

public safety officials

Addressing Substance Use Disorders and Stress Among Public Safety Officials

Every day, public safety officials put their lives on the line to protect people within the United States, as well as in other countries. Public safety officials encompass a variety of professions. They include all branches of the military, such as Army, Navy, Air Force, Marines, and Coast Guard, as well as police, probation and correction officers, firefighters, emergency medical technicians, and other first responders.

Each group's stress can manifest in different ways, ranging from mild to severe levels. Some are able to cope with the emotional and physical effects of stressful experiences by using their existing support systems. In some cases, individuals turn to alcohol or drugs to help cope with their stress and can develop substance use disorders. **Those who experience prolonged reactions to stress and, subsequently, substance use disorders may require more intensive treatment by professionals.**¹

Each September, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT), within the U.S. Department of Health and Human Services, celebrates **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**. This celebration is a call to action for all public safety officials to look out for their colleagues who may have a substance use and/or mental health disorder. It encourages them to seek help from a counselor or treatment program, the sooner the better. As emphasized in this year's theme, **"Join the Voices for Recovery: Now More Than Ever!"**, treatment and recovery programs and services are as essential as ever for officials facing increased stress on the job and turning to alcohol and/or drugs to cope.

This document outlines how the stressful careers of public safety officials can contribute to substance use disorders or relapse, the types of stress they may feel, and guidance for individuals with a substance use disorder or who think a colleague, friend, or family member may be affected. It also includes treatment and recovery resources available for public safety officials.

The Stress of Serving the Public

Public safety sectors work to protect people in the United States. Each sector faces repeated exposure to unique incidents that cause stress, which may play a part in alcohol and/or drug abuse.² SAMHSA has identified **10 Strategic Initiatives**, with one created to address the root causes of pervasive, harmful, and costly public health problems related to exposure to violence and trauma. Public safety officials witness:³

- Officer-involved shootings
- Death of co-workers
- Serious injury while on duty
- Hostage situations or negotiations
- Exposure to intense crime scenes
- Suicide of co-workers or victims

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The following elaborates on the unique challenges they face.

Firefighters and emergency medical technicians frequently respond first to 911 calls, arrive first at an accident scene, and risk their lives by entering directly into high-danger situations. First responders must make quick decisions, often with unclear information, and face serious consequences for a wrong decision—a very high stressor.⁴ First responders also assume the added stressful role of counselor or treatment provider for those in need. This role, combined with exposure to distressing situations, can cause them to turn to alcohol and/or drugs. Studies show that 29 percent of active duty firefighters have possible or probable problems with alcohol use.⁵ **Additionally, more than 80 percent of fire and emergency personnel responding to large-scale disasters experience moderate to severe symptoms of critical incident stress reactions (CISR) after the incident, a typical response to dangerous situations. This may contribute to substance use disorders in extreme cases.**^{6,7}

Police, probation, and correction officers deal with high-stress situations that statistically increase their likelihood of alcohol and/or drug use. Specific stressors include interaction with armed criminals, high-speed car chases, facing weapons, and patrolling high-risk areas to prevent crime—all extremely dangerous circumstances.⁸ In addition, these officers often direct individuals that they help to recovery and treatment services, making it a necessity for public officials to be knowledgeable about substance use disorders and treatment options. **A study conducted by the U.S. Department of Justice's National Institute for Justice revealed that police are at higher risk than other emergency workers for alcohol abuse, hypertension, migraines, and insomnia.**⁹ One-quarter of law enforcement officers in the United States report alcohol dependence as a result of stress on the job.¹⁰ Yet police may be less likely than the general public to seek professional help due to concerns about image or that their records will become public.¹¹

Military officials, including those from the Army, Marines, Air Force, Navy, National Guard, and Coast Guard, face physical and mental challenges. These challenges include exposure to combat and difficulty juggling both career and family responsibilities. There are approximately 1.4 million active-duty military workers, many of whom are at high risk of developing alcohol and/or drug abuse due to the pressures they face.¹² Even after their military service ends, veterans can be susceptible to substance use disorders and relapse of pre-existing problems, as they recall distressing experiences faced during combat. **For example, one study found that 19 percent of Vietnam veterans experienced post-traumatic stress disorder (PTSD), a disorder that can occur after exposure to a traumatic event, at some point after the war.**¹³ Approximately 60 percent of veterans also have alcohol dependence.¹⁴

To combat this issue, the U.S. Department of Defense this year established the **Defense Center of Excellence for Psychological Health and Traumatic Brain Injury**. This center provides treatment, education, and research related to these behavioral health issues.¹⁵

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Addiction is complex and is affected by a variety of factors. Individuals exposed to stress are known to also be more likely to abuse alcohol and other drugs or relapse.¹⁶ Military families experience additional stress when a parent or spouse deploys and often suffer serious adverse consequences when their loved one returns home with a substance use disorder or PTSD.¹⁷ If you or someone you know is in the military or is a family member of someone in the military, visit [After Deployment](#) for tips on combating substance use disorders, adjusting to war memories, coping with mental health disorders, handling stress, and improving relationships. Also, one of SAMHSA's [10 Strategic Initiatives](#) is to support military service men and women, and their families and communities, by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.



Brenda Mayer
Tacoma, WA

The tired old adage “Once an addict, always an addict” is simply not true, and I am proof of that. I believe that an addict, any addict, can lose the desire to use and find a new way to live.

It wasn't easy for me, though. I began using drugs when I was 13 years old. The early years of my life were marked by my father's addiction to alcohol and all the pain and chaos that it engendered. I am a survivor of physical, emotional, and sexual abuse, and the post-traumatic stress that it produced in me and my siblings.

By the fall of 1981, the only thing that had ever made my life bearable, drugs, had become the problem. I was physically addicted, mentally ill, emotionally unstable, and spiritually bankrupt. I was filled with despair, self-hatred, and hopelessness. As a last resort, I decided to try abstinence and recovery. Treatment and 12-step support was very hard to find in the Greater Seattle area, especially with no money or insurance. But I found help, and today I can say that I have not used alcohol or illicit drugs for more than 28 years, nor do I misuse prescribed medications.

When my recovery started on September 15, 1981, I had a 9th-grade education. I was unemployed and unemployable. Since then, I have educated myself and dedicated my career to working with people who are addicted to alcohol and drugs in the largest urban area of Washington State. I have learned to live life on life's terms even though it has, at times, been very painful. In 2003, my only brother relapsed after 10 years of abstinence from alcohol. Within 30 days he drove drunk and died in a car accident.

I thrive today when I carry the message of recovery to others. I have personally witnessed the recovery of hundreds of people. They are just like me and have turned their lives around and are making a difference in their communities. Together we are the faces and voices of recovery.

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Varying Amounts of Stress, Varying Impacts

Because of challenging experiences in their work lives, public safety professionals face varying levels of stress, ranging from mild to more severe. What causes stress for one person may have little effect on others, and each reacts differently.¹⁸ Individuals in high-risk jobs may face three types of stress—acute, episodic acute, and chronic—each with its own symptoms and treatment approaches.¹⁹

- **Acute stress** is the most common form and, because it is short term, does not cause extensive damage. Common symptoms include emotional distress or anxiety, stomach problems such as heartburn, and muscular problems such as a tension headache.
- **Episodic acute stress** refers to the stress experienced by those who suffer acute stress frequently. They are often in a rush and take on too much responsibility, resulting in deteriorating relationships and hostility. Common symptoms include persistent tension headaches, hypertension, and heart disease. People with episodic acute stress are resistant to change and frequently require professional help to recover.
- **Chronic stress** describes long-term perpetual problems that a person faces—a potential problem for public safety officials in long-term careers that involve witnessing traumatic events. Symptoms of chronic stress are manageable, but may require medical and behavioral treatment. If left untreated, individuals may misuse alcohol and/or drugs, suffer from a heart attack or stroke, exhibit violent behavior, or commit suicide.

Public safety officials also are known to develop the following conditions from their on-the-job experiences:

- **Compassion fatigue** is experienced by officials who work closely with people who have been traumatized by an event. Public safety officials and other caregivers, including nurses, doctors, chaplains, and volunteers, may develop compassion fatigue as a direct result of being concerned about their patients' well-being.²⁰ In extreme cases, this fatigue contributes to an increased use of alcohol and/or drugs.²¹
- **Serious psychological distress (SPD)** includes symptoms of emotional distress, including depression, anxiety, restlessness, and hopelessness. In 2008, an estimated 24.6 million adults in the United States, or about 11.3 percent of all adults, suffered from SPD.²² Adults suffering from SPD in the past year were 12.3 percent more likely than those without SPD to have engaged in illicit drug use.²³
- **Critical incident stress reactions (CISR)** are the physical, emotional, or behavioral symptoms exhibited by people within 6 to 12 weeks after a critical incident occurs. CISR differs from post-traumatic stress disorder (PTSD) because people can improve without receiving treatment in 70 percent of CISR cases, whereas PTSD sufferers often require treatment.²⁴ Long-term substance use is not heavily associated with those who suffer from CISR.²⁵
- **Post-traumatic stress disorder (PTSD)** is an anxiety disorder. Some people develop it after exposure to a traumatic event where physical harm occurred or their lives were threatened. Although PTSD does not automatically cause substance use disorders, individuals with PTSD are more likely than others with similar backgrounds to have substance use disorders.²⁶ Of people with substance use disorders, 30 to 60 percent meet the criterion for PTSD.²⁷

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Individuals with PTSD may use alcohol and/or drugs to self-medicate and avoid their root problems, may not remember the specific traumatic experience they faced, and often do not know they have a disorder, unless they have already been diagnosed. Symptoms of PTSD include:²⁸

- Nightmares
- Paranoia
- Sense of shortened future
- Depression
- Avoiding work
- Avoiding certain locations that were previously favorites
- Loss of faith
- Obsessive behavior
- Memory loss
- Irritability
- Exaggerated startle response
- Addiction to alcohol, drugs, sex, or gambling

Prevalence of Co-Occurring Disorders

Individuals with both an addiction and an emotional or psychiatric problem are diagnosed with a co-occurring disorder.

In 2008 alone, 2.5 million adults suffered from both serious mental illness and substance dependence or abuse.²⁹ It is estimated that:

- **53 percent** of people who use drugs also have at least one serious mental illness.³⁰
- **29 percent** of all people who are diagnosed as mentally ill abuse alcohol and/or drugs.³¹
- **50 percent** of adults who misuse alcohol and suffer from PTSD have other serious psychological or physical problems.³²

Public safety officials are vulnerable to several co-occurring disorders due to high-stress daily encounters, including:

- **Anxiety disorders:** panic attacks, phobias, compulsions
- **Mood disorders:** depression
- **Multiple addictive behaviors:** alcohol misuse, use of illicit drugs, misuse of prescription medications
- **Physical health problems:** diabetes, heart disease, liver disease

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Misconceptions About Addiction Among Public Safety Officials

Misconceptions surrounding addiction comprise one of the greatest obstacles for a person struggling with substance use disorders, especially among public safety officials. This type of stigma includes using labels to describe people with substance use or mental health issues, such as “addict,” “alcoholic,” “user,” and “abuser,” despite how they self-identify. Fight this in your community by terminating the use of terms that have negative connotations.³³ Stigma is most likely to diminish as a result of education and broader acceptance of addiction as a treatable disease.³⁴

The Defense Department recently launched a \$2.7 million service-wide anti-stigma campaign, *Real Warriors. Real Battles. Real Strength.* that allows service members to tell their experiences of seeking help for mental illnesses and substance use disorders. The campaign uses public service announcements to highlight that seeking treatment will not harm a soldier’s military career.³⁵

Although many soldiers experience problems from the stressors faced during war, very few seek help:

- In a study administered to more than 7,000 soldiers and Marines after returning from war, approximately 42 percent who were diagnosed with a mental health problem indicated an interest in receiving treatment. However, only around 31 percent of them actually received professional help due to the stigma associated with treatment.³⁶
- In 2008, 20.8 million people felt they needed treatment for a substance use disorder, but 15.1 percent of these individuals did not receive it due to reasons related to stigma.³⁷
- In 2007, nearly 29 percent of Army soldiers in Iraq said it would harm their career to seek treatment for a mental health disorder.³⁸

Misconceptions about addiction exist. These groups must learn they can receive confidential help. If you suffer from a substance use disorder, know that you are not alone and that recovery is possible. Additionally, if you know a public safety official who is suffering, encourage him or her to seek help. Knowing the signs to look for is an essential way to help.

Because of stigma:

- Some people don’t get treatment.
- Some doctors won’t treat people who use alcohol and/or drugs.
- Some pharmaceutical companies won’t work toward developing new treatments.

SOURCE: “Stigma of Drug Abuse.” National Institute on Drug Abuse Web site: <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/stigma>. Accessed July 27, 2009.

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Signs and Symptoms of Addiction³⁹

Alcohol and drugs have varying effects on a person's overall physical, emotional, and behavioral health. A person may possess one or more of the following signs and symptoms of addiction. Be aware that people with these qualities don't always have a substance use disorder. If you suspect that your colleague, friend, or family member has an addiction, be supportive of that person's journey through treatment and recovery.

Physical Signs	Behavioral Signs	Emotional Signs
Cycles of increased energy, restlessness, and inability to sleep	Getting alcohol and/or drugs becomes more of a priority than anything else, including a person's job, friends, or family	Increased irritability and agitation
Sudden weight loss or weight gain	Suspected drug paraphernalia, such as pipes or syringes	Depression
Abnormally slow movements, speech, or reaction time	Excessive need for privacy and secretive behavior	Paranoia
Chronic sinus troubles or nosebleeds	Sudden changes in clothing, such as constantly wearing long-sleeved shirts to hide scarring	Hallucinations
A persistent cough or bronchitis, causing excessive mucus or blood	Changes in activities or loss of interest in things that were previously important	Unusual calmness or unresponsiveness
Severe dental problems	Confusion and disorientation	Impaired judgement

Where to Find Confidential Help

Public safety officials who suffer from a substance use disorder should reach out to the following contacts for confidential guidance and support:

- **Government resources** such as SAMHSA's National Helpline, accessed by calling **1-800-662-HELP** or 1-800-487-4889 (TDD), or [SAMHSA's Treatment Web site](#), provide an abundant number of treatment and recovery options in your area.
- **Doctors** answer medical and health questions, refer people to addiction treatment programs, and refer people to medication if appropriate. Under the Health Insurance Portability and Accountability Act (HIPAA), private health information is protected by Federal law.

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- **Clergy members** provide spiritual direction and serve as a nonjudgmental resource. They also can refer people to local resources to treatment.
- **Local mental health associations** can help find a social worker, psychologist, psychiatrist, or other mental health professional in your community.
- **Health insurers** aid in the cost of treatment and help individuals or their families who are seeking treatment options.

What Can I Do?

If you notice that family members, colleagues, or friends who serve as public safety officials may have a substance use disorder, help them find treatment. To aid the person's path to recovery, keep in mind the following tips:

- **Remember** that substance use disorders can be treated and recovery is possible.
- **Educate** colleagues and peers about the disease of addiction, which will reduce the misconceptions and myths associated with treatment and recovery.
- **Use** national toll-free, e-therapy, or online services that offer free and confidential treatment and recovery services. Public safety officials may be more likely to agree to programs that are private and "off the record." For additional resources, please refer to the resources provided at the end of this document.
- **Be open** and share stories. Discuss your own experiences and feelings with others who have a substance use, mental health, or co-occurring disorder. This will encourage them to seek treatment.
- **Reach out to** the person who uses alcohol and/or drugs. Casually approach the person to discuss the possibility of treatment. If a casual setting does not work, organizing a formal intervention may urge the person to receive help. To learn more about organizing an intervention, visit the [National Alcohol Substance Abuse Information Center](#).
- **Separate** yourself emotionally from the situation. If you allow yourself to detach from the circumstances, you are less likely to damage your relationship with the person you want to help.
- **Don't forget** that it takes tremendous courage for individuals to admit they have an alcohol and/or drug problem. Remind others of this if you hear negative conversation surrounding the situation.
- **Remember** that recovery is a process and there are many paths to recovery. Encourage continued participation in peer support programs and therapy to sustain long-term recovery.

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If you or someone you know is suffering from a substance use disorder, remember that treatment programs are available and recovery is possible. Talk to your family members, friends, and colleagues about addiction. Their support is essential to those in recovery.

Resources for Public Safety Officials

In addition to the information and resources found on the *Recovery Month* Web site at <http://www.recoverymonth.gov> and the SAMHSA Web site at <http://www.samhsa.gov>, public safety officials can find treatment and recovery information through the following resources:

- **Addiction and PTSD: Combating Co-occurring Disorders** – A SAMHSA television and radio program that examines PTSD's connection to substance use disorders and provides information on where people can find treatment.
- **Recovery and the Military: Treating Veterans and Their Families** – A SAMHSA television program that addresses trends and the prevalence of substance use disorders among veterans and discusses treatment issues that veterans and their families face.
- **United States Army Substance Abuse Program (ASAP)** – Provides information on the health risks posed by substance use disorders and works to restore individuals to full productive performance.
- **United States Navy Alcohol & Drug Abuse Prevention Program (NADAP)** – Offers information and assistance to support individual and command alcohol abuse and drug use prevention efforts.
- **United States Air Force, Drug Demand Reduction Program (DDRP) at Bolling Air Force Base** – Focuses on preventing the use and abuse of illicit and legal drugs within the Air Force community through educational briefings, presentations, fairs, and other community-wide programs.
- **Marine Corp's Combat Operational Stress Control (COSC) Branch** – Provides resources for a healthy life at home and work.
- **U.S. Department of Veterans Affairs National Center for Post-Traumatic Stress Disorder** – Advances the clinical care and social welfare of U.S. veterans through research, education, and training on PTSD and stress-related disorders.
- **The Sweeney Alliance's Grieving Behind the Badge Program** – Offers help to emergency response and public safety personnel.

Refer to the "Resources" section of this toolkit for a full listing of available treatment and recovery resources.

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For more information and organizations that can help provide treatment and other resources nationally or in your area, call 1-800-662-HELP or 1-800-487-4889 (TDD), or visit <http://www.samhsa.gov/treatment>. For additional *Recovery Month* materials, visit <http://www.recoverymonth.gov>.

Inclusion of Web sites and other resources mentioned in this document and on the *Recovery Month* Web site does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

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