

Protocol for Certification or Recertification of Medical Certificate (MC)
applicant or holder with
Problematic Use of Psychoactive Substances (PPS)

1. An MC applicant or holder who has a psychoactive substance related offence, including arrest, conviction, 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, shall be evaluated for PPS. The involved Approved Medical Examiner (AME)/Approved Medical Assessor (AMA) shall submit all the information and make recommendation(s) on further management for CAD consideration and record.

2. If a MC holder discloses that he/she has, or suspects he/she has PPS, he/she should be reminded of his/her obligations under the Air Navigation (Hong Kong) Order 1995 (AN(HK)O). He/She should not exercise the privileges of his licence until cleared to do so by the CAD or an AMA.

3. The MC applicant or holder shall be evaluated for a history of psychoactive substances misuse, any related event(s), and evidence of dependence/misuse on any psychoactive substance whether illicit or prescribed. Comprehensive laboratory investigations usually include, but not limited to, the followings:
 - Full blood count (for MCV);
 - Liver enzymes (include Gamma-GT);
 - Carbohydrate-deficient transferrin (CDT %);
 - Blood Alcohol (BAC) or breathalyzer records;
 - Ethyl sulphate (EtS), ethyl glucuronide (EtG), Phosphatidylethanol (Peth) and
 - Urine and Hair tests to screen for any psychoactive substance(s) use as indicated

Note 1 – All test results shall be submitted to CAD.

Note 2 – In case of any loss/damage of the test sample(s), the incident and any remedial measure taken must be reported to CAD.

4. Referral shall be made to a psychiatrist, who has experience and expertise

in working with patients with PPS, for an opinion on the diagnosis and management of the MC applicant or holder.

5. If the psychiatrist considers the MC applicant or holder to be suffering from PPS, and he/she wishes to be considered for certification or recertification, the individual shall receive in-patient treatment of at least 28 days.
6. After discharge, the individual will be monitored regularly. In the initial phase of recovery, there will usually be monthly monitoring meetings involving the patient, one or more “medical monitors”, peer monitors, management monitors and/or family member(s). The frequency of the monitoring meetings will be adjusted by the medical monitor(s) in accordance with the clinical progress of the patient.

Note:- the “medical monitor” may be the company doctor/AME/AMA, aftercare counsellor or other medical practitioner successfully completed and passed additional training in evaluating pilots for substance- or alcohol-related conditions or other conditions

7. Medical monitor reports, peer reports, laboratory testing including blood/urine/hair (as clinically indicated), and periodic psychiatrist’s review reports are important for a holistic and continuous assessment of the individual’s fitness to exercise the privileges of the licence. All this information shall be forwarded to CAD every 6 months. In case of ad hoc issue(s), further information must be forwarded to CAD as early as possible.
8. Based on the pre-treatment condition, the report(s) from the rehabilitation facility, psychiatrist’s review and the post-rehabilitation monitoring reports, the AME shall consult CAD to determine when the MC holder may resume flying with an “as or with qualified co-pilot only” limitation. In no circumstance will this be earlier than 3 months after completion of in-patient treatment.
9. If an individual refuses to be tested or evaluated during or after rehabilitation, or does not comply with the treatment or monitoring requirement, or there is any change of clinical condition which require

more than two courses of in-patient treatment, it is indicating that the individual may have higher risk of recurrence, and he/she will usually be considered unfit for certification.

10. Periodic review and testing shall be required to demonstrate sobriety. All MC holders with a diagnosis of substance use disorder shall require long term follow-up at least annually. No-notice testing is part of the monitoring process and these results must be forwarded to CAD.
11. Abstinence from the use of all psychoactive substances is an absolute requirement for MC holders who have been diagnosed with PPS during the period of holding a restricted MC. If there is a medical need for the MC holder to take a psychoactive substance prescribed by a doctor, he must obtain the approval of his medical monitor before use. If it is not possible to inform his medical monitor before taking the medication, he must do so as soon as possible after taking it.
12. The “as or with qualified co-pilot only” limitation will be lifted in suitable cases, if individual has satisfactory follow up, demonstrates abstinence of all psychoactive substances and has complied with CAD requirements for at least 1 years after recertification.
13. Multiple drug abuse (i.e. use of 3 or more psychoactive substances) is a complex issue in terms of the high potential for addiction and craving for the abused substances, as well as the personality type associated with the risk taking behavior. Therefore, a longer grounding period and more frequent monitoring is inevitable. The AME/AMA shall consult CAD and take into account all information and reports available from pre-treatment, during rehabilitation and after-care programme for consideration of re-certification.