Call for Perspectives and Qualitative Interview Analysis

Jennifer Wisdom

EXECUTIVE SUMMARY

This study aimed to understand (a) the perspectives of pilots and flight attendants with knowledge of Human Intervention Motivational Study (HIMS) and/or Flight Attendant Drug and Alcohol Program (FADAP) programs and (b) recommendations from pilots and flight attendants to improve the programs and facilitate their return to work. We conducted thematic analysis of interviews with pilots (N=1) and flight attendants (N=35) and analyzed data submitted by pilots and flight attendants through the National Academies website (N=1,181). Minimal pilot involvement limited impact of this study to primarily flight attendants and FADAP. Respondents indicated support for the HIMS/FADAP programs and the need for programs to address crewmember substance use. They also indicated concerns about utilizing the HIMS/FADAP program regarding fear of losing their job, lack of knowledge about the programs, denial of a substance use problem, embarrassment, stigma, confidentiality, and financial concerns. Flight attendants with substance use issues indicated use of FADAP or Employee Assistance Programs provided a generally streamlined process for engagement in treatment and recovery. They also indicated significant challenges in airline culture that contribute to substance use, including a culture that supports alcohol use and overuse, difficulty maintaining sleep and healthy eating, and loneliness. Flight attendants indicated wide variability across airlines in how well communication about FADAP services was delivered. They provided suggestions regarding improvements of the FADAP program and in ultimately changing airline culture to reduce the emphasis on drinking and to increase support for those employees in recovery from substance use.

LITERATURE REVIEW

Approximately 81,000 commercial pilots and 96,000 flight attendants in the U.S. (Bureau of Labor Statistics, 2021) have responsibility for the safety of 674 million passengers annually (Bureau of Transportation Statistics, 2022). Substance use significantly impairs the ability of pilots and flight attendants to perform their jobs safely and consistently. Alcohol abuse and dependence affect approximately 5–8% of all pilots, similar to the proportions in other professional occupations such as law and medicine (Atherton, 2019). Similarly, a study that screened medical records of 1,580 flight attendants at a major airline found 5.1% had a history of alcohol, marijuana and/or other substance abuse or dependence (Dalitsch and colleagues, 2008).

Regulations Addressing Substance Use in Airline Industry

Several regulations provide guidance to the Federal Aviation Administration (FAA) and companies in the airline industry. The Omnibus Transportation Employee Testing Act of 1991 requires that each industry within the Department of Transportation (DOT), including the Federal Aviation Administration (FAA) develop programs to conduct drug testing of employees. Employers are required to test crewmembers and other staff pre-employment, when there is reasonable cause, after an accident, and before return to work following a testing violation. Employers must have a program of random drug testing that includes testing for marijuana, cocaine, amphetamines, opioids, and phencyclidine. All employees must receive drug and alcohol awareness training and education, and supervisors must receive additional training. Finally, employers must refer employees with substance use problems to professionals, who will then evaluate the employee's treatment needs and assess the employee's ability to return to work (SAMHSA, 2022).

The Code of Federal Regulations (14 C.F.R. pt. 61), commercial pilots must be licensed to fly and must pass a medical examination that includes several aspects of health such as equilibrium, cardiovascular health, and mental health (Certification: Pilots, Flight Instructors, and Ground Instructors, 2017). If an Aviation Medical Examiner found evidence of substance dependence (including alcohol and other drugs), a pilot would be disqualified for an air transport license. Although self-reporting of mental health issues including alcoholism is encouraged by the Federal Aviation Administration and the Federal Air Surgeon can issue a special issuance medical certificate under some circumstances, this these regulations likely discourage pilots from self-reporting (Parsley, 2017). Pilots with substance use problems can work with the HIMS program to obtain treatment and re-obtain licensure (HIMS, n.d.); they can also attend meetings of Birds of a Feather, a Twelve-Step self-help group specifically for pilots (Birds of a Feather, 2014).

The Code of Federal Regulations (14 C.F.R. § 91.17) also prohibits a person from acting or attempting to act as a crewmember of a civil aircraft "(1) Within 8 hours after the consumption of any alcoholic beverage; (2) While under the influence of alcohol; (3) While using any drug that affects the person's faculties in any way contrary to safety; or (4) While having an alcohol concentration of 0.04 or greater in a blood or breath specimen" (Alcohol and Drugs, 2014). Some airlines extended this requirement to prohibit consumption of alcohol within 12 hours of reporting for work.

The DOT (49 C.F.R. Part 40 § 40.289) indicates employers are not required to provide a substance abuse evaluation, education, or treatment for employees who have violated a DOT drug and alcohol regulation (Substance Abuse Professionals and the Return-to-Duty Process, 2017). The rule indicates, however, that if the employer offers the employee the opportunity to return to work, the employer must ensure that the employee receives an evaluation by a qualified substance abuse professional and complies with the professional's evaluation recommendations. Some airlines dismiss employees upon first violation of a DOT drug and alcohol regulations; other airlines provide assessment, treatment, and support as suggested in this regulation, which employees refer to as a "second chance" program.

Programs for Addressing Substance Use in the Airline Industry

Programs to care for pilots and flight attendants with substance use disorder strive to reconcile public security needs with the interests of employees to maintain their health and workplace and of airlines to continue the employment of highly trained staff (Buhringer, 2018). Several programs are available for pilots and flight attendants with substance use problem: HIMS, FADAP, company employee assistance program (EAP), union EAP, and health insurance.

The HIMS program was implemented in the mid-1970s to help pilots with alcohol or drug problems return to the cockpit following rehabilitation and a period of intense monitoring. Compared with overall relapse rates following inpatient treatment for alcohol (40-60%; McLellan and colleagues, 2000), the HIMS program reports that more than 85% of participants remain sober at the 2-year mark and beyond (Snyder, 2014).

The FADAP program, established in 2010 and funded by the FAA, aims to assist flight attendants in meeting their personal and professional goals through substance abuse awareness, self and peer referrals for assistance, and a flight-attendant-specific recovery support system. FADAP provides educational materials and seminars, a 24/7 hotline staffed by peer flight attendants, a tracking system, and support for company-based mentor programs. They aim to facilitate flight attendants' entry into optimal treatment, which includes a flight attendant-specific residential substance use treatment program that also addresses needs beyond substance use, which can include mental health issues, family issues, or eating disorders. An analysis of flight attendants who obtained assistance through the FADAP program found they were less likely to engage in prescription drug use, showing up hung over, or disregarding safety procedures (Jacobson Frey and colleagues, 2015). They also self-reported their employers would give them more positive ratings on their performance including attendance, rapport with management, and professionalism following their treatment. Jacobson Frey and colleagues (2015) also described that after treatment, flight attendants experienced improved job performance, improved health, and increased commitment to the profession.

In addition to HIMS and FADAP, airlines and unions offer EAPs, which are work-based intervention programs to assist employees in resolving personal problems that may be adversely affecting the employee's performance. Services are often delivered via phone, video-based counseling, e-mail, or face-to-face. Company EAPs are often situated within Human Resources departments and may communicate with other company leaders and managers; union EAPs often keep communication confidential and do not share with company management. Among U.S. working-age adults seeking help for alcohol and other drug problems, 7.58% reported using EAP services at some point during their lifetime (Jacobson & Sacco, 2012).

Finally, employees' private health insurance offers varying coverage for withdrawal management, residential treatment, intensive outpatient treatment, and outpatient treatment for substance use.

When taking leave for substance use issues, employees typically have options of taking vacation time, sick days, medical leave, short term disability, or long-term disability under the Family Medical Leave Act (FMLA). The FMLA entitles eligible employees to take unpaid, job-protected leave for family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Challenges Accessing Assistance

There are several challenges for individuals with substance use problems to recognize the extent of their problem, identify resources, and access assistance.

Unclear how much drinking is problematic

Many individuals are unclear how much drinking is problematic drinking. Generally, individuals tend to assess their drinking as problematic only if it impairs their functioning (e.g., work attendance, family involvement). If flight attendants are showing up to work on time, not drinking outside their employer's required window prior to work, and able to perform their duties, they may consider drinking non-problematic, even if it might meet diagnostic criteria for binging or addiction. A flight-attendant-specific survey identified factors that are associated with risk, including bidding a flying schedule to avoid a positive drug test, used colleagues' prescription medication, or working under the influence of a drug or medication that could compromise their performance (Tueller and colleagues, 2018).

Airline culture supports alcohol use

The culture of crewmembers can reasonably be described as a "drinking subculture" with the larger U.S. "drinking culture" because of the profession's use of drinking to facilitate socializing and morale, and the regularity and extent of drinking generally accepted in the profession (Savic and colleagues, 2016). In addition, pilots and flight attendants have several job characteristics that increase risk for substance use (Baldisseri, 2007) and complicate identifying problems and requesting treatment: They have long, stressful work environments, with significant responsibility for the safety in the air and on the ground. Pilots and flight attendants also have easy access to alcohol.

Extra challenges for pilots

A study of pilots with substance use issues concluded that pilots in their sample were not willing to accept own problem substance use and related mental burdens or major depression, which they interpret as a sign of 'personal weakness' (Buhringer, 2018). They identified pilots' concerns of reporting substance use or mental health challenges as they feared being declared unfit to fly for a long period of time. Altogether, they ask for treatment very late, often only after having been motivated or even pressed by colleagues or airline supervisors (Buhringer, 2018).

Factors that Lead to Successful Return to Work after Participation in Substance Abuse Programs

Most scientific literature on returning to work following substance use treatment is focused on individuals with substantial impairment (such as serious mental illness or long-term job instability), which does not apply to the population of pilots and flight attendants. Relevant literature includes return to work in several high stress or safety-focused jobs, such as medical professionals. Research on impaired physicians, nurses, and other medical professionals describe factors that are recommended for return to work following substance use treatment: (1) a written contract between employee and the supervisor or committee outlining expectations for returning to work, which usually includes continued attendance in treatment and/or Twelve Step meetings and ongoing drug testing and monitoring (Baldisseri, 2007); (2) time to recover instead of a rapid return to work, which may be complicated by economic necessity to return to work for lower-paid employees (Shaw and colleagues, 2004); (3) given the possibility of employer sanctions and

difficulty returning to work, peer support programs are recommended (Shaw and colleagues, 2004).

Despite a significant literature that that returning to work aids in recovery among individuals with substantial impairment (such as serious mental illness or long term job instability; see, for example, Berg, 2003), we could identify no literature on the impact on pilots or flight attendants of returning to work after recovery.

Frameworks and Studies on Building
an Organizational Climate of Safety in Transportation

Several industries with high stress and safety-sensitive positions have described an organizational climate of safety and wellness; these industries include physicians and nurses (Baldisseri, 2007; DuPont & Skipper, 2012; Shaw and colleagues, 2004), trucking (Arboleda and colleagues, 2003), and law enforcement (Taylor, Liu & Mumford, 2022). The Department of Transportation has defined safety culture as, "The shared values, actions, and behaviors that demonstrate a commitment to safety over competing goals and demands" (Morrow & Coplen, 2017, p. 2). They detail the most critical elements of a strong safety culture as: (1) Leadership is clearly committed to safety; (2) Open and effective communication exists across the organization; (3) Employees feel personally responsible for safety; (4) The organization practices continuous learning; (5) The work environment is safety conscious; (6) Reporting systems are clearly defined and not used to punish employees; (7) Decisions demonstrate that safety is prioritized over competing demands; (8) Employees and the organization work to foster mutual trust; (9) The organization responds to safety concerns fairly and consistently; and (10) Safety efforts are supported by training and resources .

Similarly, Reason (1997, 1998) describes five important aspects of a safety culture:
1. *Informed culture*: the organization collects information about both accidents and incidents, and carries out proactive counter measures.
2. *Reporting culture*: all employees report their errors or near misses, and take part in initiatives to improve safety.
3. *Just culture*: there is an atmosphere of trust within an organization that encourages and rewards its employees for providing information on errors and incidents, with the confidence of knowing that they will receive fair and just treatment for any mistake they make.
4. *Flexible culture*: the organization and the people in it are capable of adapting effectively to changing demands.
5. *Learning culture*: the organization learns from incident reports, safety audits, and other activities resulting in improved safety.

Naevestad and colleagues (2018) reviewed 20 interventions for developing safety cultures in aviation, maritime, rail, and road transport. Despite current research limitations of a lack of standardized outcome measures and controlled evaluations, they identified four key activities (content) of interventions and eight processes required for successful implementation. Key content of interventions are: (1) Appointing a key person (generally a manager) to be responsible for implementing the intervention to improve safety; (2) Institutionalizing joint discussions involving managers and employees and risk assessments of workplace hazards; (3) Implementing and monitoring measures such as reporting systems or training based on these

discussions and joint risk assessments; and (4) Maintaining effective communication about safety issues in the organization. They also described eight key processes for implementation:

1. Top manager commitment throughout the intervention period.
2. Employee engagement and support.
3. The relationship between managers and employees.
4. Motivation for intervention.
5. Regulator focus on safety (culture) and support to companies.
6. Clear and congruent implementation.
7. Reorganizations and other processes taking attention away from the intervention.
8. The content of the intervention.

These guidelines provide suggestions for the possibility of integrating substance use into safety culture.

Commissioned Paper Objectives

This study aimed to understand (a) the perspectives of pilots and flight attendants with knowledge of HIMS and/or FADAP programs and (b) recommendations from pilots and flight attendants to improve the programs and facilitate their return to work. To accomplish this, we conducted a thematic analysis of interviews with (N=36) pilots and flight attendants and of data submitted by pilots and flight attendants through the National Academies Call for Perspectives (N=1,181).

METHODS

The National Academies of Sciences, Engineering, and Medicine committee studying Drug and Alcohol Programs within the DOT invited pilots and flight attendants to confidentially share experiences, thoughts, and ideas about the HIMS and FADAP programs and state of substance use disorder and mental health within the commercial aviation sector. First, individuals were invited to take part in a Call for Perspectives online to answer some questions about their experiences with and perceptions of HIMS and FADAP (Data Source 1). Second, those individuals who indicated in the Call for Perspectives that they were willing to be contacted were approached for a qualitative interview (Data Source 2). We analyzed the data from both sources as indicated below.

Subject Population

The subject population is pilots and flight attendants responded to the Call for Perspectives. The sample was recruited via a link on the Committee page that requested volunteers. Recruitment text read, "The Study on Drug and Alcohol Programs within the USDOT is inviting pilots and flight attendants to confidentially share their experiences, thoughts, and ideas about the Human Intervention Motivational Study (HIMS) and/or Flight Attendant Drug and Alcohol Program (FADAP) programs and state of substance use disorder and mental health within the commercial aviation sector. Individuals who volunteered to offer information by clicking the link were asked questions indicated in Appendix 1.

We analyzed data from two data sources: (1) data provided by individuals who responded to the Committee page link with information about substance use/misuse within the aviation industry (N=1,181) and (2) interviews with individuals who agreed to be interviewed (N=36).

Specific questions for this study were:

1. What are interviewees' experiences with substance use?
2. What are interviewees' experiences obtaining treatment for substance use disorder, including how they initiated treatment, coordinating with their employer, re-entry to work, and aftercare/relapse management?
3. In what ways does airline industry culture impact substance use and substance use treatment?
4. What are interviewees' perspectives of the of FADAP and HIMS programs?
5. How is information about FADAP and HIMS services communicated to flight attendants and pilots?
6. What are participants' suggestions for improving the airline industry's response to substance use disorder?

Data Source 1: Responses Provided to Online Survey

The first data source is the qualitative data provided by 1,181 individuals who responded to the Committee Call for Perspectives. Several questions were open response, including Question 6, "In your experience, what are the perceptions of pilots and flight attendants about options available to support them with alcohol, drug and other health issues that they face, including both HIMS/FADAP and treatment programs outside the FAA?" Question 7, "In your experience, what barriers exist to prevent pilots and flight attendants from getting substance abuse treatment?" and Question 8, "Please use this space to tell us anything else you think the committee should know about substance use and/or misuse in the aviation industry."

Per the NAS, FADAP sent the Call for Perspectives out to their email lists and encouraged employees to attend. NAS also sent the Call for Perspectives to the Air Line Pilots Association (ALPA; the largest airline pilots' union) and HIMS; NAS is does not have any information about whether ALPA and HIMS forwarded the Call or encouraged participation.

Nearly all responses to the Call for Perspectives were Flight Attendants (>99%). The NAS re-opened the Committee Call for Perspectives for two weeks, garnering an additional two pilots. In addition, with NAS permission, we approached via email HIMS representatives from US-based airlines that were not ALPA-affiliated (N=20) to request conversations. None responded.

Data Source 2: Interviews

The second data source is individuals who agree to be interviewed. To create the sample, we reviewed the database of individuals who responded to the Committee Call for Perspectives. We created a database of eligible individuals that included only: (a) Pilots or flight attendants (per Question 1) and (b) Individuals indicated willingness to be contacted for an interview. (Question 11 answer of "yes"). Nearly all responses to the Call for Perspectives were Flight Attendants (n=1,173, >99%, with only 15 pilots). The National Academies re-opened the Committee Call for Perspectives, garnering an additional two pilots.

As indicated above, nearly all responses to the Call for Perspectives were Flight Attendants. We attempted to engage with pilots in the following ways: As indicated, the National Academies re-opened the Committee Call for Perspectives for two additional weeks, garnering an additional two pilots who agreed to be contacted, Further, with National Academies' permission, we approached the HIMS representatives from US-based airlines that

were not ALPA-affiliated (N=20) to request conversations. Ultimately only one pilot was interviewed (from a non-union airline), limiting the amount of information available in this report about HIMS programs.

After creating the database of all individuals eligible to be interviewed, we created a purposive sample to ensure individuals interviewed could provide maximum diversity in variation of these variables. We planned to seek variation in profession (pilots vs. flight attendants), gender, employment duration (Less than 5 years vs. 6-10 years vs. Over 10 years), and those who have used/not used the HIMS/FADAP programs to ensure diversity on these variables. We sent initial requests to interview to 40 purposively selected individuals. Given low response rates and time limitations, ultimately all 265 individuals who agreed in the Call for Perspectives to be contacted were invited to interview. All 265 received at least one reminder email.

Procedures

The invitation script to take part in the interview read: "As you know, a committee of the National Academies of Sciences, Engineering, and Medicine is studying Drug and Alcohol Programs within the US Department of Transportation. The committee is inviting pilots and flight attendants to confidentially share experiences, thoughts, and ideas about the Human Intervention Motivational Study (HIMS) and/or Flight Attendant Drug and Alcohol Program (FADAP) programs and state of substance use disorder and mental health within the commercial aviation sector. You indicated you might be willing to take part in an interview about your experiences. We would like to invite you to take part in a one-time, confidential interview that asks about your experiences with substance use, the HIMS or FADAP programs, and return to work."

This study was approved by the National Academies' Institutional Review Board for the Protection of Human Subjects. This study did not use a written consent form for interviews; instead, it obtained verbal consent from the participant. This is a preferred method of obtaining consent when the study procedures are of low risk to the participant and when the consent form would be the only document linking the study participant to the study data.

Invitations to take part in the study, consenting, and interviews were conducted by NAS Contractor Jennifer Wisdom, PhD MPH ABPP, a licensed clinical psychologist and board certified organizational and business consulting psychologist. All interviews were conducted by videoconferencing and were not recorded, although Dr. Wisdom took notes contemporaneously.

Interview Guide

For individuals who consented, they were interviewed per the interview guide (See Appendix 2). The interview guide included (a) demographic questions to be able to describe the sample beyond the information from the Call for Perspectives, such as age and ethnicity; (b) questions about their experience with substance use/misuse; (c) questions about their experience of the process of getting help through HIMS or FADAP, including referral, assessment, treatment, and re-entry; and (d) questions on recommendations for specifically how to improve HIMS or FADAP.

Data Analysis

Each data source was analyzed separately, with integration of results. Sociodemographic variables are described in Table 1. To analyze data, we used thematic data analysis (Saldaña, Miles & Huberman, 2020). Thematic data analysis is a qualitative evaluation method not tied to a theory and is appropriate for formative work that aims to describe themes found in data. In this study, Saldaña, Miles & Huberman's (2020) suggested stages were used, including data condensation, data display, and drawing and verifying conclusions. A codebook was developed building on the research questions, and the analyst used this codebook to identify themes and exemplar quotes to derive meanings across interviews. Results are presented by research question.

Definitions

Federal Aviation Administration (FAA). The FAA is the largest transportation agency of the U.S. government and regulates all aspects of civil aviation in the U.S. as well as over surrounding international waters. The FAA oversees air traffic management, certification of personnel and aircraft, setting standards for airports. The FAA provides funding for the Flight Attendant Drug and Alcohol Program (FADAP) and the Human Intervention Motivation Study (HIMS).

Flight Attendant Drug and Alcohol Program (FADAP). FADAP is a substance-abuse prevention program, created in 2010 and promoted for and by the flight attendant profession and funded by the FAA. The FADAP website indicates their mission is to support a culture of safety which will be able to assist flight attendants in meeting their personal and professional goals through substance-abuse awareness, combined with self and peer referrals for assistance, and the implementation of a flight-attendant-specific recovery support system.

Human Intervention Motivation Study (HIMS). HIMS began as a study funded by the National Institute for Alcohol Abuse and Alcoholism (NIAAA) in the 1970s to assess the need for a specialized alcohol recovery program for professional pilots. The FAA grants awards to the Air Line Pilots Association (ALPA; the largest airline pilots' union) for continuation of the program. As of 2010, over 4500 pilots have been successfully treated and returned to flying under close supervision, carrying a long-term success rate of nearly 90%.[1] On average, about 120 pilots per year are being identified, treated, and returned to work (Aviation Medical Services, 2003). More than 40 airlines/corporations within North America have active HIMS programs, which operate via cooperation between the FAA, the airlines.

Employee Assistance Programs (EAP). EAPs are employer- or group-supported programs to alleviate employee issues, including mental health, substance use, grief, marital/family relationship issues, and workplace interpersonal issues. Most employees use EAP service on a voluntary basis through self-referrals. EAPs aim to have restore the health and well-being of the employee which then results in higher productivity and improved organizational performance (Attridge, 2012). Airlines may have two EAP programs: One supported by the company, with licensed professionals employed or contracted to provide referrals and time-limited services, and another offered by the union, which may be staffed by peers to provide referrals and consultation.

Definitions of levels of care for substance use treatment referenced in this white paper are offered in the context of American Society of Addiction Medicine (ASAM) criteria (Walker, 2022).

Residential Substance Use Treatment. Residential services (ASAM Level 3.1) consist of a setting, such as a group home or clinical facility, where people live for the duration of the program (usually 14-45 days). Comprehensive residential drug treatment programs typically offer a comprehensive assessment, medical detoxification/medically managed withdrawal to ameliorate the side effects of ceasing some drug use, individual/family therapy, medication management, addiction education, skills-building sessions, and transition care, including referrals to local support groups. Residential care removes the individual from their usual environment with its triggers for substance use.

Intensive Outpatient Treatment (IOP). IOP services (ASAM Level 2.1) provides 9 to 20 hours per week of treatment. Individuals typically live at home and attend treatment at the facility, medical care offered 24 hours a day when needed. IOP is often considered a "step-down" service to further support individuals transitioning from residential treatment to living in the community.

Outpatient Treatment. Outpatient treatment (ASAM Level 1) consists of treatment for substance use that is less than 9 hours a week. The individual lives at home or in a supportive environment. Outpatient treatment is tailored to the individual's needs and can include group and individual counseling, family therapy, education sessions, occupational or recreational therapy, psychotherapy, family therapy, medication-assisted treatment, and other treatment services. Level 1 is appropriate for people with less severe disorders, or as a step-down from more intensive services.

Twelve-Step Programs. These programs, such as Alcoholics Anonymous or Narcotics Anonymous, are peer supported groups to help people struggling with addiction. Members complete steps to recovery, including admitting that one cannot control one's alcoholism, addiction or compulsion, recognizing a higher power that can give strength, examining past mistakes with the help of a sponsor (experienced member), making amends for these errors, learning to live a new life with a new code of behavior, and helping others who suffer from the same alcoholism, addictions, or compulsions. Many but not all residential, IOP, and outpatient programs use on twelve-step models integrated with relapse prevention and medication assisted treatment.

FINDINGS

Responses to the National Academies' Call for Perspectives numbered 1,181 (15 pilots and 1,166 flight attendants) (see Table 1 for socio-demographic characteristics). Within the request for comments, 265 indicated they would be willing to be contacted. We emailed all 265 individuals, of whom 36 completed interviews (see Appendix 3 for socio-demographic characteristics of interviewees). No-shows received an additional email requesting to reschedule.

TABLE 1. Sociodemographic Characteristics of Two Samples[1]

	Call for Perspectives (N=1,181)	Interview Sample (N=36)
Profession		

Pilot	15 (1%)	1 (3%)
Flight Attendant	1157 (99%)	35 (97%)
Other/Did not respond	9 (1%)	N/A

Length of time employed in profession

Less than 5 years	202 (17%)	5 (14%)
6-10 years	213 (18%)	4 (11%)
Over 10 years	746 (63%)	27 (75%)
Prefer not to answer	20 (2%)	N/A

Gender

Man	322 (27%)	12 (33%)
Woman	812 (69%)	24 (67%)
Non-binary/Other	5 (<1%)	N/A
Prefer not to answer	42 (3%)	N/A

Race/Ethnicity [2]

Black/African-American		3 (8%)
White		30 (83%)
Asian		0 (0%)
Latino/Hispanic		2 (6%)
Mixed		1 (3%)

Type of Airline where Currently Employed[2]

National		32 (%)
Regional		4 (11%)

Familiarity with HIMS/FADAP

1 (Not at All Familiar)	395 (33%)	5 (14%)
2	197 (17%)	3 (8%)
3	243 (21%)	3 (8%)
4	162 (14%)	6 (17%)
5 (Highly Familiar)	170 (14%)	19 (53%)
Did not answer	14 (1%)	N/A

Would use the HIMS/FADAP program

Yes, I have used the program or am currently participating in the program.	80 (7%)	12 (33%)

Yes, I would use it if I thought I had a substance use disorder (SUD).	616 (52%)	16 (44%)
No, I would not use the program even if I had a SUD.	23 (2%)	1 (3%)
No, it is not relevant to me because I do not have or have had SUD.	322 (27%)	4 (11%)
It depends.	130 (11%)	3 (8%)
Did not answer	10 (<1%)	N/A
Would recommend a peer to HIMS/FADAP		
Yes	1,078 (91%)	34 (94%)
No	84 (7%)	2 (6%)
Did not answer	19 (2%)	

[1] Some sections total to more than 100% due to rounding or participants providing multiple answers.

[2] Note these questions were not asked of the individuals who responded to the Call for Perspectives

Findings are presented in the following categories: (1) Interviewees' experiences with substance use; (2) Interviewees' experiences obtaining treatment for substance use disorder, including how they initiated treatment, coordinating with their employer, re-entry to work, and aftercare/relapse management; (3) Airline culture aspects relevant to substance use disorder; (4) Perspectives of FADAP/HIMS; (5) Communication regarding FADAP; and (6) Interviewees' suggestions for improving the airline industry's response to substance use disorder.

Note that due to only one pilot interview, perspectives on HIMS are not provided. Further, although the interviewer could not ask for interviewees' employer, many interviewees spontaneously named their employer. Although company names were not recorded, these disclosures suggested significant variability across airlines in areas indicated below.

Interviewees' Experiences with Substance Use

Twenty-six of 36 interviewees stated they had personally experienced substance use problems; the other 10 said they knew of people in the airline industry who had experienced a substance use disorder or had a relative with a substance use disorders. Nearly all individuals self-reporting and reporting about others indicated the primary substance of abuse was alcohol, though there were several gay men who reported crystal methamphetamine abuse among the subset of gay male crewmembers. Table 2 indicates substance of choice for the 25 individuals who reported substance use.

TABLE 2: Substance of Choice for Interviewees with Substance Use Histories (N=26)

Substance	N (%)[1]
Alcohol	20 (80%)
Methamphetamines	2 (8%)
Cocaine	2 (8%)

Zolpidem (Ambien)	1 (4%)
Benzodiazepines	1 (4%)
Gamma-hydroxybutyrate (GHB)	1 (4%)
Marijuana	1 (4%)

[1] Some sections total to more than 100% due to rounding or participants providing multiple answers.

Finally, 18 participants indicated they were also serving in other service roles to assist their colleagues. Three of 15 not in recovery were serving in a union role; fifteen of the 26 who indicated they are in recovery were serving on their airline's FADAP committee or in a union stewardship role. Several of the 11 individuals in recovery who were not serving on these committees indicated a desire to serve.

Experiences Obtaining Treatment for Substance Use Disorder

This section summarizes interviewees' experiences obtaining treatment for substance use disorder. Twenty-five of the 36 interviewed indicated they have personally had a substance use problem (all 25 were flight attendants). Six obtained treatment prior to FADAP's formation, six indicated they sought assistance from either company or union EAP programs, one said they obtained treatment through FADAP, and 10 said they did not use company programs, choosing instead to seek and engage in treatment through insurance, through Twelve-step groups, or by other means. Two individuals were not clear about exactly how they got to treatment (one had a spouse who arranged treatment for them, another said they didn't remember who they called).

Identifying need for treatment Most interviewees who attended treatment during their tenure as a flight attendant indicated seeking treatment voluntarily as opposed to testing positive; one flight attended tested positive and was referred to treatment. Several people reported that they or their colleagues would consider themselves to not have an alcohol problem if they could stay within the company requirements, such as not drinking 8 hours before flying, or not drinking during a shift. One Black woman flight attendant in her 40s with a national airline with no substance use history (#3) said:

> "*I don't think a lot of people realize how close to the label [of alcoholic] they are. It's kind of alcoholic behavior to feel like you have to drink every day or need a drink every day. They think, 'I don't have to drink on the plane, and I can make it to the end of the day,' but they still have a problem. Or a pilot who said he always pays for their drinks with cash so his employer can't track what time his last drink was. Maybe getting [clarification of healthy vs. problematic drinking] on people's radars can help people get to it before it can become something bigger.*

Similarly, this white male flight attendant in his 40s with an alcohol issue at a national airline (#27) said FADAP can help crew understand problem drinking.

> *"Quite often, [alcoholics'] behavior isn't normal. Normal people don't pass out in the stall in the bathroom at the airport. Normal people don't total two cars in two weeks because drinking and driving. That's an indicator something is going on with you. [FADAP or the airlines] should get those type of examples in front of the workforce and*

ask "Are you doing these things? That's not what everyone does. […] I live my recovery out loud. People need to know it can be done. We want people to understand they don't have to hide in a church basement."

Others indicated a transition moment of a particularly bad binge and realizing "I can't live like this" or having a spouse or family member provide an ultimatum to leave unless the flight attendant obtains treatment. Others indicated that when began to struggle to meet the federal regulations (e.g., no drinking 8 hours before work, not drinking during work), they knew they had a problem. For example, this white woman flight attendant in her 40s at a national airline with alcohol issues (#19) described her turning point when she knew she needed treatment:

I received treatment in my mid-20s [for alcohol use] and stayed sober on and off 6 months at a time. I always stayed involved in AA. When I got this job, I had 6 months sober. Within my first month of flying, I was back to drinking. It took about 6 years to go back to treatment. I spent 6 years flying before I got sober again. [I knew I had a problem when I realized] I had nothing grounding me in a tangible place. I had no accountability. I had a hotel room to myself every night. No one was overseeing me, so it wasn't like anyone at the office could see me and comment. It was so anonymous. I thought, 'I'll never see these people again. They don't know what happens in the hotel room. You can leave your secrets there.' I was an isolated drinker. At the beginning, before it got really bad, I would try to be social, but couldn't hide how out of control my drinking was so I was an isolated drinker.

Flight attendants reported other activities that were concerning to them related to alcohol use:
- Flight attendants or pilots who order several shots to consume immediately before the 8-hour window before their shift to maximize their alcohol consumption while remaining technically within the regulations.
- Flight attendants preparing "goodie bags" or "crew juice" (a trash bag filled with ice and alcohol) for themselves, other flight attendants, or pilots to take after the flight for the overnight.
- Crew who have been instructed to use vodka to wash their hands and to sterilize countertops.

Flight attendants, whether in recovery or not, are aware of which crewmembers are problem drinkers, and they are concerned about both safety and the health of their fellow crew members. As a white woman flight attendant in her 30s at a national airline and in recovery (#14) said:

People are flying impaired. […] This is so widespread and so much more common than anyone realizes. If I do a 3-day trip, I see someone drinking when they shouldn't be, carrying a lot of alcohol so they'll have it to drink during the trip, or eating disorder behavior at least once a day. [Working with FADAP] is one thing I can do to not feel as helpless. I see some aspect of the disease on every trip.

A white woman flight attendant in her 40s at a national airline with alcohol issues (#19) said:

The irony is that every single email from our company is that safety is first. You have an 8-hour window from last drink to work. I don't know too many people who can handle 6 or 7 drinks and then 8 hours later be completely cognizant of all their functions.

Another flight attendant, a white man in his 60s at a national airline and in recovery (#35) said, "*The culture is safety focused, but not healthy.*"

Flight attendants generally reported having at least one experience of flying with another flight attendant with a substance use problem and reporting that they knew others who needed treatment. They reported ethical dilemma about maintaining safety and reporting the flight attendant. For example, a white woman flight attendant in her 60s at a national airline without personal experience of a substance use problem (#9) said:

I haven't experienced flight attendants showing up unable to work. I have had some show up with a headache, slow, maybe vomiting in bathroom, and the rest of us pick up the slack for a bit. I think that's kind of a protective method. I have personally said, "Just sit down. I'll take care of your area." I keep it to myself and cover for others. It's a small industry, and you don't want to call someone else [report their impairment]. You'll get a reputation if they figure out you called on them. It's better and easier to turn the other cheek [and not report them], but that's enabling."

A white man flight attendant in his 30s at a national airline (#12) received treatment for marijuana-induced psychosis. He said about impairment while working:

There was a time when I was working and not quite at peak performance. It's hard to not be at 100%. Literally [our responsibilities are] doors, demos, and drinks. […] Could I do a medical or emergency evacuation? Probably not, but I could do the basics of my job.

Overall, flight attendants are aware of problem drinking among their peers and indicated ethical challenges in deciding how to approach them. Individuals interviewed who have substance use issues report attempting to stay within regulations for drinking and sometimes working while impaired.

Random drug/alcohol testing Most people interviewed said that although the possibility of random urine and breathalyzer testing "keeps people on their toes," it was not frequent enough to capture individuals who had serious alcohol issues. One person reported that at their airline, they are only tested after their shift, which they reported as "useless."

A white man flight attendant in his 50s at a national airline who has not personally been in recovery (#6) and who serves with his union's health and safety committee said:

I don't trust the random drug testing, and I don't think it's that effective as a deterrent. We probably refer 3-5 flight attendants each month out of 6,000 flight attendants to FADAP for treatment. Sometimes we don't refer any. Problems are increasing; I'm noticing a lot more amphetamine abuse and more drinking. It's troubling.

Overall, there was substantial concerns about the random testing and its effectiveness in deterring problem drinking and substance use.

Engaging in treatment For interviewees who coordinated with company services (n=7; company EAP=5, union EAP=1, FADAP=1), they universally described the services to facilitate residential treatment as smooth and easy. They stated the EAP program found them one or more treatment agencies, initiated transportation to agencies (on a different carrier than their own to maintain confidentiality), and generally completed all paperwork for leave and treatment. Flight attendants who obtained services through company services tended to go to a residential treatment center for 4-6 weeks, followed by either intensive outpatient or Twelve-Step programs. Most maintain long term Twelve-Step program involvement.

A white woman flight attendant in her 40s at a national carrier with alcohol issues (#22) described a scenario for obtaining treatment that was typical among interviewees.

> *I had been trying to quit drinking for years. A friend of mine got in trouble for drinking at work and went to treatment. We always hear about the EAP. I assumed that was through my employer and I was scared I'd get in trouble. She said "No there's [an EAP] with the union and they're great. Give them a call." I didn't even know the FADAP program was a thing until halfway through treatment. I called the union EAP, and they asked whether I want to go to treatment. I was on a plane within days and halfway through treatment when they mentioned FADAP. [...] I had made calls to my insurance company before I went to rehab. I went into it knowing my insurance covered 90% and I found out halfway through that FADAP picks up the rest. My union made me very confident that [going to substance use treatment] wouldn't affect my job.*

This scenario highlights common themes of the ease of the program (in this case, the union EAP) getting all services managed for the employee as well as the employee not finding out about FADAP until later in their recovery process. Individuals described the process of obtaining treatment through the company EAP, union EAP or FADAP as typically "hazy," meaning they were physically and mentally impaired and did not remember many details. Most interviewees said they were offered choice of treatment facilities and generally said they did not think much farther than that.

For example, a white man flight attendant in his 40s at a national airline (#21) obtained treatment for alcoholism through his company's EAP after his wife gave him an ultimatum. He said:

> *At that time, I wasn't concerned about costs or insurance coverage. I wasn't concerned about keeping my job or embarrassment. At the time, it was my eye-opening experience that I had a risk of losing my family. Other consequences due to my actions didn't matter. I knew my job would be there. At my company, as long as you're willing to get help, they don't let people go.*

Overall, those who obtained treatment with support of FADAP, company EAP, or union EAP report they did so when they were desperate. They reported the process was smooth once they called for assistance and that, in the moment, they were less concerned about costs and keeping their jobs and more concerned about surviving.

Generally, individuals completed 2-6 weeks of residential substance use treatment, possibly followed by intensive outpatient treatment, outpatient treatment, or 12-step groups.

Most interviewees reported that treatment was difficult and challenging but ultimately worthwhile and effective in helping them turn their lives in a more positive direction.

A few who attended residential treatment commented on the fit between them and other clients at the facility. For example, a white man flight attendant in his 40s from a national airline who attended a residential program for alcohol use (#24), said, "*In treatment, I was around a bunch of 20-somethings with heroin use issues.*" He said he felt like he didn't fit in with the other residents, but he was able to still be successful in treatment.

Re-entry to work Individuals reported variability on re-entry to work. Some went directly back to work following residential treatment; others remained on medical leave for several months after residential treatment to obtain additional treatment from intensive outpatient treatment, outpatient treatment, or 12-step groups.

Re-entry to work was reported as challenging because of needing to re-adjust to a work schedule, being unsure how to approach their absence with co-workers, and being involved in serving alcohol and the airline culture. Interviewees reported that contact with FADAP or their EAP was generally voluntary and available upon the employee requesting assistance; most interviewees said they "didn't need handholding" or otherwise did not use these services upon return to work, instead relying on twelve-step sponsors or family to support them.

A white woman flight attendant in her 40s on a regional airline with Ambien abuse (#15) stated that it's helpful to have as much treatment as possible before re-entry to work.

> *You have to go back to work knowing you'll make better choices. You're surrounded by alcohol [at work], especially working in first class. You pop open the spicy tomato juice and start pouring the vodka, and you're thinking the sounds of popping it open and it smells really good. I know people struggle with that.*

A Hispanic woman flight attendant in her 50s at a national airline with alcohol issues (#31) stated:

> *I was in treatment for 36 days and I returned to work within 2-3 weeks. I don't suggest that. Outpatient treatment would have been handy, but I just went to AA meetings. […] No one in my work knew [I was in substance use treatment]. No one asked me anything. No one checked on me. I just slid back in. I turned in the doctor's note and nobody noticed or said anything. The bumps were not in returning to work but being at hotels at night where you knew you had drunk before. It was just being in that room by yourself and wanting help. I wanted to go down to the bar so bad. At that point I figured out how to have AM and PM sponsors. I worked different shifts, so my sponsors agreed I needed two to cover the full shift.*

Others indicated the most challenging part was interacting with other crewmembers who wanted to have drinks after flights. One white male flight attendant in his 40s at a national airline with alcohol issues (#27) said:

> *Usually I say "Hi, I'm [name]. I'm newly sober." If I told you I was newly sober, then I wouldn't drink in front of you. And people wouldn't pressure me to drink. But that's hard for many people to do.*

Another white woman flight attendant in her 40s at a national airline who is a recovering alcoholic (#19) said:

It's bizarre to come back to work after treatment. You're so full of shame. You feel like everyone knows. It's like junior high. Gossip is a big thing. Unfortunately, when someone hits rock bottom, everyone talks. You're self-conscious, you don't know what to say to people, and you think everyone's looking at what you're drinking at the table. People ask, "Why are you drinking water? Order her a shot!" There's a lot of pressure to drink. At the beginning, you're not in a place to say, "I can't," and you end up just nodding your head and hoping people don't notice you're not drinking.

Overall, flight attendants reported the re-entry process was difficult and often one they navigated alone. Challenges include triggers for drinking (e.g., hotel bars), being unsure how to explain absences to co-workers, and managing peer pressure from other crewmembers to drink.

Aftercare/relapse management Most individuals indicated they continued to engage in twelve-step programs after their initial treatment episode and did not have additional relapses. Many indicated they continue to serve on EAP or FADAP committees as a part of their recovery to give back to others.

For individuals who relapsed, they indicated knowing better how to resolve the issues. For example, a white woman flight attendant in her 40s at a national carrier with alcohol issues (#22) reported the following:

I had been sober for five years, and then after [a major medical issue] during the beginning of the pandemic, I made a decision to start drinking when the world started falling apart. I drank for about 9 months and quit again. It was harder than I remembered to quit. I did some online meetings. I'm not a meetings or AA person, but a friend recommended 30 [meetings] in 30 [days]. I just sat and watched it like a seminar. I'd go to meetings all over the world. I'd put on a meeting every day and listened. That was the kick in the ass and switch where I just thought, "I'm done," and I stopped. Sheer willpower is how I quit the last time.

Overall, most individuals reported continuing in IOP, outpatient, or Twelve Step groups after discharge from residential treatment. Few indicated struggles with relapse. Several indicated service in FADAP was part of their recovery.

Airline Culture Aspects Relevant to Substance Use Disorder

Flight attendants provided examples of the culture of working within airlines that make it easier to begin abusing alcohol and to continue using without consequences. Typical flight attendant schedules create challenges to having healthy sleep, eating, and exercise patterns, and sometimes substance use is a way to cope. Several flight attendants suggested that schedules have become more difficult in the past several years. A white woman flight attendant in her 40s at a national carrier with alcohol issues (#22) reported:

Our scheduling is inhumane. The trips are falling to junior people. One redeye is hard enough. Trip schedules are unhealthy and unsafe. And cruel. I don't have to work them because I'm senior enough to get out of them. When you're walking around feeling like a zombie, why wouldn't you drink too much. You drink just to fall asleep.

A white woman flight attendant in her 40s on a regional airline with Ambien abuse (#15) said:

I have a lot of stress from the job. We're so disconnected from our families. For me, I pack a bag and leave for 4 days. I can't just go home and take care of a few things. I feel helpless that I can't help family members who are having trouble. That builds up. There's just no mental break to just have your physical and mental down time.

The same flight attendant also discussed how the airline culture "facilitates" alcohol use.

It is the culture that facilitates alcohol use. We have access to alcohol on plane. People take alcohol off the plane. The stressors, and if the rest of the crew is going out, it's easy, and if the pilot's paying, you say, "Heck yeah, I'll go for a drink." Then you feel better, and people are buying drinks. It's accessible and so easy. [...] Substance wise, with the sleep aids and the anxiety medications it's like if you're not taking it, how are you coping? We all talk about it. We know who takes it and who doesn't. Sometimes people take [brand name sleep aid] – 4 at night – to settle their body and get some kind of rest.

Another flight attendant, white woman flight attendant in her 60s from a national airline without personal experience of a substance use problem (#9), said:

I have nothing against a social drink. At the end of a trip, everyone meets in the bar and drinks a little too much. It's the party atmosphere at the end of a long day. That's a release. The problem isn't the party atmosphere, it's the ones who go to their rooms at night alone and pound down some minis (miniature bottles of alcohol) and some more drinking to band-aid their day, their pain, their emotions.

Interviewees report the job is lonely and flight attendants are away from home for long periods of time. Several flight attendants suggested that the airlines/EAPs emphasize the importance of and activities to facilitate interpersonal connections, mental health, and family support (when applicable), especially for younger or more junior flight attendants.

A white woman flight attendant in her 50s at a national carrier without personal experience of a substance use issue (#7) said:

This industry breeds addicts." When I first started, I was like, "Wow." If you don't take care of yourself emotionally and physically, you could go off the deep end. You are alone a lot. You have to have tools to cope. If you don't, it's a slippery slope. If you're coming from using, it's tougher. [You're] alone, traveling, away from support system, around people you don't know because you're not working with the same people frequently [...] It's a very party atmosphere. It's a fun job. The alcohol and partying comes with it. Going to places you've never been, and no one knows you there. You can reinvent yourself every day. You're not accountable. You can go out and party.

Others discuss the role of peer pressure in drinking on layovers and after shifts, and the potential benefit of training on alcohol refusal skills and acceptance of others' choices to not drink. For example, this white woman flight attendant in her 30s at a national carrier who reported no personal substance use history (#2) said:

The biggest issue is changing the culture. It feels insurmountable. It's giving other flight attendants the resources and the ability to honor someone saying, "I don't want to drink tonight." And being okay with that and not trying to bully people into drinking.

Others indicate that the culture of having a drink together can also be positive. A white woman white flight attendant in her 30s at a national airline with substance use issues (#14) said,

I'd like the culture to change, but I don't know how. A lot of it is camaraderie and is legitimate. I'll go downstairs with crews and eat dinner and have sparkling water. I know how to handle [refusing alcohol] now but I didn't before. The new hires want to be part of the crew and blow off steam. Maybe more fitness oriented off-time lifestyle would help. That's not as much fun as drinking.

Interviewees reported how employers may indirectly or unintentionally facilitate alcohol use, such as by having an open bar at company events or having extensive discounts on alcoholic drinks but not food at participating hotels.

Several interviewees said that safe and healthy drinking is consistent with companies' approach to safety as a priority. For example, one white woman flight attendant in her 50s at a national airline who obtained treatment for alcoholism (#32) said:

Education on how to manage self-care, depression, loneliness and being away from family is not provided. As far as the industry as a whole, it needs to be brought to the attention of management that the happiness and well-being of their crew reflects on how well we do our job. When we're mentally and physically well, it also reduces call out times.

Flight attendants reported various aspects of airline culture that were inconsistent with healthy lifestyles, such as inconsistent schedules, difficulty sleeping, difficulty finding healthy foods, separate from family and other supports, airline drinking culture, loneliness, and lack of personal accountability. They reported that substance use could develop in response to these challenges.

Perspectives of FADAP/HIMS

Respondents who completed the Call for Perspectives identified barriers to accessing FADAP. Table 3 below provides the frequency distribution of these barriers with examples. Note these responses were not separated by pilots and flight attendants because of the low number of pilot responses. Of 1,181 individuals who responded to the Call for Perspectives, 853 provided one or more answers; after deleting answers such as "I don't know" or "N/A," 772 individuals provided an average of 1.09 answers to this question (range 0 to 5 answers per individual).

TABLE 3: Call for Perspectives Responses regarding Perceptions of FADAP/HIMS

Response	Frequency	Examples
Fear of losing job/retaliation	203	"Allowing people to suffer with alcoholism and turning a blind eye because of [airline's] policy of firing them if caught (versus the policies of many other airlines who offer a second chance with treatment) only makes our operation LESS safe by allowing people to continue flying when they shouldn't because of the culture of being afraid of turning them in." "A fear of being targeted, being retaliated against."
Denial	166	"They either believe it's not an issue for them (denial) or they believe they can handle it on their own." "Admitting there's a problem when their behavior isn't that different from coworkers"
Embarrassment, Shame, Judgment, Fear of Gossip	117	"Fear of being left out after work or on overnights." "Fear of coworker gossip" "A fear of everyone knowing their business."
Stigma	82	"Being marked as a drunk/junkie." "Fear of negative stigma associated with the need for a rehab program."
Confidentiality; Fear company/peers will find out	78	"Company knowledge can lead to invasive situations." "I think the biggest is worrying about the perception of flying partners if they found out." "Afraid of mockery from peers."
Financial concerns (insurance, cost of treatment, lost wages during treatment)	54	"A big issue is lack of insurance or weak insurance benefits also affect the level of care they can receive." "Concerns about managing financial responsibilities while in treatment."
Lack of information (about FADAP/HIMS, about substance use treatment in general)	43	"Lack of awareness, education and support from the Company, FAA, FADAP, & HIMS." "Knowledge that the program exists, understanding that they can self-report and then get one more chance." "Not understanding the process."
Afraid they'll get in trouble at work	34	"Being targeted by company supervisors and finding ways for supervisors to fire you. Company not being supportive of an employee in need of help."
Time commitments	27	"I think we have the idea that we'd have to take off work for a month." "Flight schedule or being afraid people will notice they have been pulled and don't want rumors going around."

		"Lack of time due to schedule. It's hard to plan and fear of the company being alarmed"
Don't want help/don't want to quit	20	"People (and addicts) have little motivation to seek help as they need to "decompress" after stressful trips and long hours."
		"The job drives us to drink as we don't have easy or cheap access to proper mental health facilities. Therefore, drinking is the only thing to calm us down and support us."
Family obligations/ childcare	20	"Taking time off from family and responsibilities."
No barriers	26	

Interviewees reported that FADAP assists with providing a consultation or support to flight attendants who have questions about their drinking or substance use; advise on approaches to obtaining treatment that are least likely to result in disciplinary action or termination (e.g., use FADAP or the union EAP instead of the company EAP); facilitate enrollment in and transportation to residential treatment; communicate with appropriate parties at the company to facilitate medical leave; facilitate enrollment in aftercare such as IOP or outpatient services; and provide a buddy to fly with upon return to work. All services are voluntary and must be requested by the flight attendant; some services (e.g., aftercare and buddy program) may not be offered or provided consistently across airlines. One white woman flight attendant in her 30s in recovery (#14) who also works with FADAP described what she does:

We say when we answer the hotline, "I'm a working flight attendant. I'm also in recovery." They'll usually repeat it back and ask, "So you're not going to tell anyone?" They are understandably concerned about that. At my airline, if a crew member sees an impaired crew member, they call us at FADAP, and we call them right away. Our advice is to call off sick immediately, get off the plane, get away from the airport, and get a hotel so they can get healthy. Then we can talk to them once they're feeling better about recovery. Usually we say, "You can call out sick right now and go to hotel, or I'm going to have to call because it's not safe for you to fly." Obviously, there are safety concerns. It's a horrible place [for a flight attendant] to be in. That's why [FADAP is] there as a middleman.

A white woman flight attendant in her 60s at a national airline who reported no personal substance use issues (#10) and who is a regional EAP chair said,

At my [national] airline, we have three pathways for a flight attendant to get help. Pathway 1: Self disclosure or the employee can go to the company or to FADAP. There's no retaliation, just "Let's get you the help you need." The company pays 100% of treatment, and the employee retains their job.
Pathway 2: There's a job performance issue. Treatment is still covered 100%, and if there is any disciplinary action, it will happen after treatment has been completed, and the employee retains their job.

Pathway 3: This is a Department of Transportation violation, and this is the worst pathway. Per our contract, the employment is terminated. The employee gets to keep their insurance so insurance covers treatment at whatever the insurance benefits pay.

Note these same options (e.g., for payment of treatment, job retention) are not available for all flight attendants at all airlines.

A white man flight attendant in his 40s who works for a national airline and who stopped drinking without going through treatment or twelve-step programs (#17) reported he was told that AA participation was a requirement to join FADAP. He said:

Considering non-twelve-step sober members may be beneficial to those like me, who at the time of my sobriety, shied away from religion, god, or higher powers. A program that has something for everyone may help more people. Our goal should be helping alcoholics wishing to become sober through any means, not just one single way.

One individual said that even though the company supported her medical leave for substance use treatment, most people trust the union more than the company because the union is comprised of other flight attendants.

A white man flight attendant in his 50s at a regional airline who became sober from alcohol prior to his employment as a flight attendant (#33) works with his airline's FADAP program, which is not confidential. He said:

Human Resources or managers are in the FADAP meetings and flight attendants obtaining substance use treatment are reported to a vice president. [When flight attendants call me as a FADAP volunteer,] I suggest they just take a leave of absence but don't say alcohol treatment. I cut the company out of the loop and encourage them to get help on their own. If they want to go through FADAP [officially] to get treatment, I have to let them know that it's supposed to be confidential, but I tell them it's not. I run an honest program.

Interviewees who worked with FADAP indicated that they received calls both from individuals who were self-referring and from some people who were identified in their workplace, such as drinking within the company mandated no-drinking window, testing positive, observed drinking on the flight, showed up for work drunk, or landed drunk and couldn't go through customs.

One white woman flight attendant in her 40s from a national airline (#25) who obtained treatment for alcohol use through her airline said her airline provides $9,000 toward treatment, but she had difficulty finding a facility that charged less than $27,000. She said:

At my airline, I have seen that even if people self-refer, they will be let go without benefits and without pay. The union has to fight for their job back so they can at least get treatment. I'm fighting [through my work with FADAP] to at least send them to treatment.

Several flight attendants indicated their airline's "zero tolerance" policy indicating flight attendants will be fired if they disclose substance use or test positive, which is a more restrictive

policy than the FAA's "one strike" regulation that allows more leeway) creates paranoia and reduces voluntary reporting. Although this report did not ask for the name of respondents' airlines, there was considerable variance across airlines as reported by respondents.

A white woman flight attendant in her 50s at a national airline who was referred by her union EAP to recovery from alcohol and methamphetamines and who now serves on her union EAP committee (#30), had an opportunity to speak to a senior manager after receiving praise from a passenger. She used the opportunity to discuss FADAP. She said:

I told him I'm a DOT test positive, 10 years sober. I've been able to help hundreds of flight attendants because FADAP gave me a second chance. I told him it's good to reinvest in your employees. I'm a success story. I can tell my flying partners: if I can't inspire you, let me be a cautionary tale. Not everyone gets a second chance.

Overall, interviewees were very positive about FADAP services and FADAP processes to assist crewmembers with substance use in finding treatment and supporting recovery. They indicated some concern about the intersection between what FADAP could do to assist crewmembers compared to company rules (e.g., confidentiality, one strike rule, funding limits on treatment).

Communication Regarding FADAP

There was wide variability across interviewees and airlines on whether there was enough communication about FADAP. Some of the best practices reported by interviewees were:
- FADAP included at initial flight attendant training
- FADAP handbook and/or brochures in all crew breakrooms, sleeping quarters, and union board
- Annual and quarterly company-based trainings including computer-based training that include FADAP
- Company-provided electronic device that include names of all FADAP program mentors and cell numbers so crew can call directly and reach a mentor.

Several interviewees discussed a desire for FADAP and EAPs to discuss FADAP and alcohol use within the context of safety and healthy lifestyles. A Latina woman flight attendant in her 40s at a national airline in recovery from alcohol abuse (#16) said,

A lot of people show up to work and are still paying their bills, but don't have healthy relationships, and are drunk every night and feel crappy all the time. How do you put that on a wall? ... People are willing to be very miserable for a very long time.

Overall, there was considerable variability across airlines related to how well communication was distributed about FADAP. There was interest in FADAP addressing alcohol use in the context of a healthy lifestyle as opposed to only with regard to regulations for safe aviation services.

Interviewees' Suggestions for Improving the Airline Industry's Response to Substance Use Disorder

Interviewees provided substantial suggestions for how the airlines generally and FADAP in particular can improve responses to substance use disorder.

Improving FADAP

The primary set of recommendations were regarding how to improve the FADAP program itself. Individuals generally praised FADAP and appreciated its benefit of having a peer-led program for consultation and treatment seeking. Across interviewees/airlines however, there was wide variability in FADAP program implementation. They also made the following suggestions:

- Airlines should describe the FADAP and EAP programs at employee orientation, both first day and last day of training, with a FADAP member speaker to emphasize the personal nature of the FADAP service. FADAP should also be referenced and supported during other annual required training.
- Airlines/FADAP can ensure FADAP materials are distributed widely, including in crew housing, break rooms, via email, and via union/airline employee social media. Physical materials such as brochures or flyers were deemed helpful so people can take it with them and review it later privately. Interviewees repeatedly emphasized that most people need to hear the same information about recovery and resources over and over until they get help.
- The services, confidentiality practices, and policies of various programs (FADAP, Union EAP, Company EAP), as well as which options may have disciplinary responses, should be clarified for all employees. The need for information to be repeated across various forms (read-before-fly documents, emails, quarterly/annual training) was emphasized, especially when airlines merge and rules change. There is also a need to correct misinformation, such as FADAP does not welcome people who are not involved in twelve-step programs, or FADAP requires IOP attendance.
- There are specific activities recommended for FADAP that would be helpful. Encouraging supervisors to call FADAP about employee concerns, so FADAP that can contact employees to offer assistance can be helpful. In addition, FADAP programs can strengthen their after-care program including suggesting IOP and continuing care, tracking, and following up on individuals who attend residential treatment, and having regular check-ins with individuals in recovery. FADAP or the company could potentially provide programs more geared toward sobriety, like city walking tours or gym options. Finally, FADAP programs could facilitate connection between people in recovery in their company (with their permission).
- Several flight attendants indicated the importance of having a senior "champion" of the FADAP program at the company, such as a VP or senior manager. Regardless of whether the champion was in recovery themselves, having such a person demonstrate support, attend the FADAP conference, and communicate with the FADAP committee was enormously helpful to the committee and all individuals in recovery feeling valued.
- Airlines/FADAP providing financial support in the form of paying deductibles and co-pays is greatly appreciated and demonstrates the commitment to the employees. It also, according to the interviewees, indicates an understanding of substance use as on par with a physical problem, which facilitates treatment entry and perceived company support of the individuals.
- Airlines and FADAP should clarify who may wear "Wings of Sobriety" and/or FADAP pins. Airlines should allow and encourage flight attendants to wear these pins on their uniforms, aprons, or sweaters, since they serve as conversation starters and support for others who may be struggling with substance use.

- Airlines may consider conducting an anonymous survey to help flight attendants and pilots understand problem drinking. A survey such as the flight-attendant specific survey by Tueller and colleagues, 2018, could provide individual and anonymous feedback about what is considered problematic behavior. Sharing the aggregated and de-identified survey results with employees could help clarify the extent of the problems.
- Airlines should engage in bystander training to help flight attendants (a) approach other crew members whom they suspect have been drinking/using substances, (b) support crew members who choose not to drink after work from peer pressure or bullying to drink. Several interviewees suggested there should be clearer processes for a flight attendant who feels uncomfortable with another crew member to anonymously call for that individual to be drug/alcohol tested.
- Several flight attendants indicated the "zero tolerance" policy (which is more restrictive than the FAA's "one strike" policy that allows more leeway) creates paranoia and reduces voluntary reporting. Strong suggestion for a one strike policy that allows for recovery and success stories.
- Emphasizing healthy drinking as part of airlines' commitment to safety was suggested. For example, airlines could negotiate food discounts instead of or in addition to drink discounts at hotels or emphasizing healthy lifestyles as a part of safety. For example, a white male flight attendant in his 60s from a national airline and in recovery from alcohol (#35) said,

     It will take an accident or incident to change airline culture to a health-positive, safety-positive culture. If someone has a drinking problem, you can't snitch, or everyone will avoid you. But if there's an incident, the company says, "If you knew, why didn't anyone say anything?" It's heartbreaking. There are some amazing people that happen to have addiction problems. I just wish we could get to that place where we say "We can't take the risk. If you see something, say something." That's the culture that has to come forth for this to get any better.

- FADAP can consider focusing more broadly on affected family members in order to facilitate a more positive home environment for the flight attendant to return to following treatment. For example, FADAP could reach out to family members with the crewmember's permission to discuss Al-Anon, Codependency Anonymous, or other ways to obtain help during the crewmember's treatment and facilitate crewmembers' recovery.
- Several interviewees suggested more integration of airline programs designed to help employees. Specifically, they suggested more integration between FADAP and HIMS, between union and company EAPs, and between EAPs and FADAP.
-

Improving Airline Culture

Interviewees provided another set of suggestions about how airline *culture* could be modified slightly to discourage irresponsible substance use.
- Several interviewees suggested the FAA and airlines should change their perspective on substance use to conceptualize it as a health problem present among some of their employees. For example, a white woman flight attendant in her 60s from a national airline who has not personally experienced substance use (#10) said:

     Statistically by [an airline] having x number of employees, we have y number with addiction problems. If we're really saying safety is our top priority, part of that is talking

about addiction and addiction support. [...] Airlines need to acknowledge that statistically there is a percentage of employees who have this problem, they need help, and the help needs to be nonpunitive.

- Several interviewees suggested that the FAA change the guideline for not drinking before a shift from 8 hours to 12 hours for all flight attendants and pilots. Similarly, there were multiple suggestions of more rigorous testing of crew before, during, and after flights. Many interviewees said the current testing rubrics are not sufficient. More frequent cabin inspectors who have been trained to identify substance use/inebriation would also be helpful.

- Multiple flight attendants suggested a review of airline culture to assess the extent to which social engagements and other practices may be supporting heavy drinking and/or making it challenging for employees in recovery to participate. Examples include encouragement from instructors or other senior staff to drink heavily and open bars at company events at which drinking heavily is expected.

- A flight attendant described check-rides, during which a flight service manager or supervisor would ride with the flight attendant to review their performance. He said that check-rides should be mandated to at least two/year, to be conducted by the airlines, not necessarily a direct supervisor.

CONCLUSIONS

This qualitative study paper aimed to understand (a) the perspectives of pilots and flight attendants with knowledge of HIMS and/or FADAP programs and (b) recommendations from pilots and flight attendants to improve the programs and facilitate their return to work. Minimal pilot involvement limited impact of this study to primarily flight attendants and FADAP.

Respondents indicated support for the HIMS/FADAP programs and the need for programs to address crewmember substance use. They also indicated concerns about utilizing the HIMS/FADAP program regarding fear of losing their job, lack of knowledge about the programs, denial of a substance use problem, embarrassment, stigma, confidentiality, and financial concerns. Flight attendants indicated use of FADAP or EAPs provided a generally streamlined process for engagement in treatment and recovery. They also indicated significant challenges in airline culture that contribute to substance use, including a culture that supports alcohol use and overuse, difficulty maintaining sleep and healthy eating, and loneliness. Flight attendants indicated wide variability across airlines in how well communication about FADAP services was delivered.

Respondents provided suggestions in two areas: improvements of the FADAP program and in changing airline culture to reduce the emphasis on drinking and to increase support for those employees in recovery from substance use. A summary of suggestions provided are:

- Increase communication about and integration of FADAP, HIMS and company/union EAP programs throughout training and employment including describing services available, confidentiality practices, and repercussions of contacting these programs with substance use issues.

- FADAP could strengthen its aftercare program and provide more programs geared to support individuals in recovery.

- Company "champions" can support FADAP and HIMS programs, and recovery from substance use in general as a health issue that affects employees.

- Airlines may consider anonymous surveys about problem drinking for crewmembers to assess their own situation and bystander training to help reduce peer pressure to drink toward other crewmembers.
- Airlines with "zero tolerance" policies for substance use could consider the FAA-allowed "one strike" policy that allows for recovery and success stories.
- Emphasizing healthy drinking in practice and by example as part of airlines' commitment to safety was suggested.
- Several interviewees suggested that the FAA change the guideline prohibiting drinking before a shift from 8 hours to 12 hours for all flight attendants and pilots and enact more rigorous drug/alcohol testing protocols and requirements.

Substantial guidance exists to provide guidance for the content and implementation strategies of changes to policy, practice, and culture in aviation to improve their response to crewmembers' substance use issues (Morrow & Coplen, 2017; Reason, 1997; Reason, 1998; Naevestad and colleagues, 2018). Significant components of interventions include: leadership commitment, open and effective communication, employee responsibility, creation of a fair and just culture, regulatory support for the changes, continuous learning, clear nonpunitive reporting systems, mutual trust, and training supports.

This paper had several limitations. First, few pilots completed the Call for Perspectives or the interviews, so the report necessarily focuses on flight attendants and the FADAP program. Our interview sample size of 35 flight attendants was limited in capturing a wide breadth of experiences and perspectives from among 96,000 U.S. based flight attendants (U.S. Bureau of Labor Statistics, 2021). Finally, we did not inquire or record airline-specific information, so gaps remain about airlines' significant variability in approaches and implementation of programs related to substance abuse.

Ultimately, interviewees indicated that the airline culture has improved over time and that they are hopeful about the acceptability of crewmembers in recovery. Many interviewees stated they appreciated that the FAA was attending to this important issue and looked forward to changes that would improve safety, reduce ethical challenges about turning in other crewmembers, and make the airlines a more comfortable work environment for people in recovery. As one Black male flight attendant in his 50s from a national airline with no personal experience with substance use (#11) said, "The FAA can help all the airlines work together to make FADAP a well-known program and to make it better. Alcoholism is a disease that's affecting everybody directly or indirectly."

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APPENDIX 1:
Call for Perspectives - Study on Drug and Alcohol Programs within the USDOT

https://www.nationalacademies.org/our-work/study-and-recommendations-on-the-hims-fadap-and-other-drug-and-alcohol-programs-within-the-usdot

The National Academies of Sciences, Engineering, and Medicine's Study on Drug and Alcohol Programs within the USDOT is inviting pilots and flight attendants to **confidentially** share their experiences, thoughts, and ideas about the Human Intervention Motivational Study (HIMS) and/or Flight Attendant Drug and Alcohol Program (FADAP) programs and state of substance use disorder* and mental health within the commercial aviation sector. The study's supervisory committee is very interested in getting firsthand accounts of HIMS and FADAP to better understand the realities of each program, with the intention of writing a final report that provides more actionable and useful recommendations. Given the focus of this report, please answer only if you are a current or former commercial pilot or flight attendant.

For more information about this study, see the project website.

NOTE: In order to share your submission with the study committee, the National Academies is required to include this material in a public access file. These submissions will be made available to the public upon request and may be quoted in the final report. **Your name, email address, and other identifying information will not be made publicly available or retained by the National Academies unless you specifically choose to participate further.** Any related metadata and geolocation information (ex. IP addresses) will not be collected or stored by the National Academies upon submission. Additionally, the call for perspectives asks for a few brief statements. Please be aware that providing details about yourself could make you more identifiable, at least to people who know you. **Unless you are comfortable having your identity linked to your answers, please avoid providing details such as names, dates, and places.** Unless otherwise noted, you are free to skip any questions you do not feel comfortable answering.

*Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

1. What is your profession? ***This question is required.**
   - Pilot
   - Flight Attendant
   - Other
   - Prefer not to answer

2. Thinking only about Flight Attendant Drug and Alcohol Program (FADAP) if you are a flight attendant, and thinking only about the Human Intervention Motivational Study (HIMS) if you are a pilot, how familiar are you with that program?

      1 - Not at all   2   3   4   5 - Highly Familiar

3. Would you use the HIMS/FADAP program?
- Yes, I have used the program or am currently participating in the program.
- Yes, I would use it if I thought I had a substance use disorder (SUD).
- No, I would not use the program even if I had a SUD.
- No, it is not relevant to me because I do not have or have had SUD.
- It depends.

4. Have you sought substance abuse treatment outside of HIMS/FADAP? Select all that apply.
- Yes, I have used a non-HIMS/FADAP program while employed as a pilot/flight attendant.
- Yes, I have used a non-HIMS/FADAP program while not employed as a pilot/flight attendant.
- Yes, I would use a non-HIMS/FADAP program if I thought I had a substance use disorder (SUD).
- No, I have or have had a SUD and would not use a non-HIMS/FADAP program.
- No, I would not use a non-HIMS/FADAP program even if I had a SUD.
- It depends.

5. Would you recommend a peer to the HIMS/FADAP program?
- Yes
- No

6. In your experience, what are the perceptions of pilots and flight attendants about options available to support them with alcohol, drug and other health issues that they face, including both HIMS/FADAP and treatment programs outside the FAA?

7. In your experience, what barriers exist to prevent pilots and flight attendants from getting substance abuse treatment?

8. Please use this space to tell us anything else you think the committee should know about substance use and/or misuse in the aviation industry.

9. How long have you been employed as a flight attendant/pilot? **This question is required.**
- Less than 5 years
- 6-10 years
- Over 10 years
- Prefer not to answer

10. How do you identify? **This question is required.**
- Man
- Woman
- Non-binary
- Other
- Prefer not to answer

11. The committee appreciates the sensitive nature of your submission and will keep your information anonymous unless you specifically indicate otherwise here. Would you be willing to be contacted about potentially participating further? Examples of options that could be tailored to

your level of comfort include: answering additional anonymous questions, interviews with the committee, and participating at future public workshops.

- Yes
- No

APPENDIX 2.
Study and Recommendations on the HIMS, FADAP, and any other Drug and Alcohol Programs
within the DOT Interview Guide

Thank you for participating in this interview. As you know, a committee of the National
Academies of Sciences, Engineering, and Medicine is studying Drug and Alcohol Programs
within the US Department of Transportation. The committee is inviting pilots and flight
attendants to confidentially share experiences, thoughts, and ideas about the Human Intervention
Motivational Study (HIMS) and/or Flight Attendant Drug and Alcohol Program (FADAP)
programs and state of substance use disorder and mental health within the commercial aviation
sector. The interview is part of a larger program to review the Human Intervention Motivation
Study (HIMS) program and the Flight Attendant Drug and Alcohol Program (FADAP); explore
best policies and practices, including best practices for prevention; and consider programs to
implement or existing programs to change that could best assist employees to get treatment and
return to work.

This is a one-time interview that asks about your experiences with substance use, the HIMS or
FADAP programs, and return to work. Your responses will remain confidential; your name,
employer, or any other identifying information will not be shared with the Committee or with
anyone else. If there are questions you do not want to answer, you can skip questions or stop the
interview at any time. This interview should take about an hour. It will not be recorded, but I will
be taking notes.

A summary of these notes will be made available to the public upon request and may be quoted
in either the final report or a white paper appended to the final report. No direct quotes will be
attributed to you by name, and every interviewee will be informed of the report's publication and
send an electronic copy. **Your name, email address, and other identifying information will
not be made publicly available or retained by the National Academies unless you
specifically choose to participate further. All notes and information from these interviews
will be destroyed six months after publication.**

Do you have any questions for me before we get started?

Okay, let's get started.

1. First, a few questions about you:
    a. Gender
    b. Age
    c. Ethnicity
    d. Job Title
    e. National Airline/Regional Airline/Other

2. The next questions are about your experience with substance use. Have you had a substance
   use or alcohol issue?
    a. What substance(s)?
    b. Tell me how the substance use problem started.

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    c.   When did you know you had a problem?

    d.   Tell me about your concerns coming forward to get help (costs, awareness of program, shame, confidentiality?)

    e.   How was it determined that you needed to get help? (Did you self-identify or did someone recommend you get help?)

3. Could you tell me about your experience of the process of getting help through HIMS or FADAP?

    a.   Assessment

    b.   What was treatment like for you?

    c.   Could you tell me about re-entry to your job?

       i.   Were there administrative delays in recertification?

    d.   Could you tell me about how you made progress or experienced relapse? How was that managed with HIMS/FADAP or your employer?

4. What happened after treatment?

    a.   Follow up treatment through Pilots AfterCare Group, Birds of a Feather Alcoholics Anonymous, etc.

    b.   Follow up monitoring through Abstinence Monitoring Program?

    c.   How are you now?

5. We're interested in how to make this process better. I'm going to ask about each stage of this process.

    a.   When you think of the process of *identifying* your substance use problem and getting *started in treatment*, what could be done differently to help people identify earlier that they have a problem? Are there ways the airlines or FAA can better promote or communicate about the HIMS/FADAP programs?

    b.   When you consider how you were *initially enrolled* in the HIMS/FADAP program, how could that process be improved?

    c.   How could HIMS/FADAP be improved *during treatment*?

    d.   How could HIMS/FADAP be improved in the *re-entry stage*?

6. Is there anything else you would like to share about how to make HIMS/FADAP better?

Thank you so much for your time.

APPENDIX 3.
Sociodemographic Characteristics of Interview Sample

ID	Profession	How familiar are you with FADAP/HIMS program?	How long have you been employed as a flight attendant/pilot?	Gender	Age	Ethnicity	National or Regional	Other role with FADAP/HIMS or Union	Personally experienced SUD	Substance
1	Pilot	2	Less than 5 years	Man	20s	White	regional		no	
2	FA	3	6-10 years	Woman	30s	White	national		no	
3	FA	3	Over 10 years	Woman	40s	Black	national		no	
4	FA	5	Over 10 years	Woman	40s	White	national		no	
5	FA	4	Over 10 years	Woman	50s	White	national		no	
6	FA	5	Over 10 years	Man	50s	White	national	Union	no	
7	FA	4	Over 10 years	Woman	50s	White	national		no	
8	FA	2	Over 10 years	Woman	60s	White	national		no	
9	FA	1	6-10 years	Woman	60s	White	national		no	
10	FA	5	Over 10 years	Woman	60s	White	national	Union	no	
11	FA	5	Over 10 years	Man	60s	Black	national	Union	no	
12	FA	2	Less than 5 years	Man	30s	White	national		yes	marijuana
13	FA	5	6-10 years	Man	30s	Mixed	national		yes	crystal meth
14	FA	5	Over 10 years	Woman	30s	White	national	FADAP	yes	GHB, benzos
15	FA	1	Over 10 years	Woman	40s	White	regional	Union	yes	ambien
16	FA	5	Over 10 years	Woman	40s	Latina	national		yes	alcohol
17	FA	5	Over 10 years	Man	40s	White	national		yes	alcohol
18	FA	5	Over 10 years	Woman	40s	White	national	FADAP	yes	alcohol
19	FA	5	Over 10 years	Woman	40s	White	national	FADAP	yes	alcohol
20	FA	1	Less than 5 years	Woman	40s	White	national	FADAP	yes	alcohol
21	FA	1	Over 10 years	Man	40s	White	national		yes	alcohol
22	FA	4	Over 10 years	Woman	40s	White	national		yes	alcohol
23	FA	4	6-10 years	Woman	40s	White	national	FADAP	yes	alcohol
24	FA	5	Over 10 years	Man	40s	White	national	FADAP	yes	alcohol
25	FA	4	Over 10 years	Woman	40s	White	national	FADAP	yes	alcohol
26	FA	5	Over 10 years	Woman	40s	White	regional	FADAP	yes	alcohol
27	FA	5	Over 10 years	Man	40s	White	national	FADAP	yes	alcohol
28	FA	1	Less than 5 years	Woman	40s	Black	national		yes	cocaine
29	FA	5	Over 10 years	Man	50s	White	national	FADAP, Union	yes	alcohol, cocaine, methamphetamine
30	FA	5	Over 10 years	Woman	50s	White	national	Union	yes	alcohol, methamphetamine
31	FA	5	Over 10 years	Woman	50s	Latina	national		yes	alcohol
32	FA	5	Over 10 years	Woman	50s	White	national	FADAP	yes	alcohol
33	FA	5	Over 10 years	Man	50s	White	regional	FADAP	yes	alcohol
34	FA	3	Less than 5 years	Woman	60s	White	national		yes	alcohol
35	FA	4	Over 10 years	Man	60s	White	national		yes	alcohol
36	FA	5	Over 10 years	Woman	60s	White	national	FADAP	yes	alcohol