Alcohol and Tobacco Consumption among Police Officers

DEREK R. SMITH, SUE DEVINE*, PETER A. LEGGAT*
AND TATSUYA ISHITAKE**

Department of Hazard Assessment, National Institute of Industrial Health, Kawasaki 214-8585, Japan,
*School of Public Health and Tropical Medicine, James Cook University, Townsville 4811, Australia
and **Department of Environmental Medicine, Kurume University School of Medicine,
Kurume 830-0011, Japan

Received 4 December 2004, accepted 8 March 2005

Summary: Police occupy an important position within the community as both enforcers of the law and as role models for appropriate behavior. Despite this interesting juxtaposition, research has shown that they may consume alcohol and tobacco at rates higher than the general population. A significant causal factor is occupational stress, and the fact that police are regularly exposed to stressors beyond the range of normal human experiences. Given this ongoing and unavoidable relationship, the recognition and control of stress is paramount within law enforcement. Because police stressors are usually multi-faceted, health promotion interventions should focus on stress-reduction at both the institutional and individual level. Examples of health promotion strategies may include reducing overtime, carefully organizing shift rosters, streamlining administrative processes and allowing rest breaks for those on the night-shift. Interventions which focus on the individual are also important, because excess alcohol and tobacco consumption levels often relate to individual stress-coping mechanisms. Programs to help recognize and prevent excess alcohol and tobacco consumption may be worthwhile, as too, counseling, interpersonal support and critical incident debriefing. Promoting non-drinking and non-smoking stress-reduction activities where police can socialize and de-brief with their colleagues may be beneficial. Encouraging social events at sports clubs and gyms has also been suggested. In order to achieve these goals however, governments will need to place a greater emphasis on the occupational health of police officers and the law enforcement agencies in which they work.

Key words police, alcohol, tobacco, stress, health promotion

INTRODUCTION

Police occupy an important position within public life, as they are expected to be role models of appropriate behavior which naturally extends to alcohol, tobacco and drug consumption. Simultaneously, as upholders of the law, police are also required to enforce liquor licensing and tobacco regulation. Despite this interesting juxtaposition, police are known to consume alcohol and tobacco at higher rates than the general population [1]. A previous study of Australian police for example, found almost half the participants drank alcohol excessively and almost one-third of the males were binge drinkers [2]. The situation was more common in men than women, although the actual quantity appeared to be decreasing in line with an overall decline in alcohol consumption among the general population. Another Australian investigation also revealed that 35% of operational police officers were at-risk of problem drinking and 3.5% were alcohol-dependent [3]. In the United States, it has been estimated that the
prevalence of alcohol abuse among police is roughly double that of the general population [4]. Research conducted across a range of different occupations also found that 8% of all heavy drinkers were police officers [5]. Furthermore, it has been suggested that an increased rate of smoking among police is probably underestimated, often because they fear disciplinary consequences [5]. Regarding smoking, a large cohort study from the United States revealed that police had one of the highest smoking rates among all professions [6]. More than one-quarter of Australian federal police who visited a police health clinic were found to be cigarette smokers [7]. Although the exact rate of smoking and drinking has not been elucidated among Japanese police, there are many reasons why it might be higher than the general community, and these are worth exploring.

ALCOHOL, TOBACCO AND OCCUPATIONAL STRESS

One of the most common reasons for alcohol and tobacco overuse usually relates to occupational stress [8,9]. A previous American study for example, showed how highly-stressed police often drank more than they had planned, and were at greater risk of developing alcoholic-type behavior [10]. In some cases, alcohol may become the primary method used to cope with workplace stress among police [5]. Police often de-brief with their colleagues following critical incidents, during which time alcohol is consumed [3]. This may have particularly important consequences for female police, who have been shown to experience greater stress than their male counterparts [11]. Policewomen may also feel the need to 'fit in' with men and emulate their male colleague's drinking prowess [2]. Although the demographic of police forces is changing throughout the world, men continue to dominate in law enforcement and it can still be viewed as a predominately male profession [12]. Many male-dominated workplaces tend to show higher rates of drinking than those industries with balanced gender rates. Gender and stress are not the only risk factors however, with rigidly hierarchal police culture, management conflicts and limited job satisfaction also believed to be important [2].

As well as alcohol, various studies have shown that police officers tend to smoke tobacco at rates higher than the general population [6,13]. At the present time however, the smoking prevalence rate among Japanese police is unknown. Male police are generally more likely to smoke than females, and smoking overall smoking prevalence seems to increase with age [2]. The reasons why police smoke at high rates is complex and shares many common characteristics with excess alcohol consumption among law enforcement officers. Physiological changes due to shift-work, such as disrupted sleep patterns and circadian rhythms may contribute to elevated smoking patterns among police, as shift-work is known to be a common risk factor for smoking across a variety of occupations [14]. However, stress is probably the most important contributor to excess smoking levels within law enforcement. In this regard, a previous American study showed that officers who smoked experienced high-stress levels more than twice that of non-smokers [9]. Smoking may be used either deliberately or inadvertently as a stress-coping mechanism within law enforcement [8]. As work-related stress may increase with length of service [13], it is possible that such situations make it difficult to quit smoking in the long term, especially if the stress lingers for some time. This is particularly relevant in smoking-control programs, as research has shown that police officers do not always recover from stress before leaving their shift [15].

HEALTH PROMOTION TO HELP REDUCE DRINKING AND SMOKING RATES

Workplace health promotion represents an ideal method for the development of healthy institutional policy [16]. From both an institutional and personal point of view, workplace health promotion is an ideal strategy for meeting the occupational health challenges of excess drinking and smoking among police. There are a few reasons for this. Firstly, the workplace is well recognized as an ideal setting to enhance wellbeing using health promotion approaches [17]. Marmot and Wilkinson [18] describe stress as an important social determinant of health, and using workforce approaches provides an opportunity to deal with both the sources of stress and the effects that this stress has on individual employees [19].

Given the significant and well-documented relationship between stress and excess alcohol or tobacco consumption, the recognition and control of stress is paramount within law enforcement [8]. Because of the multi-faceted nature of police stress, health promotion interventions should focus on stress reduction at both the institutional and individual level. Secondly, by using the Ottawa Charter [20] as a framework, a number of approaches can be taken, both at an individual and at a broader organizational level. According to the five principles of the Ottawa
Charter, strategies should include building healthy public policy, creating supportive environments, reorienting health services, strengthening community action and developing personal skills [20]. Examples of health promotion strategies to address these problems may include (but are not limited to) the following: reducing overtime, more careful organization of shift rosters, scheduling court appearances to on-duty hours, streamlining administrative processes and allowing rest breaks for night-shift workers [21].

Interventions which focus on the individual are also important, because excess alcohol and tobacco consumption levels among police often relate to their individual stress-coping mechanisms. Programs to help recognize and prevent excess alcohol and tobacco consumption may also be worthwhile, as too, counseling, interpersonal support and critical incident debriefing for staff [3,8]. Promoting non-drinking and non-smoking stress-reduction activities where police can socialize and de-brief with their colleagues may be beneficial. Encouraging police sporting events at sports clubs and gymnasiums has been suggested as appropriate health promotion approaches in this regard [3]. Nevertheless, it is important to acknowledge that although individual-focused methods are clearly important, they must complement other efforts that are being made to identify and address sources of ill-health related to this particular area of work [17]. The way in which the workplace is influencing health behaviors and health will need further investigation. Building the capacity of law enforcement agencies to create an overall organizational culture and commitment that supports the health and wellbeing of the workforce is more likely to result in long-term sustainable changes. As defined by Hawe and colleagues [22], this should include the ‘development of sustainable skills, structures, resources and commitment to health improvement.’ In order to achieve such goals, governments will need to place a greater emphasis on the overall occupational health of police officers and also the law enforcement agencies in which they work in Japan, as elsewhere [8].

References