

Workplace Outcomes Related to Participation in the
Flight Attendant Drug and Alcohol Program (FADAP)

2021 Annual Report

Report prepared by

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Introduction

In 2014, the Flight Attendant Drug and Alcohol Program (FADAP) contracted with Dr. Jodi Jacobson Frey to provide consultation services related to the development of the FADAP outcome measures database and to manage, analyze and report outcomes from the FADAP database. Pre- and post-test surveys, using data provided by FADAP clients, peers, and approved treatment providers, were created based on a preliminary study that Dr. Frey conducted and presented to the 2014 FADAP Advisory Board. This work was also presented at the 2015 annual Employee Assistance Society of North American (EASNA) conference¹ and published in 2015.² Outcomes of interest that emerged from the preliminary study that were also subsequently integrated into the currently-used surveys focused on job performance, including absenteeism, presenteeism, work engagement, rapport with coworkers and management, customer satisfaction, safety, and professionalism, in addition to satisfaction with FADAP services and treatment specifics. Further, the surveys were designed to measure lost work time before and after FADAP treatment and into recovery from alcohol and other drugs (AOD).

During the past few years, Dr. Frey worked closely with FADAP leaders and members of the FADAP Advisory Board to revise the surveys and data management information system. On February 28, 2020, a new survey was launched called “Post-Treatment Survey”. Data from this

¹ Frey, J. J., McCormick, D., & Healy, H. (2015, April). Workplace experiences and outcomes related to participation in the Flight Attendant Drug and Alcohol Program: An exploratory study. Paper presented at the Employee Assistance Society for North America 2015 Institute.

² Frey, J. J., Liccardo, R., & Healy, H. (2015). Workplace experiences and outcomes related to participation in the Flight Attendant Drug and Alcohol Program: An exploratory study. EASNA Research Notes, 5(2) 1-7. Available online: <http://www.easna.org/wp-content/uploads/2010/08/EASNA-Research-Notes-Vol-5-No-2-November-2015.pdf>

survey is collected from the Flight Attendant approximately three to four weeks after completing treatment and the satisfaction questions asked on this survey focus on satisfaction with the treatment center as compared to satisfaction questions on the other surveys that focus on FADAP.

All data used in this report were measured through Flight Attendant self-report, with the exception of information provided by the treatment providers. The surveys were initially launched in 2014 and this report presents results from data collected through May 31, 2021.

Sample

Since September 2014, 921 Flight Attendants with unique cases³ have been entered in the database⁴. For Flight Attendants who reported multiple treatment episodes, only data from their most recent treatment episode was included in this report. For the treatment provider data that is collected, 81% ($n=752$) of the treatment providers who worked with Flight Attendants in this sample completed and returned forms for the participants included in this study. This is slightly lower than last year when 84% of treatment providers completed and submitted forms. However, this rate is still very good as it is challenging to coordinate paperwork from treatment providers that is additional to insurance and other required documents.

³ In this sample, a “unique case” refers to an individual Flight Attendant who accessed FADAP services. Some Flight Attendants had more than one treatment episode during the year in which data is recorded and reported; however, only the most recent treatment episode was included in this report.

⁴ Total cases calculated May 31, 2021 when data for this report was ran.

Follow-up and comparison data included in this report are based on results from the possible 764 Flight Attendants who reached their one-year post-treatment date and were therefore eligible to complete 1-year follow-up surveys by May 31, 2021 (sent by mail and/or email). Of those eligible, 222 completed surveys for an overall response rate of 29%, which is about the same response rates that we achieved in 2018-2020. Lack of response from the Flight Attendants who did not complete follow-up surveys was mostly due to an inability to establish contact with them or Flight Attendants not knowing if they received the survey via mail or email. Of the Flight Attendants who completed their follow-up surveys, 171 (77%) reported being in recovery and 149 reported being in recovery for longer than 30 days. Of those who reported being in recovery for longer than 30 days, 100 (67%) reported having returned to work as a Flight Attendant for the same or another airline at the time of the follow-up survey. Therefore, up to 100 Flight Attendants could be included in the matched-pairs analysis for this report which compared pre-test and post-test data for workplace outcomes. Seven Flight Attendants were employed but had not yet returned to work at the time of the survey and additionally 21 were terminated, 13 resigned, and six retired (2 were missing data for this question). For comparative analysis, the FADAP Advisory Board determined it would be best to only review results from a Flight Attendant's most recent treatment episode.

Of the total population of 932 Flight Attendants with "unique cases" included in this report, 82.1% were referred to FADAP by their union and 13% self-referred to FADAP. Additionally, 3.4% were referred by their company (other than EAP), .7 by family, .3 by company EAP and .2 by co-worker. During the past two years, we collected data on gender and age. Of the 932 total cases, 376 (40%) identified as male and 554 (60%) identified as female

(almost the same percentages as in 2019 and 2020). The average age of Flight Attendants using FADAP services was 48 years (ranging from 23-80 years), which was the same average age as observed in 2019 and 2020. Almost 16% reported having a drug or alcohol violation at the time of the referral to FADAP. This is higher than rates reported in 2020 (12%). Notably, more Flight Attendants (29.3% of the total sample – same as in 2020) reported having a formal disciplinary action of any kind at the time of referral. Almost 15% reported facing written discipline or corrective action at the time of referral; 11.7% were under investigation; 9.2% were facing termination; 5.9% were facing disciplinary suspension; and 5.3% were on last chance agreements. *(Note: Flight Attendants were allowed to provide more than one response to this question).* These reported disciplinary actions were slightly higher than what was reported in 2020.

Results

Treatment Program Data

Almost all (98.94%) of the Flight Attendants in this sample were referred to inpatient treatment and the average number of treatment episodes for Flight Attendants was 1.7 ($SD=1.2$); ranging from 1-12. The majority (80.2%) reported that this was their first or second time in treatment. Additionally, the majority (73.5%) of Flight Attendants for whom treatment data was provided ($n=606$) completed treatment according to the treatment provider. This represents a slight decrease in completed treatment rates from last year's report, when treatment completion was reported for 79% of the Flight Attendants. Of the 219 Flight Attendants who did not complete treatment, we have reasons for not completing treatment for

50 of them, so we need to be careful interpreting this data. The majority ($n=40$; 80%) left against medical advice, 6 (12%) were transferred by the treatment program to another setting, 2 (4%) were noted as being discharged for non-compliance, and 2 (4%) reasons were listed as “other” and included one who did not want to use COBRA and other who left due to funding after their authorization ended. There were no statistical differences for gender or age and treatment completion ($p<.05$).

Over 81% (same as 2020) of treatment providers reported Flight Attendants were treated for a primary mental health diagnosis, in addition to alcohol and/or other drugs in most cases. The specific categories in which treatment providers reported working with Flight Attendants were: alcohol and mental health (51%), followed by alcohol, drugs and mental health (21%), alcohol only (15%), drugs and mental health (7%), mental health only (3%), alcohol and drugs (2%), and drugs only (2%).

Over the past two years, we reviewed specific DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) diagnostic categories and found that 96% of the Flight Attendants had a diagnosis for drug and addiction disorders. Thirty-seven of Flight Attendants had a diagnosis for anxiety and related disorders, 45% had a diagnosis for depressive disorders, 4% had a diagnosis for bipolar and related disorders, and 8% had a diagnosis for other mental health disorders or other disorders. In 2019, we started recording diagnoses of Trauma and Stress Related Disorders as defined by the DSM-V and observed that 12% of Flight Attendants had a diagnosis of trauma and stress related disorder. Diagnoses did not statistically impact whether or not the Flight Attendant was in recovery at the time of the 12-month follow-up survey ($p<.05$).

While in treatment, 68% of treatment providers reported that Flight Attendants were offered social support programming, which is required to at least be offered to Flight Attendants as per FADAP policy. Similar to prior years, the primary reasons reported as to why social support (family or friends) was not offered during treatment included Flight Attendants declining social support interventions or the family or friends were not available to participate.

FADAP requires all treatment providers to offer Medication-Assisted Treatment (MAT). During the past year, we worked to update the questions related to MAT, so the results reported in the 2020 report here represent only Flight Attendants who entered treatment after the launch of the new questions (February 28, 2020) and had completed treatment provider forms submitted by May 30, 2021 ($n=142$ Flight Attendants). One hundred twenty (85%) of treatment providers reported that Flight Attendants were offered MAT and that they were offered a specific type of MAT. Sixty-seven percent ($n=95$) of providers reported that MAT was written into the Flight Attendant's treatment plan. For those who did not have MAT written into their treatment plan, treatment providers reported that 35% of Flight Attendants declined to use MAT and 3% were not medically cleared. Other data for reasons why MAT was not written into the plan were missing for this question. Finally, 118 (83%) Flight Attendants reportedly agreed to take medication to assist with treatment and recovery.

Treatment Engagement

Treatment engagement was measured using a 5-point scale ranging from (1= not at all engaged to 5= extremely engaged). From the treatment provider's perspective, Flight Attendants were rated an average, 4.0 ($SD=.98$) for engagement while in treatment. Flight

Attendants rated themselves slightly higher (pre-test or at baseline) with average scores of 4.5 ($SD=.78$) for initial treatment engagement. When asked to rate their initial engagement at follow-up (12-month hindsight view), Flight Attendants rated themselves slightly lower ($M=4.0$, $SD=1.2$). Flight Attendants also rated themselves slightly lower for current treatment engagement one year post-treatment with an average score of 3.9 ($SD=1.2$). Overall, engagement was sustained through treatment and the 12-month follow-up.

Post Treatment Survey Data

Last year, FADAP initiated a new post-treatment survey that is mailed to Flight Attendants approximately 3-4 weeks after discharge from treatment. The focus of this still relatively new survey is to collect intermediary outcome data post-treatment, prior to the one-year follow-up. Additionally, the satisfaction questions used on this survey are modified from the other forms to focus on satisfaction with the treatment center as compared to satisfaction with the FADAP Peer Program. Since launching the survey, 55 Flight Attendants submitted completed surveys. Results showed that at the time of the survey (note, Flight Attendants could check all that apply), 23 Flight Attendants reported they were employed as a Flight Attendant and had returned to work; 15 reported they were employed but had not yet returned to work; with the same or different airline 8 reported they were employed but their return to work date had not yet been determined; and 10 reported they were employed but still on medical leave (two did not answer, one resigned, one retired and 6 were terminated). On this survey, we asked five (5) questions related to satisfaction with the treatment center. The first asked if the Flight Attendant would recommend the treatment center to another Flight Attendant and 47

(85%) reported they agreed or strongly agreed. The second question asked if the Flight Attendant would use the treatment center again and 46 (84%) reported they agreed or strongly agreed. The third question asked if the Flight Attendant was satisfied with the treatment center and 48 (87%) agreed or strongly agreed. The fourth question asked if the treatment center helped and 52 (95%) agreed or strongly agreed. The last question asked if the treatment center helped to improve their overall well-being and 50 (91%) agreed or strongly agreed.

Satisfaction with FADAP

In the past, satisfaction with FADAP services has been above average. For responses provided after February 28, 2020, we revised the satisfaction questions to ask the following:

- 1) I would recommend the peer assistance program to another Flight Attendant.
- 2) If I needed help in the future, I would use the Flight Attendant peer assistance program again.
- 3) I am satisfied with the Flight Attendant peer assistance program.
- 4) Having access to a Flight Attendant peer assistance program made it possible for me to ask for help for my substance use problem.
- 5) Without the Flight Attendant peer assistance program, I would not have made it into treatment.

These questions are asked at baseline and at the 1-year follow-up. At the time of this report, only a few Flight Attendants had completed the revised one-year survey, and none had pre-test and post-test data that we could compare. Results from the new satisfaction questions will be

reported starting with the 2022 FADAP report as we currently only have nine post-test surveys that we can compare responses.

Work Engagement

Work engagement was measured using a single-item indicator on the survey that asked Flight Attendants if they “are often eager to get to the work site to start the day”. We had 110 matched pairs from pre-test to follow-up to compare in this analysis for work engagement. Response options range from 1 (strongly disagree) to 5 (strongly agree) and the average score for Flight Attendants in this sample was 3.82 ($SD=1.1$) initially and 3.93 ($SD=1.8$) at follow-up. This slight increase in work engagement was not statistically significant ($p=.401$). When compared to national EAP norms reported for the Workplace Outcomes Suite (WOS) by Chestnut Global Partners (2016), Flight Attendants reported higher than average pre- and post-test scores on engagement⁵.

Presenteeism

Presenteeism, or one’s focus on non-work tasks while at work, was measured using the Workplace Outcomes Suite standardized measure with response options ranging from 1 (strongly disagree) to 5 (strongly agree) and total scores ranging from 5-25. For this analysis, we had 111 completed pairs to analyze. Flight Attendants reported average presenteeism scores of 10.86 ($SD=5.0$) initially and lower scores 7.7 ($SD=4.0$) at follow-up. Lower scores are more desirable for this scale. The decrease in presenteeism reported was statistically significant

⁵ <http://chestnutglobalpartners.org/Portals/cgp/Publications/WOS-Annual-Report-2016-06-06.pdf>

decrease of almost 29% ($p=.000$) and when compared to national EAP norms reported by Chestnut Global Partners (2016), Flight Attendants reported lower than average levels of presenteeism, both before and after treatment.

Additional Workplace Outcomes

As described above, the surveys measured many constructs related to workplace outcomes. Results from the time of the initial survey to the time of the follow-up survey are reported here for a range of 76 to 95 completed pairs of pre-test and follow-up data representing Flight Attendants who completed follow-up surveys, had returned to work as Flight Attendants, and reported being in recovery for more than 30 days at the time of the follow-up survey. We used the paired-samples t-test and to compare differences in mean scores at baseline and follow-up; alpha was set to $p=.001$ for statistical significance. It is important to note that given the larger sample this year, we were able to adjust the alpha level to a more stringent cut-point to reduce the potential for false positive results. In the past, we did not have a large enough sample to do this. So, some of the outcomes that might have been significant in the past, were not significant this year, but when you look at the data from the 12-month hindsight view, most outcomes become significant.

Significant improvement in scores from pre-test to post-test were reported for Flight Attendants with regard to attendance, drinking past cut-off time, showing up for a flight hung-over, overall work performance (personal perspective), and not showing up for a trip due to AOD use. In 2020, when we had the chance for more error in our calculations, we also saw positive reductions for on-duty performance, coworker rapport, attention to safety duties,

professionalism, compliance with company policy, compliance with FAA regulations, overall work performance and using another person's medication while performing flight duties.

At follow-up, Flight Attendants were asked to look back to their behavior 12-months prior to entering treatment or hindsight, and re-rate their initial scores for various workplace outcomes now that they had significant recovery time behind them. As we did in the last five annual reports, the Flight Attendants continued to rate their work and safety behavior significantly better at pre-test than when asked to reflect on their pre-treatment behavior after having one year of recovery from AOD and having returned to work. We compared the hindsight values to post-treatment or follow-up scores and found additional significant improvements in: customer service, management rapport, coworker rapport, professionalism, bidding flying schedule to avoid a drug or alcohol test, compliance with company policy, compliance with FAA regulations, attention to safety duties, bidding flying schedule to have access to alcohol, drugs, including other unauthorized medications, engage in activities that could have resulted in injury to others and also to personal injury, on-duty performance, and disregard for safety procedures. Outcomes that were not significant using the more stringent analysis included use of emergency medical services, actual injury to self and/or others, and written complaints. So, in conclusion, most of the outcomes were statistically significant when you consider the important hind-sight perspective of the Flight Attendants.

Lost Work Time

For computing and comparing lost work hours and cost, presented in this section, we were able to calculate differences for up to 74 Flight Attendants who had paired data and met

the inclusion requirements for this analysis that they had returned to work as a Flight Attendant at the same or a different airline after 12 months post treatment and completed their follow-up survey. On the initial survey, which is completed by the Flight Attendant approximately three weeks into their treatment, these Flight Attendants reported their lost work time due to AOD was on average 10.2 ($SD=21.7$) hours per month. The average cost to the workplace for this lost time, based on Flight Attendants' hourly wages, was \$483 per month. Lost work time for reasons other than AOD use averaged 8.1 hours per month at baseline, costing \$376 per month on average, per Flight Attendant. Together, Flight Attendants in this sample lost an average of 18 hours per month (average cost per Flight Attendant per month is \$847).

At follow-up, lost work time due to AOD averaged 0.43 hours per month. Based on Flight Attendant's hourly wages, the average cost to the workplace for this lost time was \$18 per month. Lost work time for reasons other than AOD use averaged 2.4 hours per month at follow-up, costing about \$115 per month per Flight Attendant. Together, Flight Attendants in this sample lost an average of 2.8 hours per month at follow-up (average cost per Flight Attendant per month is \$69).⁶

Using paired samples t-tests, hours lost for and costs were compared pre- and post-treatment. The reduction in hours lost and cost lost due to AOD and total costs were statistically significant ($p<.000$)⁷.

⁶ Note, some of the pairs of data were lower for a total N due to missing data on post-test AOD hours lost.

⁷ These hours lost and costs do not take into consideration the costs of Flight Attendant benefits or replacement costs when absent from work; therefore, the estimates reported here are much lower than actual losses.

Conclusion and Next Steps

Overall, results continue to be positive for Flight Attendants who complete treatment and return to work. Even during the beginning of the COVID-19 pandemic, Flight Attendants were able to access FADAP services, treatment and support as they continue to work when in recovery. This year, we had large enough sample to use a more stringent alpha level in looking for statistical changes over time with regard to outcomes reported by Flight Attendants who were in recovery and had returned to work. The overall outcomes continue to support the FADAP program and its mission, in addition to supporting positive return-on-investment figures that suggest that as Flight Attendants enter and maintain sobriety and return to work, they are more productive and present at work, contributing to reduced costs reported for lost work time as compared to when they were using alcohol and other drugs.

Moving forward, Dr. Frey will do additional analyses looking at Flight Attendants who are primarily treated for Drugs as compared to Drugs and /or Alcohol as this was requested by FADAP Administrators. Additionally, she will continue to work closely with FADAP staff to monitor data through the year and report on new outcomes based on the revised satisfaction questions and the relatively newly developed post-treatment survey. Dr. Frey will plan to present to the FADAP Advisory Board again with data representing services through May 31, 2022 which will provide a more comprehensive view of how services were accessed and viewed during the pandemic.