

Prescription Drug Use Among Police

Law enforcement responsibilities place unique challenges and pressure on those who serve their community. The build-up of physical, psychological, and emotional demands can take a toll on an officer's well-being. In extreme situations, officers may turn to prescription drugs for pain or stress management. Although these may provide temporary relief, they can lead to misuse that may cause new or worse problems later.

Some reasons that officers may use prescription drugs include:

- Reducing pain from an injury
- Relieving depression, stress, or anxiety
- Gaining more energy, alertness, or stamina
- Temporarily forgetting about traumatic or extremely distressing experiences
- Helping with sleep

Policing is physically demanding and can lead to chronic pain from injuries sustained on the job. Motor vehicle crashes, use of force incidents, and significant load carriage can impact an officer's physical well-being. On-duty injuries can also stem from the consistent physical requirements of wearing a duty belt, sitting in a patrol car, or standing at a stationary post for extended periods of time.¹ As a result, officers with physical pain may be prescribed a variety of prescription drugs including opioids to reduce the pain.

The long hours and rotating shifts required by law enforcement can lead to fatigue and lack of sleep.² Stress and irregular sleep habits can contribute to sleep problems, mood instability, and even increased risk for post-traumatic stress disorder (PTSD).³ Officers may be prescribed prescription drugs to address these problems. With medical supervision, these treatments can be a routine part of an officer's recovery. However, due to the addictive qualities of some prescription drugs, individuals may continue to use them for too long and be more at risk of developing symptoms of an addiction.⁴



Some commonly prescribed medications that are considered potentially addictive include, but are not limited to:^{5,6,7}

- **Opioids (Narcotics - commonly prescribed for severe pain):**
 - Oxycodone (an ingredient in both OxyContin and Percocet)
 - Hydrocodone (an ingredient in both Norco and Vicodin)
- **Benzodiazepines ("Benzos" - Commonly prescribed for anxiety, insomnia, and muscle tension):**
 - Clonazepam (Klonopin)
 - Alprazolam (Xanax)
 - Diazepam (Valium)
 - Ativan (Lorazepam)
- **Stimulants (Commonly prescribed for ADHD):**
 - Amphetamines (Adderall and Vyvanse)
 - Methylphenidates (Ritalin and Concerta)



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Some commonly prescribed medications that are **not** considered addictive include, but are not limited to:^{8,9,10}

- **Selective serotonin reuptake inhibitors (SSRIs) (Commonly prescribed for depression and anxiety disorders)**
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
 - Fluoxetine (Prozac)
 - Sertraline (Zoloft)
- **Serotonin and norepinephrine reuptake inhibitors (SNRIs) (Commonly prescribed for depression, anxiety disorders, and nerve pain)**
 - Duloxetine (Cymbalta)
 - Venlafaxine (Effexor)
- **Beta Blockers (Commonly prescribed for high blood pressure, angina, and abnormal heart rhythm)**
 - Propranolol (Inderal)
 - Atenolol (Tenormin)

Potential Harm of Prescription Drug Use

For a variety of personal and professional reasons, the negative impact of some prescription drug use may not be recognized, addressed, or treated, and may increase over time.¹¹ Officers who misuse prescription drugs may find that the actual problem that caused them to start a drug regimen does not go away. For example, if an officer started using a prescription drug to address an injury or pain, they may still experience pain and could feel as though the pain has increased. Research has found that prescription drugs such as opioids “may in fact enhance or aggravate preexisting pain” and that it may not address the underlying problem.¹² This can cause officers to experience more pain and cause negative reactions to future injuries.

If officers use a drug that was not prescribed specifically for them, they may face legal and occupational risks, in addition to health consequences. From a health perspective, taking a prescription drug without medical knowledge of how it should be properly administered, in what quantity, or at what frequency may interfere with medical conditions a person has, other drugs they take, or other substances they ingest (e.g., food, alcohol, supplements, etc.). This may lead to serious health problems or even death.

Recognizing Signs of Prescription Drug Misuse in a Fellow Officer

The following information can help identify if a fellow officer may be misusing prescription drugs. While these symptoms can be common signs of prescription drug use, it is important to note that side effects may vary, and some symptoms could point to another physical or mental health issue. Common signs of prescription drug misuse may include the following:

Physical Symptoms:^{13, 14, 15}

- Drowsiness or falling asleep while on shift
- Tremors
- Difficulty breathing
- Change in size of pupils
- Nausea, vomiting, and/or constipation
- Changes in appetite and weight
- Changes in heart rate and blood pressure
- Unsteady or unusual pattern of walking



Emotional Symptoms:^{16, 17, 18}

- Mood swings
- Angry outbursts
- Uncharacteristic isolation
- Forgetfulness
- Impaired concentration
- Panic attacks
- Paranoia



Work Behavioral Signs:^{19, 20, 21}

- Being late to work
- Withdrawing from other people and disappearing on shift
- Difficulty concentrating or completing tasks
- Frequent absences
- Increase in making mistakes
- Poor performance
- Difficulty making decisions
- Increased Risk-Taking
- Changes in officer presentation: uniform and duty gear, personal appearance, grooming



Any of these symptoms in and of itself does not necessarily indicate prescription drug misuse. Consider the totality of physical symptoms, emotional symptoms, behavioral symptoms, and context of the officer's work and/or personal life.

Talking with a Fellow Officer about Your Concern

Below are suggestions to help officers when approaching their peers who may be negatively impacted by prescription drugs:²²



- **Although officers may not be comfortable talking about substance misuse, confiding in a trusted source can be a crucial first step to recovery.**
- **Reach out to the officer and try to talk openly and honestly with them.**
 - Ask how they are doing.
 - Listen without judging.
 - Mention changes you have noticed in your co-worker's behavior. Lead with your concern. You do not want to sound accusatory.
 - Provide resources that can help support the officer, including information about peer support programs, mental health services, and your agency's EAP.
 - If it sounds like the officer might be struggling with physical pain, consider providing information about how to access a well-vetted physical therapist and/or athletic trainer.
 - Suggest that the officer talk with someone in your agency's peer support program, mental health services, or wellness department. Other options for help include a chaplain or medical provider.
 - Reassure the officer that getting help is not a sign of weakness or shame; instead, they are getting the tools they need to make a positive change and you will support them to the extent possible.
- **If you observe changes in an officer's physical and mental health or behavior and think he or she may need help, talk with your peer support program about connecting them to treatment resources.**
- **If your agency does not have a peer support program, consider talking with someone in the employee assistance program (EAP), mental health or wellness services, or a chaplain.**

If officers who experience a negative impact with prescription drugs are identified and assisted early, police agencies can help break the cycle. Additionally, agencies are in an advantageous position to support an officer who is struggling before that officer experiences career and/or legal ramifications. Thus, early detection and treatment for prescription drug misuse is crucial for the safety of the officer, the agency, and the public.²³ Implement and develop a positive culture that holds officers to a high standard but enables them to seek help and recover without the fear of punishment. Create an environment of trust that encourages dialogue, not shame.

Confidential Support

- **COPLINE, 24/7, law enforcement officer hotline: 1-800-267-5463**
- **Cop2Cop, 24/7, law enforcement officer hotline: 1-800-267-2267**
- **First Help helps first responders connect with local resources. www.1sthelp.net**
- **Safe Call Now, 24/7, crisis line for public safety professionals and their families: 206-459-3030**
- **Substance Abuse and Mental Health Services Administration's (SAMHSA)'s National Helpline, 24/7, phone line for referrals to treatment facilities and community-based organizations: 1-800-662-HELP (4357)**

Resources

- **SAMHSA's online treatment locator: <https://findtreatment.samhsa.gov/>**
- **International Association of Chiefs of Police (IACP) Officer Safety and Wellness resources for agencies, command staff, officers, and families on a variety of safety and wellness topics: <https://www.theiacp.org/topics/officer-safety-wellness>**



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This project was supported by Grant No. 2019-DP-BX-K006 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

For more officer wellness resources visit: www.theIACP.org/OSW

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