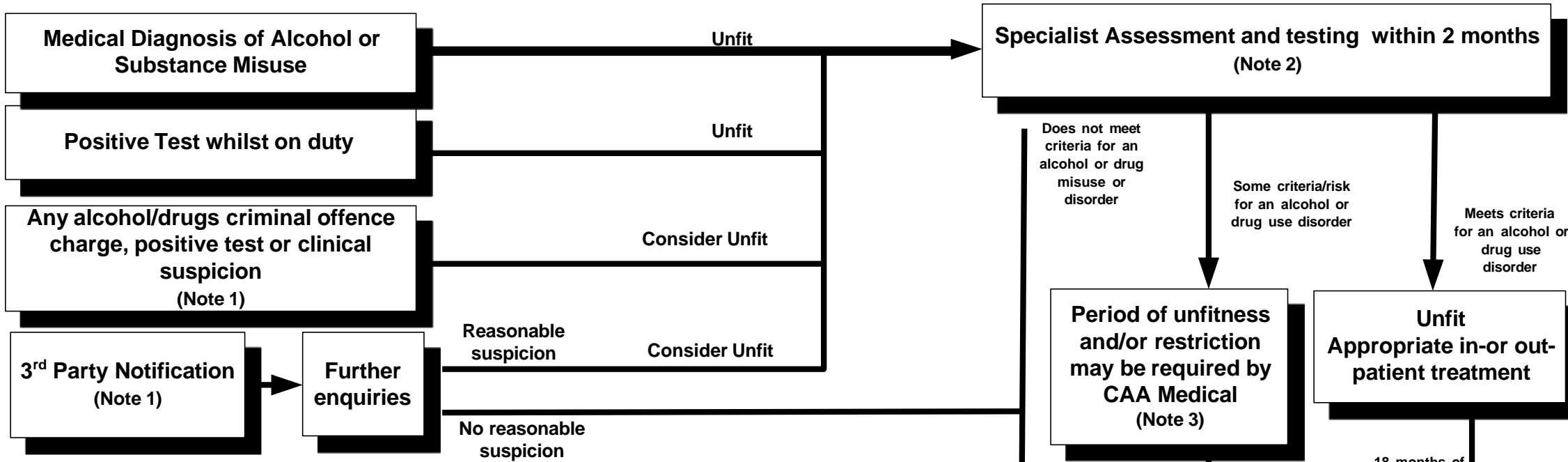


UK CAA Guidance Material: Alcohol/Substance Misuse Assessment Process



- NOTES**
- 1) If diagnosis, use or misuse is uncertain (e.g. first drink driving conviction and has had a clinical review by AME) fitness may be maintained after discussion with a Medical Assessor at the CAA. A 3rd party notification or allegation should be investigated - discussion with the individual/informer/AME/GP may help to verify. The applicant should be reviewed by specialist if reasonable suspicion or allegation can be reasonably substantiated.
 - 2) Class 1 and 3 Applicants/holders must attend CAA Clinic for assessment and testing within 2 months (Local Addictions specialist within 2 months for Class 2 /LAPL and clinical testing which is UKAS accredited, ISO/IEC 17025, and chain of custody collection) Failure to attend when specified and/or provision of adequate sample(s) for testing, will normally be managed as if it were a positive test and the applicant will be made unfit
Testing for alcohol includes blood for: Full Blood count to include MCV, Liver Function Tests including GGT, % axis CDT and PEth
Testing for drugs should include cannabis, amphetamines, metamphetamines, cocaine, opiates and benzodiazepines for substance misuse. Other tests may be indicated.
 - 3) Depending on the individual case and at the discretion of a CAA Medical Assessor (Class 1,3), or AME in consultation with a CAA Medical Assessor (Class 2/LAPL), the applicant may be assessed as fit (+/- multicrew limitation) subject to ongoing periodic assessment and testing +/- multicrew restriction.
 - 4) A fit assessment may be considered after a period of two years documented sobriety or freedom from alcohol or substance misuse (Minimum 18 months for Class 1 OML). For Class 1, SIC – specific regular medical examination(s) - should also be added to the medical certificate and removal will be determined by a Medical Assessor. 3-monthly blood and/or hair testing is mandatory to demonstrate abstinence.
 - 5) Periodic review and testing shall be required to demonstrate absence of use/misuse. All cases of diagnosis of misuse disorders shall require long term follow-up at least annually. Applicants with non-diagnostic risk criteria will be followed on a case by case basis. Once returned to flying consideration of removal of any restriction may be made after at least 1 year of satisfactory follow up and compliance. If relapse occurs, a further period of grounding will be required, pending further assessment/treatment. More than one episode of relapse is disqualifying.

PLEASE PRINT THIS DOCUMENT AND TAKE TO YOUR SPECIALIST ADVISOR