

| GENERAL INFORMATION | |
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| KEYWORDS | Category 1 aviation medical certificate, substance use disorder, sedatives, restrictions |
| FILE NO. | W-4700-01 |
| SECTOR (Marine or Aviation) | Aviation |
| SPECIFIC JOB | |
| DIAGNOSIS (Primary, Secondary, etc.) | Substance use disorder for cocaine |
| REVIEW | |
| DATE OF DETERMINATION | November 22, 2021 |
| MEMBER | Dr. Thomas V. Davis |
| DETERMINATION | The member is referring the matter back to the Minister of Transport for reconsideration. |
| REASONS FOR THE DETERMINATION | |
| <p>Suspension of the applicant's unrestricted aviation medical certificate — Following the applicant reporting his concerns to his superiors regarding his cocaine use, he underwent an independent substance use assessment which noted that he had a severe substance use disorder for cocaine, recommending attendance at a residential treatment program. It also concluded that he was unfit to work at his regular duties until treatment could occur and a recovery maintenance program could be put in place. Subsequently, Transport Canada Civil Aviation Medicine (CAM) was informed of the applicant's medical issues by his Civil Aviation Medical Examiner and the applicant was advised that he had been grounded. The applicant attended a treatment facility and successfully completed the residential treatment program. CAM informed the applicant that he was "unfit" to hold any aviation medical certificate; however, if he should wish to be reassessed, the requirement would be for stable remission from the impairment with documented sobriety for at least six months, along with other requirements with respect to treatment, follow-up, and testing. A second medical examination noted that the submitted treatment and monitoring reports were favourable but required further information concerning his recent and current use of Zolpidem or any other sedatives. Due to the applicant's use of Zolpidem, a referral was made to the Aviation Medical Review Board (AMRB). It was determined that the use of Zolpidem is "not acceptable for use in aircrew" and the additional concern of the reference in the psychological assessment to PTSD-like symptoms and mild depression and anxiety. It was recommended that the applicant submit a comprehensive mental health assessment. Following review of further reports, the applicant was notified that the Regional Aviation Medical Officer had applied flexibility and that he would be issued a restricted category 1 aviation medical certificate. Additionally, the consultation report reviewed the results of the applicant's polysomnogram and noted that diagnosis was very mild obstructive sleep apnea not requiring treatment. The applicant had accumulated more than eight months of flying since the Minister of Transport's decision, and presently has more than 100 hours in a multi-crew environment without incident. He is now at greater than two years of documented sobriety. The member had also noted that the applicant had self-reported his substance abuse issue, underwent residential treatment, has continued with monitoring/follow-up, and has complied promptly with all requests from CAM. Despite all the tests and follow-up, the return of a pilot with a history of substance abuse disorder to unrestricted status boils down to a matter of risk and trust. With respect to risk, testimony from the applicant's doctor suggests that his risk of incapacitation due to substance use is now less than one per cent. The AMRB has not reviewed the applicant's case since February 2021 and, at that time, recommended proceeding with restrictive flight duties and ongoing monitoring. It would be appropriate for another AMRB review, considering the passage of time and progress made by the applicant. After considering all testimony, the member concluded that the applicant can now be trusted to safely operate an aircraft in a solo pilot</p> | |

environment. For these reasons, the member is referring the matter back to the Minister for reconsideration.

APPEAL

DATE OF DECISION

MEMBERS

DECISION

REASONS FOR THE DECISION

OTHER/COMMENTS