Flight Attendant Drug and Alcohol Program Manual

A Best Practice Guide for Developing and Delivering a Flight Attendant Substance Abuse Prevention, Early Intervention and Recovery Support Program

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Introduction

The Flight Attendant Drug and Alcohol Program (FADAP) offers services and tools for the prevention of and recovery from substance use disorders for Flight Attendants. It also seeks to build a climate of safety and wellness by creating a workplace culture shift that no longer ignores, stigmatizes, or disciplines Flight Attendants struggling with such health problems. Flight Attendants should have the opportunity for preventive education, early and effective treatment, and on-going workplace support for substance abuse disorders. Studies demonstrate that substance use disorder treatment works and that recovery is a predictable norm when appropriate services and supports are available and utilized. Personal, professional and public interests are best served by supporting the Flight Attendant in her/his recovery and in their safe and successful return to flying. The Advisory Board of the Flight Attendant Drug and Alcohol Program echoed this sentiment in the below FADAP value statement crafted in November 2010.

FADAP Value Statement

Alcohol and substance use disorders are preventable and treatable chronic illnesses.

Left unaddressed, we all pay the price.

FADAP is dedicated to preventing and reclaiming personal and economic loss.

Section 1: Why Offer FADAP?

Below are six good reasons to offer FADAP:

1. Alcohol and drug use and abuse are problems at work. The transportation industry is not exempt from these concerns. Many employees with substance abuse disorders never get help even though they may have a treatment benefit available to them. Below are some statistics that illustrate the complexity and cascading impact of workplace substance abuse:

   8.2% of workers in the transportation industry have experienced serious problems, including alcoholism, as a result of their drinking.

   92% of people with alcohol problems never get diagnosed and this treatment.

   70% of all current adult illegal drug users are employed.

   More than one in five people with employer-provided health insurance are afraid that seeking alcohol treatment will cause them problems at work.

   80% of managers say they haven't been trained to properly confront an employee with alcohol problems.

   Up to 40% of industrial fatalities and 47% of industrial injuries can be linked to alcohol consumption and alcoholism.

   Absenteeism among alcoholics or problem drinkers is 3.8 to 8.3 times greater than normal and up to 16 times greater among all employees with alcohol and other drug-related problems.

   Drug-using employees use three times as many sick benefits as other workers. They are five times more likely to file a workmen's compensation claim.

   Non-alcoholic members of alcoholic families use ten times as much sick leave as members of families in which alcoholism is not present.

   Untreated alcoholics or drug dependent persons use healthcare and incur costs at a rate about twice that of their age and gender cohorts.

   A Continental Airlines study of pilots showed that sick leave usage for pilots was a predictor of a diagnosis for an Alcohol/Drug disorder. Pilots with an Alcohol/Drug disorder used almost two times the mean rate of sick time the year prior to diagnosis.

2. Early identification of and intervention with substance abusing Flight Attendants can positively impact public safety, recovery outcomes, and costs. Studies of other populations offer evidence of such opportunities.

   Since its inception, 4,000 AOD using pilots have been successfully treated and returned to flying under the HIMS Program. Pilots under the HIMS Program have a recovery rate of 88-98%. (June 2008 data).

   American Airlines HIMS Program realizes a $37.30 ROI in asset preservation and $7.33 ROI in direct cost savings (2006 report by American Airlines Medical Department and HIMS Chair).

FAA reports a $9.00 return on investment for every dollar spent on the HIMS Program (HIMS data).

Amtrak Peer Care showed a $28.00 to $1.00 return on investment. The program avoided $1,850/employee in injury costs. (Peer Care is a workplace peer intervention program focusing on changing workplace attitudes toward on-the-job substance use and trains workers to recognize, intervene with, and refer coworkers who have a problem.)

Treatment for drug or alcohol addiction that is tailored to individual needs has proven as effective as treatment for other chronic, manageable conditions such as diabetes and asthma.

Savings that result from investing in substance use treatment can exceed costs by a ratio of 12 to 1.

Once treatment begins, total healthcare utilization and costs begin to drop, reaching a level that is lower than pre-treatment initiation costs after a two to four year period. The conclusion is based on similar findings across different patient populations using a variety of research designs.

Continental pilots had a 60% absence rate drop in the first year of treatment completion compared to their pre-treatment absence rate. During the first three years of post treatment, absence rates were lower for the AOD diagnosed pilots than the non-abusing pilot control group.

3. FADAP offers a more predictive avenue of identification and intervention through peers rather than supervisors alone. Flight Attendants have multiple work locations and ever changing schedules. They perform their duties with little to no supervision. Most professionals who perform their duties without day to day supervision, like physicians, attorneys, nurses, dentists, and pilots, have used peer programs to effectively identify and intervene with substance abusers. Why? Peers have the greatest opportunities for observing unsupervised coworker behaviors. This is especially true for Flight Attendants who spend all their working and layover time with other Flight Attendants.

4. According to studies of help-seeking behavior by employees, willingness to use workplace assistance services was based on several factors including: 1) familiarity with the assistance program, 2) user belief that her/his identity will remain confidential, and 3) endorsement of the program by informal workplace networks including coworker. A Flight Attendant may be hesitant to use her/his company EAP for a number of reasons. Some of these reasons may include concerns about confidentiality, little or no understanding of the services offered by the company EAP, and a perception that sharing with the company EAP is synonymous with talking to "the company."

5. Flight Attendants have developed a culture of social support within their own peer group. FADAP, therefore, is a natural extension of an existing support process.

6. FADAP peers offer ready understanding of the stressors and strains that impact their flying partners. There is no confusion that the peer's role is to support, not discipline. Expectations that discussions with peers will be confidential and non-judgmental are the norm rather than the exception.

Section 2: What Differentiates FADAP Peer Recovery Support Services?

FADAP peer- recovery support is the process of giving and receiving non-professional, non-clinical assistance to prevent, intervene with and support long term recovery from alcohol and/or other drug-related problems within the Flight Attendant profession. This support is provided by Flight Attendants who are trained to assist their peers in initiating and maintaining recovery. Flight Attendants do not have to be in recovery to be a FADAP peer.

FADAP peer recovery support services are strength-based and offer hope. They are adaptable across Flight Attendant work settings and are distinguished from professional treatment, twelve step support groups and employer-sponsored Employee Assistance Programs (EAPS).

Distinguished from Professional Addiction Treatment Services
Professionally-directed treatment providers are accredited and licensed to provide those services. Their staff/counselors are credentialed, licensed and/or certified. While some Flight Attendants may be addiction professionals who volunteer to provide peer recovery support services, they would not be acting in their professional capacity. As a peer, they would need to rigorously manage issues of role ambiguity and conflict.

Distinguished from Twelve Step Support
Twelve Step Support is provided by recovering individuals with experiential knowledge within a particular community of recovery. Twelve step support is based on the beliefs and practices of a particular recovery fellowship such as Alcoholics Anonymous or Narcotics Anonymous. "Service work" in the context of twelve step programs differs from peer recovery support services because it is based on a particular fellowship and part of a personal program of recovery. Some people who are peers and/or receiving peer recovery support services are also members of twelve step programs. Their work as a peer helper is distinguished from the service work they may provide within their particular recovery fellowship. Peer recovery support services should not replace support provided through twelve step programs or professional recovery support resources.

Distinguished from Employer Sponsored Employee Assistance Programs
Employer sponsored EAPs deliver their services through licensed professionals. Your company may hire these professionals directly and have them available at select airport locations. This is an internal EAP model. Your company may also contract with an EAP provider that has a panel of mental health professionals available to provide a limited number of free sessions to employees near their home address. This is an external EAP model.

FADAP peers are not offering professional mental health services. Instead, they are offering a range of peer support services including linking Flight Attendants to professional assistance. FADAP peers may refer into the Company EAP when that is deemed an appropriate and comfortable fit for the Flight Attendant in need.

FADAP peers can also reach out to Flight Attendants who may be in need instead of waiting for the Flight Attendant to contact FADAP. This offers an opportunity for early intervention especially for chemical dependency which is characterized by denial. Company EAPs on the other hand must wait for a Flight Attendant to contact their service before they can offer assistance.

Section 3: Confidentiality and Exchanging Information

To protect a substance abuser's privacy and encourage their entry into treatment, federal law and regulations mandate strict confidentiality for information about patients being treated for substance use disorders (i.e., 42 U.S.C. Sections 290 dd-3 and ee-3; 42 C.F.R. Part 2). Disclosure of information from treatment records is prohibited unless the patient has given written consent, or the disclosure is in response to a medical emergency, or there is a court order authorizing disclosure. Other times when patient confidentiality may be attenuated include disclosure needed to protect or warn third parties of potential harm by the patient, disclosure in response to a crime committed at the treatment program or against program staff, reporting of suspected child abuse or neglect, or depending on the requirements of the local jurisdiction, reporting of suspected abuse of elderly individuals.

Federal law generally does not make specific reference to the confidentiality of information pertaining to the HIV/AIDS status of a patient in substance abuse treatment, but there are many different state laws restricting disclosure of such status.

Generally, exchanges of information about a substance abusing Flight Attendant must be authorized in writing by that Flight Attendant. Only information that has been specifically authorized for release should be shared. Exchanges must only happen during the specified time frame identified in the release. A Flight Attendant has a right to cancel her/his prior authorization for parties to share information at any time. This may not be without consequences, especially if a work-related agreement requires such authorization. If a Flight Attendant should rescind a release, all exchanges must stop immediately. The exchanging parties are not liable for sharing any information while the release was in force.

At the Flight Attendant's request, treatment programs/providers will facilitate the completion of releases to allow information to be exchanged with those individuals, like FADAP peers, with whom a Flight Attendant requests that information be shared. Before a FADAP Program is launched within any workplace, a written policy should be developed to identify how verbal and written information will be protected from re-disclosure by FADAP peers, under what circumstances information will be disclosed with or without Flight Attendant authorization, and how any case management documents will be protected. FADAP peers should be thoroughly trained on this policy before being activated.

Section 4: Prevention Services

FADAP prevention efforts are aimed at providing Flight Attendants with the necessary information to:

- Evaluate what is “at risk” use of substances over their professional lifespan
- Understand what and how substances can be addicting even when they are prescribed by a physician
- Understand why alcohol and drug dependence are considered diseases
- Begin de-stigmatizing addiction at the individual and group level
- Feel safe discussing concerns about one’s own or others substance use
- Feel empowered to address coworker use in a manner that is constructive to connecting that individual to assistance
- Be fully aware of assistance that is available within the workplace
- Feel empowered and willing to access such assistance

FADAP in Washington, DC, sends out monthly awareness information which can be modified and distributed under the banner of any organization to educate its employees/constituents. A library of informational handouts is also maintained on the FADAP website www.fadap.org. They are placed on the website for convenient downloading as needed.

FADAP Recommendations

-Provide educational information routinely through a variety of mediums
-Ensure that such materials have been modified to be relevant to Flight Attendants
-Provide information that is relevant to Flight Attendants across all age groups, all levels of seniority, and all locations
-Distribute information to all worksite groups involved with Flight Attendants including:
    Inflight Department
    Company EAP
    Drug Testing Program
    Human Resources
    Labor Relations
    Medical Department
    Others
-Promote awareness of FADAP across a Flight Attendant’s professional lifespan

Section 5: Screening and Early Identification

Early identification of alcohol and drug problems is an active ingredient of effective treatment and substance abuse cost management. **Confidential** substance abuse screenings can result in early intervention and treatment. Unfortunately, even healthcare providers and health service organizations fail to screen for alcohol and other drug problems. When screened for alcohol use problems, one in five men and one in ten women who visit their primary care provider will meet the criteria for alcohol abuse or alcohol dependence. Screening offers a reliable, inexpensive and quick way for at risk individuals to be identified. Screenings can be administered and interpreted quickly in a variety of environments, including over the telephone.

FADAP Recommendations

Integrate voluntary and confidential screening into all health related activities and events for Flight Attendants.

Incorporate voluntary and confidential screenings into an integrated model of disease and injury management for Flight Attendants.

Provide routine and systematic confidential screening through all EAPs available to Flight Attendants.

Distribute Flight Attendant alcohol and drug use self-screening tools that help Flight Attendants recognize movement from safe substance use to risky use. A Flight Attendant drug use screening tool is being developed by FADAP, Washington, DC, and will be incorporated in this manual following completion. The Flight Attendant Alcohol Screening Tool has been developed and validated by researchers. This screening tool follows and is available at www.fadap.org. Pre-printed posters are also available at no cost by contacting FADAP, Washington, DC.

See Page 10 for a Copy of the Alcohol Use Screen

Flight Attendant Alcohol Use Screen

Routinely evaluate your alcohol use just as you would other health issues. Should you answer yes to any of the below questions, please follow up with your Flight Attendant peer with the Flight Attendant Drug and Alcohol Program (FADAP) at 855-33FADAP or www.fadap.org. Your conversations are confidential.

- Have you shown up for a flight hung-over in the past year?
- Have you bid a certain position to have easy access to alcohol in the past year?
- Have you drank alcohol past the cut off time in the past year?
- Felt bad or guilty about your drinking in the past year?
- Felt you should cut down on your drinking in the past year?
- Do you drink alcohol 4 or more times per week?
- Have you had 5 or more drinks on a typical day when you are drinking?

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Flight Attendant Drug and Alcohol Program

Section 6: Intervention

Intervention is a method of presenting reality to the chemically dependent person, in a caring and concerned manner. Factual occurrences of past inappropriate behavior linked to alcohol or other drugs are described by persons who are important to the Flight Attendant; for example, family, friends, peers and coworkers and supervisors. This group process takes time, requires coaching of all involved parties, and typically costs thousands of dollars by professional interventionists.

FADAP peers are in a unique position to also offer a form of intervention. Using their own observations or reports from other flying partners, FADAP peers can reach out to Flight Attendants and share observations, concerns and options. The threat of discipline is removed from the situation and is replaced with genuine concern for well being and safety. The FADAP peer can offer the Flight Attendant a number of immediate resources:

- Peer Listening Support
- Alcohol and Drug Screening Tools
- Access to a Professional Assessment
- Access to Treatment Providers/Programs Familiar with Working with Flight Attendants
- Information about How to Properly Get Off Line to Get Medical Help

Should a Flight Attendant confide in the FADAP peer that she/he is struggling with substance use or indicates a willingness to get help, rapid access to a professional evaluation is imperative to:

-Optimize the Flight Attendant's existing motivation to get help.
-Protect the health of the Flight Attendant.
-Protect the traveling public.

Your Company EAP is usually immediately available to assist with this evaluation component. FADAP strongly encourages FADAP peers to fully understand how their Company EAP works and wherever possible to coordinate their respective services within the design of FADAP. Short of that, FADAP maintains a roster of treatment providers who are experienced working with Flight Attendants who can conduct such evaluations telephonically within minutes of the Flight Attendant consenting to getting help. For current roster names and contact information, call FADAP, Washington, DC.

Section 7: Treatment

I. Principles of Addiction Treatment for Flight Attendants

TREATMENT WORKS!!! More than three decades of scientific data shows that it can help individuals stop use, avoid relapse and successfully recover their lives. The National Institute on Drug Abuse (NIDA) has identified 13 fundamental principles which characterize effective addiction treatment. These principles are detailed in *NIDA's Principle of Drug Addiction Treatment: A Research-Based Guide*. FADAP has adopted these principles in developing the

below treatment considerations for Flight Attendants and in designing the FADAP case management process.

1. Addiction is a complex but treatable disease that affects brain function and behavior
Drugs cause changes in the brain's structure and how it functions resulting in alterations that persist long after drug use has ceased. This helps to explain why addicts are at risk for relapse even after achieving a long period of abstinence.

Relapse is the return to active substance use in a person with a diagnosed substance use disorder. Relapse is both an anticipated event in the course of recovery and a process in which warning signs appear prior to an individual's actual recurrence of impairment.

Because relapse is a factor of chronic diseases, the management of relapse requires continued active support and treatment for the Flight Attendant at least through the first year. This includes a combination of primary addiction treatment, followed by continuing care, twelve step supports, peer support and other assistance as needed.

FADAP supports an abstinence based treatment approach for both alcohol and drug addiction regardless of which drug(s) the Flight Attendant primarily uses. This means that the Flight Attendant is taught that the use of any mood changing chemical is dangerous. FADAP recommends that overseas Flight Attendants receive their treatment stateside as other countries do not necessarily adhere to the abstinence model. (For example, many European drug treatment programs support moderate alcohol for drug addicts.)

2. No single treatment is appropriate for everyone
Matching treatment setting, length and services to an individual's particular needs and problems is critical to her/his ultimate success with recovery. As a work group, Flight Attendants bring unique occupational circumstances to the treatment selection process which should be considered prior to placement.

- Flight Attendants are vey mobile and familiar with securing health services outside their home region. This allows for the consideration of treatment programs outside the Flight Attendant's state of residence.

- For many Flight Attendants, their work schedule is ever changing and beyond their immediate control. Unlike professionals that work from 9am to 5pm, Flight Attendants typically don't have the same option of going to work and treatment at the same time. An outpatient treatment recommendation should address large periods of unstructured time in between outpatient visits as potential relapsing risks for the Flight Attendant.

- Should a Flight Attendant be able to schedule flying and treatment at the same time, the ability of the Flight Attendant to predictably execute her/his safety sensitive duties in the early stages of recovery from a major health issue needs to be considered. Additionally, the requirement to serve alcohol should be addressed as a relapse risk factor for the Flight Attendant.

- Some treatment programs offer a specialization in the recovery needs of the Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) population. A Flight Attendant's desire to attend a treatment program that offers such a specialty should be factored into the placement process. Other specialty programs exist that are shaped around religious orientation, gender, age and professional status.

3. Treatment needs to be readily available
Taking advantage of available services the moment people are willing to go to treatment is critical. Readiness to enter treatment can change to uncertainty overnight. Addicts can be lost if treatment is not immediately available or readily accessible.

Unless there is a unique dependent or pet care circumstance, a Flight Attendant can begin moving into treatment within hours of her/his willingness to accept help. Some can move directly from work to treatment with coordination for extra clothing made at a later time. Withdrawal complications and treatment uncertainty are best managed with expedited treatment placement.

4. Effective treatment attends to multiple needs of the individual, not just her/his substance abuse.
To be effective, treatment must address the individual's use and any associated medical, psychological, social, occupational, spiritual, and legal problems. A comprehensive whole person assessment and treatment plan should be a core service of all Flight Attendant treatment programs

With appropriate releases, the FADAP peer is in the best position to assist the treatment program in understanding job related issues facing the Flight Attendant including job jeopardy issues, flying stressors and other work related concerns.

Remember, Flight Attendants are first responders. As such, they are at risk of occupational exposure to traumatic situations. Research has demonstrated that trauma exposure is linked to substance abuse including relapse. Evaluation, treatment, and relapse support around trauma exposure should be a core element of addiction treatment for Flight Attendants.

5. Participating in treatment for an adequate period of time is critical.
The appropriate duration of treatment for an individual depends on the type and degree of her/his problems and needs. Research indicates that best outcomes occur with longer durations of treatment.

Most Flight Attendants can achieve and sustain abstinence during the residential phase of treatment. This phase of treatment provides medical stability, an understanding of her/his disease, familiarity with the tools available to build recovery one day at a time and an opportunity to evaluate co-occurring symptoms and disorders. It is during the continuing care phase after residential treatment that Flight Attendants are challenged with using her/his recovery tools and actively engaging in her/his treatment plan on a daily basis. The lack of wages and poor finances, however, creates pressure on many Flight Attendants to try to return to flying the moment they are released from the residential phase of treatment. However, returning to flying

immediately after discharge from the residential phase of treatment can sabotage the Flight Attendant's establishment of her/his recovery program back at home.

The continuing care plan created between the Flight Attendant and the residential treatment program with input from the FADAP peer needs to address the achievement of recovery benchmarks before the Flight Attendant returns to work (i.e., find and engage a sponsor, identify a home group AA/NA meeting, attend x number of continuing care sessions, etc.). Without time and benchmarks, the Flight Attendant is at risk of relapse due to a premature return to work. Addiction is no different than many diseases. If you take on too much too soon, your health will suffer the consequences. For the addict, getting sick took time, so it stands to reason that getting well will also take time.

6. Counseling –individual and/or group – and other behavioral therapies are the most commonly used forms of addiction treatment.
Behavioral therapies vary in their focus and may involve addressing an addict's motivation to change, building skills to resist use, replacing drinking and drugging activities with healthy and rewarding activities, improving problem solving skills and facilitating better interpersonal relationships.

A Flight Attendant may be psychotherapy savvy and still have little understanding of her/his addiction and how to address it. Psychotherapy can ready a Flight Attendant for addiction treatment but should not replace it. Psychotherapy may also be used as a continuing recovery tool after addiction treatment.

7. Medications are an important element of treatment for many, especially when combined with counseling and other behavioral therapies.
Medications can be an effective component of treatment when part of a comprehensive behavioral treatment program. Flight Attendants should be evaluated for and have access to medication assisted therapies for alcohol and opiate dependence as one tool of a comprehensive treatment plan. Medication therapy by itself should never be characterized as or replace comprehensive addiction treatment. Consult Section 9 for more information on MAT.

8. An individual's treatment and continuing care plan must be assessed continually and modified as necessary to ensure it meets her/his changing needs.
An addict may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling, an individual may require medication, medical services, family therapy, parenting support, and social and/or legal services. A continuing care approach provides the best results, with treatment intensity varying according to a person's changing needs. Additional recommendations on continuing care and return to work can be found under Section 8.

9. Addicts may also have other mental disorders.
Substance Use Disorders can co-occur with other mental illnesses. Flight Attendants presenting with an addiction should be assessed for other disorders. Flight Attendants presenting with a mental health disorder, should be assessed for a substance abuse disorders.

10. **Detoxification, by itself, does little to change addiction.**
Detoxification (or detox) provides for the safe management of acute physical symptoms of withdrawal. Detox physically readies an addict to participate in treatment.

A Flight Attendant may describe detox as "treatment". It is not and should never be considered "treatment." Continuing forward with addiction treatment following detox is critical to a Flight Attendant's recovery. Following detox, a Flight Attendant will most likely feel much better than before her/his detoxification. One one hand, that's good. However, her/his improved well-being is also a treatment drop out risk factor. The transition between detox and treatment should be handled seamlessly as far as the Flight Attendant experiences it. Selection of treatment programs for Flight Attendants should consider the ability of the treatment program to construct a seamless transition between detox and treatment.

11. Treatment does not have to be voluntary to be effective.
One does not need to "want" treatment at the time of treatment entry to make investment in treatment successful. Many individuals enter treatment in response to pressures or enticements from family, employer and even the criminal justice system. It is the job of the treatment facility to help the addict become motivated around recovery.

12. Treatment lapses do occur.
Supportive follow-up can be a powerful incentive for the dependent person to withstand urges to use. Supportive follow-up can also provide early intervention if there is a return to use, signaling a possible need to adjust an individual's treatment plan to better meet her/his evolving needs.

13. **Infectious diseases status should be assessed.**
All entrants into treatment should be afforded an assessment for the presence of HIV/AIDS, Hepatitis B and C, tuberculosis and other infectious diseases, as well as provided targeted risk – reduction counseling to help modify risky behaviors.

II. Addiction Treatment Goals for Flight Attendants

The goal of treatment is recovery which under the United States' healthcare system is conditional upon continuous abstinence from all mood changing chemicals one day at a time. (Note: Not all countries follow an abstinence model.) While many individuals may initially enter treatment with the goal of moderating their substance use to a "controlled" level (i.e., use without apparent functional consequences), the recommended clinical treatment goal for any Flight Attendant diagnosed as substance dependent is complete abstinence. The poly abusing Flight Attendant may focus only on the need to give up her/his primary drug of choice; but the recommended treatment goal remains cessation of all mood changing drugs. In rare circumstances due to complicating medical factors, a non-active Flight Attendant may begin treatment by setting a short-term goal of reducing or containing dangerous substance use as a first step toward achieving the longer-term goal of sustained abstinence. Again, this risk reduction goal (reducing the frequency and quantity of substances taken; abstaining from some but not all substances; or limiting substance use to lower-risk situations) is not appropriate for active safety professionals like Flight Attendants.

The repair of a Flight Attendant's functional decline, the development of new pathways for safe, sober pleasures, and a comfortable self-identification as an addict are also treatment goals. All three of these possible outcomes of abstinence help the Flight Attendant transition from being dry or abstinent to being sober and in recovery. This transition, however, doesn't happen overnight just as getting sick didn't happen overnight. Engaging a Flight Attendant to participate in treatment and remain active in post treatment continuing care for at least a year is critical to her/his recovery.

III. Treatment Access

Providing substance treatment is more cost effective than not providing it. Treatment actually saves money by cutting losses due to substance abuse. For example, an analysis of 70 studies conducted in the last 25 years has shown that alcohol treatment can reduce the use of medical care by 26% to 69%.

Flight Attendants are a unique professional group. Their lifestyle, work schedules, working environment, requirement to serve alcohol and their safety related duties are a few of the elements that contribute to such uniqueness. Many treatment programs have no experience working with Flight Attendants and have less understanding of how the Flight Attendant lifestyle can impact relapse and recovery issues. FADAP, Washington, DC offers an in-service orientation for the clinical staff of any treatment program seeking to be on the National FADAP referral roster. Sending a Flight Attendant to a treatment program that is familiar with Flight Attendant issues is a critical factor in the treatment selection process.

Settings and levels of services used in the treatment of substance use disorders may be considered as points along a continuum of care. Below is a description of those points:

Inpatient rehabilitation provides 24 hour intense, structured, monitored services that include observation, medical monitoring and addiction treatment in an inpatient setting.

Residential rehabilitation consists of acute overnight services that are usually provided by a freestanding residential treatment center (a non-hospital environment).

Partial Hospital/Day Treatment Program (PHP) is a freestanding or hospital based program that provides treatment services for at least 20 hours per week.

Intensive Outpatient Program (IOP) is a freestanding or hospital based program that offers at least nine hours of service per week.

The decision about the level of care and which treatment facility a Flight Attendant should participate in may be a decision involving multiple sources including the Flight Attendant needing treatment, the FADAP peer, the Company EAP or SAP involved, and any other professionals conducting the substance abuse assessment.

Care at a treatment program must initially and continually be authorized by the vendor that has been hired to manage the behavioral health benefit. Without authorization, there will be no insurance payout. When Airlines "carve-in" treatment for a workgroup, that workgroup gets

automatic approval for treatment (usually at 30 days of inpatient care) without any clinical justification. A carve-in is a signal that an employer wants its employees to get a minimum level of care the first time around without having to justify why they should have it and without having to fight for it. Without a carve-in, a Flight Attendant must carefully follow the pre-certification rules of the company managing the substance abuse benefit. It is critical for all FADAP peers to understand how substance abuse benefits at all levels of care are accessed. Peers should also be mindful that open season every year (which usually takes place in the late Fall) can result in a change to the substance abuse benefit.

FADAP Recommendations

Treatment authorizations should be based on the optimal treatment that a Flight Attendant should receive in order to have the best chance of recovery the first time. Authorized care should not be designed around the minimal treatment that a Flight Attendant can receive until she/he substantiates a higher need through treatment failure.

To provide effective services to a specialized workforce, substance abuse treatment programs must understand the special needs and characteristics of this population. A preferred provider network of treatment providers that demonstrates an understanding of and competency in working with Flight Attendants should be available to all Flight Attendants.

All treatment providers should be required to demonstrate the value and outcome of the rehabilitative services they provide. Programs where Flight Attendants are treated should be willing to collect outcome data that is valued by management/Flight Attendants

Continued referrals of Flight Attendants to specific treatment programs should be based on treatment outcomes.

IV. Poly Substance Abuse

Many Flight Attendants entering treatment for a specific substance use problem may abuse more than one substance. For some Flight Attendants, there is a "drug of choice," with other substances serving as a substitute when the primary substance is unavailable. Others may use multiple substances simultaneously. These Flight Attendants may be described as poly substance abusers. The severity of abuse of each substance and the motivation to stop using each substance may vary widely in Flight Attendants who abuse multiple substances. FADAP supports a program of total abstinence from all mood changing substances, regardless of whether a drug is a primary drug of choice and whether that drug has yet to cause life problems. Many countries do not address substance abuse from a total abstinence model. For example in many European countries, a Flight Attendant with a drug addiction would not be educated that alcohol consumption is a risky behavior. For that reason, FADAP supports the total abstinence treatment model offered in the United States. Overseas Flight Attendants should be afforded access to total abstinence based treatment programs. All treatment programs should assess for and address poly substance abuse.

V. Co-Occurring Disorders

The presence of a substance use disorder will have an impact on psychiatric issues and the presence of co-occurring psychiatric symptoms or disorders may affect the Flight Attendant's treatment adherence as well as the onset, course, and prognosis of the substance use disorder. These factors need to be taken into consideration when evaluating the needs of and arriving at a treatment plan for a Flight Attendant. Minimally, all Flight Attendants who enter treatment should have access to a psychiatric evaluation as needed. While many Flight Attendants with substance use disorders will initially present with psychiatric symptoms, it is through continuous treatment monitoring that treatment staff will begin to identify if a Flight Attendant appears to have a disorder rather than substance induced psychiatric symptoms. Ideally, all Flight Attendants entering treatment would receive an evaluation by a multi-disciplinary team as a part of the intake process. These professionals would minimally evaluate the below concerns:

Suicide

The frequency of suicide attempts and death by suicide is substantially higher among individuals with a substance use disorder than in the general population. The risk of suicidal behaviors and death by suicide is further increased for individuals with a substance use disorder and certain co-occurring psychiatric disorders such as major depressive disorder, bipolar disorder, and some personality disorders. **All treatment programs should assess suicide risk regularly and in a systematic manner**.

Aggressive Behaviors/Domestic Violence

Substance use disorders are associated with an increased risk for aggressive behaviors toward others, including physical assault, sexual aggression, domestic violence, child abuse, and homicide. Substance intoxication and withdrawal states may be associated with anxiety, irritability, agitation, impaired impulse control, decreased pain sensitivity, and impaired reality testing. FOR EXAMPLE, intoxication with substances such as alcohol, cocaine, methamphetamine, PCP, anabolic steroids, and hallucinogens may be associated with aggression, while withdrawal from substances such as alcohol, opioids, sedative-hypnotics, and cannabis can lead to withdrawal syndromes associated with a risk of aggressive behaviors. Although it is important to assess for and be aware of the potential for aggressive behaviors in individuals with a substance use disorder, it is also important to assess for substance use disorders in all individuals who present with a history of agitation or aggression. Because family and partners may be affected by substance-related domestic violence, screening and referral for domestic violence treatment interventions may effectively reduce domestic violence.

Sleep Disturbances

Individuals with substance use disorders frequently report sleep disturbances, particularly after being detoxified. **Managing sleep disturbances is an important part of the treatment plan**, especially for Flight Attendants who are subject to fatigue as a normal occupational hazard. **Some studies have demonstrated that among detoxified, alcohol-dependent individuals, insomnia is a strong predictor of relapse.**

Depressive Disorders

Mood disturbance is one of the most common symptoms reported by individuals in substance use disorder treatment programs. In addition to the high rate of co-occurring major depressive and substance use disorders, patients in substance use disorder treatment settings frequently experience substance-induced mood disorders in which signs and symptoms of depression are related to acute substance intoxication or to withdrawal from substances. Because it is often

difficult for a treatment program to decide whether a cluster of symptoms is due to co-occurring major depressive disorder, substance intoxication, substance withdrawal, substance-induced mood disorder, or some combination thereof, guidelines have been established for diagnosing and treating mood symptoms in the context of a substance use disorder. Treatment programs should monitor depressive symptoms, assess and reassess for suicidal ideation, provide education, encourage abstinence from all mood changing substances, and observe changes in mental status during the substance-free period while actively considering whether medication intervention is indicated.

Anxiety disorders

Symptoms of anxiety and anxiety disorders commonly co-occur with substance use disorders. Lifetime rates of anxiety disorders (including general anxiety disorders, panic disorder, specific phobia, social phobia, obsessive-compulsive disorder, PTSD, and acute stress disorder) in the general population are estimated to be about 19% in men and 31% in women. About 50% of individuals with a substance use disorder have an anxiety disorder. Because many substances cause state-dependent anxiety symptoms, the assessment of anxiety disorders in substance-using populations is challenging and requires careful assessment. Although benzodiazepines are usually considered a first-line treatment for panic disorder in individuals without an active substance use disorder, the risk of benzodiazepine abuse is a significant concern and precludes this class of medications from being first-line agents in treating panic disorder in the addict.

PTSD

PTSD is an anxiety disorder and is common among individuals with a substance use disorder (about 20%), with women having about twice the rate of co-occurring PTSD as men. Women with PTSD and a substance use disorder often experienced childhood physical and/or sexual abuse, whereas men typically experienced combat or were victims of crime. PTSD symptoms are a common trigger of substance use and individuals may perceive the substances as a way of coping with overwhelming emotional pain. Indeed, one study showed that individuals with PTSD and either cocaine or alcohol dependence experienced increased craving when exposed to both trauma and drug cues. As individuals with co-occurring PTSD and a substance use disorder participate in treatment and become able to maintain continued abstinence, they may feel overwhelmed by a flood of memories and unprocessed feelings about the past traumas that have been masked by substance use. Simply because individuals have become abstinent from substances does not mean that symptoms of PTSD have resolved and these will need to be addressed in treatment. Individuals may carry a great burden of shame and guilt as both PTSD and substance abuse may be associated with keeping secrets and denial. Specific integrated psychotherapies for PTSD co-occurring with a substance use disorder have been developed and evaluated. These approaches have similar components in that they educate the individual about both disorders and how the two problems interact to worsen the course of either disorder alone. Treatment focuses on stabilizing the substance use disorder and developing coping skills to manage the PTSD symptoms and trauma memories as they occur during the early phase of abstinence as well as after prolonged periods of abstinence. As first responders, education, evaluation and treatment for PTSD are critical elements of a substance abuse treatment for Flight Attendants.

Attention Deficit Hyperactivity Disorder

Substance use disorders are common in adolescents and adults with ADHD with about 33% of adult ADHD patients having a history of an alcohol use disorder and about 20% having a drug use disorder. Establishing a diagnosis of ADHD can be complicated in the context of ongoing substance use because attention problems are often caused by the acute and prolonged effects of specific substances of abuse, and these attention problems will often improve with prolonged abstinence.

Eating Disorders

Studies indicate an association between eating disorders and substance use disorders. For example, bulimia nervosa is more common among individuals with a substance use disorder than in the general population. Inpatient substance abuse treatment studies report that about 15% of women and 1% of men have an eating disorder. Also, this group is more likely to abuse stimulants and less likely to use opioids than individuals without an eating disorder. The types of agents abused by individuals with an eating disorder include diet pills, stimulants, laxatives, diuretics, and many other substances.

Substance abuse treatment programs may need to add nutritional consultation and education for these patients, help them set goals for an acceptable weight range, and observe them at and between meals for bingeing, purging and avoidance behaviors.

Pathological Gambling

Individuals with a substance use disorder are vulnerable to other non-substance-related compulsive behaviors such as pathological gambling and compulsive sexual behaviors. Individuals with a substance use disorder have about a four- to five-fold higher rate of pathological gambling when compared with the general population and studies suggest that about 15% of substance abusers meet criteria for pathological gambling. The National Epidemiologic Survey on Alcohol and Related Conditions, a large nationally representative community study, reported that among adults with a lifetime history of pathological gambling, 73% have had a co-occurring alcohol use disorder, 38% have had a co-occurring drug use disorder, and 60% have had co-occurring nicotine dependence. It is likely that pathological gambling, though common, is underdiagnosed because substance abuse or psychiatric treatment settings do not always screen for it. Integrated treatment programs rarely include pathological gambling treatment and generally do not provide Gamblers Anonymous meetings on-site.

Pain Management

Flight Attendants entering treatment should be assessed for history of pain and its management. Continuing Care treatment plans should provide a comprehensive care plan that offers access and support from pain management specialists who thoroughly understand the nature of addiction, the risks of opiate medications as a form of pain treatment and are thoroughly familiar with alternative therapies.

Medical Disorders

Substance use causes a variety of health problems which vary depending on the substance used and its route of administration. These medical problems may be further complicated by the use of multiple substances and nutritional deficiencies that may accompany ongoing substance use. Many substance use disorder patients with a co-occurring medical disorder do not seek or receive adequate general medical care for a variety of reasons including the chaotic and disorganized lifestyles often associated with substance abuse. Thus, the substance abuse

treatment encounter may be the first opportunity to address the general medical care needs of a Flight Attendant.

Treating individuals with co-occurring psychiatric and substance use disorders is challenging. Individuals' motivation to change may vary according to the type of substance(s) they use and the severity of their psychiatric issues and this needs to be taken into consideration in treatment planning. There is growing evidence that individuals in psychiatric or substance abuse treatment settings have better outcomes if they receive integrated treatment for their coexisting psychiatric and substance use disorders. Integrated treatment usually requires incorporating and modifying traditional psychiatric and substance abuse treatment methods so that the co-occurring disorders receive simultaneous treatment.

In most patients, the same medications are recommended for the treatment of a specific psychiatric disorder whether that disorder co-occurs with a substance use disorder or not. For some psychiatric disorders, there have been widely differing opinions about the amount of time a patient should be abstinent from a substance before a definitive diagnosis of a co-occurring psychiatric disorder versus a substance-induced psychiatric disorder can be made. A common recommendation is to consider the severity of an individual's functional impairment when deciding whether or not to initiate pharmacotherapy, continue ongoing monitoring of symptoms, and initiate psychosocial treatment strategies for the management of anxiety and depression

Medication non-adherence is common among individuals with co-occurring psychiatric and substance use disorders. Non-adherence can be due to many factors. Some newly recovering individuals attending 12-step meetings may feel pressure from some group members not to take psychiatric medications because they are "mood altering;" however, AA does support the appropriate use of needed medications. AA brochures and other resources do state a reasonable concern about individuals avoiding medications with an abuse potential (e.g., stimulants, sleep medications, anti-anxiety drugs, etc.). Treatment programs should address medication non-compliance as a part of the educational and continuing care process.

Section 8: Continuing Care and Return to Work

Expediting a Flight Attendant's return to work following her/his completion of the primary phase of treatment can sabotage gains made in treatment. The Flight Attendant's return to work timeframes should be individualized and driven by clearly defined recovery benchmarks (i.e., solid relationship with a sponsor, having a home group, etc.). The continuing care treatment provider should be the healthcare professional who authorizes the Flight Attendant's return to work. In cases where a SAP is involved, the continuing care provider should have contact with the SAP to provide relevant information prior to a Flight Attendant's return to work. Return to work medical authorizations should not be accepted from healthcare providers who have not been directly involved in the Flight Attendant's treatment for substance abuse/dependency (i.e., a gynecologist, orthopedist, etc.). Continuing Care treatment providers should remain in place for Flight Attendants for at least one year post primary care treatment discharge.

<u>FADAP Mentors</u>
As a Flight Attendant transitions from primary treatment to continuing care and prior to a Flight Attendant's return to work, she/he has access to a FADAP mentor to serve as a flying support.

The FADAP mentor is a recovering Flight Attendant who is successfully managing recovery and flying and everything in-between for at least two years. The FADAP mentor is not a twelve step sponsor for the Flight Attendant. The mentor is an additional layer of volunteer support as the Flight Attendant begins her/his returns to work.

FADAP Recommendations

Ensure that continuing care plans address all aspects of a Flight Attendant's wellness including mental health issues, medical problems and psycho-social stressors that could detract and distract from sustainable recovery.

Continuing Care treatment providers should remain in place for at least one year following primary treatment completion.

Ensure that adjunct services and supports, including mental health services, medical management services, financial services, etc., are integrated into all phases of the recovery by any and all workplace assistance programs

Use individualized recovery benchmarks to drive and support return to work time decisions.

Ensure that return to work decisions are made by healthcare providers involved with the Flight Attendant's treatment for substance abuse/dependence.

Flight Attendants should be connected to FADAP mentors as they leave primary treatment.

Denial, stigma and the threat of discipline drive substance abusing employees underground. For safety sensitive employees, this can result in heightened risks to public safety. The Department of Transportation and the Federal Aviation Administration are silent on the issue of employers' policy with regards to employment following a test positive. Both of these regulators provide employers with a pathway for returning safety sensitive employees back to work. Within the airline industry, several carriers offer an accommodating process for test positive Flight Attendants ranging from: 1) automatic continuing employment, to 2) continuing employment on a case by case basis, 3) termination with automatic conditional reinstatement, and 4) termination with case by case reinstatement available. Returning recovering Flight Attendants to their cabins after a test positive improves safety, the company's bottom line, and the outcome for the individual Flight Attendant.

Section 9: Medication Assisted Therapies (MAT)

1. Medication Assisted Therapies (MAT) for Alcohol Dependence

MAT is the use of medications, in combination with treatment, to provide a whole-patient approach to substance use disorders. Research shows that when treating addiction, a combination of treatment and MAT is most successful. Medications should never be used as an alternative to treatment. It is a supportive therapy, not a stand-alone therapy. Some of the benefits of MAT include:

- Reduction of long lasting withdrawal symptoms that can lead to a return to use.
- Reduction of cravings and urges to use.
- Decrease in impulsivity or situational use.
- Longer periods of abstinence.

All Flight Attendants in treatment should be provided a thorough understanding of MAT for alcohol dependence and be evaluated as a candidate for its use. Should a Flight Attendant be medically approved for and agree to participate in MAT for alcohol and dependence, she/he should be provided information about:

- Medication benefits and limitations.
- Side effects.
- How to take the medication.
- The importance of taking medications exactly as prescribed.
- What to do if a dose is missed or slip or relapse occurs.
- The importance of concurrent treatment services/supports.
- Manufacturer discounts and non-insurance funding streams.

Three medications have been FDA approved for treating alcohol dependence: acamprosate, disulfiram, and naltrexone (oral and injectable),

ACAMPROSATE

Trade Name: Campral

How Taken: Two delayed-release tablets by mouth three times per day.

Acamprosate's mechanism of action is not clearly understood, but it seems to reduce symptoms of long-term withdrawal such as sleep and mood disturbances which may trigger relapse. Acamprosate may be most effective for clients who, at treatment onset, are motivated to achieve complete abstinence rather than decrease drinking. Because it does not interfere with opioids, this medication may be appropriate for clients who are:

- Receiving opioid maintenance therapy.
- At risk of relapsing to opioid use.
- Taking opioids for chronic or acute pain.

Acamprosate is typically started five days after drinking stops. It reaches full effectiveness in five to eight days. Acamprosate has advantages over other MAT medications:

- It is not metabolized by the liver and can be used safely by clients with severe liver disease.
- It can be used with clients receiving opioid maintenance therapy or opioids for acute or chronic pain.
- It can be continued safely if a client returns to drinking and subsequently requires detoxification.

DISULFIRAM

Trade Name: Antabuse

How Taken: Tablet by mouth once daily

Disulfiram causes a toxic physical reaction when mixed with alcohol—even when the alcohol is cooked in foods. The toxic reaction serves as an aversive. Awareness of this reaction can motivate clients to abstain from alcohol. The reaction:

- Varies from client to client.
- Typically begins about 10 to 20 minutes after alcohol is ingested.
- Is generally proportional to the amounts of disulfiram and alcohol ingested.
- May occur for up to 14 days after the last ingested dose of disulfiram.
- Can range from moderate to severe.

Disulfiram may be appropriate for Flight Attendants who:

- Are motivated for treatment and committed to total abstinence.
- Have undergone detoxification or are in the beginning stage of abstinence.
- Understand the consequences of drinking alcohol while taking disulfiram.
- Willing to carry a medical alert card indicating that they are taking disulfiram.

ORAL NALTREXONE

Trade Name: Vivitrol

How Taken: Tablet by mouth once daily.

Vivitrol is a long-lasting opioid antagonist (blocker) that reduces both the rewarding effects of alcohol and the craving for it. It is typically prescribed to:

- Help clients abstain from drinking and opiate use.
- Reduce heavy drinking in those who drink.

Naltrexone's opioid antagonist properties make it a good treatment option for individuals who, in addition to having an alcohol use disorder, have a history of opioid abuse/dependence and are abstinent from opioids.

However, pain management for clients taking oral naltrexone can be complicated because the medication blocks the effects of opioid analgesics. Clients must be fully withdrawn from all opioids before beginning naltrexone treatment.

EXTENDED-RELEASE INJECTABLE NALTREXONE

Trade Name: Vivitrol

How Taken: Intramuscular (IM) injection once every four weeks.

Extended-release injectable naltrexone has the same effect as oral naltrexone. The injected medication is slowly released into the blood stream, and the effects last approximately four weeks.

Flight Attendants who may benefit from injectable Naltrexone are those who:

- Are motivated to maintain abstinence or to reduce their drinking.
- Have problems adhering to medication treatments.

Taking opioids or opioid medications while on naltrexone increases the risk of overdose, respiratory arrest, coma, and death. Therefore Flight Attendants with pain are advised to:

- Know about other options for pain medication.
- Know about risks of opioid use while on naltrexone.
- Tell all healthcare practitioners (e.g., dentists, pharmacists) that they are receiving naltrexone.
- Carry a medical alert card that states they are taking naltrexone, indicating whether it is taken orally or by injection, and listing the physician or institution to contact in an emergency.
- Flight Attendants who must use opioid analgesics for surgery or other medical procedure should discuss their use of naltrexone with their healthcare practitioner.

2. MAT for Opioid Dependence

Methadone, LAAM, and buprenorphine are three opioids approved by the FDA for detoxification from other opiates. They can also be used in replacement therapy for opioid dependence. FADAP supports their use as detoxification agents for Flight Attendants but not as maintenance drugs. FADAP supports the use of alternative pain management therapies and interventions as well as non-addictive medications. Evaluation of a Flight Attendant's history of injuries, pain, and pain management approaches should be a core component of the treatment intake process. A non-opioid based pain management program should be a standard element of a Flight Attendant's treatment and aftercare plan as needed.

FADAP Recommendations

Use of medication therapies and emerging technologies that support recovery should be a core consideration of all Flight Attendant treatment plans.

Offering therapies that serve as an alternative to the use of medications which undermine recovery should be readily available to recovering Flight Attendants across their professional life span.

Section 11: Creating a FADAP at Your Organization

Conceptual Framework

FADAP is a peer driven prevention and early intervention program for the Flight Attendant profession, regardless of employer or affiliation. At the core of the program is a group of Flight Attendant peer helpers who are trained to listen, assess flying partners' needs, recommend appropriate referrals for the evaluation of treatment needs, and provide support throughout the recovery process. Peer support programs rely on the concept of natural helping. Natural helpers exist in all workplaces and function without programs or systems. They are typically the confidants, the good listeners, and the nonjudgmental members of the group. Sometimes, they are recovering Flight Attendants themselves. Being in recovery, however, is not a criterion for being a FADAP peer. FADAP formalizes the role of peer helpers and offers training and resources for them to be effective in this role.

FADAP Design

A FADAP can be started within a Flight Attendant workgroup regardless of whether a peer or company assistance program already exists. FADAP does not compete with these programs. Instead, it complements and enhances efforts by providing a range of resources that support their work around Flight Attendant substance abuse.

Within each Flight Attendant workforce, the services offered under FADAP can be tailored to meet the investment abilities of those involved in the program. FADAP can start out as a simple prevention program that offers Flight Attendants substance abuse information. Later, that same FADAP can provide a more robust continuum of services like intervention, treatment referral, and post treatment support. Each organization determines what type and how many services it wants to provide.

Resources from FADAP, Washington, DC

The following resources are available to any Flight Attendant workgroup that is interested in starting a FADAP within their organization or wishes to enhance their existing Flight Attendant assistance services. If you would like more information about the below listed resources, contact FADAP, Washington, DC at 855-33FADAP.

- A Customizable web-based Case Management System which can help the program manage and measure the effectiveness of its work with Flight Attendants. The system is called "Caseworks".
- A 24/7 toll free call center which will patch all callers directly into their organization's peers.
- A website dedicated to educating Flight Attendants about substance abuse and serving as a means to identify and connect with peers at their organizations (www.fadap.org).
- A FADAP.org email address which readily identifies a Flight Attendant as a FADAP peer.
- Electronic and hardcopy FADAP promotional and educational materials.
- Educational seminars /conferences to advance the knowledge and skills of peers and organizational stakeholders on Substance Abuse related issues.

- Access to a network of recovering Flight Attendants who volunteer their time to support Flight Attendants in the early stages of recovery as they return to flying. Mentors are separate from FADAP peers. They are not involved in prevention and intervention. At a recovering Flight Attendant's request, a mentor's name is provided to the Flight Attendant as a return to flying recovery resource. The nature and extent of their relationship is determined by the mentor and the recovering Flight Attendant.
- Access to a network of recovery programs and professionals that have experience treating Flight Attendants.
- Consultation on creating a FADAP for your Flight Attendant workgroup.

Steps to Creating a FADAP

1. Identify the Need.
A needs assessment is a process of collecting and examining information about a problem and then using this data to identify and prioritize recommendations. Data on Flight Attendant substance abuse may not be readily available; but, there is a plethora of data on alcohol and drug abuse in the workplace that can help characterize the safety and cost risks associated with workplace impairment. There is also data on the return on investment for offering early intervention and access to treatment through peer driven programs. National FADAP can assist with providing comparative data and consultation around the needs assessment process. Other data sources include:

- National Institute on Drug Abuse (NIDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Clearinghouse for Alcohol and Drug Information (NCADI)
- National Center on Addiction and Substance Abuse (CASA)

Data which may be particularly relevant for determining the need for FADAP could include: How widespread is substance abuse within the transportation industry? How available are alcohol and drugs (legal and illegal) to Flight Attendants? How common is alcohol and drug use within the Flight Attendant profession; Have there been more alcohol and drug related occurrences of injuries, sick leave usage, and discipline? What identifiable trends are occurring within the alcohol and drug testing program for the Flight Attendant workgroup?

2. Present the Needs Assessment to Stakeholders.
It is critical to think through what stakeholders could be involved in the design and implementation of the FADAP at your organization. FADAP can be launched solely by a group of dedicated Flight Attendants within an organization. It can also be a multi-stakeholder effort which includes endorsement and support from such interests as:

Human Resources/Benefits Department
Union
Inflight Management
Risk Management/Safety Department
Company Employee Assistance Program
Medical Department

Drug Testing Department

3. Design, Implement, and Measure the Effectiveness of FADAP.
After gathering stakeholders together to share the results of the needs assessment phase, the stakeholders will hopefully endorse and/or support the development of a FADAP. Next, it is time for stakeholders to roll up their sleeves and hammer out the FADAP design together. Recommended issues to consider in the design process include:

- The climate in which FADAP will be launched.
  The climate includes existing relationships between stakeholders, the characteristics and distribution of the Flight Attendant workforce; company substance abuse policies; health benefit structure and company EAP structure.

- The resources and expertise that each stakeholder brings to support the FADAP.
  A portion of the operational infrastructure and peer training needed to implement and maintain a FADAP at an organization are available at no cost to the organization through National FADAP. See "FADAP Resources for Your Organization."

- The role, selection, initial and on-going training of peers.
  Peer Characteristics that are typically seen as valuable include being a good listener, trusted and respected by one's peers, able to keep information confidential, stable in one's own personal life, and if in recovery, has at least two years of clean time. FADAP, Washington, DC offers seminars twice a year to educate FADAP peers and stakeholders on substance abuse related issues. These seminars can serve as initial training for peers. The annual FADAP conference can serve as a vehicle for continued peer development.

- Initial roll-out and on-going communication of the program.
  A multi-method approach is best when communicating with the ever moving Flight Attendant. Consider adopting the goal of offering Flight Attendants access to prevention information across their professional lifespan. Frequency of information is equally important as duration. Consider sending out information often. Initial and recurrent trainings are perfect opportunities to provide information. Electronic and hard copy FADAP brochures and posters are available through FADAP, Washington, DC.

- Methods to measure the effectiveness of the FADAP program.
  It is important to identify what goals the FADAP program hopes to achieve; to figure out a way to measure whether those goals are being met; and to build those measurement processes into the FADAP as it is being designed. Remember, the FADAP case management web ware offers peers the opportunity to track and measure a number of treatment processes and outcomes.

  Certain non-negotiable guiding principles are necessary to ensure a successful FADAP program. The below principles should be discussed and incorporated into the program design.

  Confidentiality is key.

FADAP peers will not diagnose.
FADAP peers are not agents, tools or instruments of management.
FADAP peers are Flight Attendants and intervene only with their peers- other Flight Attendants.

4. Collaborate with Other Peer Assistance Programs.

Don't forget to "borrow" what works from existing peer assistance programs within other workgroups, especially the HIMS program for pilots. Some of the features of the HIMS program are not applicable to FADAP as Flight Attendants are not medically certified; but, many of the HIMS features are. Remember, FADAP and HIMS are both addressing the disease of addiction which presents with the same symptoms and personal consequences regardless of profession. Developing collaborative activities with HIMS, like training, cross referrals, and outreach, can also enhance the mission of FADAP and HIMS. After all, safety includes the wellbeing of the professionals both in the cockpit and the cabin.