



Agency Strategies for Addressing Alcohol Abuse

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Nick B.: Hello. I'm Nick Breul. I'm a senior project manager with the National Law Enforcement Officers Memorial Fund. I want to thank you for joining me for this SAFLEO Sessions Podcast. I'm very excited to be with you today. Today, I'm joined by our guest, Director of Officer Safety and Wellness Vernon Herron with the Baltimore City, Maryland, Police Department. Vernon, thanks very much for joining us today.

Vernon H.: Hey, Nick. Good morning. How are you doing? Thank you for having me.

Nick B.: Oh, I'm doing well. Thanks. Today, one of the things we'd like to discuss is the alcoholism and alcohol abuse. It's one of the things that is a component of the SAFLEO Program in terms of things that contribute to many officers struggling, having difficulty in the profession, and may be one of those things that could lead officers who are struggling with trauma and stress down a very dark path.

Vernon, if you could, just tell us a little bit about yourself and then how you and the Baltimore City Police Department got into the program that you have to help officers cope with alcoholism.

Vernon H.: Yeah. Sure. I'm actually not from the East Coast. I grew up in East St. Louis, Illinois. I came out to the East Coast to be an FBI agent back in the mid-70s. After being exposed to police work working for the FBI, I got the bug and decided to join the Maryland State Police where I worked there 27 and a half years of my life, elevated from trooper to major and, once I left the Maryland State Police, I was a public safety director in Prince George's County for seven years and then did some consulting for the Department of State and landed here in Baltimore where, initially, I was in charge of the early intervention unit and, subsequently, the officer safety and wellness director.

Nick B.: Excellent. That's excellent. Now, in your experience as a law enforcement officer, I'm sure it's not unlike mine, I also did 25 years with the Metropolitan Police in Washington, DC—alcohol, at least in my experience, was a staple of the police experience, particularly after work or when cops wanted to have what we called "choir practice," but it can really become a real problem for officers. Can you talk to us a little bit about what you've seen in your experience as well as at the Baltimore City Police Department?

Vernon H.: Sure. Full disclosure, when I was anointed the officer safety and wellness director, I had no idea what it was, and I didn't know what the nexus was with officer safety and wellness and police work until I started doing a lot of research. As I researched, nationally, I found out that trauma associated in law enforcement can lead officers to medicate themselves, and the easiest thing to medicate yourself with was alcoholic beverages.

I tell this story about when I first came to Baltimore and I was at a Christmas party, and we had a secret Santa type of gift giving, and I received a flask, and I thought it was some type of joke, but before the party was over, I had several officers come to me and said they'd love that flask and they would like to have it. It wasn't until later on I realized that as part of the culture, not only here in Baltimore City Police Department but nationally, that the consumption of alcohol to medicate yourself against the trauma is a national problem.

Nick B.: Yeah. I would agree with that and, certainly in my experience, and I know—even myself, I used alcohol to self-medicate when I came

back from a particularly bad day or a bad scene, or you have one of those days where you just want to come in and hug your kids or, other times, you feel like you just want to crawl into a hole. Particularly, I came on in the late-80s and, into the 90s, I had seen, in my experience, a number of officers who people knew were struggling with alcohol or were using alcohol and very little was done about it.

Can you talk to us just a little bit about what you've put together in Baltimore City PD to help officers?

Vernon H.:

Yes. Nick, what we've done here is we have approached officer safety and wellness holistically not only for fitness, but for mental health and to be able to provide resources to our officers to deal with the daily grinds of police work. After we started this program, I realized that there was a lot of officers who were medicating themselves with alcohol. I had one officer tell me that the department really condones it, and I said, "What do you mean?" He says, "Well, you go to the FOP Lodge, you can get a shot of booze for 50 cents. When there is a promotional ceremony, we all go out and drink. When there's a funeral, we all go out and drink, so the department really condones it."

It made me realize that it is so inbred in the culture that we had to do something, so I approached the police commissioner and I said, "Listen, we're going to start this alcohol awareness program. There are going to be a lot of our employees who come forward for help and, once they come forward, we're going to get them the help, but we can't discipline them, and they can't lose their jobs."

So, about four years ago, we embarked upon this program of, if officers or employees self-report that they have alcohol addiction, they would go into a facility for a minimum of 30 days. They'd use the FMLA—Family Medical and Leave Act is a federal mandate that requires employers to allow their employees to go away for medical issues. Alcohol addiction is one of those issues that is covered on the FMLA. And when they came out of that facility, they would not be disciplined, they would have their old assignment back, and they would have their jobs.

We had one officer who came forward after being referred by a supervisor and, once he went away to treatment, he called me halfway through treatment and said that he hadn't been sober in 17 years and that he really wanted to spread the word, so once he got

out, he did talk to other officers about coming forward and enrolling in the program.

Nick B.: Wow. That's amazing. Seventeen years, I mean, that's quite an admission. Have you had any strong success stories with officers who were able to go get help and then come back and put themselves on a different path? Have you seen that in your program?

Vernon H.: Yes, not only have they put themselves on a different path personally, but they have become ambassadors for officer safety and wellness. They've literally reached out to other officers, as you said earlier, who they knew were struggling with alcohol addiction and convinced them to contact us and to enroll in this program and to basically save their lives and their careers and their families.

We have officers who we've identified that have addiction problems, and the biggest excuses are the following: "I can't afford to go away for 30 days because of my secondary employment or my family or my friends." And our response is this, "If you don't go away, those are the first three things you're going to lose." It's been an uphill battle initially, but now, on a regular basis, probably monthly, three or four officers sign themselves into alcohol rehab.

Nick B.: That's excellent. And then, I really liked what you mentioned with regard to it not being punitive. For your program, do you have a specific group or entity that you use to send your officers to? The reason I ask that is because I know many cops feel like they need to have other people in a similar position to understand their issues.

Vernon H.: That is an excellent question. One of the things that we wanted to look at is where these officers were going when they were reaching out for help. We didn't want an officer to sit in a facility where they were sitting next to someone that they arrested a week prior. We wanted them to be around their own peers, so we have identified a facility. They only treat police officers and firefighters.

When one of our employees signs themselves in, they're going to be surrounded by those professionals who are experiencing the same ills of police work that they're experiencing, which is very important because a lot of times, these officers feel like they're by themselves, they're alone. Once they go, they understand that there are other police officers experiencing the same addiction problems that they're experiencing and, you know what, it is okay not to be okay. That's

one of our messages we want to get to our officers, to make sure that they go to these facilities and to get the help that they need.

Nick B.: Yep. Excellent. Excellent. I think that's really, probably another critical component to your program is that understanding that comes from other similar professionals.

Vernon H.: Yeah. Absolutely. Being a first responder is not easy. Again, historically, we have not built the infrastructure to support our first responders when it comes to dealing with trauma that they deal with on a daily basis, but I would say to any and every police department or fire department or medical profession out there—you have to have a comprehensive health and wellness program so your employees can have a safe place to go to for mental health support or for any addiction problems that they may be having.

Nick B.: When you send an officer, is this something that the police department covers? What do they have to do? How does that work?

Vernon H.: Right now, the police officers use their own private insurance. There are a lot of departments that pay for treatments for their employees. We are not there yet. I hope one day that we will because I think it's important that, if we provide these services, that it doesn't impact the officers and their families fiscally. It's a good thing to have, but we need to come up with a revenue stream that will pay for the treatment for our employees.

Nick B.: I know, in the SAFLEO Program, we are constantly driving home the idea that officers need pathways to getting help, but one of their biggest fears that they share is that they don't want the administration to come down on them. There's still, despite all of our best efforts, I think, is a stigma against seeking help. We're trying very hard to break that down, but I think that idea of a nonpunitive pathway to getting help is really important, and I would imagine it's one of the reasons that you're having success in Baltimore.

Vernon H.: Yeah. I spoke with a sheriff in a large jurisdiction who found out about what we're doing in Baltimore and said, "Hey, I want to emulate what you're doing in Baltimore." As I talked to him about the process, he indicated he had a problem with this confidentiality. He says, "I really want to know what my deputies are doing. If they have a mental health issue or an addiction issue, I want to know about it," and I said, "Sheriff." I said, "If you force your employees

to not only admit that they have a problem, but that you know about it, then no one's going to come forward."

The confidentiality part of our program is really why we have so much success. Unless the employee comes out of rehab and tells one of their colleagues that they've been away in rehab, no one knows about it, and that information is kept confidential. Guess what? When other officers find out that there's a level of trust with reporting that they have an addiction problem, they're more likely to come in and get help.

Nick B.: Yeah, I can totally see that as being critical, word of mouth, and then other officers—and in that informal culture in law enforcement, a lot of people probably make an educated guess as to what's going on with someone, but when the feedback amongst officers and, hopefully, first-line supervisors is positive about the program and you're particularly protecting or providing that confidentiality, I really agree with you, I think that's critical.

We had a program that was a peer support program out in Wisconsin in a small police agency. They were putting this peer support program together, and what they did was they spread out their program amongst all of the law enforcement within that county so that you could go talk to another police officer about your problem, but you didn't have to go to one in your agency.

They want to go outside that agency and talk to another cop from another agency to get that confidentiality. I always thought that that was a very, very important strength of that program, and then I see that your program does the same thing, which I think is going to lead to its success.

Vernon H.: Yeah. That's a great idea to have a regional approach to peer support members. In Baltimore, we have 60 peer support members. They all have to sign the confidentiality agreement. All my team members in officer safety and wellness have to sign the confidentiality agreement.

One of the things that I alluded to earlier is early intervention process. When we get employees in who have triggered early intervention because they have violated policy—whether it's a citizen complaint or a supervisor complaint, when we get that employee in, the last thing we do is talk about the triggers, why they're here. We don't talk about the complaints. We talk about the trauma they've experienced since they've been a police officer.

Nick, we have found out through that process that a lot of our officers have been traumatized, but never sat down with a mental health professional to get the help to process their trauma. Additionally, a lot of these officers have other outlying issues that have caused them to violate policy. We have officers who are going through divorce. We have officers who have addiction problems, and they've never been addressed, so one of the things we do in early intervention is we get that officer, that employee, into a program.

Again, one of the things that we have discovered is that when officers are traumatized or they experienced trauma—and not only in the police department, we have employees who come here who've been traumatized as kids or during their youthful years, and they've never sat down with a mental health professional to process that trauma, so when they come to the police department, there's added trauma of being a police officer, and then they look for something to manage their trauma, and a lot of times, it's alcohol. Police departments traditionally have not had officer safety and wellness or health and wellness units within their department to help officers manage their trauma, so officers on their own turn to alcohol.

Nick B.: Right. Right. Certainly, a lot of those triggers lead to officers abusing alcohol, and I think we ought to discuss what it is we or you or, perhaps, if there's a standard—is considered abuse. For me, I know that I'll have wine with dinner or go out and drink as, I think people will say, socially, but what does that really mean? What are the things that we see that really means that an officer has a problem?

Vernon H.: When we get employees or officers in who we feel have a problem, and we ask them questions about how often do they drink and what is their drink of choice and when is that they get to the point where they've had enough, a lot of officers who consume alcoholic beverages, they don't have a number that they fall back on to say, "Hey, I've had three beers. I've had enough." We have officers who, every night when they go home, they have to have three and four beers. The officer who hadn't been sober in 17 years had to drink a bottle of wine before he was able to get to sleep.

Nick B.: Yeah. Yeah. As I said, in my experience, it was very common. I also knew a couple of officers who were charged with DUI or DWI on their way home or, yeah, usually on their way home or after

having gone out, and they get involved in a crash, and the officers come and find that they're impaired, and they get arrested. That, obviously, should be an indicator that, not only do they have a problem, they also have a criminal issue that's going on as well, which I imagine adds to their ability to not only get help, but, of course, does put their career in jeopardy. It's definitely something that administrations and, as I mentioned before, first-line supervisors need to be aware of.

Are there any things that you would encourage supervisors or folks to be on the lookout for, any behavior that you would indicate to them that, perhaps, they do have someone with a problem? What would be the indicators that you think someone should look for if they were going to maybe refer somebody to the alcohol program or to refer them to get help, that kind of thing?

Vernon H.:

Well, most police departments train their officers on how to detect someone under the influence of alcohol and/or drugs. We have used the scientific approach to detecting that. One of the things that we're lacking is the ability to make that first step.

I've had officers in my office for interventions, and I've got a flurry of calls from current or former supervisors saying that this guy has been an alcoholic for years, and no one's done anything about it. We know it's there, but making that first step to say, "Hey." We're not asking supervisors to be clinicians. We're asking them to hand these employees off to us and then let us get them to a clinician. That first step is critical.

Nick, I tell people every time I speak about this topic that I have—my oldest sister is addicted to drugs, and she's been addicted to drugs for decades. As much as I love my sister and as much as I wanted to check her in to a facility, to pay for her recovery, the intake clinician told me the following, "Vernon, until your sister is ready to get help, I can't help her, and you can't help her." The first step is the employee, the officer, wanting to get clean, wanting to get help. Once they make that first step, then we can at least be a conduit to get them into the right place to get them healthy again.

Nick B.:

Got you. Yeah. No. I think that's very true. It's very difficult to get some of these folks to recognize that they need help. Yeah. Yeah. Well, that is really all great information. It's something that, for those of you who are listening and if you're in a police agency, that we want to make sure your agency has a program or an ability to address these kinds of issues and to make sure it's not being swept

under the rug or ignored because it's going to come back and bite not only that individual, but, of course, your agency. Of course, it's so important to get folks who are experiencing these issues the help that they need and to make sure they get the support that they need. It sounds like, that your agency has come up with a way to do that and, as you say, do it in a manner that doesn't necessarily put their job in jeopardy, but allows them to deal with their mental health issue and get on the right side of the issue.

Vernon H.: Well, Nick, back in the day—as you know, if you violate policy and you get arrested for DUI, you're probably going to lose your job. Today, we don't want to blame the employee. We want to provide them with the resources. To date, we've had more than 100 Baltimore City police officers voluntarily check themselves in to alcohol rehab, and not one of those officers have lost their jobs or been disciplined or created an internal affairs number. I think we owe it to our employees who dedicate themselves, put their lives on the line every day that we have the right resources in place for them.

I want any of your listeners to reach out to me, and I'll be more than happy to share our policies or whatever you need in order to get a comprehensive health and wellness program off the ground.

Nick B.: Now, that's great, Vernon. Yeah, your time is really appreciated.

Vernon H.: Thank you, Nick, and I'd like to say—we can combat police officer suicide and addiction one officer at a time.

Nick B.: I really want to thank you for taking the time to speak with me today on this important topic. I encourage our listeners to visit SAFLEO at safleo.org for more information on this topic and other officer safety and wellness issues. Vernon, I want to thank you again, and I hope that our conversation is useful in supporting officers who may be experiencing problems with alcohol and addiction.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent law enforcement suicide. For additional information regarding the SAFLEO Program, please visit safleo.org. That's s-a-f-l-e-o.org. Follow us on Instagram, Facebook, and Twitter. The Bureau of Justice Assistance, BJA, Office of Justice Programs, U.S. Department of Justice is committed to making our nation's communities safer through resources, developing programs, and providing grant funding opportunities to support state, local, and

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