Workplace Outcomes Related to Participation in the

Flight Attendant Drug and Alcohol Program (FADAP)

2022 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 annually. 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) conference[1] 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 immediate after FADAP treatment and continuing into more sustained 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, 2022.

Sample

Since September 2014, 1117 Flight Attendants with unique cases[3] have been entered in the database[4]. For Flight Attendants who reported multiple treatment episodes, only data from their most recent treatment episode was included in this report. With regard to treatment provider data that is collected, 79% (*n*=884) 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 81% of treatment providers completed and submitted forms (in 2020, 84% completed 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; however, only the most recent treatment episode was included in this report.

[4] Total cases calculated May 31, 2022, when data for this report was ran.

Follow-up and comparison data included in this report are based on results from the possible 889 Flight Attendants who reached their one-year post-treatment date and were therefore eligible to complete 1-year follow-up surveys by May 31, 2022 (sent by mail and/or email). Of those eligible, 243 completed surveys for an overall response rate of 27%, which is about the same response rates that were achieved during 2018 through 2021. 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. Of the Flight Attendants who completed their follow-up surveys, 191 (79%) reported being in recovery from AOD and 169 (88%) of them reported being in recovery for longer than 30 days. Of those who reported being in recovery for longer than 30 days, 114 (67%) reported having returned to work as a Flight Attendant for the same or another airline at the time of the follow-up survey. For those that we received responses, 7 reported being employed as a Flight Attendant, but not yet returning to work, 14 resigned, 7 retired and 25 were terminated (4 were missing data). Therefore, up to 114 Flight Attendants could be included in the matched-pairs analysis for this report which compared pre-test and post-test data for workplace outcomes among Flight Attendants who returned to work. 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 1117 Flight Attendants with "unique cases" included in this report, 83% were referred to FADAP by their union and 12% self-referred to FADAP. Additionally, 4% were referred by their company (other than EAP) and less than 1% by family, company EAP or a co-worker. During the past three years, we collected data on gender and age. Of the 1117 total cases, 42% identified as male and 58% identified as female. The average age

of Flight Attendants using FADAP services was 49 years (ranging from 24-81 years). Almost 15% reported having a drug or alcohol violation at the time of the referral to FADAP. This is slightly higher than rates reported in 2020 and 2021. 28.8% reported having a formal disciplinary action of any kind at the time of referral. Of those who we have data from the survey, almost 16% reported facing written discipline or corrective action at the time of referral; 11% were under investigation; 8% were facing termination; 5% were facing disciplinary suspension; and 4% were on last chance agreements. *(Note: Flight Attendants were allowed to provide more than one response to this question and data for other Flight Attendants was missing).*

Results

Treatment Program Data

Almost all (98.6%) 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 (77%) reported that this was their first or second time in in-patient treatment. Additionally, the majority (86%) of Flight Attendants for whom treatment data was provided completed treatment according to the treatment provider. This is about the same as 2021, but higher than prior years. Of the Flight Attendants who did not complete treatment, we have reasons for not completing treatment for 57 of them, so we need to be cautious interpreting this data. The majority (*n*=44; 77%) left against medical advice, 6 (11%) were transferred by the treatment program to another setting, 3 (5%) were noted as being discharged for non-compliance, and 4 (7%) reasons were listed as “other” and included one Flight Attendant 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 and 2021) 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 (20%), alcohol only (14%), drugs and mental health (7%), mental health only (3%), alcohol and drugs (3%), and drugs only (2%).

Over the past three years, we reviewed specific DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) diagnostic categories and found that 95% of the Flight Attendants had a diagnosis for drug and addiction disorders. Thirty-seven percent 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. A few of the Flight Attendants reported that they did not have any close friends and that all family members were deceased.

FADAP requires all treatment providers to offer medication for substance use or Medication-Assisted Treatment (MAT). During the past two years, we worked to update the questions related to MAT, so the results reported in the this 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, 2022 (*n*=256 Flight Attendants). Two hundred twenty-two (87%) of treatment providers reported that Flight Attendants were offered MAT and that they were offered a specific type of MAT. 62% of providers reported that MAT was written into the Flight Attendant's treatment plan. Finally, 81% Flight Attendants who were offered medication reportedly agreed to take medication to assist with treatment and recovery. Of those who declined, a number of them had an allergic or otherwise adverse reaction to medication and a few providers noted that medication for substance use was not medically indicated.

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*=.91) for engagement while in treatment. Flight Attendants rated themselves higher (pre-test or at baseline) with average scores of 4.5 (*SD*=.77) for initial treatment engagement. When asked to rate their initial engagement at follow-up (12-

month hindsight view), Flight Attendants rated themselves lower (*M*=4.0, *SD*=1.1). 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

In 2020, FADAP initiated a new post-treatment survey that is sent to Flight Attendants approximately 3-4 weeks after discharge from treatment. The focus of this 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 were 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, 82 Flight Attendants submitted completed surveys. Results showed that at the time of the survey (note, Flight Attendants could check all that apply and we were missing data on a number of the surveys), 29 Flight Attendants reported they were employed as a Flight Attendant and had returned to work; 32 reported they were employed but had not yet returned to work; with the same or different airline; 14 reported they were employed but still on medical leave; 4 resigned; 1 retired; and 5 were terminated *(note that Flight Attendants were allowed to mark more than one response, so the total equals* over 100% and there are some errors in how Flight Attendants responded as they appear to have selected more than one option). 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 of those who responded, 92.5% reported

they agreed or strongly agreed. The second question asked if the Flight Attendant would use the treatment center again and 88% reported they agreed or strongly agreed. The third question asked if the Flight Attendant was satisfied with the treatment center and 92.5% agreed or strongly agreed. The fourth question asked if the treatment center helped to abstain from an AOD problem and 96% agreed or strongly agreed. The last question asked if the treatment center helped to improve their overall well-being and 95% agreed or strongly agreed. There were 31 comments, and the majority of the comments were positive about the treatment center, therapists, treatment options offered and overall experience. A number of Flight Attendants comments for example on how great the overall program was, and many others commented specifically about the staff being caring. Two even used the words, "lifesaving" to report on their experience. Four responses were critical about the program, one was neutral, and two comments did not respond to the question asked. Of the critical comments, they included two comments about not having enough individualized or 1:1 care and two other comments noted that there was a delay in providing care for mental health issues.

Satisfaction with FADAP

In the past, satisfaction with FADAP services has been rated above average on a 5-point scale. For responses provided after February 28, 2020, we revised the overall 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, 20 Flight Attendants completed the revised one-year survey with the new questions and 13 of the 20 had reported returning to work. Flight Attendants were satisfied with the FADAP services at pre- and post-test time periods. All questions were reported at averages of 4.55 or higher.

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". Response options for the matched pairs ranged from 1 (strongly disagree) to 5 (strongly agree) and the average score for Flight Attendants in this sample was 3.77 (*SD*=1.0) initially and 3.90 (*SD*=1.1) at follow-up. This slight increase in work engagement was not statistically significant (*p*=.391). 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 engagement[5].

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

Presenteeism

Presenteeism, or one's focus on non-work tasks while at work, was measured using the original, validated, Workplace Outcomes Suite standardized measure with response options ranging from 1 (strongly disagree) to 5 (strongly agree) and total scores ranging from 5-25. Flight Attendants reported average presenteeism scores of 10.6 (*SD*=4.8) initially and lower scores 7.7 (*SD*=4.3) at follow-up. Lower scores are more desirable for this scale. The decrease in presenteeism reported was statistically significant ($p<.001$) 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 83-103 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 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.

Significant improvement in scores from **pre-test to post-test** were reported for Flight Attendants with regard to showing up for a flight hung-over, on duty performance, overall work performance (personal perspective), and not showing up for a trip due to AOD use.

At follow-up, Flight Attendants were asked to look back to their behavior **12-months prior** to entering treatment or hindsight, and again rate their initial scores for various workplace outcomes now that they had finished treatment, returned to work and had over 30 days of recovery time. As we saw in previous years, the Flight Attendants often rated their work and safety behavior significantly better at pre-test then when asked to reflect on their pre-treatment behavior then when rating it at the 12-month follow up survey. We compared the 12-month hindsight values (those that were statistically different from pre-test ratings p=<.001) to post-treatment or follow-up scores and found additional significant improvements in these additional outcomes that were not observed from pre- to post-test: attendance; bidding flying schedule to have access to alcohol, drugs, including other unauthorized medications; compliance with company policy; coworker rapport; customer service; compliance with FAA regulations; management rapport; professionalism; attention to safety duties; and disregard for safety procedures,

Lost Work Time

For computing and comparing lost work hours and cost, presented in this section, we calculated differences for up to 75 Flight Attendants who had complete paired datasets 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 10.9 (*SD*=22.8) hours per month. The average cost to the workplace for this lost time, based on Flight Attendants' hourly wages, was $538 per month.

Lost work time for reasons other than AOD use averaged 7.2 hours per month at baseline, costing $335 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). *(Note that due to missing data from pre- to post-test, the numbers do not add up to matching totals as they are averages for the various sets of paired data).*

At follow-up, lost work time due to AOD averaged 0.48 hours per month. Based on Flight Attendant's hourly wages, the average cost to the workplace for this lost time was about $19 per month. Lost work time for reasons other than AOD use averaged 2.2 hours per month at follow-up, costing about $106 per month per Flight Attendant. Together, Flight Attendants in this sample lost an average of 1.7 hours per month at follow-up (average cost per Flight Attendant per month is $67). [6]

Using paired samples t-tests, hours lost for, and costs associated with, were compared pre- and post-treatment. The reduction in hours lost and cost lost due to AOD and total costs were statistically significant ($p<.001$)[7].

Conclusion and Next Steps

Overall, results continue to be positive for Flight Attendants who complete treatment and return to work. Throughout the continued stress related to the COVID-19 pandemic, Flight Attendants were able to successfully connect with FADAP peers and support services, access treatment and obtain ongoing support as they returned to work. Last year, we changed our

[6] Note, some of the pairs of data were different 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.

statistics 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. We continued use of this statistical setting during the past year and will use it moving forward. The overall positive change in outcomes over time 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 after returning to work, they are more productive and engaged or present at work, contributing to reduced costs reported for lost work time as compared to when they were using AOD.

Satisfaction with FADAP and the new satisfaction questions focused on the treatment center are positive, suggesting that Flight Attendants are feeling supported and that the treatment programs in which FADAP refers to are well-received and are helping with the recovery process. Moving forward, Dr. Frey will conduct additional analyses comparing the new satisfaction questions for the treatment center with satisfaction scores for the Flight Attendant Peer Program and will look for trends that might emerge as we collect more data with the new questions. We will also keep an eye out for how Flight Attendants with mental health problems, in addition to AOD diagnoses rate the treatment programs. With the relatively new post-treatment survey (administered 3 weeks post treatment and focused more on the treatment center than the peer program), Dr. Frey will monitor how satisfaction with the treatment center might relate to 1-year outcomes for recovery and return to work. Dr. Frey will also continue to connect with the FADAP Advisory Committee and FADAP leaders throughout the next year to maintain the outcomes data and present results as requested, including an annual report that will be submitted October 2023.