

Dear Pilot,

We all want to ensure that flying is as safe as possible and we should always remain on the forefront of such efforts. One area where we can make improvements to safety is ensuring personal awareness of the effects of some medications when flying. Medications currently prohibited by the FAA are found to be present as causal or contributory in approximately 12 percent of fatal general aviation accidents according to joint analysis by industry and FAA of data from the past decade.

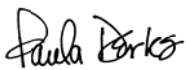
Industry and government both share concerns that some general aviation pilots are taking impairing medications while operating aircraft without fully understanding their adverse effects. We are also concerned that pilots might not be aware of the ubiquitous presence of sedating antihistamines in many over-the-counter (OTC) treatments for common allergies, coughs, colds and sleep aids. Further, we are concerned that pilots may not be afforded the opportunities to discuss the side effects of prescription medications with fellow airmen and their treating doctors.

How can pilots reduce their personal risk of medication-induced impairment?

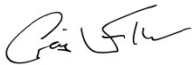
1. Become an educated pilot and health care consumer. Read all medicine labels, talk with your doctor, and determine if the conditions being treated or the medications being consumed could affect your ability to think clearly and safely perform highly complex tasks, like operating an aircraft.
2. After using any medication with impairing side effects, follow the current recommendations provided in the FAA's online Medications and Flying Brochure. After the symptoms of an illness have resolved, "do not fly after taking the medication until at least 5 maximal dosing intervals have passed." For example, if the directions say to take a medication every 4 to 6 hours, wait until at least 30 hours (5 x 6) after the last dose before piloting an aircraft.
3. Always use the personal readiness **IM SAFE** checklist to ensure that you are physically and mentally safe to fly, not being impaired by – **I**llness, **M**edication, **S**tress, **A**lcohol, **F**atigue, **E**motion prior to every flight. If using impairing medications, your personal assessment of how well you are functioning may not always be correct.
4. Use the expert guidance provided by your designated FAA Medical Examiner or aviation support organization to help guide you to decide when it is safe to fly following the use of medications.

Personal risk management is the responsibility of all licensed airmen. As we start the summer 2013 flying season, we urge you to take the appropriate steps to mitigate the risk of impairment when flying.

Sincerely,



Paula R. Derks | Aircraft Electronics Association



Craig Fuller | Aircraft Owners and Pilots Association



Michael Huerta | Federal Aviation Administration



Matt Zuccaro | Helicopter Association International



Thomas L. Hendricks | National Air Transportation Assoc.



Doug Stewart | Society of Aviation Flight Educators



Thomas P. Turner | American Bonanza Society



Jack J. Pelton | Experimental Aircraft Association



Peter J. Bunce | General Aviation Manufacturers Assoc.



Robert Meder | National Association of Flight Instructors



Ed Bolen | National Business Aviation Association



Ed Scott | United States Parachute Association

## FAA FACT SHEET

### Prevention of Aircraft Accident Resulting from the Pilot's Use of Impairing Medications

Pilots may not be aware of the ubiquitous presence of sedating antihistamines in many over-the-counter (OTC) treatments for allergies, coughs, colds, sleep aids; or may not discuss the side effects of prescription medications with their treating doctor. In addition to the sedative effects from many medications, another significant concern is impairment of a pilot's cognitive ability, including subtle degradation of the ability to competently evaluate actual IMPAIRMENT. The pilot's underlying symptoms – head congestion, runny nose, cough, nausea, anxiety, muscle spasm, insomnia, or pain – are reduced by a medication, but at a significant cost of unrecognized slowing of thought processes.

The Piper PA-30 had 4 on board during a night VFR approach into the pilot's home based airport, when the airplane stalled while the 5,700 hour commercial pilot was turning from the base leg to final and impacted the ground in an uncontrolled descent. Examination of the wreckage did not reveal any pre-existing mechanical anomalies. The National Transportation Safety Board determined the probable cause of the accident to be the pilot's failure to maintain airspeed during the landing approach, which resulted in a stall and uncontrolled descent. Contributing factors to the accident were the pilot's impairment due to his prolonged use of a highly sedating over-the-counter sleep aid and fatigue due to lack of sleep. --- REF: NTSB - LAX06FA089

This accident was not an isolated event!

The GAJSC loss-of-control working group evaluated 90 accidents that occurred during approach and landing between 2001 and 2010. These accidents were randomly selected to provide a representation of the 1,259 GA loss-of-control fatal accidents that occurred during this 10-year period.

The working group identified as a causal or contributory factor degraded flying or decision making skills resulting from the use of impairing over-the-counter and / or prescription medication.

The GAJSC findings are consistent with previous findings by the FAA toxicology laboratory which has reported that 42 percent of pilots who died in aircraft accidents between 2004 and 2008 were found to be positive for drug(s) or medication(s).

The most commonly detected impairing medication was diphenhydramine, which is found in over 50 different OTC and prescription medications. Diphenhydramine was detected in over 6 percent of the pilots involved in fatal accident

Furthermore, 6 percent of fatal accident pilots tested positive for compounds such as marijuana or morphine, and 4 percent of fatal accident pilots tested positive for medications such as hydrocodone and diazepam.

## FAA RESOURCES

The following resources can help pilots better understand taking over the counter or prescription medications:

- FAA's online Medication and Flying Brochure:  
[www.faa.gov/pilots/safety/pilotsafetybrochures/media/Meds\\_brochure.pdf](http://www.faa.gov/pilots/safety/pilotsafetybrochures/media/Meds_brochure.pdf) (Please note that this guidance changes over time due to advances in our understanding of disease processes and medication.)
- IM SAFE Checklist: [www.faa.gov/air\\_traffic/publications/ATpubs/AIM/aim.pdf](http://www.faa.gov/air_traffic/publications/ATpubs/AIM/aim.pdf)
- Drugs and Alcohol in Civil Aviation Accident Pilot Fatalities from 2004-2008:  
[www.faa.gov/data\\_research/research/med\\_humanfacs/oamtechreports/2010s/media/201113.pdf](http://www.faa.gov/data_research/research/med_humanfacs/oamtechreports/2010s/media/201113.pdf)

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