

Substance Use Disorders in First Responders

The Vicious Cycle of Chronic Traumatic Stress Exposure and Sleep Deprivation as Contributing Factors

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Breaking the silence about substance use disorders in public safety professionals is the first step in addressing the stigma that having a substance-related or mental health problem is a sign of weakness. Cumulative exposure to traumatic stress has negatively affected the first responder workforce for decades. For many, turning to substance use to manage the internal turmoil is a way to escape. In time, this vicious cycle of coping becomes the greater problem as addictive patterns take hold.

Emergency first responders (police officers, firefighters, emergency medical technicians, paramedics, 911 dispatchers, emergency room personnel, rescue workers) are public safety professionals who respond to emergency situations every day. They are expected to consistently respond with rapid and competent judgments amid hazardous situations. Over time, these routine calls take toll on their physical and psychological health while they continue to be exposed to additional traumatic events during their career (Haugen & Weiss, 2012). The rates of posttraumatic stress disorder (PTSD) in first responders have remained higher than the rates in the civilian population for the past decade, suggesting the negative impact of their unique occupational stress. Additionally, there is growing evidence that first responders exhibit ongoing symptoms of distress such as depression, heavy alcohol consumption, anxiety, hyperarousal, and sleep disturbances. These symptoms significantly impact the first responder's overall health and sense of well-being, but they rarely receive a diagnosis of PTSD (Bergen-Cico, 2015; Utzon-Frank, 2014).

The average career of a firefighter, police officer or 911 dispatcher can vary. Staying physically and mentally fit throughout these years is an imperative, yet challenging job requirement. Chronic exposure to graphic human tragedy such as mangled bodies from vehicle accidents; hearing a mother screaming while trying to revive her baby; an elderly person injured, scared and alone; caring for a child who has suffered terrible neglect; young adults who have died due to drug over dose or suicide; seeing heinous violence; or going into a burning structure in hopes to save those inside; can breakdown even the most resilient people. Like any human, the first responder takes in these experiences through all their senses. Due to their extensive training, they have learned to override emotionally reacting in order to make split second decisions in the urgency of the incident. So, where does all of this 'data' go when it is downloaded into the first responders' brain and nervous system day after day, year after year?

Prevalence

The prevalence of alcohol abuse in first responders can range from 16%-40% (Milligan-Saville, et al., 2017; Jones, S., 2017; Utzon-Frank, N., et al., 2014). Research literature documents terms such as *binge drinking* or *hazardous levels of drinking* and notes that peer encouragement is a strong factor in drinking behavior. Alcohol consumption, tobacco chewing, and smoking are the primary substances used, along with overuse of pain killers. Like the general public, first responders can begin using pain medications following an injury and then the insidious over usage quickly evolves.

In the Ruderman White Paper on Mental Health and Suicide of First Responders (2018), one research team examined drinking among female firefighters and found that 40% reported binge drinking during the previous month, and 16.5% of female firefighters who used alcohol

screened positive for problem drinking behaviors (Haddock, et al., 2017). Another study included both male and female firefighters and found even higher rates of binge and hazardous drinking – 58% and 14%, respectively (Carey, et al., 2011). The presence of SUD diagnostic criteria as a potential indicator for mismanaged trauma builds off studies, including Jahnke's 2014 study, that suggest substance abuse exacerbates PTSD symptoms and increases with the severity of psychological trauma (Jahnke, 2014).

Inherent On-Duty Experiences Contribute to Substance Use, Abuse and Addiction

Chronic traumatic stress exposure and other occupational hazards such as fearing for one's own life creates an over-taxed system and hypervigilance. The shock of each tragic and violent event has a cumulative physical and mental strain that, for some, is temporarily relieved by drinking alcohol or taking pain medication. This cumulative exposure to traumatic stress throughout the first responder's career causes ongoing distress, often referred to as sub-threshold posttraumatic stress disorder (S-PTSD). S-PTSD symptoms include irritability, sleep disruption, fatigue, anger, detachment, isolation, alcohol use increase, hypervigilance, startling, physical aches & pains, headaches and anxiety (Chopko & Schwartz, 2012). Diminished quality of life can be ongoing and can contribute to a higher incidence of delayed-onset PTSD (Haugen & Weiss, 2012). These symptoms are often not acknowledged, and many first responders suffer in silence buying into the stigma that trauma is part of the job. Left unaddressed, symptoms related to chronic traumatic stress rarely improve or dissipate. Proactively addressing stress management and self care are vital components to the first responder understanding normal stress responses to cumulative exposure and recommended steps towards treatment.

Working Long Hours Is Not a Badge of Honor; It Is Fuel for Self-Destruction

Sleep deprivation is a significant contributing factor to health problems for first responders. Extended working hours and disrupted sleep patterns can cause a first responders' system to become dysregulated over time (Haddock, et al., 2017). This disruption in the natural circadian rhythms also interrupts invaluable sleep patterns known as REM sleep (Rapid Eye Movement). Chronic disruption to REM sleep, as a result of chronic stress negatively affects the way memories are stored. The result is long-term problems with the hypervigilant nervous system and additional symptoms related to posttraumatic stress injury.

Until recently there has not been adequate attention on how to rebalance the system to restore quality sleep, nor was there much education about the serious negative consequences that sleep deprivation can cause, such as impairments in judgement and decision making. Within first responder culture, many use alcohol or sleep medications off-duty to aide in falling asleep (Chopko & Schwartz, 2012). While the negative effects of sleep deprivation have been known for a long time, organizations still appear slow to implement positive change. For example, in 2007 there was a thorough report put out by the International Association of Fire Chiefs and collaborative partners about the fatigue related problems that occur on the job. Recommendations were made to improve the problem (Toomey, J. & Toomey, S., 2018).

In 2018 (eleven years later), an excellent article was published in the Fire Engineering magazine by Jacqueline and Sean Toomey titled "Addicted to Awake: Sleep Deprivation in the Fire Service." Once again,

statistics confirm the industry-wide impact of sleep deprivation amongst first responders. In a study of over 6,900 firefighters, 40% presented with symptoms that should earn a diagnosis of sleep apnea, insomnia and work shift disorder. However, 80% of those presenting with diagnosable conditions had no history of receiving a diagnosis (Toomey, J. & Toomey, S., 2018). Without an accurate diagnosis, first responders were unaware and treated with mismatched interventions, leading to further destructive coping strategies such as excess alcohol consumption. Fortunately, Toomey & Toomey's research suggests making cultural changes in discussing sleep hygiene and provides ways to implement department changes in training first responders on sleep recovery practices.

Stigma & Breaking the Silence

Continual problems related to substance use remains hidden in a work culture where de-stressing with alcohol and comradery is normal. There are internal barriers and legacy-driven norms impeding progress. Some examples include not talking about traumatic experiences, believing that an inability to compartmentalize on-the-job experiences as a sign of inability to work as a first responder, and fear of appearing weak or unfit for duty. Often the result of a first responder talking about a traumatic experience is decreased trust amongst peers, less confidence in decision-making, and risk of job loss. While this stigma is currently being confronted, and broken down in many departments, it is still prevalent.

Peer Support Programs that include Chaplains and Mental Health Professionals are beginning to emerge in many departments. Psychoeducation on the neurobiology of stress is needed to help normalize stress responses, along with stress management skills training to develop healthy coping strategies. Since substance use disorders are treatable, and research shows that on-duty stress is a contributing factor, then the industry must acknowledge the value of addressing, treating and building a clear path to return to work. If SUDs were treated like other types of on-the-job injuries, first responder culture will improve over time. However, the judgmental responses to this type of injury run deep and often employees are dealt with in a punitive manner and shamed.

Importance of Peers in Recovery

Reaching the first responder in need can be difficult, but successful approaches leverage concerned peers in early intervention. A first responder in recovery can be a vital voice heard in the silence of suffering – whether that person is a peer or an addiction counselor. Two first responders share their experience of suffering with substance use disorder and their recovery.

With 33 years in the Fire Service, an anonymous first responder openly shares a personal story and example of how Peer Support Team members can help:

“During my career, I have seen a lot of changes for the way we fight fires to the way we deal with stress. Over the years call-volume has increased, and the number of major incidents has increased. When I first started in the fire service, I was told to never talk about feelings and never show that calls affected you, suck it up and move on. The way for many of us to cope was to go out after the shift and have a beer. At the beginning, this seemed to work but over years and years, many peoples' drinking increased and started to affect careers and home life. Many of us still would not talk about the effects the job had on our

lives and how we were using alcohol as a short-term fix to mask the pain. For many firefighters, this is still working today, or so they think. There is a major increase of abusing alcohol and drugs, because we are still scared of what our peers will think if we show any feelings or any vulnerability. So, we minimize it and hide our truth.

For me, after I hit what I hope was the worst day of my life, the day my kids told me “Dad, you need to get help and stop drinking or we don't want to be around you anymore.” This was my wake-up call, but many of us never get that and end up considering or committing suicide because the inner pain, nightmares, flashbacks and the thought of more human tragedy ahead, is just too overwhelming. I finally asked a friend, a fellow firefighter, for help; he had been sober for 6 years at that point. I had to let my Department know what I planned to do to get myself better. I was scared that they were going to fire me, but to my surprise, they fully supported me and bent over backwards to help me. I started to work with my friend and checked into a 28-day in-patient rehab facility. After I finished the inpatient program, I returned to work worried what people thought and said about me. I was showing weakness! But again, to my surprise, I found out that I was not alone. That there was a larger group of us that were in recovery; it wasn't something that everyone had known about but if someone in the group heard of a possible employee with a problem or just starting their recovery, someone would reach out to them. The people in the group know who is in the group, but no one advertises the group. We all check on each other. We are all involved in a recovery program, and I have to say, it is nice to have a group of people in recovery that does the same job I do because we all have walked in that pair of shoes. As part of my recovery, I have become very involved with my department's Substance Assists Program. I have talked to people, taken some to treatment facilities and sat with them as they tried to figure things out. As most firefighters are “Type-A” personality, and don't ask for help, it is nice to know there are people just like you in the fire service and in your department. Especially as people begin their recovery to know that you are not alone. For me, it is an honor to help my brothers and sisters in the fire service because I am giving back to a family I love. To those that may be struggling with substance [use disorder], please reach out. Trust me there is a hand of one of your brothers or sisters that will help you.”

The first personal story is a reminder that there is a sub-culture in the first responder family of those in recovery. First responders in recovery can be instrumental in not only getting the help needed, but also in healing the guilt and shame that accompanies the one who has been struggling alone.

Another anonymous first responder shares a different experience. The next story comes from a former narcotics detective who later became an addiction counselor. This highly recognized police officer and detective loved work, friends, family and identified co-workers as a second family. Eventually, this story ends with an untreated substance use disorder related to prescribed pain medication from numerous injuries and ultimately resulted in loss of the life and career once cherished. The message to counselors who want to work with first responders is to continue building an empathic understanding of the intense barrier of cultural stigma, and the shame that accompanies officers who suffer with SUDs:

“The stigma of asking for help, specifically amongst law enforcement, keeps many suffering in silence. It is not a job; it is an honor

and duty to bond together to help others. We vow the oath to serve and protect. Subsequently, seeing first-hand the horrors of violence, tragedy, and innocence lost, many don't feel safe to speak of their inner anguish and emotional wounds experienced as a result. Turning to substance use seems a valid solution to escape the internal turmoil. How do we expect first responders to seek help if they are living in fear of the stigma of addiction and mental health disorders? The stigma is drilled into them since starting the academy.

Addiction counselors can especially help if they have experience with first responders and understand the complex nature of this population. Counselors need to be ethical and introduced through trusted sources. Counselors also need to have a passion for counseling first responders, and be motivated to learn, firsthand, what first responders are dealing with.”

The second personal story is a reminder that confusion, misinformation and stigmas in police culture makes it extremely difficult to maintain career and connections. When officers need help, the barriers perpetuated by stigma causes confusion on where to go for help. Peers in recovery can support the difficult first step of finding those who understand and identifying a path towards recovery.

First responders in recovery can validate feelings of shame or personal disappointment for those seeking help. The potential barrier of violating public service oath becomes a relatable experience. Addressing stigma as a barrier, relatable experiences, and shame concurrently promotes successful treatment outcomes. Using evidence-based trauma-informed interventions is important but achieving cultural competence for this unique population of heroes, who continually risk their lives for others, is also critical.

Beyond formal training, a counselor for first responders can leverage everyday experiences to continue learning in cultural competency. For example, request a ride-along with police and fire departments, sit-along with dispatchers, or volunteer shift in the ER. There is incredible learning value in achieving a live visual experience with first responders. Experiential continued learning also provides an opportunity to inquire about first responders' day-to-day experience, which can build a counselor's ability to build rapport, conceptualize unique cases, and provide more targeted treatment solutions.

For continued learning and development, addiction treatment professionals should build skills in stress management techniques for anxiety such as breathing exercises, guided visualizations, mindfulness and heart rate variability training. Additionally, become trained in trauma-informed modalities such as Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Informed-Cognitive Behavioral Therapy (TI-CBT). These therapies have specific protocols for people recovering from substance use disorders. It is imperative for the family of the first responder to be a part of the recovery and treatment process. The family has suffered alongside their loved one and would benefit from individual counseling, couples and family counseling, and support groups such as Al-Anon and ACA. There is strength in a collaborative treatment team who can work together to meet the needs of the first responder and their loved ones.

Finding ways to support and encourage those in recovery to return to the career they love, while managing the impact of ongoing traumatic stress exposure is challenging, yet not impossible. Bringing together caring peers, passionate and well-trained counselors, using effective treatment

methods, along with human resource professionals who will support the recovery process and do their best to protect the first responders' job, will create the best scenario for positive outcomes. Working together, all professional helpers can protect and serve those first responders in need of restoring the mind, body, and soul!

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