

EXECUTIVE SUMMARY

Since the HIMS program was implemented in 1974, leaders in the U.S. aviation industry have worked to identify and rehabilitate pilots who suffer from alcoholism or other chemical dependencies. This effort has significantly enhanced flight safety and provided substantial cost benefits. The HIMS program continues to provide success rates among the highest achieved by any addiction related occupational health program. The HIMS program is the best method to address the presence of this costly, progressive, often fatal medical condition in the aviation workforce.

In 2011, the cost of alcohol misuse and abuse in the U.S. was estimated to exceed \$175 billion annually. Combined with the cost of abusing other drugs, the total has been estimated to exceed \$290 billion, including excessive healthcare costs of \$22.5 billion. A U.S. National Institute of Health (NIH) study reported in 2007 that 21 million Americans needed but failed to receive treatment for chemical abuse. Studies have shown that heavy drinkers are at greater risk for diabetes and certain types of cancer, they over-utilize medical and disability benefit plans, and they experience excessive lost time from work. For an estimate of costs specific to your company, go to the Alcohol Cost Calculator website at <http://www.alcoholcostcalculator.org>.

The 2010 National Household Survey of adolescents, released by the National Institute on Drug Abuse (NIDA), reported that illicit drug use, including cocaine and crack, had leveled off since its decline in the mid- to late- 1990s, while daily marijuana use had increased. By some measures, marijuana use was reported to be ahead of cigarette smoking among high school seniors.

The 2007 National Survey on Drug Use and Health (NSDUH) reported that from 2002 to 2004, 8.2% of full-time workers and 11.9% of part-time workers aged 18 to 64, used illicit drugs in the previous month. During those same years, 8.8% of full-time and 8.6% of part-time employees used alcohol heavily, in the previous month. Heavy alcohol use was defined as drinking five (5) or more drinks on five (5) or more different occasions, during the previous 30 days. In the same report, 6.2% of Transportation and Warehouse workers used illicit drugs, while 8.6% drank heavily during the previous 30 days. A 1991 NIDA report, noted that 70 % of current illegal drug users were employed. In an article entitled "Management Perspectives on Alcoholism", Bernstein and Mahoney reported that 40% of industrial fatalities and 47% of industrial injuries could be linked to alcohol consumption and alcoholism. Those same authors observed that absenteeism among alcoholics and problem drinkers was 3.8 to 8.3 % greater than normal. Drug-using employees used three (3) times as many sick benefits and were five (5) times more likely to file a worker's compensation claim, than other employees.

According to the US Department of Labor (USDOL), for every dollar spent on an Employee Assistance Program, (EAP), employers generally saved from \$5 to \$16. In that same 2011 report, United Airlines estimated that it had seen a \$16.95 return for every dollar spent on employee assistance services.

Within the medical community, alcoholism and other chemical dependencies have long been recognized to be part of a physical disease process. Chemical dependency is not a weakness of character or simply a matter of individual choice. Genetic predisposition and other influencing factors are now viewed as important contributors to chemical dependencies. As with other diseases, chemical dependencies have a cause, a specific defect, diagnostic signs and symptoms, a predictable course, and they respond to uniform treatment with a similar resultant outcome. Alcoholism untreated, often leads to premature death. However, persons suffering from alcoholism and other drug dependencies respond to treatment, and full remission can be expected in most cases.

The workplace setting has proven to be the most effective place to intervene in the addictive process. The success of occupationally based programs to deal with chemical dependency has far exceeded the success of healthcare, community, or judicially based recovery programs. Workplace based initiatives, which offer treatment prior to job termination, have been estimated to produce recovery rates which are at least three (3) to four (4) times higher than community based treatment.

The U.S. aviation industry was one of the last employment settings to embrace the concept of industrial chemical dependency programs. Through 1971 no pilot had ever been returned to work following rehabilitation for alcoholism. In 1974 the Human Intervention and Motivation Study, (HIMS), grew out of a grant which created an alliance between the National Institute for Alcohol Abuse and Alcoholism (NIAAA), a federal agency, and the Air Line Pilots Association (ALPA), a labor organization. This study was designed to test the viability of a program to deal with alcoholism, as it might exist among the U.S. airline pilot population. There was no evidence of an epidemic of alcoholism among pilots, but in the interest of safety any untreated substance abuse was viewed as unacceptable. Within the substance abuse and occupational medicine fields, such a venue was unique because pilots were safety-sensitive, self-supervised professionals. Typically, industrial addiction principles had previously been applied only in work settings where there were hourly, and/or closely managed workers.

The HIMS experience showed that proper treatment and rehabilitation could produce highly successful rates of recovery. From 1972 to 1975, 14 pilots were returned to work following diagnosis and treatment, but since 1975, through the HIMS process, well over 5000 pilots have been treated and safely returned to the cockpit. Airline pilots have been safely returned to their former cockpit positions and maintained abstinence, 85 to 90% of the time.

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