Assessing and Responding to Substance Misuse in Law Enforcement[*]

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I. INTRODUCTION

Law enforcement personnel are frequently challenged with alcohol, illicit drug, or prescription drug misuse personally, within their families, among their co-workers, or just professionally. With prescription drug misuse growing nationwide, this problem appears to be increasing within policing as well. News reports highlighting incidents of police officers' involvement with substance misuse have included well-respected officers who became addicted to prescription opioids obtained from evidence stored in the custody room,[1] an intoxicated officer with prior drunk driving convictions causing a crash that resulted in the death of his co-officer,[2] and an officer who crashed a patrol car after drinking on-duty.[3] Law enforcement officers become involved with substance misuse for a range of reasons

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1. *See, e.g.*, Stephanie Leydon, *The Opioid Crisis: An Unlikely Inmate*, WGBH NEWS (Oct. 19, 2015), https://news.wgbh.org/post/opioid-crisis-unlikely-inmate; Peter Hermann, *How an FBI Agent Who Arrested Drug Addicts Became One Himself*, WASH. POST (June 28, 2015), https://www.washingtonpost.com/local/crime/how-an-fbi-agent-who-arrested-drug-addicts-became-one-himself/2015/06/28/4bd15492-1438-11e5-9518-f9e0a8959f32_story.html; Jon Tuleya, *Former Upper Darby Cop Allegedly Stole Thousands of Pills, Cash from Evidence Room*, PHILLYVOICE (Nov. 18, 2015), http://www.phillyvoice.com/former-upper-darby-police-officer-arrested-alleged-evidence-theft/.

2. Jonathan Dienst & Brian Thompson, *Cop Driving in Deadly Staten Island Crash Had BAC Three Times the Legal Limit: Sources*, NBC N.Y. (Apr. 24, 2015), http://www.nbcnewyork.com/news/local/Linden-Police-Officer-Pedro-Abad-Blood-Alcohol-Content-Three-Times-Legal-Limit-Deadly-Staten-Island-Crash-301278841.html.

3. S.P. Sullivan, *State Trooper Charged with Drunken Driving After on-Duty Crash*, NJ.COM (Oct. 27, 2015), http://www.nj.com/news/index.ssf/2015/10/state_trooper_charged_with_dui_after_on-duty_crash.html.

including: coping with job and life stressors, mistreatment of physical pain, addressing anxiety, depression, and post-traumatic stress disorder (PTSD), attempting to stay awake or get adequate sleep, and other physical and psychological medical problems. Stress, anxiety, trauma, and PTSD are common experiences to many Federal, State, and local law enforcement employees.

In all levels of policing, officers face conflicting needs and demands within an environment where they are responsible for enforcing the law and protecting the lives, property, and well-being of community members. Their myriad challenges include: homeland security issues, changing laws, new cultural mores, and evolving, complex information and weapons technologies.[4] Whether conducting routine law enforcement activities, gathering evidence, investigating crimes, or working excessive overtime hours, stress is part of the profession and everyday work life of police officers. Additionally, law enforcement officers regularly experience conditions that other professions rarely face such as: unknown or life-threatening situations, serious or fatal accidents, drug overdoses, injury resulting from violence, domestic disputes, and hostile public unrest. A range of management, occupational, environmental, cultural, and technological changes have severely affected law enforcement officers and contributed to substance misuse.

In 2014, law enforcement had the sixth highest rate of reported occupational injury among more than 600 industries.[5] The million-plus people in the national police workforce[6] experienced more than 100,000 injuries, including 36,000 that resulted in injuries causing the office to miss work. Across twenty-five states from 2005-2012, 65%-85% of workers' compensation injury claims included a prescription for opioid pain relievers.[7] Many injured police officers begin taking these prescribed—and potentially addictive—drugs to alleviate the pain from their injuries. Moreover, if officers are like other injured workers, one in every ten officers prescribed opioids will still be taking them nine months later.[8] Worse yet, workers'

4.   PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING, WASHINGTON DC OFFICE OF COMMUNITY ORIENTED POLICING SERVICES, FINAL REPORT OF THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING, (2015), http://www.cops.usdoj.gov/pdf/taskforce/taskforce_ finalreport.pdf [hereinafter PRESIDENT'S TASK FORCE FINAL REPORT].

5.   U.S. DEP'T OF LABOR, BUREAU OF LABOR STATISTICS: EMPLOYER-REPORTED WORKPLACE INJURIES AND ILLNESSES—2014 (Oct. 29, 2015), http://www.bls.gov/news.release/pdf/osh.pdf.

6.   Federal Bureau of Investigation: Crime in the United States, Table 74 (2014), https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/table-74.

7.   WORKERS' COMPENSATION RESEARCH INSTITUTE, INTERSTATE VARIATIONS IN USE OF NARCOTICS, 2ND EDITION (2014), https://www.wcrinet.org/STUDIES/protected/exec_summaries/ use_narcotics2-es.html.

8.   DONGCHUN WANG, LONGER-TERM USE OF OPIOIDS, NO. WC-14-19 (May 2014).

compensation systems rarely monitored patients on long-term opioids to assure they had not developed use disorders.[9] Prescription opioids are chemically similar to heroin and have a similar effect on judgment and performance. As a result, when officers use prescribed opioids to control chronic pain, it may place a police department in a dilemma concerning their ability to testify, especially in cases involving opiate misuse.

Several recommendations of The President's Task Force on 21st Century Policing include increased attention to officer mental health and wellness. [10] Alcohol and drug misuse—a common reaction to work-related injuries and a high-stress work environment—are of particular relevance. It is well established that substance misuse raises impulsivity and the risk of violence.[11] Roughly 40% of violent crimes are committed under the influence of alcohol or other drugs.[12] Police impaired by alcohol or other drugs are at high risk of becoming domestic violence perpetrators and are more likely to exhibit suicidal behavior.[13]

This Article assesses the extent of substance misuse among law enforcement personnel. Part II explores substance misuse rates in law enforcement. Part III provides lessons about how to structure effective prevention. Part IV describes effective workplace programs for preventing or reducing misuse and concludes with a summary of Substance Abuse and Mental Health Services Administration (SAMHSA) workplace prevention resources relevant to law enforcement.

II. SUBSTANCE MISUSE RATES IN LAW ENFORCEMENT

Police work tends to be stressful and unpredictably confrontational. As a result, many officers suffer from PTSD.[14] Police frequently encounter

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9.   *Id*.

10.   PRESIDENT'S TASK FORCE FINAL REPORT, *supra* note 4.

11.   Danielle M. Dick, et al., *Review: Understanding the Construct of Impulsivity and its Relationship to Alcohol Use Disorders*, 15 ADDICTION BIOLOGY 217, 223 (2010).

12.   Cheryl J. Cherpitel, et al., *Attribution of Alcohol to Violence-Related Injury: Self and Other's Drinking in the Event*, 73 J. STUD. ALCOHOL DRUGS 277, 281 (2012); *see also* Cheryl J. Cherpitel, et al., *Alcohol Attributable Fraction for Injury Morbidity from the Dose-Response Relationship of Acute Alcohol Consumption: Emergency Department Data from 18 Countries*, 110 ADDICTION 1724, 1730 (2015); James J. Collins & William E. Schlenger, *Acute and Chronic Effects of Alcohol Use on Violence*, 49 J. STUD. ALCOHOL 516, 517-18 (1988); T.R. Miller, et al., *The Costs of Alcohol and Drug-Involved Crime*, 7 PREVENTION SCI. 333, 337 (2006); Michael R. Rand, et al., ALCOHOL AND CRIME: DATA FROM 2002 TO 2008 (2010), http://www.bjs.gov/content/acf/ac10.pdf.

13.   Conor Friedersdorf, *Police Have a Much Bigger Domestic-Abuse Problem Than the NFL Does*, ATLANTIC (Sept. 19, 2014), http://www.theatlantic.com/national/archive/2014/09/police-officers-who-hit-their-wives-or-girlfriends/380329/; Hope M. Tiesman, et al., *Suicide in U.S. Workplaces, 2003-2010: A Comparison with Non-Workplace Suicides*, 48 AM J. PREV. MED. 674, 675-76 (2015).

14.   James F. Ballenger, et al., *Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers*, 20 AM. J. ON ADDICT. 21, 27-28 (2011); Kim S. Ménard & Michael L. Arter, *Police Officer*

addictive drugs in their work environment. For example, officers confiscate illicit and prescription drugs at crime scenes, interact with drug dealers and users, and have access to evidence rooms where drugs are stored. Whether used recreationally or for a particular physical or mental issue, such as sleep deprivation, stress, pain, or anxiety, these easily accessible drugs can become risky to the user.

Many American workers, including those in law enforcement, drink too much, as Table 1, *infra*, documents. This Part summarizes recent assessments of the substance abuse problems of U.S. police and public protective services workers—a National Survey on Drug Use and Health (NSDUH) category[15] that includes law enforcement and fire services personnel—and contemporaneous samples of all U.S. workers.[16] It includes published estimates and estimates tabulated from 2010-14 NSDUH data. Alcohol abuse indicators vary between studies but typically include one or more of the four indicators shown in Table 1.

First, pooled data from four studies suggests that 30.3% of police officers "binge drank" in the past month, which translates to consuming 5 or more drinks in a drinking session. Among those estimates, the 2010-14 NSDUH estimate of 33.4% is the most recent and nationally representative. Both the pooled and the NSDUH estimates exceed the 28.8% binge drinking level among all full-time U.S. workers in 2010-14. All NSDUH estimates for public protective services combine law enforcement and firefighter responses; law enforcement, however, accounts for about three-quarters of those employees.[17] Thus, NSDUH may not portray substance use levels among law enforcement alone accurately.

Second, 8.0% of public protective services workers drank heavily in 2010-14, binge drinking on at least five days in the last month. That rate is similar to the 7.8% rate among all full-time U.S. workers. Third, 5.2% of public protective services workers had an alcohol use disorder in 2010-14 (formerly called abuse or dependency) when evaluated using the *Diagnostic*

Alcohol Use and Trauma Symptoms: Associations with Critical Incidents, Coping, and Social Stressors, 20 INT'L J. STRESS MGMT. 37 (2013); Karen Oehme, et al., *Alcohol Abuse, PTSD, and Officer-Committed Domestic Violence*, 6 POLICING: J. POL'Y & PRAC. 418 (2012); SA Habersaat, et al., *Health in Police Officers: Role of Risk Factor Clusters and Police Divisions*, 143 SOC. SCI. & MED. 213, 220 (2015); Don L. Kurtz, et al., *The Influence of Early Strain on Later Strain, Stress Responses, and Aggression by Police Officers*, 40 CRIM. JUST. REV. 190 (2015).

15. *See generally* Sharon L. Larson, et al., WORKER SUBSTANCE USE AND WORKPLACE POLICIES AND PROGRAMS, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. (2007).

16. Table 1 reports the alcohol abuse/dependency rate of past-year drinkers but not the percentage of respondents who drank in the past year. Weir et al., *Problematic Alcohol Consumption by Police Officers and Other Protective Service Employees: A Comparative Analysis*, 40 J. CRIM. JUST. 72 (2012).

17. Hylton J. Haynes & Gary P. Stein, U.S. FIRE DEPARTMENT PROFILE – 2014, http://www.nfpa.org/research/reports-and-statistics/the-fire-service/administration/us-fire-department-profile.

and Statistical Manual of Mental Disorders.[18] That is a decline from the 7.3% rate among public protective services workers in 2002-04 and less than the 7.8% rate in 2010-14 among all full-time workers. Finally, across five studies, 18.6% of police have Alcohol Use Disorders Identification Test (AUDIT) scores of eight or more. [19] A score of eight is the AUDIT threshold level indicating a professional assessment and at least a brief intervention are required. By comparison, 20.6% of practicing attorneys[20] and 11.8% of professional employees at an elite university[21] had scores above eight. U.S. population norms, however, are not available for the AUDIT.

In summary, the literature suggests that more than one in every six police officers requires professional intervention related to their drinking, and further, one in every twenty has an untreated alcohol use disorder. Those rates, although similar to rates for other full-time workers, are alarmingly high. They suggest the average urban squad room contains multiple problem drinkers.

In contrast, only 3.1% of public protective services workers reported using illicit drugs or misusing prescription drugs in 2010-14. That is double the 1.5% rate from 2002-04 before the prescription opioid epidemic.[22] Only 0.5% had drug misuse disorders, up from 0.2% in 2002-04.[23] Other workers had a higher 10.0% use rate, including 2.5% with misuse disorders. The difference in usage may be attributable to the high drug and alcohol testing rates among public protective services workers[24] or police and firefighters' hesitancy to self-report use in surveys. The drug misuse rate for public protective services is closer to the 1.6% positive drug test rate for 2012 among workers in the safety sensitive workforce subject to Federally-mandated drug testing.[25] That 1.6% positive test rate largely comes from illicit drug testing that excluded prescription drug misuse.[26]

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18. ALCOHOL USE DISORDER, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-IV) (Am. Psychiatric Ass'n 4th ed. 1994).

19. T.F. Babor, et al., *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*, WORLD HEALTH ORG. (2001), http://www.who.int/substance_abuse/publications/alcohol/en/index.html.

20. *See generally* Patrick R. Krill, et al., *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, 10 J. ADDICT. MED. 46 (2016).

21. *See generally* Robert A. Matano, et al., *Assessment of Binge Drinking of Alcohol in Highly Educated Employees*, 28 ADDICTIVE BEHAVIORS 1299 (2003).

22. Larson, et al., *supra* note 15.

23. *Id.*

24. *See* Weir, et al., *supra* note 16 (explaining that in the 2010-14 NSDUH, random testing rates among public protective services workers were 80% for drugs and 60% for alcohol; at that time, Federal drug testing regulations covered illicit drugs but not prescription drugs).

25. DRUG TESTING INDEX, EMPLOYER SOLUTIONS SEMI-ANNUAL REPORT (Fall 2013).

26. *Id.*

Table 1: Problem Alcohol Use and Drug Use by Police versus All Workers, by Severity Measure and Study

Lead Author	Location; Population If Not Police	Year of Data	Cases	Binge Drinker Past Month	Heavy Drinker Past Month	DSM-IV Alcohol Use Disorder	Illicit Drugs Past Month	DSM-IV Drug Use Disorder
This Article	USA/NSDUH All Workers	2010-14	142,674	28.8%	8.0%	7.8%	10.0%	2.5%
Larson[27]	USA/NSDUH All Workers	2002-04	73,325		8.8%	9.2%	8.2%	2.6%
This Paper	NSDUH Public Protective Services	2010-14	1,925	33.4%	7.8%	5.2%	3.1%	0.5%
Larson	NSDUH Public Protective Services	2002-04	943		9.1%	7.3%	1.5%	0.2%
Larson	NSDUH Private Security	2002-04	589		8.0%	7.3%	7.4%	2.5%
					AUDIT>=8			
Oehme[28]	Florida	2010-11	853		23.2%	8.2%		
Ballenger[29]	New York City, San Jose, Oakland	2000	712	37.1%				
Chopko[30]	Ohio rural	2011	193	28.5%	22.5%			
Lindsay[31]	Mississippi	2006	1,328	22.8%	18.2%			
Pooled			2,348	27.8%				
Ménard[32]	USA[33]	2010-11	828		13.2%			
Violanti[34]	Buffalo	1999-2000	115		30.5%			
Swatt[35]	Baltimore	1997-99	1,104		17.9%[36]			
Pooled			4,431		18.6%			

27. Larson, et al., *supra* note 15.
28. *See* Oehme, et al., *supra* note 14.
29. Ballenger, et al., *supra* note 14, at 27.
30. Brian A. Chopko, et al., *Associations Between Police Stress and Alcohol Use: Implications for Practice*, 18 J. LOSS & TRAUMA 482, 485–90 (2013).
31. *See generally* Vicki Lindsay & Kyna Shelley, *Social and Stress-Related Influences of Police Officers' Alcohol Consumption*, 24 J. POLICE CRIM. PSYCHOL. 87 (2009).
32. Ménard & Arter, *supra* note 14.
33. Not a representative sample.
34. *See generally* John M Violanti, et al., *Police and Alcohol Use: A Descriptive Analysis and Associations with Stress Outcomes*, 36 AM. J. CRIM. JUST. 344 (2011); Luenda E. Charles, et al., *Shift Work and Sleep: The Buffalo Police Health Study*, 30 POLICING: AN INT'L J. POLICE STRATEGIES & MGMT. 215 (2007).
35. *See generally* Marc L Swatt, et al., *Exploring the Utility of General Strain Theory in Explaining Problematic Alcohol Consumption by Police Officers*, 35 J. CRIM. JUST. 596 (2007).
36. Used a self-designed instrument rather than the AUDIT.

III. PRINCIPLES OF PREVENTION AND EARLY INTERVENTION

Over the past two decades, the Division of Workplace Programs (DWP), CSAP, and SAMHSA have sponsored a number of demonstration cooperative agreement programs and developed collaborations with dozens of workplaces, unions, and related organizations that led to research-based, effective methodologies to prevent or intervene early in workplace substance use problems. Several programs were admitted to the SAMHSA National Registry for Evidence Based Programs and Practices (NREPP).[37] Findings from these programs—some focusing on young adults ages 18-26 and others focusing on all workers—taught lessons about design, implementation, and maintenance of effective workplace substance misuse prevention programs.[38]

Implementing substance misuse prevention interventions in workplace settings and collecting the data necessary to evaluate the effectiveness of these interventions are challenging tasks, especially in law enforcement environments. Workplace and intervention factors crucial to successful implementation include: (a) top management support, (b) an understanding of workplace culture, (c) awareness of substance usage attitudes and patterns of employees, management, and union leadership, (d) effective and regular communication, (e) a theoretical framework for intervention that fits into the particular workplace structure, (f) defined intervention characteristics, (g) strategic intervention marketing and incentives, (h) effective data collection and evaluation strategies, and (i) adaptation to changes in the intervention environment.[39] The following subsections discuss each of these factors.

A. Support from Top Management

Building and maintaining strong, positive relationships between management, unions, workplace staff, and related parties (e.g., benefits providers, employee assistance programs) is critical to successful implementation and evaluation of workplace substance misuse prevention and early intervention programs. Experiences of grantees suggested three crucial factors for programs to be successful: (1) leadership that values substance misuse prevention; (2) effective initial and continuing communication between all levels of staff and their unions; and (3) joint management/union support for prevention programs and interventions.

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37. For a listing, search the archived and recently approved programs at http://www.samhsa.gov/nrepp. NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES, SUBSTANCE ABUSE & MENTAL HEALTH ADMIN. (2015), http://www.samhsa.gov/nrepp.

38. JEREMY W. BRAY, ET AL., YOUNG ADULTS IN THE WORKPLACE: A MULTISITE INITIATIVE OF SUBSTANCE USE PREVENTION PROGRAMS (2011); Deborah M. Galvin, *Workplace Managed Care: Collaboration for Substance Abuse Prevention*, 27 J. BEHAV. HEALTH SERV. RES. 125 (2000).

39. WILLIAM E. SCHLENGER, ET AL., CROSS-SITE EVALUATION OF THE WORKPLACE MANAGED CARE PROGRAM (2003) (Final Report to CSAP).

Proactive support, from leadership and staff, for a drug-free workplace resulted in better program implementation and in timely collection of records-based data needed for program evaluation.

Encouragements to reinforce leadership support should be tailored to harmonize with the organization's culture. Leadership is concerned with protecting the organization's reputation, the expenses associated with bad publicity, and the workplace disruption costs when employees' substance misuse results in unintentional death or injury to an employee, a family member, or another victim. Managers are also concerned with the welfare of both employees and their families. Others are more sensitive to arguments about the high costs of employee substance misuse including medical costs, absenteeism, liability, and training of replacements for employees lost to injury or misuse.

Champions are essential when promoting substance misuse prevention programs and activities to senior level management. Given the prevalence of substance misuse, virtually every organization has potential champions. There is often a persuasive talker who overcame a substance misuse problem and became a solid performer. Other champions may be motivated by addiction problems in their family, being a victim of alcohol-linked domestic violence, or having a colleague who committed suicide or was seriously injured from substance misuse. Enduring programs need many champions.

B. Workplace Culture

A grasp of the particular workplace's culture is imperative to successfully design and incorporate an intervention program. This can vary between police organizations depending on their size. When workplace culture demands a substance-free environment and this vision is shared across the organization, as it is in many law enforcement workplace environments, administrative support is typically higher for prevention and early intervention. Yet, although this is the environment in many workplaces, this substance-free environment does not necessarily impact after-work activities for employees or management level officers. Depending on relationships within the department, a range of support systems may exist for those who use or misuse substances, as well as activities designed to prevent misuse. Support, prevention, and misuse monitoring can be much different for those using prescription drugs, legally or illegally, as testing for prescription drugs is a relatively recent and infrequent practice.

Police-supported outside activities often offer alcohol as part of the festivities. "The police network has the same risk factors for alcohol misuse as other hard-drinking occupations—stress, peer pressure, isolation, young

males, and a culture that approves alcohol use."[40]   Officers may have initiation rites for young workers. If a segment of the workforce already regularly gathers to drink, they may pressure new employees to join them. The police officer's job frequently involves tight schedules with many overtime hours and distinct community roles related to law enforcement, leading to socialization with other officers. Officers often drink to fit in, hang out at police bars, and play competitive drinking games as part of that socialization process.[41]   Additionally, police rarely are invited to socialize with non-police social groups. Although drinking is part of the culture for many officers, minimal police-specific research has examined the nature of existing prevention programs, much less their effectiveness in preventing substance misuse.

In police settings where an officer seeking substance misuse assistance may be suspended, moved to desk duty during treatment, or refused an expected promotion, it becomes harder for the officer to ask for assistance and tempting for others to cover for peers struggling with problems. In these settings, many officers will seek treatment in areas distant from where they live to prevent knowledge of the issue getting back to their workplace. Other officers protect their alcohol-misusing peers from the consequences by ignoring the problem. For example, a 1996 survey of thirty geographically dispersed departments found most police officers would not report a fellow officer involved in a minor crash while intoxicated.[42]   Subsequent surveys across the country have found little change in officers' code of silence on this issue.[43] Moreover, the code of silence was stronger around substance misuse than other offenses, except accepting a free donut.

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40.   Violanti, et al., *supra* note 34, at 345.

41.   *See generally* Jeremy D. Davey, et al., *It Goes with the Job: Officers' Insights into the Impact of Stress and Culture on Alcohol Consumption within the Policing Occupation*, 8 DRUGS: EDUC., PREVENTION & POL'Y 141 (2001); T. Eiserer, *They Drink When They're Blue: Stress, Peer Pressure Contribute to Police's Alcohol Culture*, DALLAS NEWS (Nov. 8, 2012), http://www.dallasnews.com/investigations/headlines/20120115-they-drink-when-theyre-blue-stress-peer-pressure-contribute-to-polices-alcohol-culture.ece; R. Kroll, *Managing the Dark Side: Treating Officers with Addiction*, 81 POLICE CHIEF 48–51 (2014); Lindsay & Shelley, *supra* note 31; Violanti, et al., *supra* note 34.

42.   Carl B. Klockars, et al., THE MEASUREMENT OF POLICE INTEGRITY, NAT'L INST. JUST. (May 2000), https://www.ncjrs.gov/pdffiles1/nij/181465.pdf.

43.   *See generally* SANJA KUTNJAK-IVKOVIĆ, MEASURING POLICE INTEGRITY ACROSS THE WORLD, (M. R. Haberfeld 2015).

One challenge in reducing substance misuse in policing,[44] and other occupations,[45] is with addressing the cultural issues leading to substance misuse both on and off duty. Peer-to-peer programs, described further in the next section, rely on employee-led efforts to develop a drug-and-alcohol-free work environment.[46] These programs train employees to recognize peers with problems and encourage them to seek help. In exchange for employee efforts, management moves from a punitive approach to confidential, supportive, and restorative aid for substance users. The training efforts, which extend deep into the workforce, represent a non-confrontational way to let employees with problems know that their peers will no longer tolerate and protect them. Thus, peer-to-peer programs encourage those in need to seek help and facilitate behavioral changes.

A related strategy potentially helpful to police is a review session reminding officers that many of their calls involve the misuse of drugs or alcohol and informing the officers of the various options they have to deal with the stress experienced from these situations. The session could provide handouts listing confidential mental health and substance misuse resources available in the community and areas outside the police jurisdiction, and compare treatment coverage available under Medicaid, the state's Affordable Care Act plans, and the police health care plans. This approach reminds officers of available resources that may be completely confidential and not necessarily traceable by the particular police entity.

C. Awareness of Substance Usage Attitudes and Patterns of Employees and Management

SAMHSA workplace grantee experiences demonstrate that prevention program sponsors should comprehend attitudes about the prevalence and nature of substance misuse in their particular employee population to select or develop an appropriate prevention or early intervention program. This is especially true for occupations like law enforcement where open identification of substance misuse problems can lead to job loss. Police management, unions, and related police organizations frequently promote or operate prevention and early intervention efforts to reduce drug and alcohol misuse. Educational interventions can raise employees' awareness of

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44. POLICE EXECUTIVE RESEARCH FORUM, POLICE CHIEFS DISCUSS A TOUGH ISSUE: ALCOHOL AND DRUG ABUSE BY OFFICERS (Sept. 2012), http://www.policeforum.org/assets/docs/Subject_to_ Debate/Debate2012/debate_2012_sepoct.pdf.

45. *See generally* T.R. Miller, et al., *Effectiveness and Benefit-Cost Ratios of Peer-Based Workplace Substance Abuse Prevention Coupled with Random Testing*, 39 ACCIDENT ANALYSIS & PREVENTION 563 (2007).

46. *Id.*

substance misuse problems in the workplace and provide a wide range of resources to employees and their families. Individual and confidential needs assessments, online screeners, and smartphone apps that assess, document, and analyze substance misuse can permit employees and their families to appropriately assess their needs and identify either workplace or outside assistance for early intervention. SAMHSA's DWP has produced and studied the positive impact of these types of tools with the National Association of Flight Attendants.[47] Studies cited in Section II also suggest that police unions can gather reliable needs assessment data by asking a sample of members to anonymously complete a survey about stress and PTSD (using existing instrumentation) that embeds the AUDIT and a standardized drinking quantity-frequency instrument.

D. Effective and Regular Communication

Management or union support for wellness and substance misuse prevention initiatives produce positive program results. Research on these programs indicates that regardless of culture, needs, and management or union support, neither their implementation nor evaluation can be successful without effective and regular communication with workplace staff and unions during design, implementation, enhancement, and evaluation. Advisory boards that assist and oversee the substance misuse initiative are often essential to successful prevention endeavors. Although board membership varied across workplaces, many included representatives of senior management, human resources, and union leadership. Consistent and open communication among advisory board members, management, unions, and employees was important to ensure interventions were delivered in an equitable, consistent manner across the workplace and among employees within the organization.

E. Theoretical or Research Based Frameworks

In the absence of strong empirical evidence of the effectiveness of substance misuse prevention programs in a police setting, it is advisable for law enforcement to adopt workplace substance misuse prevention and early intervention programs that have proven highly effective in other contexts. Section IV describes the framework for several candidate programs.

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47. Deborah M. Galvin, et al., *Prevention's Role: Reducing Prescription Drug Abuse*, SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN. (Sept. 26, 2013), http://www.pdmpassist.org/pdf/PPTs/National2013/26-6-A%20Galvin.pdf.; ASSOCIATION OF FLIGHT ATTENDANTS-CWA, RESOURCES PAGE (Apr. 10, 2016, 3:38 PM), http://www.afacwa.org/resources_for_members.

F. Characteristics of Successful Workplace Interventions

Several characteristics are important for effective implementation of workplace substance misuse prevention and early intervention programs. Interventions that are non-stigmatizing, convenient, and maintain confidentiality are most successful. For police, these characteristics are essential for positive participation. Acknowledging and seeking help for substance misuse disorders continues to carry an onus in American society. This is particularly true in law enforcement where a reputation as a substance user can damage one's status in the department. Consequently, embedding substance misuse prevention programs within general health and wellness interventions raises confidence of those attending about confidentiality, improves overall outcomes, and elicits greater participation than programs focusing solely on alcohol and drug use. Evidence from the majority of DWP's demonstration program sites supports this assertion. Prevention programming has proven to be easier in workplaces that routinely provide formal training or in-service education. For police, the squad room often may be a fertile prevention training ground.

Especially in law enforcement and other safety-sensitive fields, establishing, keeping, and sustaining confidentiality for all employees using intervention programs is critical to the program's success. At a university workplace where substance misuse policy was vigorously enforced, 44% of the prevention website non-users refrained from logging on due to privacy concerns.[48] Those concerns are increasing with the frequency of breaches of sensitive information through hacking, unauthorized employee record access, inadvertent posting, or firewall errors that exposed human resources, tax, medical, membership, online purchasing, or background check databases. Similarly, focus groups and telephone interviews with employees revealed that they feared their self-insured employers could access their health care records; as a result, most will only seek help for a substance misuse problem outside of workplace coverage.[49] Confidentiality concerns and "less discomfort" were cited most often as the reasons for seeking help outside of the workplace system.

Another program was union-run to improve confidentiality.[50] However, it repeatedly faced company pressure to breach confidentiality.

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48. R.A. Matano, et al., *A Pilot Study of an Interactive Web Site in the Workplace for Reducing Alcohol Consumption*, 32 J. SUBSTANCE ABUSE TREATMENT 71, 75–76 (2007).

49. J.J. Frey, et al., *Workplace Experiences and Outcomes Related to Participation in the Flight Attendant Drug and Alcohol Program: An Exploratory Study*, 5 EASNA RESEARCH NOTES (2015); Substance Abuse Intervention for Healthcare Workers (Project WISE, Workplace Initiative and Substance Education): Final Report, CSAP Workplace Managed Care Grant 6U1KSP8152-04-02. (2001).

50. Miller, *supra* note 45.

The twenty-five-year-old program collapsed when the Federal Railroad Administration forced a breach. A replication of the program in a manufacturing company met a similar fate.[51] Those living with substance misuse disorders, especially law enforcement professionals, are appropriately concerned about the confidentiality of records regarding their involvement with substance misuse and treatment. Substance users are a vulnerable population in police settings; they protect damaging information that could impact their job evaluation, future promotion, and career as a law enforcement officer.

To encourage law enforcement to utilize these programs, intervention activities must not only be confidential, but also easily accessible. Several DWP demonstration workplaces attributed low participation rates to high employee workloads and lack of management/union support for time away from work. In one study, for example, attendance dropped at educational workshops as workloads increased due to downsizing and market trends.[52] Website interventions have been successful as they are able to provide employees with a convenient way to access information. For some workers, however, website interventions did not provide adequate privacy on an employer-operated and monitored website, and these programs could not easily reach mobile workers without ready access to websites.[53] Advances in technology coupled with reduced costs for smart phones, tablets, and laptop computers providing easy access to these websites has significantly reduced these barriers. Emerging technologies are enhancing the ability of employees to track medicine schedules, exercise, sleep, and their overall health. Initially, primarily younger workers (ages 18-26) were attuned to using technological tools to engage in health and wellness programs. Over time, other workers have become comfortable with multimedia tools, managing their health and wellness through websites, message boards, apps, podcasts and Twitter feeds. For example, ThriveOn, an online and mobile service, provides mental health and substance use counseling with short interactions, without specific appointments or high fees.[54]

Tailoring content and messaging for different age groups, cultures, linguistic groups, and genders can increase effectiveness. For all groups, framing substance misuse prevention in the larger holistic context of health increases attention and message credibility. Messages also need to connect health behaviors to tangible outcomes relevant to the audience such as fitting in, getting ahead, and "being on top of your game."

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51. J. Thompson, et al., *Evaluation of a Peer Support Program to Reduce Substance Abuse Within a Large Manufacturing Company*, 35 J. EMP. ASSISTANCE (2005).

52. James V. Trudeau, et al., *Utilization and Cost of Behavioral Health Services: Employee Characteristics and Workplace Health Promotion*, 29 J. BEHAV. HEALTH SERV. & RES. (2002).

53. Matano, et al., *supra* note 21.

54. BRAY, ET AL., *supra* note 38.

G. Intervention Marketing and Incentives

Many officers in need of prevention and early intervention services may not realize assistance is available. Police departments that have assessed officer awareness of employee assistance program (EAP) services, for example, consistently find it is around 55%.[55] Evidence from the DWP demonstrations indicates that both the availability of services and ways to access these services need to be advertised periodically. In addition to advertising, many grantees used incentives, such as T-shirts, gift cards, or raffle tickets to solicit participation in prevention programs. When these incentives encompassed a range of wellness activities, involvement in substance misuse prevention and early intervention was more anonymous.

H. Challenges in Data Collection and Evaluation

Collecting needs assessment or survey data in workplaces is always challenging given the nature of work, concerns about confidentiality, the employer's concerns about public perception, and the perceived intrusion of outsiders gaining access to data.[56] In settings like law enforcement, effective data collection requires winning management, union, benefits providers, and officer trust and support. Even when researchers get permission to access records, barriers such as decentralized information and lack of workplace staff to assist in gathering the data may hamper access.[57] Strategies to address these barriers include providing incentives to employees at workplaces to collect the data, reporting on the progress of the intervention, and creating systems that the employer can use in future data collection.

The demonstration experiences underlined two design issues that impact the research design and hinder definitive evaluation of the interventions. First, employers typically want to implement an intervention across all employees or only at sites exhibiting a specific problem or sites with a vocal champion. For researchers, this leads to a lack of a credible comparison or control group; it makes it extremely difficult to develop a study design that will yield valid and reliable findings. Second, especially in safety-sensitive fields, the number of participants in the intervention with a drug use problem is unlikely to be large enough to provide adequate statistical power to detect a decline.

While data drawn from administrative records offers advantages, it rarely provides information on important aspects of universal and selective

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55.   E. Donnelly, et al., *Law Enforcement Officers and Employee Assistance Programs*, 38 POLICING: AN INT'L J. POLICE STRATEGIES & MGMT (2015).

56.   R.S. Spicer, et al., *Using Corporate Data in Workplace Program Evaluation*, 25 AM. J. EVALUATION (2004); BRAY, ET AL., *supra* note 38.

57.   Spicer, et al., *supra* note 56.

substance misuse prevention. The constructs that are the focus of such programs are often precursors of the primary outcome, rather than the outcome itself. For example, although many grantees were able to obtain record-based information about participation in alcohol misuse disorder treatment, program interventions targeted reducing problem drinking or substance misuse before it progressed to a disorder that required treatment.

I. Environmental Changes

Environmental changes can greatly influence the implementation of workplace interventions. Problems resulting from rapid turnover of human resources directors led one study to recommend that workplaces planning to introduce a substance misuse prevention program create materials, either print or video, that quickly introduce new management to the purpose and elements of the program.[58] Such easily accessible information would decrease the work required to renew support for workplace programs following management turnover. These materials would also be helpful in very large workplaces or institutions with multiple levels of administrative bureaucracy. Changes in staffing, such as workforce downsizing, upsizing, rightsizing, or outsourcing can confound the outcomes of program evaluation. For instance, with constant downsizing in a workplace, employee turnover is difficult to measure. Changes in employee benefit plans also can confound health care utilization and costs.

In workplace program evaluation, it is important to understand changes in the workplace and measure the impact of these changes. Grantees often kept journals of external events that could affect the program's outcome. Management and unions frequently viewed scientific analysis of substance misuse interventions as tangentially related to their primary missions and assigned them low priority, rather than providing long-term consequential support. Management changes, changes in the national economy, public health issues such as the prescription drug overdose epidemic, changes in political oversight, and other unanticipated events periodically and persistently altered support for research-based programs and led to changes in overall support of substance misuse prevention programs. Likewise, as personnel at the workplace under study changed positions, the data collection, examination, and analysis permitted often evolved. Conducting studies in workplaces is inherently a moving target that requires developing, propagating, and applying progressive research analysis methods.

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58. Sandra C. Lapham, et al., *Impact of an Alcohol Misuse Intervention for Health Care Workers—1: Frequency of Binge Drinking and Desire to Reduce Alcohol Use*, 38 ALCOHOL & ALCOHOLISM (2003).

Workplace researchers should expect these research fluctuations and be prepared to learn as much as possible from changes as they occur.

IV. EFFECTIVE PREVENTION PROGRAMS

It is well established that substance misuse can affect those in the workplace, and the workplace culture can influence employee substance misuse. Many aspects of today's work, especially in policing, necessitates management and employee alertness, attentiveness, and prompt reaction time; these traits, however, are not necessarily available from a substance-using worker. Effective workplace prevention programs are supportive of, and conducive to, good health for employees.

Effective workplace substance misuse prevention programs have some standard elements. This Section reviews these elements and the knowledge-base on the effectiveness of interventions in different settings. A basic drug-free workplace program includes written policy on employee use of drugs and alcohol, accessible Employee Assistance Program (EAP) services, educational materials about prevention and treatment, and often pre-employment or random drug/alcohol testing.[59] Although numerous studies provide at least weak or correlational evidence that individual elements of drug-free workplace programs are effective against drug misuse,[60] their effectiveness is limited. Adding stronger doses of prevention can provide substantially greater reductions in employee substance misuse, especially alcohol misuse.

Over the past two decades, a wealth of prevention and early intervention programs that expanded beyond the basic drug-free-workplace program have been implemented. Workplaces adopting these more intensive programs varied by demographics, occupation, union/non-union base, size, hours and days of operation (with 24-7 work schedules particularly challenging), fixed worksite versus field-deployed workforce, and other characteristics. As

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59.   Paul D. Coverdell drug-free workplace program, 15 U.S.C. § 654 (2012).

60.   Ted Miller, et al., *School and Work Status, Drug-Free Workplace Protections, and Prescription Drug Misuse Among Americans Ages 15–25*, 76 J. STUD. ON ALCOHOL & DRUGS (2015); M. Attridge, *20 Years of EAP Cost-Benefit Research: Taking the Pareto Path to ROI*, 40 J. EMP. ASSISTANCE (2010); R.A. Csiernik, *Review of EAP Evaluation in the 1990s*, 19 EMP. ASSISTANCE Q. (2004); N.A. Fortner, et al., *Employee Drug Testing: Study Shows Improved Productivity and Attendance and Decreased Workers' Compensation and Turnover*, 5 J. GLOBAL DRUG POL'Y & PRAC. (2011); Larson, et al., *supra* note 15; S. Mehay & N.J. Webb, *Workplace Drug Prevention Programs: Does Zero Tolerance Work?*, 39 APPLIED ECON. (2007); R.J. Ozminkowski, et al., *Relationships Between Urinalysis Testing for Substance Use, Medical Expenditures, and the Occurrence of Injuries at a Large Manufacturing Firm*, 29 AM. J. DRUG & ALCOHOL ABUSE (2003); Ken Pidd, et al., *Do Workplace Policies Work? An Examination of the Relationship Between AOD Policies and Workers' Substance Use*, 28 INT'L J. DRUG POL'Y (2016).

described *infra*, the programs successfully reduced employee drinking problems and their spillover into the workplace.

Self-assessment tools embedded in a wellness website tend to be a powerful component of a substance misuse prevention program; however, they are rarely a stand-alone solution. Employees need a supporting, motivational intervention. Motivational programs that integrate alcohol messages into broader wellness contexts have improved alcohol consumption attitudes and behavior.[61] Low-intensity interventions, frequently drug-specific, can be particularly suited to engaging employees in efforts that support early changes in drug-using behavior; these interventions can also help with enhancing healthy-lifestyle behaviors and goal-setting. These motivational interventions are not expensive, costing around $15 per participant, and yield highly cost-effective reductions in rates of unsafe drinking.

The motivational program with the strongest evidence for effectiveness encompasses a series of interventions collectively known as the Healthy Workplace. In developing the program, Cook and his colleagues[62] identified the stigma surrounding alcohol misuse as a powerful barrier to reaching adults in the workplace with alcohol misuse prevention messages. Because alcohol-focused interventions target individuals willing to identify as potential problem drinkers, these programs miss a high percentage of drinkers who would benefit from interventions designed to prevent the misuse of alcohol, but who are unlikely to seek out programs solely addressing alcohol use because of the associated stigma. By integrating alcohol misuse prevention messages into more positive workplace wellness programs, the Healthy Workplace program (based on a social-cognitive model of health behavior change) was able to reach a much larger segment of working adults with prevention messages. The program is video-based and designed for efficient delivery in just a few brief group sessions. It raises awareness, increases motivation, imparts skills to reduce substance use, and

61.   R.F. Cook, et al., *Integrating Substance Abuse Programs into Health Promotion Programs in the Workplace: A Social Cognitive Intervention Targeting the Mainstream User*, PREVENTING WORKPLACE SUBSTANCE ABUSE: BEYOND DRUG TESTING TO WELLNESS (J.B. Bennett & W.E.K. Lehman eds., 2003); M. Heirich & C. Sieck, *Worksite Cardiovascular Wellness Programs as a Route to Substance Abuse Prevention*, 42 J. OCCUPATIONAL & ENV'T MED. (2000); M. Heirich & C. Sieck, *Helping At-Risk Drinkers Reduce Their Drinking*, *in* PREVENTING WORKPLACE SUBSTANCE ABUSE: BEYOND DRUG TESTING TO WELLNESS (J.B. Bennett & W.E.K. Lehman eds., 2003); M.R. Pemberton, et al., *Evaluation of Two Web-Based Alcohol Interventions in the U.S. Military*, 72 J. STUD. ON ALCOHOL & DRUGS (2011).

62.   Alcohol, tobacco, and other drugs may harm the unborn. No. DHHS Publication (ADM) 90-1711(1990); R.F. Cook, et al., *Preventing Alcohol Use Problems Among Blue-Collar Workers: A Field Test of the Working People Program*, 31 SUBSTANCE USE & MISUSE (1996); Cook, et al., *supra* note 61; D. Deitz, et al., *Workplace Health Promotion and Utilization of Health Services: Follow-up Data Findings*, 32 J. BEHAV. HEALTH SERV. & RES. (2005).

provides positive reinforcement for responsible behaviors. This program has effectively reduced unsafe drinking practices in a variety of workplaces, including a pharmaceutical company[63] and a financial services company[64] Healthy Workplace is listed on the NREPP, and it offers a prescription drug misuse prevention module.[65]

Similar motivational programs that integrate alcohol misuse prevention messages into broader wellness contexts also have improved alcohol consumption attitudes and behavior of workers in manufacturing, universities,[66] and military.[67] Workers seem to be more comfortable with online programs rather than in-person approaches. Another study found that personalized web-based motivational feedback alone was as effective at reducing hazardous drinking by young workers as web-based feedback supplemented with a 15-minute motivational interview.[68] Nevertheless, it is frequently helpful to provide employees with motivational interventions in the context of an agreed care plan, coordinated by a subject matter expert. Indeed, subject matter experts will, in many cases, already be delivering the majority of the low-intensity interventions provided by health and wellness programs.

Self-administered web-based interventions tend to reduce drinking of those they reach, but many employees do not fully access these resources. At a U.S. university, less than 3% of workers accessed a module providing individualized feedback, even though that module was effective when accessed.[69] In a British study,[70] after taking an online health checkup, only 10% of workers who scored in the hazardous drinking range (>=8 on the AUDIT) clicked on a provided link to access a drinking assistance website that used motivational enhancement and cognitive behavioral therapy to help people cut their drinking and resist relapse. A related British randomized trial added an alcohol module to a large employer's online health assessment with tailored motivational feedback on a range of wellness problems, but only 6.5% of 34,000 invited employees accessed the health check, and only

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63. Cook, et al., *supra* note 61.
64. *Id.*; Deitz, et al., *supra* note 62.
65. D. K. Deitz, et al., *Preventing Prescription Drug Misuse: Field Test of the SmartRx Web program*, 46 SUBSTANCE USE & MISUSE (2011).
66. Heirich & Sieck, *supra* note 61; Heirich & Sieck, *Helping At-Risk Drinkers Reduce Their Drinking*, 2003. This program is listed on the NREPP.
67. Pemberton, *supra* note 61.
68. D. M. Doumas & E. Hannah, *Preventing High-Risk Drinking in Youth in the Workplace: A Web-Based Normative Feedback Program*, 34 J. SUBSTANCE ABUSE TREATMENT (2008).
69. Pilot Study, *supra* note 48.
70. Zarnie Khadjesari, et al., *Online Health Check for Reducing Alcohol Intake among Employees: A Feasibility Study in Six Workplaces Across England*, 10 PLOS ONE (2015).

3.8% completed it.[71] Not surprisingly, with such minimal use, the module did not impact alcohol consumption three months later.

Occupational health physicians have mounted similar efforts to screen for hazardous non-dependent drinkers and administer a brief motivational intervention—essentially a ten-minute discussion that delivers four messages: (1) you are drinking more than most people your age, (2) your drinking poses health risks, (3) I recommend you cut back, and (4) I am confident you can cut back.[72] Although worker fears about confidentiality often pose a barrier to these efforts, they do reduce drinking by workers who participate.[73] For example, when one company gave employees an assessment packet in their quarterly health newsletter asking: "Have you ever wondered about your drinking?" and offering "a free confidential check-up by mail," less than 1% requested the check-up.[74] Requesters were randomized to immediate or delayed receipt. The check-up resulted in significantly reduced drinking among immediate recipients relative to delayed recipients and produced a sharp decline in drinking by delayed recipients after they received their check-up.

Four programs involve larger time and financial investments with mandatory attendance during work hours. These programs were successful in changing negative workplace cultures that tolerated or encouraged heavy drinking. A common thread among three of these programs is an emphasis on stress management. With these programs, many, but not all workers, need to be trained. Those not directly exposed to the training benefit through social propagation, peer-to-peer sharing, and culture change.[75] These programs resulted in larger substance use reductions than the motivational intervention programs. Despite their higher price, we estimate they saved at least $6 for every $1 invested.

Team Awareness and its adaptations for young workers (Team Resilience) and the U.S. National Guard (Team Readiness) have been evaluated in several small randomized trials in the U.S. and overseas and replicated in numerous workplaces, including police and police

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71.   Zarnie Khadjesari, et al., *Health on the Web: Randomised Controlled Trial of Online Screening and Brief Alcohol Intervention Delivered in a Workplace Setting*, PLOS ONE (Nov. 2014), http://journals.plos.org/plosone/article/asset?id=10.1371%2Fjournal.pone.0112553.PDF.

72.   The ASSIST-linked brief intervention for hazardous and harmful substance use: Manual for use in primary care. pt. 45 (2010); P. Michaud, et al., *Efficiency of Brief Interventions on Alcohol-Related Risks in Occupational Medicine*, 20 GLOBAL HEALTH PROMOTION (2013); Bernd Schulte, et al., *Alcohol Screening and Brief Intervention in Workplace Settings and Social Services: A Comparison of Literature*, 5 FRONTIERS PSYCHIATRY (2014).

73.   Schulte, et al., *supra* note 72.

74.   Scott T. Walters & W. Gill Woodall, *Mailed Feedback Reduces Consumption Among Moderate Drinkers Who Are Employed*, 4 PREVENTION SCI. (2003).

75.   R. D. Petree, et al., *Exploring and Reducing Stress in Young Restaurant Workers: Results of a Randomized Field Trial*, 26 AM. J. HEALTH PROMOTION (2012); Miller, et al., *supra* note 45.

communications, municipalities, and large and small businesses.[76]   The program, which addresses issues in social adaptation and alienation, including improving social norms in workplace environments, is listed on NREPP.[77]   Ideally this theory-based program is delivered in two four-hour classroom sessions for employees at two-week intervals, plus a session for supervisors.   Its core concepts include improving group cohesiveness, instilling team ownership of workplace policies, reducing stigma for help-seeking, building stress management skills, and promoting peer referral of coworkers with problems.   It aims to change workplace culture by "reviewing group risks, promoting responsiveness to problems, and encouraging alternatives to the social bonding provided by drinking."[78]   It uses an interactive mix of group discussions, videos, and fun exercises, including role-playing, quizzes, games, and communication exercises.   The program developer recently added an optional module around prescription drug misuse.   The program cost ranges from $50 to $200 per participant.   In different trials, the program resulted in 9% to 18% of employees ending their binge drinking.   It also reduced work-related problems due to drinking (e.g., hangover-related absence or performance problems),[79] increased use of behavioral health resources (e.g., EAP services),[80] and reduced stress and counterproductive work behaviors.[81]

　　Another NREPP-listed program, Coping With Work and Family Stress, uses sixteen ninety-minute weekly sessions to train groups of twelve to twenty employees to communicate more effectively and to cope better with

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76.   Shawn G. Reynolds & Wayne E. K. Lehman, *Workgroup Temperance of Alcohol and Safety Climate Moderate the Cognitive Effects of Workplace Substance-Abuse Prevention*, 38 J. APPLIED SOC. PSYCHOL. 1827, 1830–31 (2008); Shawn G. Reynolds & Joel B. Bennett, *A Cluster Randomized Trial of Alcohol Prevention in Small Businesses: A Cascade Model of Help Seeking and Risk Reduction*, 29 AM. J. HEALTH PROMOTION (2015); National Registry of Evidence-based Programs and Practices, *Team Awareness*, Substance Abuse and Mental Health Services Administration (2007), http://legacy.nreppadmin.net/ViewIntervention.aspx?id=69; J.B. Bennett, et al., *Team Awareness, Problem Drinking and Drinking Climate: Workplace Social Health Promotion in a Policy Context*, 19 AM. J. HEALTH PROMOTION 103, 103 (2004); K.M. Broome & J.B. Bennett, *Reducing Heavy Alcohol Consumption in Young Restaurant Workers*, 72 J. STUD. ON ALCOHOL & DRUGS 117, 118–23 (2011); N. H. Burnhams, et al., *Results of a Cluster Randomised Controlled Trial to Reduce Risky Use of Alcohol, Alcohol-Related HIV Risks and Improve Help-Seeking Behaviour Among Safety and Security Employees in the Western Cape, South Africa*, 10 SUBSTANCE ABUSE TREAT PREVENTION POL'Y (2015).

77.   National Registry of Evidence-based Programs *supra* note 76.

78.   Bennett, et al., *supra* note 76.

79.   Broome & Bennett, *supra* note 76.

80.   Reynolds & Bennett, *supra* note 76.

81.   R. D. Petree, et al., *Exploring and Reducing Stress in Young Restaurant Workers: Results of a Randomized Field Trial*, 26 *see id.* at (2012)..

stressors at work and at home.[82] This theory-based program reduced alcohol use at six-month follow-up and employees' tendency to drink to reduce stress.

More than 800,000 young Navy personnel completed PREVENT workshops. The program, also adapted for civilian use, involves two to three days of facilitated discussions among small groups of ten to twelve workers.[83] The discussions are built around the stages of the theoretical model of health behavior change.[84] The two-day version has modules covering interpersonal responsibility and values, alcohol and other drugs, tobacco use, personal finances, suicide prevention, and stress management. The optional third day adds modules on physical fitness, nutrition, sexual harassment, violence, and sexual behaviors. During each module, the group discusses the topic and any relevant employer policy guidance about the topic. The discussions help participants to recognize any threats their behavior poses to themselves or to others. The discussion shifts to a conversation about the behavior changes participants want to make. Finally, time and structure is provided to plan those changes. The program cost $350 per participant. This program reduced alcohol consumption by 56% and drinking days by 32%, and it also may have reduced smoking.[85]

PeerCare is a union-management cooperative program originally developed by the railroads to allow peers to help employees with substance use problems by getting them out of the workplace without sanction and assessing if they need help when they report for their next shift.[86] The program subtly alerts employees with problems that drug use and excessive drinking will no longer be tolerated by training them in these skills. Training is typically held at conferences lasting about one and a half days. The evaluated program trained a quarter of a 26,000 person-workforce that had relatively low turnover. Effectiveness rose with the percentage of employees trained. The company funded a core staff, annual conferences that reinvigorated the efforts of local teams who volunteered their time to provide peer support at their worksite, and reimbursement of food and incentives that the local programs used in employee outreach. Program maintenance, plus

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82. David L Snow, et al., *A Workplace Coping-Skills Intervention to Prevent Alcohol Abuse*, PREVENTING WORKPLACE SUBSTANCE ABUSE: BEYOND DRUG TESTING TO WELLNESS (J. Bennett & W. E. K. Lehman eds., 2003).

83. R. Spicer, et al., SUBSTANCE ABUSE PREVENTION FOR THE YOUNG WORKFORCE IN THE RAILROAD INDUSTRY: AN ADAPTATION OF THE PREVENT PROGRAM, YOUNG ADULTS IN THE WORKPLACE: A MULTI-SITE INITIATIVE OF SUBSTANCE USE PREVENTION PROGRAMS (J. Bray, et al. eds., 2011).

84. J.O. Prochaska & W.F. Velicer, *The Transtheoretical Model of Health Behavior Change*, 12 AM. J. HEALTH PROMOTION (1997).

85. R.S. Spicer & T.R. Miller, *Evaluation of a Workplace Program to Prevent Substance Abuse: Challenges and Findings*, J. PRIMARY PREVENTION (forthcoming 2016).

86. Robert Ralph Bonds, The Intergration of a Substance Abuse Relapse Prevention Program in a Multi-Dimensional System (Lincon University 1998).

related random drug and alcohol testing, and an amortized share of the training expenses cost $100 per employee annually. Union contract language required management to shift from firing substance misusing employees to working with the unions to support them in becoming healthy, productive, and reliable workers. Peercare's effect on substance misuse was not evaluated directly, but the program substantially reduced injuries and eliminated crashes involving employee alcohol or illicit drug use. Those savings alone covered the cost of the program.[87]

Not all of the demonstration programs were as successful as these four. Many programs found reductions in substance misuse levels but the changes were not statistically significant. Others found only significant reductions in stress and increases in coping skills. Most of the randomized trials had small samples and attrition problems. Despite randomization, treatment and control groups usually were not very well matched on baseline alcohol use problem levels,[88] and any group (treatment or control) with a low baseline problem level tended to experience a floor effect, rising or staying close to that level over time. A 2012 systematic review concluded that, "[d]espite much promising work and some clear guidance, quality evidence about effective health promotions to prevent and reduce alcohol-related harm in the workplace is limited."[89] Four other systematic reviews have echoed that viewpoint to varying degrees.[90]

Two recent articles describe police department programs that reduced drinking problems and changed cultures that nurtured problem drinkers.[91] One worrisome approach that some departments have taken is to provide confidential free taxi rides home for intoxicated off-duty police officers. These programs enable excess drinking and help officers conceal their problems rather than seeking help.

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87.   Miller, *supra* note 45.
88.   *See, e.g.*, Bennett, et al., *supra* note 76.; Burnhams, et al., *supra* note 76.; Spicer & Miller, *supra* note 85; Deitz, et al., *supra* note 62.
89.   Reducing alcohol-related harm in the workplace (An evidence review: full report). (2012).
90.   Peter Anderson, Alcohol and the workplace. A report on the impact of work place policies and programmes to reduce the harm done by alcohol to the economy (2010); N.H. Burnhams, et al., *A Systematic Review of Evidence-Based Workplace Prevention Programmes that Address Substance Abuse and HIV Risk Behaviours*, 12 AFRICAN J. DRUG & ALCOHOL STUD. (2013); Christina Kolar & Kathryn von Treuer, *Alcohol Misuse Interventions in the Workplace: A Systematic Review of Workplace and Sports Management Alcohol Interventions*, 13 INT'L J. MENTAL HEALTH & ADDICTION (2015); G. Webb, et al., *A Systematic Review of Work-Place Interventions for Alcohol-Related Problems*, 104 ADDICTION (2009).
91.   POLICE EXECUTIVE RESEARCH FORUM, *supra* note 44; James Genovese, *Alcoholism among law enforcement personnel: Its unique challenges,* MILESTONE GROUP LLC, http://www.milestonegroupnj.com/?page_id=348.

V. SAMHSA WORKPLACE PREVENTION RESOURCES

DWP has a series of SAMHSA/CSAP resources available on request that can assist law enforcement agencies to design, implement, and evaluate a successful substance misuse prevention and early intervention program. Electronic replication manuals of successful programs provide materials and guidance for implementation with fidelity of the effective demonstration programs. DWP-sponsored cross-site analysis reports, PowerPoints, and webinars provide further insight into the lessons learned from the demonstrations. DWP assisted in the development, implementation, and enhancement of a wellness website, GetFit, which embedded stress reduction tools, substance misuse prevention messages, and screening devices for self-assessment of drug and alcohol use.[92] GetFit also proved useful as a tool to assist peer-to-peer intervention.[93] It is designed to reside on the workplace's server.

DWP developed an online drug-free toolkit available to all workplaces.[94] The toolkit covers: steps to prepare the workplace to operate drug-free and assist employees, legal requirements and obligations, prevention team-building, workplace needs assessment, drug-free workplace policy development, program planning, program implementation, and specialized information on drug misuse, including medical marijuana. It also provides substance misuse prevention resources including brochures, fact sheets, promotional materials, and links to other related websites.

DWP has a wide range of publicly available materials for specific work environments concerning the prevention of prescription drug misuse. These include more than thirty reproducible electronic factsheets targeted to employers or their employees.[95] Among them, some particularly useful for law enforcement agencies include: modifying health plans and drug free workplace programs to reduce prescription misuse, risks associated with prescription opioids, reasons not to share prescription drugs with co-workers, non-opioid options for managing low back pain, prevention and management of injuries during amateur athletics, and guidance on prescription drug storage and disposal. A set of webinars on SAMHSA's YouTube site include education about the prescription drug overdose epidemic, approaches to

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92. Matano, *supra* note 21.

93. D.M. Galvin, et al., *Does an Interactive Health Promotion Website Facilitate Workplace Peer-to-Peer Substance Abuse Prevention?*, 10 CAL. J. HEALTH PROMOTION (2012).

94. U.S. Department of Health and Human Services & Substance Abuse and Mental Health Administration, *Components of a Drug-Free Workplace*, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (1990), http://www.samhsa.gov/sites/default/files/workplace-kit.pdf.

95. WVU Injury Control Research Center, *SAMHSA Fact Sheets*, W. VA. U., http://publichealth.hsc.wvu.edu/icrc/prevention-of-prescription-drug-abuse-in-the-workplace/samhsa-fact-sheets/.

addressing it, and prescription misuse components of promising workplace prevention programs. Finally, DWP developed a prevention of prescription drug misuse app that includes a tailored misuse screener for use by flight attendants.

VI. SUMMARY

Substance misuse touches every segment of society, from young to old, and all occupations. Substance misuse among police officers is a serious and widespread problem, with one-sixth of officers in need of professional intervention. A range of substance misuse issues can impact the job performance, promotion, and job security of law enforcement personnel. Insufficient research is available on the best substance abuse prevention methods for police workplaces where disaster, terrorism, trauma, chronic pain, and sustained injuries are substantial risks.

Employers with health/wellness and drug-free workplace programs, including clearly stated and internally well-publicized policy, EAPs, education materials, and drug testing, experience less substance use problems than employers without programs. Drug-free workplace policies and materials need to be reviewed regularly to maintain their validity and reliability, and to account for changes in laws concerning non-medical use of prescription drugs and medical/recreational marijuana legalization, as well as the ever-changing array of designer drugs and other misused substances.

Promising prevention and early intervention programs that greatly magnify the effectiveness of drug-free workplace programs exist but have not been tailored to law enforcement. Providing law enforcement agencies with education, care and service that best addresses substance misuse among their personnel will require adoption and evaluation of multiple program approaches. Screening through health/wellness programs, websites, apps, peer-to-peer programs, or occupational health physicians, supplemented by brief motivational interventions, can be effective, especially in workplace cultural settings that discourage substance misuse, including inappropriate use of prescribed drugs. To change a culture that tolerates inappropriate, off-duty drinking frequently requires changing organizational oversight, as well as conducting substance misuse intervention training for employees. Successful programs help staff to better manage stress with healthful techniques, instill resiliency, recognize signs that a co-worker has a problem, and promote effective intervention for employees who need help. The programs typically embed their substance misuse messages in broader wellness or resilience contexts to reduce threat.

For law enforcement personnel, confidentiality concerns can be a major barrier to program utilization and should be explicitly addressed and resolved. Often, union-operated, police-funded programs can instill trust and

increase confidentiality better than programs with more managerial control. Implementing union-based or peer-to-peer programs can counterbalance drug testing and zero-tolerance policies.   Maintaining a substance-free workplace is easier if the employer non-punitively provides voluntary employee release time to get treatment for drug and alcohol problems.

SAMHSA's Division of Workplace Programs has an array of materials and programs that can assist law enforcement agencies to design effective prevention and early intervention programs and enhance existing programs. It offers a wealth of resources to address prescription drug misuse.