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Alcohol Use among Law Enforcement

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ABSTRACT

Alcohol abuse and dependency has been an ongoing problem amongst the law enforcement community. Because drinking has been an acceptable part of the police culture and has been a way for officers to cope with the stressors of their work, issues with alcohol frequently go undetected. Repeated exposure to trauma, suicide, domestic violence, and mental health takes its toll on even the most highly resilient officer. Repeated exposure to these types of stressors often produces frustration, depression, anger, and other emotions, which officers are taught to suppress. Alcohol, because it is legal and acceptable, is frequently used as a means to escape or blow off steam, in what is known to law enforcement personnel as “choir practice.” Choir practice becomes problematic when it moves beyond the average gathering. Repeated negative patterns of behavior can result in problems on the job (e.g., absenteeism, suspension, discipline, etc.) and at home (e.g., relationship issues, substance abuse, fighting, etc.). The best way to protect officers from the tragedies of alcohol abuse is to educate them on the dangers. Prevention through education and the implementation of wellness programs help promote prevention, rather than intervention.

Alcohol Use among Law Enforcement

Law enforcement is a stressful occupation. Shift change, trauma, administrative challenges, and daily exposure to the terror on the missions of the street enervate even the most highly resilient and most skilled officer. However, officers are never completely bullet proof from the physical, emotional and spiritual challenges of this stressful career. Stress that becomes internalized over time may eventually result in the use of maladaptive coping skills.

One of the most historically prevalent and culturally acceptable maladaptive practices in law enforcement is the use of alcohol. Swatt, Gibson, and Piquero (2007) reported that problematic alcohol use has been an extensive issue in the past and present both in the United States and other countries. A study of 2,200 officers in 29 departments indicated approximately 23% of the police officers sampled had serious issue with alcohol use (Hurrell et. al., 1984).

Lindsay (2008) noted police officers were more at risk for alcohol issues than the general public, as a result of the types of stressors they face. Swatt, Gibson, and Piquero (2007) concluded that officers are exposed to various types of stressors (e.g., as internal, external, personal and routine). Internal stressors, such as administrative and agency stress include lack of support, low wages, long hours, overtime, no room for advancement, and personnel shortages. Internal organizational stressors are often emotionally suppressed by officers and become problematic when they begin to affect his or her ability to maintain self care and maintain overall wellness.

External stressors are correlated with factors outside of the officer's control, such as attitude of the general public, daily exposure to trauma, negativity, and frustrations when dealing with challenging and dangerous situations. Personal stressors include: family, relationships, financial issues, and irregular schedules. Routine stress includes the daily stressors of the job such as being exposed to violence and traumatic events. These types of stressors affect officers physically, emotionally and spiritually. Currently, law enforcement has been faced with budget cuts and personnel reductions, further compounding officer workload stress. Officers, if not provided with healthy coping skills and wellness programs, may revert to maladaptive means of coping with stress, with alcohol being a primary source.

The correlation between work stress and alcohol consumption among the law enforcement community may be much higher than what is reported. Alcohol is legal, and highly accessible. In addition it is an acceptable form of coping for officers. Approximately 17 million, or 1 in 12 Americans abuses alcohol or are alcoholic (Adelson, 2006). Violanti noted alcohol abuse among U.S. police officers was approximately double that of the general population (1999). The stress officers face and the fact that alcohol Kirschman (2006), reported that alcohol consumption among law enforcement personnel maybe even double the amount reported by the general population which further supports Violanti's previous research.

Long-term alcohol consumption by law enforcement officers will most likely begin as alcohol abuse and further progress into alcohol dependency. Alcohol dependency can manifest and result in absenteeism, hangovers, accidents, relationship discord, domestic violence and even suicide. Kirschman (2006) concluded, "15% of officers who tried to commit suicide had prior history of "excessive alcohol consumption" (p. 195). Problems such as alcohol dependency and the lingering effects usually result because officers are reluctant to seek help. Officers typically do not seek help is because officers do not wish to appear "weak or vulnerable" to their peers (Violanti, 1999). Typically officers are well adjusted and capable of solving problems. It may be difficult for officers to admit they struggle with substance abuse or addiction. Left untreated, alcohol abuse and addiction can be a deadly mix.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) (4th ed., American Psychiatric Association, 2000, pp. 197-99), the criteria for Alcohol Abuse is defined as a "maladaptive pattern of substance use leading to clinically significant impairment or distress with one or more of the following occurring over a 12 month period of time. (1) Recurrent substance use resulting in a failure to fulfill major role obligations (e.g. at work, school or home); (2) Recurrent substance use in situations in which it is physically hazardous; (e.g. driving a vehicle, carrying a weapon, or trauma exposure); (3) Recurrent substance related legal problems; (4) Continued use despite having persistent or recurrent social or interpersonal problems (e.g., arguments with a significant other, failure to get along with fellow officers).

Alcohol dependency is defined when the alcohol use progresses to further consequences beyond the abuse phase. Alcohol dependency is identified by three or more of the following occurring at any time in a 12 month period: (1) Tolerance as defined by either of the following: a need for increased amounts of the substance to achieve intoxication, and or a markedly diminished effect with continued use of the same amount of the substance; (2) Withdrawal, as manifested by either of the following: the characteristics more or less alcohol is needed to avoid withdrawal or the alcohol is necessary to avoid withdrawal symptoms; (3) The substance is taken in larger amounts over a longer period of time than the intended; (4) There are persistent unsuccessful efforts to cut down or control his or her alcohol use; (5) There is a great deal of time obtaining the alcohol; (6) Important social, occupational, or recreational activities are no longer engaged as a result of alcohol use; (7) Continued use despite his or her alcohol use despite persistent or recurrent physical or psychological problem as a result of their alcohol use (DSM-IV-TR, 4th ed., American Psychiatric Association, 2000, pp. 197-99).

Law enforcement personnel receive training on the warning signs of alcohol use, abuse, and dependency. In addition, they are close to their peers and may be the first line of defense against alcohol abuse, dependency, and the consequences of maladaptive coping skills. Alcohol abuse and dependency among law enforcement personnel can be reduced through educational programs and trainings, which aim at acknowledgement of the problem and a commitment to reduce the number of officers who suffer from alcohol abuse and dependency.

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