follow-up in case of medical history of psychiatric conditions;
- Increasing the quality of aero-medical examinations by improving the training, oversight and assessment of aero-medical examiners;
- Preventing fraud attempts, by requiring aero-medical centers and AMEs to report all incomplete medical assessments to the competent authority.

ACA welcomes thorough examination of candidates applying for a class 1 medical for the first time. This should include mental health assessment. A general assessment of the abilities for a livelong professional pilot career prior starting the commercial pilot training is seen very positive. This should be carried out by institutions with high reputation and no dependent relationship to any side. ACA has no objection to drug and alcohol screening at this stage. Considering the global character of aviation an accurate follow-up of the candidates' medical history of psychiatric conditions seems to be beyond practicability.

ACA opposes routine psychiatric examinations, routine alcohol and drug testing at recurrent examinations for licence renewal. There is no evidence to change current procedures.

AUSTRIAN COCKPIT ASSOCIATION
Verband Österreichischer Verkehrspiloten
A-1300 Flughafen Wien, Office Park 3
Tel: +43 (0)1 9971787-0
Fax: +43 (0)1 9971787-9

Mail: office@aca.or.at
Internet: www.aca.or.at
Bankverbindung: Raiffeisen Bank Region Schwechat
IBAN: AT973282300000436154, BIC: RLNWATWW823
ZVR: 536316334

We see no justification for random alcohol or drug testing on pilots. The high false positive/ false negative rates of the (primary) testing-equipment are unacceptable. There is no room for a situation similar to 'doping' in sports, on drug testing in aviation.

Aircraft accident/incident statistics do not justify changes to the present protocol.

In very rare cases an alcohol and/or drug testing on 'suspicious fact', embedded in 'just culture' and under a strict data protection protocol might be acceptable to ACA.

ACA supports the idea of increasing the quality of aero-medical examinations by improving the training, oversight and assessment of aero-medical examiners.

ACA would prefer – analog to flight examiners – trust in AMEs. Thus no need for medical data exchange would arise. If authorities are in doubt, ACA does not oppose the exchange of medical/psychiatric data between authorities. However these data are extremely sensible and ACA demands strict data security measures. Only approved AME (with professional secrecy) should be allowed to access medical data. Under these boundary conditions ACA supports also the 'preventing fraud' measures of EASA.

ACA is missing the mentioning of 'pilot support' in EASA opinion 09/2016. In our eyes this is the most important element to support flight safety and interlinked with medical/psychologic factors . ACA encourages the development of established peer support from 'post incident/accident trauma treatment' to 'preventive – pilot/crew support'.

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