



**CAD Medical Certification Policy on
Problematic Use of Psychoactive Substances⁽¹⁾ (PPS)**

Problematic use of psychoactive substances (PPS)⁽²⁾, mental or behavioural disorders due to alcohol or other substance use, with or without dependency, disqualify a person from holding any class of CAD Medical Certificates (MC).

2. Any MC holder or applicant who is found to have any of the following conditions will be considered unfit and will be required to undergo psychiatric evaluation or other specialist assessment before consideration of their fitness to hold any class of MC:

- (a) A suspected or confirmed medical diagnosis of alcohol or substance use disorder⁽³⁾,
- (b) A positive alcohol or drug test⁽⁴⁾ in accordance with CAD 373 or whilst on duty, or
- (c) A self-report of PPS.

In the following conditions, where PPS is uncertain, the MC holder or applicant will be required to undergo psychiatric evaluation or other specialist assessment. CAD will then consider if fitness may be maintained:

- (d) Any alcohol or drug criminal offence charge, positive test or clinical suspicion,
- (e) Under investigation by company doctor or in compliance with company AOD policy,
or
- (f) Third party notification of which CAD has reasonable suspicion⁽⁵⁾.

3. Once the MC holder or applicant is diagnosed to have PPS, a fit assessment may be considered after a period of two years documented sobriety and abstinence from all psychoactive substance use. If the MC holder wants to resume flying duties earlier, the individual must receive appropriate in-patient treatment for at least 28 days. After successful rehabilitation, all relevant information, including aftercare report(s), shall be submitted to CAD for consideration. The aeromedical doctor⁽⁶⁾ will form an Accredited Medical Opinion (AMC)⁽⁷⁾ with SMO(AM) or a Government AMA to decide when, and on what condition(s) the MC holder may resume flying duties. CAD will not be responsible for any cost incurred for the investigation, treatment or any other related expenses.

4. The initial MC applicant, shall report to CAD by providing such information in the medical history in the initial medical examination any history of psychoactive substance related offence, which includes arrest, conviction such as driving under the influence (DUI) or assault, any administrative action, such as attending an educational or rehabilitation programme in lieu of conviction or has been given a lesser charge after being arrested or dependence on any psychoactive substance whether illicit or prescribed, irrespective of locations ever occurred. The MC holder, on each renewal for a MC, shall also report to CAD the above by providing such information in the medical history in each renewal medical examination if such is not reported before. The initial MC holder or applicant should be reviewed by a specialist if there is reasonable suspicion of any PPS.

5. When the MC holder has been identified to have PPS, the individual shall:

- (i) be assessed as unfit to hold a MC;
- (ii) be evaluated for any psychoactive substance addiction;
- (iii) undergo a period of in-patient management under the supervision of a specialist/psychiatrist who specializes in PPS until such time as the specialist/psychiatrist indicates that his/her recovery can be expected to continue treatment successfully as an outpatient; and
- (iv) be followed-up according to details given in the Appendix - the Protocol for Recertification of MC holders with Problematic Use of Psychoactive Substances (PPS).

6. When the Approved Medical Examiner (AME) considers the individual medically fit for recertification, the AME should make recommendation(s) on:

- (a) when the MC holder is considered fit to resume flying duty, and
- (b) the monitoring schedules for CAD consideration.

Once the MC holder has been confirmed to have PPS, the decision on recertification and subsequent certification, including renewal of MC, will be made by an Accredited Medical Opinion⁽⁷⁾ with the aeromedical doctors and SMO(AM) or a Government AMA

7. During the time when the individual is holding a restricted MC, he/she must pass through the process of paragraph 5 above again for consideration of recertification should there be any change in the individual's clinical conditions as follows:

- (a) Any resumption of alcohol and/or psychoactive substance use,
- (b) Any kind of relapse, such as emotional relapse, mental relapse or physical relapse, or
- (c) Any abnormality revealed in the clinical assessments and/or laboratory results, such as raised MCV, raised Gamma-GT or high CDT%, etc.

8. If an individual refuses to be tested or evaluated during or after rehabilitation, or does not comply with the treatment, or there is any change of clinical conditions which requires more than two courses of in-patient treatment described in paragraph 5 above, he/she will usually be considered unfit for certification.

9. Before removal of any restriction on the MC, individuals diagnosed to have PPS shall demonstrate abstinence from all psychoactive substance use and be subject to periodic review and testing, as well as annual follow up. Removal of any restriction may be possible in suitable cases with satisfactory follow up and compliance with CAD requirements.

10. CAD will take into account a variety of factors, e.g., the severity of the PPS, the progress of the rehabilitation, etc. to decide whether remaining abstinence is required in holding an unrestricted Hong Kong MC on a case by case basis.



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for Director General of Civil Aviation

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NOTES:

(1) **Psychoactive substances**

Psychoactive substances are currently defined as alcohol, opioids, cannabinoids, sedatives, hypnotics, cocaine, other psychostimulants, hallucinogens and volatile solvents. They include prescribed medicines, over-the-counter medications, or recreational substances and may be acquired legally or illegally. Nicotine and caffeine are excluded. The substances listed may be changed from time to time to reflect changes in the pattern of substances used in the general community.

(2) **Problematic use of psychoactive substances**

Problematic use of psychoactive substances is the use of one or more psychoactive substances by aviation personnel in a way that:

- a) constitutes a direct hazard to the user or endangers the lives, health or welfare of others; or
- b) causes or worsens an occupational, social, mental or physical problem or disorder.

(3) **Medical diagnosis of alcohol or substance use disorder** is made when the criteria in Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition (DSM-5) are satisfied.

(4) Failure, without reasonable excuse, to attend an appointment or to provide an adequate sample(s) for testing when required under this policy will normally be managed as if it were a positive test and the individual will be considered unfit.

(5) CAD will investigate any third-party notification or allegation of PPS by the holder of or applicant for a MC. The individual will be reviewed by a specialist if CAD has reasonable suspicion that the allegation has reasonable substance.

(6) The aeromedical doctor is either "an AME-AMA" **OR** "the AME who refers the MC holder/applicant to AOD rehabilitation programme".

(7) AMC As defined in ICAO Annex 1, the AMC is a conclusion reached by one or more experts acceptable to the Licensing Authority for the purposes of the case concerned. Historically, CAD requests the AMC to be made by at least 2 doctors and one of which shall be the SMO(AM) or Government AMA as mentioned in PELO OPM Chapter 23 Section 4.15.

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