

Alcoholism and an ethical dilemma



When I first began my quest to become a police officer more than two decades ago, I firmly believed that one day I would achieve my goal. I also realized that once an officer, I would very likely be ‘ tested’ on many levels throughout my career. I have always admired strength of positive character in others, and prided myself in having an almost iron-clad strength of character. During any officer’s career they will face instances where their character will be put to his or her own personal and professional tests. It is not a matter of ‘ if’ but simply a matter of ‘ when’ such dilemmas will occur. How will one handle that potentially pivotal juncture of one’s career? Will one have the appropriate ethical foundations to make the ‘ right’ choices. How will one reconcile their choices. How does one minimize the emotional experience of uneasiness when there is a clash between two parallel principles that are conflicting – when one is experiencing a situation where one’s beliefs or assumptions may be seen as ‘ wrong’.

Thanks to psychologist Leon Festinger, we now know this phenomenon as cognitive dissonance. What Festinger put forth was an outline for understanding ethical dilemmas as follows; “ If a person holds two cognitions that are psychologically inconsistent, he experiences *Dissonance*: a negative drive state (not unlike hunger or thirst). Because the experience of dissonance is unpleasant, the person will strive to reduce it-usually by struggling to find a way to change one or both cognitions to make them more consonant with one another”.(Leon Festinger)

Festinger’s concept of cognitive dissonance is not completely original, it definitely has its roots in Austrian psychologists Fritz Heider notion of ‘ balance theory’. Nonetheless, and unfortunately I have had the misfortune to

experience more than one ethical dilemma in my career. In the end, I have rarely regretted any path I chose. However, I found it no less difficult to minimize my own levels of cognitive dissonance with each respective dilemma, even in the absence of such eloquent clarity as provided by Heider, Festinger and other academics.

So then, what comes to mind as the foremost ethical dilemma I feel has impacted the most on me? My attention here turns to my experience having worked at the divisional uniform primary response unit (PRU) level with an alcoholic partner. And, the issues I was faced with regarding his alcoholism – which included him reporting for duty if not intoxicated, certainly having consumed alcohol prior to coming to work. I will write about my concerns and relate my thought process to at least one of the recognized academic ethical models. I will offer commentary here on research with respect to the correlation between occupational stress and alcoholism in policing. I will try to touch on how alcoholism among police officers affects local communities and erodes at the foundations of police families. And, I will offer my resolution to my personal dilemma.

Much of my career has been spent working in an area that has been often identified as a troubled neighbourhood, with a host of unique and challenging dynamics. Not the least of which includes a reputation for extreme violence, gang-related offences, and a somewhat police sceptical if not outright disillusioned population. I believe such an environment needs a ‘special breed’ of person to take up the mantle of being a police officer and serving a community of this nature. I have had both the pleasure of seeing people of high calibre police this community in a professional and sensitive

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manner, as well as the misfortune of witnessing those officers who themselves are disillusioned and cynical. I feel the latter do a disservice to any community much less to a trouble one. It is the former type of officer whom I applaud. Yet, even such an officer, is still only human and may be found wrestling with their own troubles. So it is that I came to know an officer who I believe was of the calibre that I praise, but soon came to see as being almost equally troubled. For this essay I will refer to him as officer ' X'.

This officer who was approximately 6-7 years my senior in terms of service, had come from another Division under a cloud of suspicion. Though at the time I did not know the exact nature of the cloud over his head. Originally, he worked on a different platoon than I, and I rarely had any contact with him. However, within about a year of his arrival he became the subject of internal discipline for apparently reporting for duty in a state not fit for duty – having consumed alcohol. One of the measures this resulted in was his reassignment to the platoon I was working on.

And so it was that I came to know him on a much more personal level than I could have anticipated. Over the weeks and months that followed, I endeavoured to remain non-judgmental. I worked with him extensively, largely because I was one of few officers that did not openly and/or subtly protest to working with him. As a result, I learned that he truly did care about his profession, the community, his fellow officers, and the world as a whole. I witnessed first hand his measured approach to policing, and although we had our differences as anyone does, overall I highly respected him.

At this point in my career, I was what could be described as still relatively new to policing, although I was much older than most recruits who enter the profession. On one particular occasion while working with this ' X', we attended a radio call where multiple other units were as well. One moderately ' senior' officer took me aside to speak to me. We secreted ourselves a short distance away, where this officer asked me; " Is ' X' driving"? I responded; " Yes, why is there a problem"? Apparently this officer felt that ' X' was " piss-drunk", and shockingly asked me; " can't you smell him"? Indeed I was shocked.

By this time in the shift, I had been working with ' X' for several hours, and had not the slightest hint that he had consumed any alcohol. I adamantly voiced my opinion and maintained my position. I returned to the group confident, but now having some doubt that my own senses had somehow failed me.

Of course, I also returned to my partner ' X' in order to finish the rest of our shift. I re-evaluated myself and my partner and still found no evidence that he had been drinking. I quickly began to assert that the other officers' allegation was borne out of malice and gave it no validation. For some reason I can only guess at, I do not believe the other officer shared his opinion with anyone else. Clearly, he did not report his concern to a supervisor, and nothing more was ever said to me. I was so disturbed in fact, that I actually revealed the allegation to my ' unsavoury' partner ' X'.

Over the next few months I again worked numerous times with ' X' who others had already apparently judged. I found that indeed he did have a

history of abusing alcohol, and had been the author of some of his own misfortunes. But, still I respected him, and his work. I saw the value in him both personally and professionally. He confided in me that his latest discipline issues which has precipitated his reassignment to my shift, was the result of him reporting for duty having consumed alcohol. According to him, he had been discovered by another officer on his shift “ prior to parade”. The officer who discovered ‘ X’ on that occasion in turn, notified a supervisor, and disciplinary steps were begun. He didn’t contest his wrongdoing for my benefit, but he was rather hurt that he had been reported by an officer who he claims he had assisted in a highly personal unrelated matter previously – a matter he claims to have held in the strictest confidence and discretion.

Of course the reporting officer did nothing ‘ wrong’, but rather did everything ‘ right’ in terms of the service directives and any one of a number of theoretical models. Still, the incident left a marked impression on ‘ X’, and to a lesser degree on me as well. As far as I know, the reporting officer was not sanctioned – nor should they have been. Although, that too played a small role in my decision making process which was to come later.

In the movie “ The Matrix”, at one point Lawrence Fishburne remarks; “... Fate, it seems, is not without a sense of irony...”. Well a few short weeks after having the above mentioned exchange with ‘ X’, I found myself in the unenviable position of the earlier reporting officer. I had attended for work like any other day. While changing in the locker room prior to commencing duty, I had a chanced encounter with ‘ X’ who rarely changed in the locker room. He was one of those officers who usually travelled to and from work in uniform and typically showed up for parade after only picking up his duty

belt from the lockers. As it was, I found ' X' in the locker room. As I approached him simply to engage in friendly pre-shift conversation I did in fact notice some obvious signs of alcohol consumption. Having befriended ' X' over the previous several months, I drew near and tactfully confronted him. Initially he protested, but to I persisted. I attempted to appeal to his senses of loyalty to me that he would not put me in a worse position than I was already now finding myself in.

As for myself, although at the time I was not aware of the academically defined ethical models that would later explain my actions – I now see that I chose a path most readily identified as an ethics of care model, paired with, but to a lesser degree with an ethics of justice model. And, to an even much less degree – ethical egoism.

I knew I didn't want to report ' X'. Basically, I didn't want to cause any further damage to someone I already saw as being damaged in many ways. However, I also knew that ' X' was jeopardizing much, including me. So then, my solution was to keep persisting to appeal to his sense of loyalty and friendship to me, and well as his own future. I was able to illustrate that I had his best interest in mind, as well as my own, the service's and the public's. I proposed that if he had not been seen by anyone else yet, that I would escort him out through a seldom used side door, and to one of the neighbouring hotels. Ever watchful, he accompanied me, and we made our way there. Luckily there were three hotels directly adjacent to the station. Although I did not actually feel ' X' was intoxicated, I had no way of really knowing. And, the last thing I wanted was either of us confronted in the station parking lot by anyone. From the hotel, I convinced him to call in ill. I

rationalized that nobody else had seen him yet, he had not officially reported for duty, and being unfit for duty he was in a sense ill. In fact, many people do view alcoholism as an illness. Although, I must admit I am not typically one who does. Fortunately for both of us, and who knows how many other people this incident never surfaced.

However, I have never truly reconciled my decision. So how then did I minimize, or at least attempt to reduce my level cognitive dissonance. Well, as mentioned I rationalized my decision from what I now see as a combination of an ethics of care, ethics of justice, and ethics of egoism models. I cared for 'X' in that I did not seek direct punishment, but rather a more healing approach. We all know the headlines, and fallout of distrust, embarrassment, and even loss of credibility caused when an officer's alcoholic behaviour is made public. I will comment on this later as well. So, I rationalized that I was indirectly caring for the service by avoiding such issues. In terms of justice, I knew 'X' was still going to receive punishment for his earlier similar behaviour, and I reasoned that that would satisfy the justice element. I also reasoned that, since I successfully intercepted him and caused him to use hours from his 'sick bank', and no public harm had been done – the loss of 'X' s sick hours (which equates to paid hours) was appropriate justice. After this incident, I also slowly and subtly tried to lesson my time spent working with 'X', for I truly didn't know if I had done the 'right' thing, and couldn't fully trust a similar event wouldn't happen again under circumstances less easily manoeuvred around. I now equate this to the concept " This illustrates the sad fact that doing the right thing sometimes comes at a high cost". (Pollock)

Pollock also very aptly points out that partners of alcoholic officers indeed – “are faced with an ethical dilemma of whether or not to take official action.. and that officers may choose to informally isolate themselves from drinking officers”. (Pollock) I had seen the damage done to him from the previous incident where he had been reported, and I reasoned that these circumstances differed. Nor did the previous incident act as a deterrence for ‘ X’. So, I also rationalized that a different approach may prove to be a better method. As well, I didn’t simply let the present issue rest between us. I insisted that he re-evaluate himself on many levels. One of the key elements I sought to exploit was ‘ X” s notion of respect. Clearly he lacked self respect, but he highly valued being respected by others. With that in mind, I explained to him in addition to his personal and professional responsibilities – he needed to evaluate his level of respect he held for me, if any. This seemed to touch a nerve on a positive note for ‘ X’. During the time we had worked together, it seems I had garnered a level of respect from him.

As well, I had gained even more respect from him in light of the above incident. In turn, I appealed to him that if nothing else, he should exercise his respect for me by never putting me in such a compromising position again. I told him how troubled I was about what had happened, and we had many lengthy discussions, where I offered as best I could strategies to assist him to combat his alcoholism in a positive manner.

Pollock tells that; “ The ethics of care is a system that does not depend on universal rules or formulas to determine morality. The emphasis is on human relationships and needs...morality is based in emotion rather than rationality...the ethics of care would probably not support punishment unless

it was essential to help the offender become a better person...one should help the offender to become a better person because that is what a caring and committed relationship would entail...retributive punishment and deterrence are not consistent with ethics of care". (Pollock)

Conversely, ethics of justice is founded on principles like justice, fairness, equality or authority. This approach analyzes a problem logically and impartially. This style formulates decisions based on principles which are higher than any individual's interests. Some shortcomings of this approach are that people who rely on it might lose sight of the immediate interests of particular individuals. So how can these two models be combined? I feel that neither of these two is necessarily better than the other. However, I do feel a potential disadvantage of an ethics of justice model is that someone who relies solely on it may ignore the direct welfare of particular individuals.

Although ethics of care and ethics of justice are two different ways of characterizing right from wrong and making moral and ethical decisions; and may seem very different from one another – actually they can be united. Pollock tells us that a person generally depends on more than one model when making an ethical decision. I feel that the more one is able to merge these two models, the better one is at making the 'right' decisions. Notions of justice, equality, and individual rights can be melded together in a 'normative' methodology with values such as care. " Few people consistently use just one ethical system in making moral decisions". (Pollock)

I realized that ' X' was still facing disciplinary punishments due to his previous incident, and felt that I did not wish to be a contributing factor to

whatever 'justice' would be imposed upon him through his existing departmental charges. Ethics of care model is based on social virtues, focusing on a sense of responsibility to reduce actual harm or suffering. The benefit of this system is that it is receptive to instantaneous suffering and harm. The weakness is that, when carried to an extreme, this style can turn out decisions that seem not simply biased, but capricious. Both of these aspects are elements which I experienced in my dilemma. An ethics of care allows for creative strategies to contend with moral or ethical dilemmas. The ethics of care, constitutes an ethical approach in terms of which involvement, compatible relations and the needs of others play an important part in ethical decision-making in each ethical situation. Ethics of care focal points are qualities such as sympathy, compassion, and friendship.

As mentioned, the ethics of care model is quick to respond to direct hurt and distress. " Ethics of care focuses on characteristic traits such as sympathy, compassion, and friendship. These are social virtues. Ethics of justice in contrast places an emphasis on individual autonomous choice and equality". (WarrenFrench and AlexanderWeis)

I once again also rationalized my decision now through an ethical egoism model, which is founded on doing what is good for one's personal well-being and/or survival. Although I did not fear and sanctions being imposed upon me, had I reported ' X" s behaviour, it nonetheless played a factor in my mind. I felt somewhat that it would not be in my best interest to expose ' X" s behaviour.

As for whatever became of ' X', well eventually I entered an investigative office, and haven't worked directly with him for many years. I see him occasionally, but have also since moved to a different station, so it is extremely rare that I see him nowadays. I don't know what the outcome of his discipline hearing was. Nor do I know if he has learned to manage his alcoholism, but I hope for everyone's sake that he has.

As stated at the outset, I will now turn my attention to commentary here on research with respect to the correlation between occupational stress and alcoholism in policing. I will try to touch on how alcoholism among police officers affects local communities and erodes at the foundations of police families.

There can be little question that alcoholism is a dreadful affliction that can devastate lives and split apart families and communities. At the very least, alcoholism diminishes the ability of a person to successfully deal with the challenges of everyday life. As expected, police officers are not immune to the suffering of alcoholism (Beutler et al, 1988) and alcoholism among any city's " finest" is made all the more dangerous by virtue of the fact that these men and women are in a position of power and responsibility that may require them to use (or at least contemplate) the detention of others or even the use of deadly force. While the situation is a serious one, alcoholism among police officers is a matter that can be resolved if police services are prepared to offer educational programs, understanding, and support services to their officers.

Surely one of the most obvious predictors of alcoholism among police officers is the stress the profession brings with it. A study conducted in the late 1980s by Larry E. Beutler, Paul D. Nussbaum and Keith E. Meredith (1988) found that Minnesota Multi-phasic Personality Inventory scores performed on a small group of police officers just a few years after their graduation from the academy revealed increased somatic symptoms, high rates of stress, and what the investigators called “alcoholvulnerability.”

Academics have noted that the vulnerability to alcohol was the most evident of the psychological and emotional characteristics found among the officers. In fact, by the fourth year of service, the mean MacAndrews Alcoholism Scale scores were well within the critical range. Ultimately, the co-authors of that study concluded that police work bears with it certain unusual stresses that are not found in most other occupations and that this reality should be sufficient to compel police services to pursue periodic re-evaluations for officers as well as taking the time to develop early intervention programs. Additionally, the findings of Beutler et al support earlier findings from a well-regarded study conducted over three years which looked at 500 police officers in 21 city and local police services; in this case, as with the report penned by Larry E. Beutler and his small team of colleagues, the correlation between stress and excessive drinking was substantial and undeniable (Marshall et al., 1985). Once more, the idea that every police service should have support groups and intervention programs in place for officers is an idea that should have universal acceptance.

The tragedy of police work, at least until quite recently, was that officers were expected to shoulder their burdens alone. For example, an article in <https://assignbuster.com/alcoholism-and-an-ethical-dilemma/>

1979 by Stephen Nordlicht found that it was only by then – very nearly the end of the 1970s – before police officers were finally receiving the comprehensive treatment they needed for alcohol abuse. Nordlicht (1979) research uncovered that police officers were saddled with the heavy demands of their service, the demands of a demanding public, and by the pressures attendant in being a spouse and a parent; sadly, not all of them could juggle these various demands and alcoholism became an escape.

In any event, Nordlicht (1979) writes that the strains which tear at the happiness and well-being of police officers are made all the worse by disruptive schedules, by long hours and by an accompanying inability to talk to their spouses about festering problems, by the pressurized, authoritarian nature of the job (which leads them towards treating their family members, and especially children, in an authoritarian manner) and by an inability on the part of many police officers to express their feelings.

The difficulties faced by officers in the late 1970s offer a number of points that police services even today should bear closely in mind, as many of those earlier problems are no different than today. Today's demands on police may be even more burdensome. First of all, disruptive scheduling – shift work, and expectations that police officers will work weekends for example are highly contributing factors to alcoholism if not directly then certainly indirectly.

If Nordlicht's work is any indication, most (if not all) police officers need to spend time with their families and they need especially to spend time with their families in a manner predictable enough that family outings and the like

can be planned without fear of (undue) intrusion. If this time is not given, and a marriage and family life begin to break down as a result, then embattled officers may begin turning to alcoholism as one way of escaping the burdens of their situation.

Another thing that Nordlicht's study reveals is just how toxic can be the unreasonable and unhealthy expectations transferred upon police officers by an authoritarian command structure that demands unquestioning obedience, a "stiff" façade, and emotional distance in almost all circumstances. Clearly, police administrators who fear that their officers are succumbing to alcoholism need to look closely at how they expect officers to act with one another and with the general public; in other words, if police officers are expected by their superiors to be severe, emotionally withdrawn, fairly unapproachable, and relatively uncommunicative with the public and with each other, then emotional problems can begin to well up as the stresses of the job – stresses which demand that officers confide in someone – start to exact their toll. Consequently, police officials should make every effort to create a mutually respectful atmosphere where communication is valued.

The issues raised by alcoholism among police officers should be somewhat obvious to each and every one, and now I will go into those issues in greater detail. For one thing, even though researchers have historically found it rather difficult to ascertain precisely the personal and occupational losses associated with alcohol abuse, and even though deficits in job performance cannot always be easily detected, it is clear that some kind of link exists between reduced professional performance and the excess use of alcohol (Violanti, 1999).

At the very least, officers who are struggling with alcoholism may be prone to making poor and impulsive decisions at critical moments; likewise, officers who insist upon drinking a great deal are officers who compromise their physical health and therefore their ability to discharge their duties as fully and as capably as they should. As if the preceding is not bad enough, excessive alcohol consumption surely leads to absences brought about the health complications attendant with alcoholism; these absences can leave departments with critical man-power shortages at critical times or they can force the police service (courtesy the public/government purse) to pay for the health care and convalescence of officers who have compromised their health through alcoholism. Finally, a alcohol problem within any police service can – if it is “ found out” by the general public – lead to a general disdain for the department and thus to reduced community assistance and cooperation when such assistance is needed. We have seen this too many times. Why then is over consumption of alcohol such an acceptable practice within the police sub-culture? It is almost a requisite to be admitted into a ‘ squad’.

The concerns of the local community and the police services as they pertain to alcoholism should also be rather plain. Most notably, recent studies have shown a marked correlation between alcohol abuse and suicide among police officers (Violanti, 1988); in a somewhat related vein, police officers who drink (like many people who drink to excess) also tend to be more violent than those who abstain or at least drink only in moderation (Lott, 1995).

For the police services, the former (high rates of suicide precipitated, in part, by alcoholism) means a rending of the organizational family that can leave psychic wounds for many years; for the local community, the latter phenomenon (violence brought about by alcoholism) can lead to officers taking out their frustrations upon those they are supposed to be protecting.

Needless to say, a strong treatment and prevention regime is needed. Most obviously, as has been mentioned already in this paper, police services need an early intervention program in place that will tackle drinking problems before they become overwhelming. As well, police administrators should have in place educational programs designed towards letting officers know what other things they can do besides drinking that will relieve the enormous stress they experience in a potentially deadly job. I feel that Toronto is indeed setting itself as an example in teaching lifestyle changes and offering EFAP programs.

Finally, police services should make allowances (where possible) for officers so that they can secure valuable time with their families; police services should also encourage each and every platoon and/or squad to serve as its own support team so that no officer has to shoulder the pain of a alcohol problem alone. Again, I do feel that TPS has made much headway in this respect in recent years.

In closing, I must admit it is a rather daunting task to openly analyse a real life personal ethical dilemma one has experienced, given the sensitivity of our profession. To be certain, there is little shortage of situations, and unfortunately I have had the misfortune to experience more than one ethical

dilemma in my career. As I said, in the end I have rarely regretted any path I chose, but it is no less effort to actually write about these events. So then, did I make the ‘right’ choice – well that’s a matter of perspective that I continue to wrestle with.

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