



# Prevalence, pattern, and a leader's intervention— The impact of alcohol abuse in police and public safety organizations

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## ABSTRACT

Excessive alcohol consumption among police officers and public safety professionals continues to be an organizational challenge. Alcohol abuse brings about considerable mental, physiological, and behavioural consequences for employees and their families. The severity and impact of this problem is particularly pronounced for police officers. The intent of this paper is to bring greater attention to workplace performance and health issues caused by excessive alcohol consumption. To address this challenge, leaders are encouraged to develop evidence-based policies and interventions, break down barriers caused by stigma, and prioritize the health and recovery of affected employees.

**Key Words** Leadership; excessive alcohol consumption; law enforcement.

Alcohol consumption is often a factor when police officers and employees of public safety organizations respond to community complaints, disturbances, or medical emergencies. However, the harmful effects of alcohol consumption are not solely limited to the recipients of emergency services. Concerningly, alcohol abuse has a very real and adverse presence inside of police services, potentially affecting employees of all areas and ranks. The research demonstrates that excessive alcohol consumption among officers remains a difficult issue and one that continues to challenge police leaders. While the factors that cause alcohol abuse in police services remain a subject of debate, leaders continue to strategize and develop evidence-based methods to curb behaviours that promote excessive alcohol consumption, both on and off the job. Without appropriate intervention, the reputations of police services, the safety of the public, and the health and well-being of police officers remain problematic and at risk.

Excessive alcohol consumption can mean different things to different people. However, in public health terms, it is characterised by drinking large quantities daily, repeated occurrences of drinking to intoxication, drinking that causes mental and or physical harm, and drinking leading to alcohol dependency. Researchers have provided estimates of the prevalence of excessive alcohol consumption among police officers, reporting that up to one-third of police officers abuse alcohol (Davey et al., 2000a). A similar inquiry revealed that

police officers' consumption of alcohol is double that of employees of non-policing professions (Kirschman, 2006). Equally discomposing is the finding that both male and female police officers engage in binge drinking more frequently when compared with professionals of other industries (Davey et al., 2000a; Weir et al., 2012). Alternative findings (Lindsay, 2008; Weir et al., 2012), suggesting that police officers do not consume alcohol at greater rates or in greater amounts than the general population, still encountered participants warranting administrative intervention. Admittedly, the consumption of alcohol even in the smallest quantities prior to work or while on duty can have serious safety consequences for police officers and members of the public. Therefore, it is imperative that police leaders continue to grow their understanding of the prevalence, patterns, and causes of alcohol abuse—those included in the literature, and those derived from one's own occupational experience.

Research provides insight into observed patterns of excessive alcohol consumption attributed to police officers. For instance, both marital status and years on the job are identified variables that correlate with levels of alcohol consumption. One study confirmed that over half of its sample of police officers was at risk of abusing alcohol after completing 4 years of policing (Beutler et al., 1988). Additional research revealed that police officers with 4 to 10 years of service, and those who reported being unmarried, were more likely to

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consume alcohol at excessive levels than officers with over 10 years of service and those who reported being married (Davey et al., 2000a). Rank was an additional variable found to correlate with alcohol consumption. The research suggests that lower-ranked police officers consumed alcohol at more harmful levels than higher-ranked officers (Davey et al., 2000a). A recent study, however, found that harmful alcohol use was twice as likely among those officers in the highest income brackets (Irizar et al., 2021). Additional research demonstrated that officers diagnosed with post-traumatic stress disorder (PTSD) were associated with higher rates of addictive disorders, including alcohol use disorder (Brunault et al., 2019). These findings, and the very public domain in which the behaviour occurs, have caused both researchers and police leaders to increase their efforts, as they attempt to understand why it is that police officers reportedly consume more alcohol than the average working professional. To answer this question, a significant amount of attention in the literature has been aimed at two unique elements of the profession: occupational stress and police subculture.

It is well accepted that occupational stressors have the ability to influence the alcohol consumption patterns of police officers. Factors that increase occupational stress for police officers include an unconventional working climate that necessitates adaptive skills and officers' willingness to expose themselves to danger. On a regular basis, police officers face horrific experiences that may result in severe physical, psychological, and emotional outcomes (Cross & Ashley, 2004; Leino et al., 2012; Hartley et al., 2013). These experiences can include sudden or critical events, violence, physical injury, or death. Additional contributions to on-the-job stress include work overload, irregular and extended shifts, on-call assignments, and the constant interruption to one's personal and family life (Elliot & Shanahan, 1994). Interestingly, and perhaps unexpectedly, police officers have long identified their paramount stressors as those that originate from within the police organization, such as low participation in decision-making, conflicting messages from administration, various inequities, and organizational rules and policies (Alkus & Padesky, 1983).

For many years, criminologists have recognized the unique subculture of police officers (see Banton, 1964; Cain, 1973; Rubinstein, 1973; Skolnick, 1966; Westley, 1970; Cochran & Bromley, 2003). The body of literature suggests that police subculture, which embodies the shared norms and behaviours of officers, has been cultivated internally to afford protection from external stressors and threats. Additionally, it is proposed that the attributes of police subculture, such as the promotion of loyalty, and its unique customs and bonding agents promote the safeguarding of police officers from risks that persist within and outside the organization (Kingshott et al., 2004). In line with the literature, subculture may also promote higher rates of alcohol consumption in policing. It is theorized that this behaviour is tied to the unique working environment of officers and the many social happenings and traditions that are believed to aid with stress reduction (Dietrich & Smith, 1986; Fillmore, 1990; Davey et al., 2000b). This includes high teamwork and low visibility settings, assignments that permit relaxed access to alcohol while working, and traditions that encourage socializing after work. Also acknowledged is that these subcultural patterns can be

handed down from senior to junior officers as part of a shared learning process (Kappeler et al., 1998).

While not all research may agree with the causes of excessive alcohol consumption among police officers (Lindsay et al., 2008), the undeniable consequence of this problem is the impact on reported performance outcomes. Alcohol abuse diminishes an employee's task performance and accumulation of human capital and increases the likelihood of physical impairments such as disability or injury (Hodgkins et al., 2009; French et al., 2011). The hangovers caused by excessive alcohol consumption are also reported to reduce employee performance (Ames et al., 1997). Further, alcohol intoxication and withdrawal symptoms are linked to increases in employee impairment, absenteeism, misconduct, and drunk driving (Hodgins et al., 2009; Rushton & Lynch, 2019).

The impact of alcohol consumption on the health and well-being of police officers is equally distressing. The medical community has long recognized that prolonged alcohol use negatively impacts brain activity, cognitive performance, neurotransmitter levels within the body, cellular membrane structures, and nerve pathways (Glenn et al., 1989). Alcohol has the ability to permeate all bodily organs and is able to affect the efficacy of all physiological components of the human body (Rachdaoui & Sarkar, 2017). From a mental health perspective, the literature confirms that a range of mental health illnesses, which include depression, anxiety disorders, and bipolar disorder, coexist with, and can worsen as a result of excessive alcohol consumption (Shivani et al., 2002; Boden and Fergusson, 2011).

The above consequences of alcohol abuse provide measurable challenges for leaders, who have the inherent responsibility of identifying and preventing this behaviour within their organizations. From a regulatory standpoint, police services have established a wide range of internal policies and disciplinary measures to control alcohol abuse (Stinson et al., 2012). For instance, some police services have instilled zero-tolerance policies with respect to alcohol consumption while on duty. Others have taken the additional measures of enacting alcohol consumption policies during off-duty hours and consumption limits when in public view. Notwithstanding, the knowledge of patterns and the prevalence of alcohol consumption in police services provide leaders with valuable information and the opportunity to strategize and implement alcohol-reduction programs and interventions when and where it counts.

For interventions to be successful, police leaders should consider implementing proactive and reactive programs that focus on prevention and treatment (Waters & Ussery, 2007). Proactive interventions promote awareness and identification, supporting resources, and well-being programming offered by clinicians, mental health experts, and medical advisors. Reactive interventions may include reducing factors in the police environment that are responsible for, or encourage, alcohol consumption. This may mean, for instance, increasing the amount of supervision for groups of officers who have a greater ability to access alcohol at work. It may also include adjusting work locations and schedules so that they become less accommodating to social gatherings that promote alcohol consumption.

One form of intervention preferred by police services is enlisting Employee Assistance Programs. By taking a supportive

approach, these programs are able to connect officers with health professionals who are able to help with a wide range of issues, including substance abuse, mental health, and addiction. However, leaders should be aware of the barriers experienced by officers when seeking this form of intervention. Complicated shift schedules and overtime requirements often hinder officers' ability to attend appointments (Davey et al., 2000b). An additional obstacle cited by officers is their reluctance to participate in any type of intervention program due to strong subcultural norms and stigmas that serve to deter seeking help over fear of their problem being exposed to colleagues and management (Waters & Ussery, 2007). Similarly, the research tells us that officers are unlikely to report to management that their colleagues may have drinking problems (Violanti et al., 2011). Clearly, occupational stigma continues to represent a sizeable obstacle for officers, preventing access to appropriate support and treatment for alcohol abuse and mental health problems (Velasquez & Hernandez, 2019).

Evidence-based interventions and alcohol awareness programs designed to address excessive alcohol consumption should be administered strategically—at career intervals of susceptibility and based on the data. Appropriate screening tools can help leaders accomplish this task. The Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization, was designed specifically to help practitioners target patients who identify as excessive alcohol consumers (Babor et al., 2001). With decades of evaluation and validation completed, the 10-question screening test can be administered across a variety of at-risk subpopulations (Allen et al., 1997). Further, the test's short length and ease of application provides leaders of public safety organizations and police services, the opportunity to collaborate with trained healthcare professionals and integrate this screening tool into planned interventions. Notwithstanding the above findings, one recent examination of the relevant literature suggests that the evidence supporting the effectiveness of workplace alcohol abuse intervention is weak (Yuvaraj et al., 2019). However, the same study confirmed intervention effectiveness for the heaviest alcohol consumers. This latter finding may be significant for leaders who have limited resources and scope or who find themselves primarily dealing with issues caused by employees who have serious alcohol dependencies.

Progress in the application of alcohol screening in a complementary workplace has been documented in a recent study of military personnel. The research outlines a coordinated and integrated alcohol care pathway designed to manage excessive alcohol consumption in consistent ways across the organization (Rushton & Lynch, 2019). A key approach of this evidence-based intervention includes the participation of specially trained health practitioners, who conduct screening assessments and deliver misuse treatments. This collaborative and phased approach also employs motivational methods and flexible treatment options. For example, a treatment pathway for an employee may include an alcohol brief intervention (ABI) (World Health Organization, 2017). This can be a short conversation, face-to-face or over-the-phone, or an electronic communication that is non-confrontational and motivates employees to make changes to their drinking behaviours. An ABI also assists in determining the appropriate treatment based on the severity of the alcohol problem. Brief

interventions may be more conducive to the complex and fast-paced occupational environment associated with public safety and policing, providing officers with ease of access to learn about the results of their screening and the steps required to make a more permanent lifestyle change.

Whether the causes of excessive alcohol consumption are occupational stress, police subculture, or otherwise, police leaders can challenge organizational norms and stigma and introduce evidence-based policies and interventions designed to reduce and treat excessive alcohol consumption. Alcohol-related incidents involving officers undermine the public's confidence in the police and weaken the public's faith in the justice system. In cases where problematic behaviours are identified, an evidence-based intervention implemented by leaders, provides the greatest likelihood that the health and well-being of the affected officer is prioritized, reducing the current and future impact of alcohol abuse on the officer, as well as on their workplace, family, and community.

#### CONFLICT OF INTEREST DISCLOSURES

The author has no conflicts of interest to declare.

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