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POLICE AND ADDICTION: WHY POLICE OFFICERS ARE NEARLY THREE TIMES AS LIKELY TO SUFFER FROM SUBSTANCE ABUSE THAN THE GENERAL POPULATION

Nationally Recognized Addiction Expert, Dr. Indra Cidambi, Explores Potential Solutions to Widespread Drug and Alcohol Abuse in Law Enforcement Community

New York, NY – February XX, 2018 – Addiction within the law enforcement community across America is a widespread and serious problem. One out of four police officers on the street has an alcohol or drug abuse issue, and substance use disorders among police officers are estimated to range between 20% and 30% ^(1,2) as compared to under 10% in the general population.

“These substance abuse statistics within the law enforcement community is shocking,” said Dr. Indra Cidambi, Addiction Expert and Medical Director at the Center for Network Therapy in New Jersey. “Repeated exposure to high-stress, life-threatening situations coupled with long hours and an insular culture appear to turn police officers toward alcohol or drugs in order to relax and cope. The good news is that they enter recovery faster when treatment integrates their living environment.”

Why is addiction a bigger issue within law enforcement? According to Dr. Cidambi, police officers are often in the midst of other people’s crises – fights, domestic violence, shootings, bloody crime scenes, and fatal car accidents, which, sometimes, puts their own lives at risk. “Cops face high-stress situations several times a week, especially in urban areas,” said Dr. Cidambi. “They are charged with making instant decisions in these immediate situations. To add to this pressure, of late, the whole community, and sometimes the whole country, judges them after the fact while watching the news from the comfort of their homes, which adds a layer of guilt,” added Dr. Cidambi.

In addition, police officers’ schedules can be grueling, often working rotating and overtime shifts. “As a result, officers can often be fighting fatigue and lack of sleep, which can impair hand-eye coordination and reaction times,” said Dr. Cidambi. These untraditional work schedules can often deprive law enforcement offers of time with their families.

“Such stress has consequences in terms of mental health issues and addiction,” commented Dr. Cidambi. Almost one in four police officers has had thoughts of suicide at some point in their life ⁽³⁾. The suicide rate for police officers is four times higher than the rate for firefighters ⁽⁴⁾. Between 7% and 19% of police officers have symptoms of posttraumatic stress disorder ^(5, 6), as compared to 3.5% in the general population. More police die by suicide than by homicide: the number of police suicides is 2.3 times that of homicides ⁽⁷⁾. An insular culture, driven by the ingrained belief that outsiders cannot understand the pressures they face, leads to cops fraternizing with other cops, usually at drinking holes.

Given all of the above, it is not surprising that substance abuse rates among cops is ahead of the general population. “To add to the problem, cops have easier access to illegal drugs when they arrest drug dealers or respond to overdose calls,” said Dr. Cidambi. Even when a cop realizes he or she needs help, the biggest challenge cops have in seeking treatment is the fear of disciplinary action, or loss of their job.

What Works in Treatment: Treating members of the police force for substance use disorders requires knowledge of their work environment, stressors unique to them and the inhibitions they have in leveraging their loved ones for support. “The default treatment option for cops has been to isolate them from their living environment by shipping them

away to locations far from their homes for treatment. However, in my experience, treatment that integrates their home and work environment works better,” said Dr. Cidambi. When a cop is sent away for treatment they are isolated from their living environment and, no matter how successful the treatment, it is not certain that they can cope with the stressors in their real life when they come back home. In contrast, outpatient treatment allows the patient to apply the skills they learn in treatment to real life situations and come back to treatment to discuss what worked and what did not and make adjustments.

Involving family in treatment: The focus in treatment should be to teach them to live sober in their own environment. “Bringing the family into treatment and facilitating a dialogue is key,” says Dr. Cidambi. Cops are tough and are expected to solve problems, so they have a tough time admitting that they have a problem they cannot solve. “Consequently, they fail to leverage relationships with their loved ones for support, simply because they don’t know how to ask for help” says Dr. Cidambi. The first priority in treatment is to help them connect with their loved ones on an emotional level. “When this is done successfully, the cop has managed to permanently elevate the level of support the cop receives at home, which will contribute to preventing relapse after treatment.”

Teaching Skills for Work: As detailed above, cops face tremendous pressures at work. “Helping them to put the work-related stressors in perspective and teaching them coping skills to diffuse these stressors really helps them avoid relapse,” said Dr. Cidambi. Emphasis here should be on introducing relaxation techniques and highlighting recreational options. “I have found meditation, yoga, and even acupuncture to help cops relieve work-related stress,” added Dr. Cidambi.

Addressing mental health issues: As cops suffer from certain mental health issues at a higher rate than the general population, they often times use drugs or alcohol to self-medicate to obtain relief from symptoms. “Every cop should be evaluated for mental health issues with a focus on problems with guilt resolution, PTSD and depression. Cops are loath to admit that they have mental health issues and therefore treators should employ a proactive approach,” says Dr. Cidambi. “Appropriate therapy, combined with medications to address their mental health issues go a long way in addressing their substance use disorders,” added Dr. Cidambi.

- (1) *Police On-Duty Drug Use: A Theoretical and Descriptive Examination – Kraska, Kapeller.*
- (2) *On the Front Lines – Hepp.*
- (3) *Violanti, JM, Fekedulegn D, Charles LE, Andrew ME, Hartley TA, Mnatsakanova A, Burchfield CM (2009). Suicide in Police Work: Exploring Potential Contributing Influences. American Journal of Criminal Justice, 34, 41-53.*
- (4) *Violanti JM (2010). Police suicide: A national comparison with fire-fighter and military personnel. International Journal of Police Strategies & Management, 33, 270-286. DOI 10.1108/13639511011044885.*
- (5) *Carlier IV, Lamberts RD and Gersons BP. (1997). Risk factors for posttraumatic stress symptomology in police officers: A prospective analysis. Journal of Nervous and Mental Disorders, 185, 498-506.*
- (6) *Gersons BP. (1989). Patterns of PTSD among police officers following shooting incidents: A two-dimensional model and treatment implications. Journal of Traumatic Stress, 2, 247-257.*
- (7) *Ibid.*

For more information on substance abuse dependency, addiction and treatment please go to www.RecoveryCNT.com.

About Dr. Indra Cidambi

Indra Cidambi, M.D., Medical Director, Center for Network Therapy, is recognized as a leading expert and pioneer in the field of Addiction Medicine. Under her leadership the Center for Network Therapy started New Jersey’s first state licensed Ambulatory (Outpatient) Detoxification program for all substances nearly three years ago. Dr. Cidambi is Board Certified in General Psychiatry and double Board Certified in Addiction Medicine (ABAM, ABPN). She is the Vice President of the New Jersey Society of Addiction Medicine. She is fluent in five languages, including Russian.

About Center for Network Therapy

Center for Network Therapy (CNT) was the first facility in New Jersey to be licensed to provide Ambulatory (Outpatient) Detoxification Services for all substances of abuse – alcohol, anesthetics, benzodiazepines, opiates and other substances of abuse. Led by a Board Certified Addiction Psychiatrist, Indra Cidambi, M.D., experienced physicians and nurses closely monitor each patient’s progress. With CNT’s superior client care and high quality treatment, Dr. Cidambi and her clinical team have successfully detoxed roughly 1500 patients in five years. CNT also offers Partial Care and IOP programs.

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