Problematic Substance Use Prevention in Aviation: Testing & Peer Support Programmes

ECA wants the aviation community to be free of drug and alcohol abuse, and does not condone any pilot to fly under the influence of alcohol or any other problematic substance.[1]

Towards effective, efficient Detection & Prevention

ECA strives for the most effective system that allows a maximum of problem cases to be identified at an early stage and be guided towards treatment, before they develop a potential to affect the safe operation of an aircraft.

Problematic substance <u>testing at pre-employment stage and (immediately) post accident are presently commonplace and are appropriate</u>.

However, whereas <u>random testing</u> may be perceived as politically expedient to demonstrate that 'something' is being done, such random testing has proven to be ineffective, costly and potentially prone to 'false positives' – with negative repercussions for flight operations as well as for the individual crew members – whilst giving the false impression of safety.

Random testing may help to filter out some incidental substance abuse, but this is far more effectively done by the current practice of 'reasonable suspicion tests'. Crucially, random testing does nothing to actually *prevent* abuse through *early* recognition, nor to *help* the person concerned to face the problem and to find a solution. Random testing is therefore inadequate to prevent the use of problematic substances in aviation.

In contrast, experience – e.g. in the USA – has shown that '<u>Peer Support Programmes</u>' are significantly more effective in preventing problem cases to develop and to potentially affect safety, than random testing at work[2] – and this at a fraction of the cost compared to random testing.

Peer Support Programmes – as diverse as the '<u>Mayday Foundation</u>'s Critical Incident Stress Management programme, Lufthansa's 'Ant-skid', or <u>HIMS</u>[3] – are therefore considered not only an effective means of prevention, but also an effective '<u>means of solution</u>'.

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1. 'Problematic substances' is the term used by ICAO (see Doc. 9654-AN/945) to describe what is often referred to as 'alcohol & drugs'.
2. US FAA/DOT testing results (2011): Alcohol: 0.044% positive rate for pilots (of 12.000 tested); 0.097% for all aviation employees tested (50.000). Drugs: 0.095% positive rate for pilots (41.000 tested); 0.462% for all aviation employees tested (191.000 tested). (FAA presentation, 13 May 2013).
3. For a short summary of what a Peer Support Program (PSP) is, see Annex.

This is because <u>Peer Support Programmes</u>:

- enable <u>early identification</u> of problem cases through the intervention of 'peers', i.e. colleagues/fellow-pilots;

- allow the pilots to be <u>guided towards help</u>, i.e. counseling and, if needed, to treatment and rehabilitation, and

- allow the airline to <u>maintain crews</u> if and after they successfully went through treatment, rather than losing staff and having to hire and train new ones.

ECA therefore calls upon political and institutional decision-makers, as well as aviation stakeholders to:

➢ <u>Make it mandatory to set up, support, and actively promote Peer Support Programmes</u> (PSP) in their companies, to allow for early intervention and prevention of problematic substance use in their company;

➢ Take into account <u>advice from scientific and aero-medical experts</u> as to the benefits of *ad-hoc* random testing versus preventive measures (such as PSP), both in terms of effectiveness in solving the issue of problematic substance use, and in terms of the best, i.e. most cost-effective allocation of resources ('value for money') to achieve this objective.

➢ Closely <u>cooperate</u> – at company level, as well as at national & international level – <u>with staff/crew representative bodies</u> and <u>representatives from existing Peer Support Programmes</u> to identify best practices and to ensure a maximum success of such programs.

Random testing

At present there is no reliable practicable drug testing regime available (see below). Therefore, at this stage, ECA does not support random testing for drugs, until reliable and practicable methods have been developed. Accordingly, the following points apply to alcohol testing only.

In case <u>random testing</u> is carried out – e.g. where a company has determined an increased risk of abuse (e.g. after related incidents in that company) – a number of <u>key requirements must be met as a minimum standard</u>. This is to ensure reliability, consistency, equal treatment, respectful treatment of staff, and to minimize potential negative repercussions on flight operations and flight safety.

These <u>key requirements</u> are:

a) random testing must be carried out on <u>all personnel</u> who perform safety sensitive functions (in line with ICAO Doc. 9654-AN/945);

b) be conducted solely by the <u>police or equivalent law enforcement authority</u>, i.e. not by the company / employer. However, it must be under the company's overall responsibility in terms of safety management and with the (de-identified) results of the testing program being fed into its <u>Safety Management System</u> (SMS);

c) be carried out by properly <u>trained and mandated (external) personnel</u> from certified testing laboratories;

d) be subject <u>to stringent procedures and testing methodologies</u>, and to high standards of forensic reliability;

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e) be <u>fail-proof and protect against 'false positives'</u>, with any test having to provide for a split sample ('B-probe') that is to be used to confirm a positive outcome in the initial test; the B-probe is to be analysed in a different laboratory than the one that analysed the initial sample;

f) be subject to <u>strict confidentiality</u>, in particular in case of 'positive' results, i.e. no personal information is 'to 'leak' to anybody else than those directly concerned (crew – and crew representatives if requested by the crew – and company management);

g) be done in <u>respectful treatment</u> of crew at all times and <u>screened away</u> from the public / passengers and other personnel, and not on board of the aircraft;

h) be carried out <u>prior to report for duty</u> (testing after reporting is possible under 'reasonable suspicion' testing), and in any case sufficiently in advance and in a manner that does <u>not delay and/or prevent proper flight preparations</u> by the crew (which could negatively impact flight safety);

i) provide for the possibility – in a non-punitive manner – for the <u>crew to call unfit for flight after a test</u>, if the crew considers the test could negatively influence their ability to operate safely;

j) provide for a <u>non-punitive appeal mechanism</u> for the crews concerned;

k) provide for a <u>staff representative to be involved</u>, if the crew requests this;

l) if a positive test is confirmed in the B-probe, <u>company & peer support to be provided to the crew</u> to pursue treatment, with the problem being <u>considered as an illness</u>.

m) In any case, <u>ICAO guidelines[4] must be followed</u>.

It is to be stressed that the <u>approach chosen in the EASA Opinion 03-2014[5]</u> for ATM on 'problematic use of psychoactive substances' <u>is inadequate</u>. While the proposed AMC and GM provisions for training and educational material may be useful as guidance, the IR, AMC and GM provisions on ATM provider responsibilities are far too unspecific and do not reflect the above mentioned key requirements. Hence, ECA rejects EASA's suggestion to consider this approach.

Drug testing limitations

Drug use and flying are completely incompatible. However, <u>currently there is no reliable, practicable drug testing regime available</u>. The testing regimes available today have the following important <u>shortcomings</u>:

▪ Significant '<u>false positives</u>' rates;

▪ <u>No internationally agreed thresholds</u>, risk levels, and <u>lists of unacceptable drugs</u>;

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4 ICAO Manual on Prevention of Problematic Use of Substances in the Aviation Workplace (Doc. 9654-AN/945). The Manual covers the following issues: Education of the Aviation Workforce; Identification, Treatment and Rehabilitation; Employment Consequences of Problematic Substance Use; and Biochemical Testing Programs; and includes several attachments providing examples of comprehensive prevention programs and detailed procedures as well as general information and advice.

5 See: EASA webpage (Opinion 03/2014), relevant Annexes (p. 40) and proposed AMCs/Guidance Materials (see p. 35, 67-68).

- Many <u>legal medication</u> (e.g. pain killers) or even certain types of food <u>can replicate</u> the 'signatures' of banned substances;

- <u>No uniformly accepted testing methods</u> (hair, blood, skin, urine, etc.), some of which may be <u>invasive</u>, requiring the specific <u>permission</u> by the crew, and require <u>forensic test reliability</u> as well as a <u>robust chain of custody</u>, and adequate, standardized equipment.

- Some tests <u>produce results based on former use of substances</u> (many days/weeks ago) that may have no current safety implications, but may have severe consequences for the individual (in terms of career and/or criminal prosecution).

Therefore, ECA does not support random testing for drugs, until reliable and practicable methods have been developed. At present, <u>the only effective manner to deal with drug abuse is through Peer Support Programmes</u>.

Cost considerations

<u>Systematic and reliable random testing schemes are costly</u>, while <u>Peer Support Programmes are cost effective</u> due to the fact that they largely rely on volunteer pilots and other (volunteer) experts who provide their time for free or reduced cost, and on company support in terms of e.g. time off, facilities, donations, etc.

While the implementation of any testing programme would have to be done by entirely independent testing entities, the <u>responsibility for such testing</u> – from a safety management point of view – <u>relies with the airlines</u>. Hence, in view of this responsibility, it is logic that airlines, that decide to implement random testing in their company, <u>carry the full financial costs</u> related to such testing schemes.

An alternative is public financing, as it can be argued that safety is a public good. This might make sense if the State took a consistent approach towards all safety-relevant professions within the transport sector and possibly beyond (see below).

Scope of testing

If national authorities decided to mandate workplace random testing for aviation safety professionals, the same logic would have to <u>apply for other safety critical transport employees</u>, such as train drivers, lorry drivers, taxi drivers, as well as for <u>safety critical professions</u>, such as the police force (which carries weapons) or workers e.g. in nuclear power plants etc. The general public would most likely not understand that such testing is limited only to aviation.

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20/11/2015

<u>Annex</u>: What's a 'Peer Support Program'?

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A) 'PSP' in short:

A Peer Support Programme (or 'Peer Intervention Programme') is an independent body/ foundation – in practice usually the professional pilot association in cooperation with the regulator and the airline – that runs a programme into which pilots can report concerns about their colleagues and/or where pilots can turn to for advice and help with a specific problem, such as problematic substance use.

Effectively every time pilots go to work they are subject to a level of compassionate assessment, with any observations cross-referenced providing a continual and more complete picture than any one-off assessment. Reports are collated and assessed, and where a likely problem is identified, the pilot concerned is contacted and adequate treatment is indentified. Pilots may also self-report into it, and obviously this is advantageous to them rather than waiting for peers to refer them, or for their problem to grow larger.

Typically any issue would be resolved through this intervention without direct involvement of the employer. If this intervention is not acknowledged, successful or appropriate, the PSP has the authority to remove a pilot from flying (the regulator's medical staff would sit within the Programme at this level), though still without the employer getting to know any details or take any action.

If intervention and treatment is successful after this, the pilot is returned to flying without discriminatory or punitive action from the employer. It is up to the relevant experts within the PSP body to decide when and whether this happens.

Ultimately, if a pilot will not accept help or cannot be successfully treated, the regulator can be asked to withdraw his/her medical. However, even here – if the PSP were run in conjunction with responsible and appropriate Loss of Licence insurance or ill health pension provision – it would not destroy anyone's livelihood. Removing financial jeopardy in this way is very important as it means the pilot community can buy into the concept, and ultimately it encourages pilots to self-report, or peer-report, rather than cover up to protect a career or the 'ability to pay the mortgage'.

The concept has been around for years – in Europe, the US, and elsewhere –, is well developed, and benefits from support within the medical community.

B) EASA on Peer Support Programmes (excerpt from EASA Task Force Report, 07/2015)

Pilots work as part of a crew where they interact with other pilots as part of their daily duties. Most of this time is spent in the cockpit of an aircraft, by definition a closed space where close human interaction is unavoidable. The fact that the work is very proceduralised, with checklists, call outs and structured decision making, can allow for the recognition of issues. Pilot relationships with peers are easily formed and this often permits an understanding and insight that others in the organisation do not have access to.

A number of organisations have been able to make use of this by setting up peer support groups, usually with the involvement of crew representation bodies or professional pilot associations.

Peer support structures provide individuals a place to turn to in order to share their issues with trusted peers in as close to a non-threatening environment as possible, with the knowledge that fellow pilots are likely to help rather than immediately seek to penalise a colleague. The structures also enable organisations to more easily approach individuals that display behavioural or other issues via their peers. As a last resort, reporting systems may be used in case of identified unresolved perceived safety issues. A well organised support system may prevent mental or personal issues from becoming a greater liability to both the individual's career and the organisation's safety performance.

Peer support and reporting systems, however, present significant implementation challenges. For these programmes to work, mutual trust between the flight crews and hierarchical structures of the operator is necessary. The crew needs to be assured that mental health issues will not be stigmatised, concerns raised will be handled confidentially and appropriately, and that the pilot will be well supported with the primary aim to allow him/her to return to the flight deck. Organisations must foster the development of these systems by integrating them into the organisation's daily way of working. […]

The implementation of pilot support systems may benefit from being the result of a joint initiative from both the operator and a pilot association, contributing to buy-in from pilots. The systems need to be clear and transparent and be endorsed at senior management levels. It needs o provide for a very high degree of confidentiality and data protection, which does not exclude that action is taken to address safety concerns. The Task Force notes that pilot support systems and the related necessary structures, policies and procedures are implemented within the organisation Safety Management System to ensure a proactive and integrated approach.

This approach goes beyond the classical compliance with prescriptive regulations to a systematic approach to managing safety, where risks are managed to an acceptable level.

A number of related aspects need to be taken into account:

− The support of the regulators must be secured. Oversight authorities should understand and support the organisation's approach to pilot support, including showing restraint before prematurely revoking licences from individuals that openly seek assistance.
− The connection between different reporting systems should be ensured. The reporting loop should be closed to ensure that the actors in the system, including the oversight authorities, get access to information needed to make an informed decision, notably in critical cases.
− Requirements should be adapted to different organisation sizes and maturity levels, and should provide provisions that take into account the range of pilot contract types.

Taking into account the pilot working environment and the recognised benefits of pilot peer support programmes or similar channels, the Task Force recommends their implementation, linked to the employer Safety Management Systems.

In any future environment where mental ill health awareness is formalised, the bond of mutual trust and cooperation should not be compromised through an atmosphere of fear. The successful implementation of pilot support systems relies heavily on a supportive working environment. The risk of protection and confidentiality being perceived as inadequate is for pilots to deal with issues underground instead of using the peer support system.

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