

Advisory Circular

GUIDANCE ON AIRLINE ALCOHOL MANAGEMENT PROGRAMME (AAMP)

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GENERAL

Advisory Circulars (ACs) are issued by the Director-General of Civil Aviation (DGCA) from time to time to provide practical guidance or certainty in respect of the statutory requirements for aviation safety. ACs contain information about standards, practices, and procedures acceptable to CAAS. An AC may be used, in accordance with section 3C of the Air Navigation Act (Cap. 6) (ANA), to demonstrate compliance with a statutory requirement. The revision number of the AC is indicated in parenthesis in the suffix of the AC number.

PURPOSE

This AC provides guidance on the implementation of an Airline Alcohol Management Programme (AAMP).

APPLICABILITY

This AC is applicable to the operator holding an Air Operator Certificate (AOC) under Air Navigation (119 – Air Operator Certification) Regulations (ANR-119).

RELATED REGULATIONS

This AC relates to Air Navigation (91 – General Operating Rules) Regulations (ANR-91) and the Air Navigation (99 - Breath Testing for Alcohol) Regulations (ANR-99).

CANCELLATION

This AC supercedes AC 99-3-1(0).

EFFECTIVE DATE

This AC is effective from 12 February 2020

OTHER REFERENCES

Nil.

1 INTRODUCTION

- 1.1 Under regulation 9 of the ANR-99, the holder of an AOC must **implement an Airline Alcohol Management Programme (AAMP)** that aims to identify and manage pilots with problematic consumption of alcohol. An AOC holder is to ensure that such pilots do not operate aircraft until such time as they are no longer engaging in the problematic consumption of alcohol.
- 1.2 In addition, CAAS has introduced an Airport Alcohol Testing Programme (AATP) at the civil airports in Singapore under ANR-99. Under the ANR-91, pilots are prohibited from consuming any food or substance containing alcohol, and from using psychoactive substances, within a period of eight (8) hours before a flight duty period. At any time during his flight duty period, a pilot must not have more than 0.02 grams of ethanol in 210 litres of his breath.

2 REGULATORY APPROACH

- 2.1 CAAS takes a holistic approach in the management of consumption of alcohol by pilots. CAAS advocates collective responsibility, with multiple parties –pilots, CAAS, AOC holders and pilots’ unions, each playing their part as key stakeholders. The AATP aims to prevent and deter pilots from operating aircraft while under the influence of alcohol while the AAMP aims to identify and address the problematic use of alcohol among pilots. The effective reduction of this aviation risk depends significantly on the collective efforts of every stakeholder:

AOC holder: Singapore AOC Holders must develop an AAMP that recognises problematic use of alcohol as a medical condition, destigmatise such issue and implement measures to identify and manage pilots with problematic use of alcohol. The AAMP should be developed with the support from the AOC holder’s pilots’ union, where one exists.

Pilot Community: All pilots must be familiar with the requirements in ANR-91 and comply with the restrictions on alcohol use in relation to their flying duties. Pilots are expected to stop exercising the privileges of their licence, seek professional help and self-report if they are aware or have reason to believe that they could have problematic consumption of alcohol habits. Pilots are also encouraged to form and support pilot peer support network programmes that serve as an important resource to help pilots who are undergoing treatment and rehabilitation.

CAAS: CAAS adopts a zero tolerance policy with respect to pilots operating an aircraft while under the influence of alcohol. Random alcohol testing at Singapore airports are carried out under the AATP to deter and prevent pilots from operating a flight while under the influence of alcohol. Under the AAMP, CAAS encourages AOC Holders to implement a robust system to identify and address the root cause of problematic consumption of alcohol among pilots.

3 AIRLINE ALCOHOL MANGEMENT PROGRAMME (AAMP)

3.1 The purpose of the AAMP is to identify and manage pilots who are engaging in the problematic consumption of alcohol. Every Singapore AOC Holder is required to implement an AAMP. The AAMP documentation will constitute part of an AOC Holder's suite of approved documentation.

3.2 Successful implementation of the AAMP would ensure that affected pilots are provided with the necessary support and rehabilitation, to enable them to return to flying fitness in the most efficient and effective manner. The AAMP should include the following elements:

(a) Pilot peer support programme

An AOC holder should support the setting up of a robust pilot peer support programme to provide peer intervention, support and counselling for those pilots undergoing rehabilitation.

(b) Confidential peer and self-reporting system

A peer and self-reporting system should be established, based on Just Culture principles, with trained persons designated to handle and respond to such reports. The pilot reported on should be evaluated by suitably qualified professional on whether alcohol use disorder is present. The protocol, accessibility and confidentiality of this reporting system, including the utilisation of this information, should be stated to encourage self and peer reporting. The pilots' union can be leveraged to help educate pilots on the problematic consumption of alcohol and its impact on flight safety and provide another avenue for self-reporting.

(c) Risk-based alcohol testing

The testing programme should be based on procedures that respect the privacy and dignity of the pilot being tested. The AOC holder should define the test equipment used for the AAMP, as well as the allowable alcohol consumption limit by the AOC holder.

The AOC holder should develop criteria for its risk based approach for random testing to be done, such as:

- i. Periods of anticipated increase in alcohol use.
- ii. At overseas stations that are assessed to have a higher risk of alcohol misuse.
- iii. If a pilot displays signs of intoxication when reporting for duty.
- iv. When a whistle-blower report has been received.

The process for managing a pilot found to have exceeded the allowable alcohol consumption limit should also be described.

(d) Alcohol treatment and rehabilitation programme

The alcohol treatment and rehabilitation programme under its AAMP should be holistic, with the clear aim of providing the pilot a path back to flying

status. The alcohol treatment and rehabilitation programme should feature the following:

- (i) Four phases approach:
 - (1) Evaluation Phase
The pilot will undergo detailed evaluation by an addiction specialist to ascertain the individual's alcohol misuse level so that an appropriate intervention regime for the individual can be prescribed.
 - (2) Rehabilitation Phase
The pilot will commit to undergo the rehabilitation intervention as prescribed and enters the treatment and rehabilitation programme.
 - (3) Monitoring Phase
The pilot will adhere to the monitoring and follow up regime required of him by the treatment team. The treatment team has to ascertain that treatment and rehabilitation is successful with full abstinence from alcohol consumption.
 - (4) Return to Flying Phase
The treatment team will engage CAAS on the lifting of the pilot's 'decrease in medical fitness' status upon establishing the pilot's full abstinence from alcohol consumption. Such engagement would include preparing the necessary reports on the pilot's progress and compliance during the programme, the monitoring regime and follow up requirements. When the pilot returns to flying, the AOC holder will monitor the pilot's work performance and furnish reports to CAAS according to the frequency required by CAAS.
- (ii) Multi-disciplinary expertise within the treatment team, including at least the following:
 - (1) Aviation Psychiatrists
 - (2) Addiction Specialists (Psychiatrists)
 - (3) Clinical Psychologists
 - (4) Neuropsychologists
 - (5) Addiction Counsellors
 - (6) Medical Social Workers
- (iii) Customised regimes for various levels of alcohol use disorder that provides holistic management and early assessments for pilots;
- (iv) Integrated roles of the pilot peer support network and Alcoholic Anonymous¹ within the treatment and rehabilitation protocols;

¹ Alcoholic Anonymous Singapore is the local branch of a worldwide self-funded organisation to help individuals recover from problematic alcohol consumption.

- (v) High reliability with multi-modal evaluation and follow up monitoring appropriate for each level of alcohol use disorder;
- (vi) Independence of the treatment team and programme from external interference and influence;
- (vii) Ease of enrolment into programme directly via self-referral and referrals from peer support network or management of AOC holder; and
- (viii) Confidentiality policy that engenders trust and facilitates reliable medical assessments for return to flying status.

An AOC holder may subscribe to an alcohol treatment and rehabilitation programme recognised by the Civil Aviation Medical Board of CAAS in lieu of developing its own alcohol treatment and rehabilitation programme.

(e) Education and Communication

The AAMP should include an effective training and education package for its pilots to raise awareness on the issue of alcohol use disorder and flight safety, and encourage peer and self-referral for help. The training and education package should cover areas including but not limited to the following:

- (i) Broad understanding of alcohol use disorder and its signs and symptoms
- (ii) The AOC Holder's philosophy and policy on alcohol user disorder, including safe and unsafe consumption of alcohol.
- (iii) Relevant details of the AOC holder's AAMP, covering elements described in para 3.2 a) to d)

4 DOCUMENTATION AND REPORTING

4.1 The description of the AAMP in the AOC Holder's safety management system and Operations manual should include, but not limited to, the following details:

- (a) The AOC Holder's philosophy and policy on alcohol user disorder, including safe and unsafe consumption of alcohol.
- (b) The pilot peer support programme within the AOC Holder or its pilots' union.
- (c) Its peer and self-reporting policy and processes, including anonymous whistle-blower reports.
- (d) Its risk-based testing considerations and methodology that determines its testing frequency.
- (e) Its operational and communication plan when a positive test is obtained through its testing regime.
- (f) Its designated alcohol treatment and rehabilitation programme, including relevant referral policy and procedures.
- (g) Its training and education communication package.

- (h) How the AOC Holder will monitor and evaluate effectiveness of its AAMP.
- (i) Performance monitoring plan for post return-to-service pilot.

4.2 The AOC Holder should maintain details on tested pilots and the results of the tests conducted, The AOC Holder should submit de-identified quarterly alcohol management reports to CAAS. This report should include the following information:

- (a) The period of the report;
- (b) Number of peer reports;
- (c) Number of self-reports;
- (d) Number of whistle-blower reports from the public;
- (e) Risk analysis considerations and assessment for the period reported;
- (f) Total number of alcohol tests conducted both at local and overseas stations;
- (g) Total number of personnel tested, with relevant breakdowns, for example positive/negative and by location and fleet; and
- (h) Alcohol treatment and rehabilitation programme, both quarterly and cumulative, on;
 - (i) Number of personnel referred to the alcohol treatment and rehabilitation programme team
 - (ii) Number of personnel undergoing the programme.
 - (iii) Number of personnel who have successfully completed the programme