

**THE BILL BLACKWOOD
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS**

**Assessing the Need for an Alcoholic
Employee Assistance Program.**

**A Policy Research Project
Submitted in Partial Fulfillment
of the Requirements for the Professional Designation
Graduate, Management Institute**

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ABSTRACT

Alcohol abuse is a common problem in law enforcement throughout the United States and around the world. Alcohol is an outlet for stress that has been commonly used by police officers. The social and economical effects on law enforcement agencies from alcohol abuse, particularly to the health care system, are staggering. It has been found that alcohol abuse may be responsible for up to 15% of the nation's health care costs, and for significantly lowering productivity of workers at all levels (Mendelson, 1985).

The purpose of this research is to propose a system for identifying and handling a law enforcement agency employee with an alcohol abuse problem. This research will assist law enforcement agencies with establishing procedures for the proper handling of those employees with a suspected alcohol abuse problem. The Americans with Disabilities Act (ADA) classifies alcohol abuse as an illness and therefore it must be treated as such by law enforcement agencies (ADA, 1992).

Several methods were used in conducting this research. Information from published sources were gathered in the traditional manner. This was done from the perspective of governmental agencies, as well as the private sector. A survey of law enforcement agencies and their policies was also conducted. Finally, it was also necessary to consider effects of the ADA with respect to alcohol and drug abuse.

It was determined that, the development of an employee assistance program is not only useful, but may be required by law. Law enforcement agencies and officers are not exempt from the problem of alcohol abuse. In the past alcohol abuse has been either ignored or hidden away from public view. With the new laws, court cases, and the way that the public views alcohol abuse, professionals must keep up with the changing times and laws.

Introduction

Alcohol abuse has been a common problem in law enforcement for many years throughout the United States and around the world. Since the early stages of alcoholism are behavioral and not usually physical, the afflicted officer does not report to work with the shakes, hide a supply of alcohol at work, suffer from the DT's or need to have alcohol available at all times (Mendelson, 1985).

As the afflicted officer's disease advances, co-workers tend to shield the officer from superiors by hiding mistakes that are made. Despite co-workers efforts, the disease progresses and the afflicted officer's life becomes much worse. The officer is no longer in control of drinking habits and reports to work either with a hangover or under the influence of alcohol and now manifests the chief symptom of the disease of alcoholism -- loss of control. The officer's use of alcohol persists despite the pain that is suffered. This pain may be present as any number of medical or psychiatric problems, such as: loss of job, marital discord, social isolation and/or violation of the law (Giguere, 1982). These violations could cause the officer to either quit, be fired, or be placed in jail along side the people that he or she had arrested which could cause a dangerous, and needless scenario that is definitely avoidable.

It would be these discomforts and/or the efforts of defined policies and an employee assistance program (EAP) that would bring the afflicted officer to a doctor's office for diagnosis (Stovall, 1985). Enlightened police agencies have initiated policies and programs to intercept the problem drinker early on in the progression of the disease. Yet there are still many agencies that refuse to accept the fact that one or more of their officers may have an alcohol abuse problem, therefore refusing to provide any type of help or treatment. As with any disease, the earlier the intervention and treatment, the more likely that the results will be positive (Poley, 1974).

But what must be remembered is that any treatment attempts with law enforcement personnel must take into account the inherent differences associated with this specialized vocation (U.S. Bureau of Labor Statistics, 1985).

It is my desire in this proposal to show there is a great need for a policy within agencies that will help identify, assist, and educate officers that may have an alcohol abuse problem. This proposal will also help show the agencies not only the need for a policy to address alcohol abuse by employees but the legal requirements that the agency is under to provide services to there employees.

Historical Context

Even the most experienced professionals in the alcoholism field are reluctant to finalize a description of the alcoholic or what makes an alcoholic, because of ongoing studies that result in all kinds of contradictions. For instance, while there is strong evidence that alcoholism is hereditary, some sons and daughters of alcoholics are amongst the most vehement anti-drinking crusaders (Roe, 1974). Social environment is generally accepted as a factor in alcohol abuse, yet many bartenders and others constantly exposed to liquor are teetotalers.

Because there has been no place at work for an officer to disperse the anger and frustration of the job, it was often carried home, and the spouse and family would “ get it “ without provocation. After a rough day, an officer may arrive home and snap at their spouse because he or she is the first one there with a friendly greeting. This is similar to the individual who has a trying day at the office, fights heavy freeway traffic home, has a flat tire with no spare and upon approaching the house, is greeted ecstatically by the family dog, whereupon the dog is

kicked in indiscriminate anger. Unfortunately, in some relationships the spouse was unfairly treated like the dog.

In our society, many individuals define their identity or image of themselves through their work. When most people have a particularly difficult day or things are troubling them on the job, they are able to go home and share problems with their spouses and families. In law enforcement this sharing does not always happen. An officer's concerns about his frustrations, abilities, and possible mistakes are shared with fellow officers.

Most police officers tend to be clannish, and such attitudes tend to promote the idea that the officer's work partner is the most important person. This concept fosters the idea of "sticking together" even to the exclusion of the officer's spouse. One of the factors which reinforces this situation is shift work, especially the late-evening shift (Giguere, 1987). This shift can differ greatly from the spouse's schedule, as well as that of the most of society. Everyone needs to relax, to "let their hair down," and to share experiences. When an officer gets off duty at one or two A.M., or even at nine in the morning, the only people available to talk with are fellow officers who have just finished work also.

One of the most socially acceptable ways in the past to "let your hair down" or to "drop your guard" was through alcohol (Territo, 1981). After a few drinks, it was acceptable to admit weakness or failings because you were with friends and did not have to use the protective image that was maintained all day or night. Drinking also fit with the image of power and strength. It was not unusual to hear statements like: "They can hold there liquor well" or "They can drink anyone under the table." Both implied that such an ability was valuable and acceptable. Nothing could have been further from the truth.

Although such activity may have been necessary at the time and might have even been healthful, facultative, or cathartic for the officer involved, it created difficulties at home and work (Territo, 1981). The police officer would only share fears and frustrations with other officers and therefore received feedback and direction only from their peers, who often viewed things the same way. Thus people with different points of view (non-law enforcement), especially spouses, were left out of the process and therefore did not see a multidimensional person (Giguere, 1987). By admitting fears and problems only to people exactly like themselves, officers were able to put back on their armor and preserve the image that they thought their spouse and others expected of them.

Of course, not all alcoholics drink to escape. They also drink to achieve social acceptance, for confidence in business confrontations, to be “one of the gang,” or for any of a hundred other reasons. What all of them have in common is that they do not intend to become alcoholics. It is a progression that over a period of time catches up with them. Bill W., CO-founder of Alcoholics Anonymous, has called it the “progression from normal social drinking to symptomatic drinking to the addictive (alcoholic) state.”

Review of Literature

Nutrition has been implicated by some researchers as a possible cause. The craving for alcohol essentially represents a craving for a vitamin in which the person is deficient (Williams, 1959). The role of nutrition in the etiology of alcoholism is still controversial with therapies such as (megavitamin therapies) that continue to be based on this cause, and with the associated claims of success (Poley et al., 1979).

Research into the influence of such technical factors as metabolism, nutrition, endocrine balance, and neurological mechanism continues. Yet at the same time, a look at all this biological research suggests that, although a number of possible contributing factors have been identified, there is not yet conclusive evidence as to the cause and effect of alcohol abuse.

Psychological studies that define a typical alcoholic personality and particular personality traits are more easily understood. They generally depict the alcoholic as an escapist, with alcohol serving as the escape mechanism. These studies view the alcoholic as a dependent personality who turns to alcohol to escape the internal or external pressures such as job stress, marital problems, financial problems, illness in the family, or sexual anxieties.

A study of private companies throughout the United States reported that the motivating factors that caused businesses to develop policies and procedures along with an employee assistance program were: (a) to improve employee morale, (b) to help make the company a constructive force in the employees' lives, (c) to increase employee productivity, and (d) to increase the effectiveness of supervisors and managers (Maynard, 1983). Confirming these factors, Lewis (1981) added that organizations known to have established policies and procedures along with EAP's listed the major benefits as: (a) values employees have been helped and retained, (b) absenteeism and turnover has been reduced, (c) productivity has been improved, and (d) employee stress levels have been reduced. Feinstein and Okrasinski (1983) stated that for any company, funds not spent for health premiums and funds not spent to compensate for employee illness and absenteeism, represent profit. This is also true for non-profit and governmental agencies, with the results being saved contributions and/or tax dollars. Furthermore, they found that employers are discovering that the most effective way to reduce

health-care costs is for people to take better care of themselves and that business, labor, governmental and health-care administrators need to join together in this new approach.

A survey was sent to 30 law enforcement departments in Texas of which 20 responded (see appendices). The departments ranged in size from less than twenty employees to more than 10,000. The size of the department did not effect the presence of an employee assistance program. Only 10% of them had a written policy or procedures for identifying problem drinkers. Approximately 90% of them have no written policy dealing with prevention of alcohol abuse. Twenty percent of the departments had no policy to help in identifying and referring the afflicted officer to either an internal or external EAP. All of the departments surveyed stated that there is a need for a policy to help prevent the problem drinker. The study also showed that all of the departments felt that what policies they had in place were sufficient to handle the problem but were not really sure if they had any officers that were taking advantage of the EAP.

Two of the most important statistics that showed was the lack of training on the part of the supervisors to identify the symptoms of a problem drinker and the failure of departments to include alcohol testing as a random testing. These are two very important tools that departments have in their struggle against this costly problem.

Comparing the different research studies both from the private sector and from the law enforcement community many of the private companies are years ahead of police departments in there identifying and handling of problem drinkers. The private sector has realized that this is a great problem not only for the employee but also for their companies. There is much research from and about the private sector on this problem but very little from or about the law enforcement community other than it being added to stress studies a result of stress. Private companies have and are still spending money on research and treatment of alcohol abuse, but the

cost spent does not compare with the money that they have saved in medical expenses and lost time wages. The research has shown that law enforcement has either not been willing or has not been able to keep up with this growing problem thereby placing themselves in a position of having to try and put a Band-Aid on a large wound. This type of solution is not working and will not make the problem go away.

Discussion of Relevant Issues

Through all of the research it has been found that the most important issues that motivate agencies are civil liabilities, legal requirements and the cost to retain an employee (Seligman 1994). The civil liabilities that accompany an employee with an alcohol abuse problem are great as in the case of the Exxon *Valdez* oil spill of 1989. The jury in this case awarded \$5 billion in a law suit brought about by fisherpersons and other Alaskans claiming to have been damaged by the spill (Seligman 1994).

There is also the Ida Lee DeLaney settlement of thousands of dollars paid by the city of Houston stemming from an incident where three off duty intoxicated Houston Police Officers after becoming involved in a traffic altercation shot and killed Ms. DeLaney. Even though these officers were considered “off-duty” the city of Houston was still held liable for the officer’s actions. This is just one of the many law suits that are filed daily against law enforcement agencies across the country and which are being won at a high cost to the law enforcement officers, the agencies that employ them and to the governments under which these agencies fall.

The civil liability issue is a complex one to deal with. Law enforcement agencies not only have to make policies to protect the citizens they also have to take into account while they are making these policies the rights of the employees that these policies will effect. Employees that

have been affected by policy changes have sued charging discrimination (Seligman 1994). These employees have two laws on their side: the Rehabilitation Act of 1973 and the Americans With Disabilities Act (ADA) of 1990. Both say that recovering alcoholics and drug addicts may not be discriminated against because of their handicaps and disabilities. The 1973 act also appears to require affirmative action on behalf of the handicapped population and says nothing about exceptions for recovering drug and alcohol abusers. Agencies can of course, fire or reassign employees unable to perform their jobs, but in deciding who's able and who isn't, the agency may not consider their histories of addiction. Or at least that seems to be the prevailing view of both the U.S. Labor Department (which monitors the Rehabilitation Act) and the Equal Employment Opportunity Commission (in charge of the ADA). Both agencies tend to see the acts as clear mandates to combat prejudicial presumptions about the workplace performance of folks who have had alcohol problems.

The cost of an employee with an alcohol abuse problem on companies and agencies is astronomical. The most extravagant state-financed health campaigns have concentrated on the increasing awareness of the dangers and cost of drug abuse and 'safe' sex. The government's alcohol awareness education has been paltry in comparison. A study showed that the number of deaths from AIDS in Britain between January 1982 and the end of September 1994 was 6,712. The number of deaths from illness caused or related to alcohol in the same period was half a million (Nicolson 1995). This year 40,000 people are going to die from alcohol-related diseases as they have done year after year. It may be difficult to audit the social cost of alcohol. No one for the last ten years has bothered to try. The last available figures are only for 1983, when alcohol-related diseases and alcohol-related absenteeism were computed to cost the National Health Service \$1.6 billion (e.g., NIAAA, 1978, 1981). Drink industry spokespersons challenge

these figures as they fail to account for the effect on the Treasury. For example, the savings from an early death on a stated pension or the expense of an alternative, possibly longer-term disease. Nevertheless the damage goes on, with up to 14 million working days lost a year at a cost of \$700 million, and 40,000 families experiencing the financial and emotional loss of one of their members from the effects of alcohol. Health professionals and researchers are becoming more knowledgeable about alcoholism as more data about the problems posed by the effects of alcoholism become known. However despite recognition of the range of problems caused by alcoholism and alcohol abuse, approximately 8 to 10 million people, an estimated 85% of alcoholics and problem drinkers receive no treatment for the condition (Nicolson, 1995).

There are several different systems that are designed to help the police officer. One of these is *The Differential Diagnosis of Chemical Dependence*. This system is cost effective for the employer, the peace officer, and the practitioner. A fee of approximately \$1,000 is charged for the evaluation, diagnosis, and treatment plan. This compares favorably with that of a hospital based chemical dependence program at a daily rate of approximately \$350. The implementation of this suggested scheme, coupled with a progressive identification program, is definitely to the advantage of the individual department. Not only will such a program improve internal relations, but it will be quite cost effective. Research has shown that officers with alcohol dependence problems tend to miss 3+ days of work per month, which is a substantial increase over the average rate of 1/2 day per month prior to the development of their drinking problem (Rossi, 1984). Employers implementing such programs have seen a dramatic reduction in the number of on-the-job-accidents, and a dramatic reduction in absenteeism.

Conclusion/Recommendations

The purpose of this research is to show a need for a policy within departments that will help identify, assist, and educate officers that may have an alcohol abuse problem. I hope that this proposal will also help show the department not only the need for a policy to address alcohol abuse by employees but also the legal requirements that they are under to provide services to these employees.

Even a greater reason is due to the high media visibility of peace officers, it is politically advantageous for departments to develop prevention programs for their employees. The evolution of chemical dependence treatment dramatically demonstrates that treatment must be made to fit individual needs. Unless the program designed for a peace officer takes into consideration the special nature of their vocation, it is doomed from the outset. Therefore the best defense against an on-the-job crisis from alcohol abuse is to prevent it from happening by early detection, education and treatment.

This should be reason enough for law enforcement departments across the country-to admit to and face up to the reality that there is an alcohol abuse epidemic; to educate themselves to a thorough understanding of the problem; and to take efficient, knowledgeable corrective action.

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POLICY RESEARCH PROJECT SURVEY RESULTS

	City	County	State	Federal
How would you classify your agency?	<u>10</u>	<u>7</u>	<u>2</u>	<u>1</u>
	Under 50	51-100	101-500	Over 500
How many employees do you have working for your agency?	<u>9</u>	<u>7</u>	<u> </u>	<u>4</u>
			Yes	No
Does your agency offer alcohol abuse counseling?			<u>16</u>	<u>4</u>
	Under 10%	11-25%	26-50%	Over 50%
What percentage of your employees use the EAP that your agency offers?	<u>17</u>	<u>3</u>	<u> </u>	<u> </u>
	Under 10%	11-25%	26-50%	Over 50%
What percentage of employees served through your EAP have an alcohol abuse problem?	<u>17</u>	<u>3</u>	<u> </u>	<u> </u>
			Yes	No
Does your agency have a written policy regarding employee alcohol abuse?			<u>16</u>	<u>4</u>
	Policy Manual	Newsletter	Special Booklets	Employee Meetings
How does your agency announce your policies on alcohol abuse?	<u>16</u>	<u> </u>	<u> </u>	<u>4</u>
			Yes	No
Does your agency include alcohol screening as part of the interview process for your new employees?			<u>17</u>	<u>3</u>

POLICY RESEARCH PROJECT SURVEY RESULTS

		Yes	No	
Does your agency do unannounced alcohol checks with your employees?		<u>2</u>	<u>18</u>	
	Under 10%	11-25%	26-50%	Over 50%
What percentage of your employees who are alcohol abusers are self-referred to your EAP?	<u>17</u>	<u>2</u>	<u>1</u>	<u> </u>
	Under 10%	11-25%	26-50%	Over 50%
What percentage are referred by their supervisors?	<u>18</u>	<u>1</u>	<u>1</u>	<u> </u>
		Yes	No	
Do you offer education programs to employees regarding alcohol abuse?		<u>3</u>	<u>17</u>	
		Yes	No	
Do you provide supervisors with specific information about recognizing signs of alcohol abuse?		<u>4</u>	<u>16</u>	
		Counsel Employee	Assess Refer	
Do you provide departmental counseling to alcohol abusing employees or do you assess and refer them to outside treatment facilities?		<u>8</u>	<u>12</u>	
	On-Site Counseling	Contract	Private Off-Site	
If your agency refers employees to outside facilities, are these facilities :	<u> </u>	<u>9</u>	<u>11</u>	
		Yes	No	
Do you provide counseling to employees who are using alcohol, but who are not using them in an abusive manner?		<u>2</u>	<u>18</u>	

POLICY RESEARCH PROJECT SURVEY RESULTS

		Individual Counselor	Treatment Facility	
Do your employees prefer to see an individual counselor or go to a treatment facility in order to receive assistance for their alcohol abuse problems?		<u>17</u>	<u>3</u>	
	Under 10%	11-25%	26-50%	Over 50%
What percentage of your employees who have received alcohol counseling have recovered?	<u>18</u>	<u> </u>	<u> </u>	<u>2</u>
		Yes	No	
Are you satisfied with the current policies and procedures your agency has established for employees who are abusing alcohol?		<u>17</u>	<u>3</u>	

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