Cops and drugs: Illicit drug abuse by police personnel

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Abstract

Aim: Patterns and prevalence of psychoactive drug use are unique in the professions and vary by profession as well as by type of practice (e.g., private/public), gender, and career stage. In this study, we attempt to summarise the results of research over the past decades on the use of illegal substances by law enforcement officers.

Methodology: A literature search was performed in PubMed, HeinOnline, GoogleScholar and other relevant database (such as US Department of Justice) from their inception through April 2022.

Findings: In total, 26 studies met the search criteria. Research data clearly indicates that, in addition to alcohol and smoking, the use of illegal drugs is also prevalent among police officers. Our review shows that the prevalence of illicit drug use ranges widely (0.22% – 21.6%). Results suggest that estimates of the prevalence of illegal substance abuse by police are influenced by a number of factors, such as: research methodology, deliberate distortion of data, social differences.

Value: Studies on substance abuse by police officers focus on legal drug consumption (alcohol and smoking) and mostly do not address illicit drug use. However, limited results show that, in addition to alcohol consumption and smoking, police officers also use illegal drugs. There are many consequences of drug use by police officers.

Keywords: illicit drug, use among police, abuse by law enforcement, psychoactive substance
Introduction

Drug is perhaps one of the most commonly used terms in the world. As an example, a Google search using the search term ‘drug’ returns nearly 4.5 billion results. Yet even today we often have little or inaccurate knowledge of it. According to the World Health Organisation’s (WHO) previous definition, drug is ‘any substance that, when taken into the living organism, may modify one or more its functions’ (WHO, 1969). Drug is a term of varied usage. In common, the term often refers specifically to psychoactive drugs. According to the WHO Lexicon and Drug Terms, psychoactive drugs (or substances) are substances that, when ingested, affect mental processes eg. cognition, affect, perception, consciousness (WHO, 1994). Psychoactive drugs have as many pharmacological effects and properties. Besides these substances also differ in social meaning and legal status. For examples, alcohol, nicotine or caffeine are socially accepted and legal drugs in many western country, while heroin, cocaine or cannabis are classified as illegal substances and are socially discarded by mainstream society (Hilte, 2019).

In 2020, around 275 million people have used any illegal drugs worldwide, up by 22 per cent from 2010. By 2030, demographic factors project the number of people using drugs to rise by 11 per cent around the world (UNODC, 2021). Illicit drug use, despite its illegality, affects a significant proportion of the world’s population. However, the prevalence of illicit drug use in general population varies temporally, demographically, and geographically (Nicholson, Mayho & Sharp, 2016), moreover there are significant differences between different social groups as well. As an example, the rates and types of substance use also can be varied by occupation and industry. Patterns and prevalence of psychoactive drug use are unique in many professions and vary by profession as well as by type of practice (e.g., private/public), gender, and career stage. ‘Processes of professional socialization influence types of substances used, patterns of use, and estimation of acceptability’ (Kiepek & Beagan, 2018). In Bush and Lipari’s (2015) study the highest rates of illicit drug use were found in the accommodations and food services industry (19.1%). Workers in the accommodations and food services industry (16.9%) also had the highest substance use disorder rates. Past month illicit drug use prevalence was also high among artists (13.7%) and managers (12.1%), while the lowest rates were in the educational services (4.3%) and public administration (4.8%) (Bush & Lipari, 2015). While, there are demographic differences across industries, but some of the differences in substance use rates across industries were statistically significant even when controlling for age or gender (Bush & Lipari, 2015). This suggests that occupation
may play an important role in substance use. In this respect, it would also be important to have accurate data on drug use among law enforcement officers.

In this study, we attempt to summarise the results of research over the past decades (between 1980 and 2022) on the use of illegal substances by law enforcement officers. The aim of this review is to give an overview of the prevalence, type and frequency of illicit drug abuse among police personnel. To date, just a few review of the illegal psychoactive substance use by police officers has been undertaken (Al-Humaid, el-Guebaly & Lussier, 2007; Dietrich & Smith, 1986; Gorta, 2009; Miletich, 1990). However, they were almost exclusively concerned with the results of the anglosphere countries, such as USA, Canada.

**Method**

A literature search was performed in PubMed, HeinOnline, GoogleScholar and other relevant database (such as US Department of Justice) from their inception through April 2022. The search was performed by using the following keywords: drug, psychoactive substance, use, abuse, misuse, by/among law enforcement, by/among police. The aim was to find as many scientific evidence as possible. In total, more than six thousand records that met the search criteria were reviewed. Because of language barriers, the research focused mainly on studies in English or with at least an English abstract.

**Results: Illicit substance abuse in law enforcement**

Many public articles suggest that substance abuse is a significant concern in law enforcement as well, moreover, the level of substance use is estimated to be higher than the general population (Lautieri, 2020; URL1). However, as Brunet (2005) notes: ‘very little is actually known about the extent of drug abuse and addiction among law enforcement personnel. The research that is available is largely anecdotal and empirically weak.’ (Brunet, 2005). There are also no rigorous published studies on the prevalence of substance abuse disorders within this population (Bradley, 2020). But why should we know more about this? Why would police officers differ from others in the type or frequency of drug use?

Kraska and Kappeler (1988) specify three factors that increase a police officer’s vulnerability to drug use: stress, police subculture and opportunity structure. According to Miller and Galvin (2016) law enforcement officers become involved with substance misuse for a range of reasons, such as coping with job
and life stressors, mistreatment of physical pain, addressing anxiety, depression, and post-traumatic stress disorder (PTSD), attempting to stay awake or get adequate sleep, and other physical and psychological medical problems. Other risk factors for substance abuse among police officers include: having a boss who acts in an authoritarian manner, constant awareness of the potential dangers of the job, public unrest and hostility toward the force (Cross & Ashley, 2004).

Mental disorders or symptoms – such as stress, anxiety, trauma, or PTSD – are common experiences to many law enforcement employees (Miller & Galvin, 2016). Police work is among the most stressful, of all professions (Anshel, 2000). Stress can have many negative effects on police officers (Golembiewski & Kim, 1990). Among stress related problems of officers we should consider a wide range of psychosomatic disturbances (e.g. skin disorders, backache, muscle cramps, tension, headaches, bronchial asthma, hyperventilation, ulcers, genitourinary disturbances, cardiovascular problems) (Burden, 1979), mental disorders, such as depression, suicidal ideation, attempted suicide, and addictive behaviours such as eating disorders, sexual addictions, workaholism, nicotine addiction, alcoholism or drug abuse (Congress of the U.S., 1991). Alcohol dependence and drug use are often considered major stress-related outcomes for law enforcement officers (Golembiewski & Kim, 1990; Kohan & O’Connor, 2002). Coping with occupational stressors can also result in illicit drug use or abuse given the frequency of occasions that police are in contact with drug-related criminals (e.g. dealers) (Austin-Ketch et al., 2012).

In an earlier review, Dietrich and Smith (1986) found that estimates on the incidence of alcohol problems among police range from 2 to 30%, and the incidence of serious drug problems among police may be as high as 10%. In the following, we review the research results of the past fifty years to examine the estimated rates of drug use among police officers in different countries. In total, 26 studies met the search criteria (Table 1).

In the late 1970s, the National Institute of Occupational Safety and Health (NIOSH) found the 23% of american police officers had serious difficulties with alcoholism, and 10% of them had serious problems with illicit drugs (Hurrel et al., 1984). In the 1980s, several similar studies based on quantitative methodology were carried out in the United States and Australia. In Australia the results of a self-administered questionnaire based study suggested, that previous year use for marihuana was 6,3% among police officers, while 2,1% of them was current cannabis user. And 1% of the sample had used hallucinogens or stimulants in the year before the survey (Engs & Mulqueeney, 1983).

In the USA, Ostrov (1988) surveyed the prevalence of drug use among recruit candidates. In his research, he found that 21,6% (n=77) of the recruit candidates
evidenced drug use, primarily marijuana use. In a minority of instances, cocaine, THC or barbiturate use was shown. Over the same period, Kraska and Kappeler (1988) found similarly high prevalence of drug abuse among sworn officers. According to unstructured self-report interviews, departmental records, and researcher observations, 20 percent (n = 10) of the officers used marijuana while on duty twice a month or more. The incidence of non-prescription illegal drug use is markedly lower, but 10 percent (n = 5) of the officers using either hallucinogens, stimulants, and/or barbiturates on duty. Kraska and Kappeler’s study yielded both predictable and unexpected findings. The incidence of on-duty drug use, both of marijuana and illegal non-prescription drugs, was surprisingly high. However most of the marijuana users and illegal non-prescription users were employed with the department for 4-9 years. The researchers noted that, only focusing on the younger may not be useful (Kraska & Kappeler, 1988).

Since the 1980s and 1990s, researchers have also tried to estimate the drug use of police personnel through the analysis of biological (hair and urine) samples. In these surveys, the proportion of positive tests indicated a much lower rate of drug use by police officers compared to the results of quantitative and qualitative studies. Burden (1986) reports the results of two surveys that found any illicit drug use in 0.22 – 0.38% of the urine samples tested. Other similar studies also had quite low rates of positive tests. On average, 0.28-0.3 of the total sample showed marihuana or cocaine use (Lersch & Mieczkowski, 2005; Mieczkowski, 2004; Mieczkowski & Lersch, 2002; Mieczkowski, Lersch & Kruger, 2002). Hoffman (1999) found, however, 1.5% (n=20) of males were positive for cannabis, and 1.2% (n=16) for cocaine. And 1.8% (n=9) of females police officers were positive for cannabis, and 0.4% (n=2) for cocaine.

Previous studies, due to their methodological specificities, have almost exclusively shown the use of cannabis and cocaine among police officers (Carter & Stephens, 1994; Mieczkowski, 2002; Mieczkowski, 2004; Mieczkowski & Lersch, 2002; Mieczkowski, Lersch & Kruger, 2002). However, more recent data from a self-report study by Gorta (2009) suggest that police officers have admitted to using a wide range of illegal drugs: amphetamines, cannabis, cocaine, ecstasy, heroin, ketamine, and non-prescribed steroids. Furthermore, these results show that both male and female officers used illegal drugs. According to Dietrich and Smith (1986) available evidence suggests that male-oriented police culture may be conducive to a high incidence of drug and alcohol use both for socializing and stress reduction.

In recent decades, drug searches have also been conducted among police officers in other continents. Of the Nigerian police officers surveyed by Abikoye and Awopetu (2017), 12.8% use drugs monthly or less frequently, 5.4% two to
four times a month and 4.1% two to three times a week. Analysis indicated that mean score of respondents on Drug Use Disorder Identification Test (DUDIT) was 8.37 (SD = 2.2), a figure that is far higher than the norm for normal populations. Results of the inter-correlational analysis indicates that the younger a policeman is, the more his or her level of drug use (r = -0.26). However, gender and number of years of work experience of policemen are not significantly associated with drug use (Abikoye – Awopetu 2017). In Ethiopia, three hundred fifteen (83.1%) of the respondents had consumed alcohol and 33.3% used cigarette, and 18% of the respondents used hashish and shisha. Khat use prevalence was 48.6%, however its not illegal in this country. The researchers also found that substance use like khat, consuming alcohol, and low educational status was the significant predictor of inconsistent condom use among federal police (Tadesse et al. 2020). Nguli (2016) also reported a very high prevalence of alcohol and other drug abuse (93%) in his study of a sample of Kenyan police (n=178). In addition, this study found that the prevalence of PTSD among police officers was at 73%, while depression was at 72%.

In Brazil, several studies have shown a high prevalence of drug use among civilian and military police officers. Costa et al. (2010) found, that lifetime use was 39.9% for tobacco, 87.8% for alcohol, 8.1% for cannabis, 1.8% for cocaine, 7.2% for stimulants, 10% for solvents, 6.8% for sedatives, anxiolytics and antidepressants, 0.5% for LSD, 0.5% for Bentyl®, and 5.4% for anabolic steroids. The previous year use prevalence was the following: tobacco - 15.4%, alcohol - 72.9%, stimulants - 6.3%, solvents - 0.5%, sedatives, anxiolytics, antidepressants - 3.7%); use in the previous 30 days: tobacco - 14.5%, alcohol - 57.5%, stimulants - 5.0%, solvents - 0.5, sedatives, anxiolytics, antidepressants - 3.7% (Costa et al., 2010). An other urinalyse-based survey found 2.34% prevalence for drug use. The results indicated the presence of the following drugs: amphetamines (0.33%), cannabinoids (0.67%) and benzodiazepines (1.34%); 97.66% showed negative results. The positive cases were distributed as follows: benzodiazepines (57.1%); cannabinoids (28.6%) and amphetamines (14.3%) (Costa et al., 2015).

In Afghanistan, researchers have found that, of the 100518 Afghanistan National Police tested, 9% were positive for at least one of the target drugs: 80.5% screened positive for tetrahydrocannabinol, 15.5% for opiates, 2.5% for d-Methamphetamine, and 1.5% for benzoylcegonine (Arfsten et al., 2012).

In Europe, according to Lintonen, McAlaney, Kaariainen and Konu (2012) drug use was almost nonexistent among the Finnish police students. The reported illicit drug use was 1.0%. However, respondents were also asked to rate the percentage of their peers whom they felt would have smoked or used
recreational drugs in the past month. The estimated drug use prevalence was 2.8%. The researchers noted that police students did indeed overestimate the legal substance use (alcohol, smoking) patterns of their peers, but probably does not apply to drug use. Thus the true prevalence rate of recreational drug use may be higher than reported here (Lintonen et al., 2012).

In Hungary, research has so far focused mainly on alcohol use and smoking among police personnel (Cséplő, Balla & Pusztafalvi, 2015; Mácsár, Bognár & Plachy, 2017). Drug use among Hungarian police officers was last studied in the early 2000s. Results of this survey suggested, any illicit drug use prevalence was 9.9%, 3.7% of the police officers used any drug once, and 5.2% of them abused twice or more. 0.2% was current user (Ritter, 2004).

Another way to estimate the prevalence of illicit drug use among police is document analysis of staff implicated reports and staff implicated complaints. In Australia, Ratcliffe, Biles, Green and Miller (2005) analysing complaint documents from 1993 to 2000. The data showed that of 39797 complaints amounting to 81036 allegations, less than 2% (1.8%, n=1463) relate to drug-related allegations (1063 complaint files, comprising 1463 allegations). 16.6% of the drug-related complaints reported drug use/smoke by police officers, which was 0.3% of all allegations (Ratcliffe et al., 2005). Cubitt (2021) found that 15% (n=90) of the officers who have been considered for serious misconduct between January 2003 and October 2016 used any illicit drugs. In positive tests, cannabis prevalences was 43%, 19% methamphetamine, 17% MDMA, 16% cocaine, 12% amphetamine, 12% steroids, 1% opioids, 1% benzodiazepine, 1% GHB (Cubitt, 2021). In England, Miller (2003) concluded from his analysis of staff implicated reports that any recreational drug use prevalence is 2.0% among police officers.

<table>
<thead>
<tr>
<th>S.</th>
<th>Country</th>
<th>Year of data</th>
<th>Method</th>
<th>Sample</th>
<th>Drug use prevalence</th>
<th>Comment</th>
<th>References</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>USA</td>
<td>1990-1999</td>
<td>urine and hair samples</td>
<td>48704</td>
<td>85.7 14.3</td>
<td>Average positive test prevalence 0.3% (range: 0.1-0.5%) between 1990-99. Marijuana positive (n=26) 17.0% of all positive test. Cocaine positive (n=119) 77.8% of all positive test. Cocaine and marijuana positive (n=3) 2.0% of all positive tests. Refused testing (n=5).</td>
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</tr>
<tr>
<td>2</td>
<td>USA</td>
<td>1976</td>
<td>self-administered questionnaires</td>
<td>2312</td>
<td>98.1 1.9</td>
<td>10% of respondents had serious drug problems.</td>
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<td>S.</td>
<td>Country</td>
<td>Year of data</td>
<td>Method</td>
<td>Sample</td>
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<td>All (n)</td>
<td>male (%)</td>
<td>female (%)</td>
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<tr>
<td>3</td>
<td>Australia</td>
<td>1980</td>
<td>self-administered questionnaires</td>
<td>96 100,0 0,0</td>
<td>Marihuana last year prevalence 6,3%; 2,1% current marihuana user; hallucinogens and stimulants previous year prevalence 1%</td>
<td>-</td>
<td>Engs &amp; Mulqueeney, 1983</td>
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<td>4</td>
<td>USA</td>
<td>1987</td>
<td>integrate quantitative and qualitative methodologies</td>
<td>49 94,0 6,0</td>
<td>20% (n=10) of the officers in the department used marijuana while on duty twice a month or more. The incidence of non-prescription illegal drug use is markedly lower, but quite noteworthy, with 10 percent (n = 5) of the officers using either hallucinogens, stimulants, and/or barbiturates, while functioning on-duty as police officers.</td>
<td>-</td>
<td>Kraska &amp; Kappeler, 1988</td>
</tr>
<tr>
<td>5</td>
<td>USA</td>
<td>2002-2004</td>
<td>self-administered questionnaires</td>
<td>943 84,3 15,7</td>
<td>Past month illicit drug use prevalence 1,5%; past month marijuana use prevalence 1,1%.</td>
<td></td>
<td>Larson et al, 2007</td>
</tr>
<tr>
<td>6</td>
<td>USA</td>
<td>2010-2014</td>
<td>self-administered questionnaires</td>
<td>1925 N/A N/A</td>
<td>Past month illicit drug use prevalence 3,1%.</td>
<td></td>
<td>Miller &amp; Galvin, 2016</td>
</tr>
<tr>
<td>7</td>
<td>England</td>
<td>2000</td>
<td>case analysis (staff implicated reports)</td>
<td>122 N/A N/A</td>
<td>Recreational drug use prevalence 2,0%.</td>
<td></td>
<td>Miller, 2003</td>
</tr>
<tr>
<td>8</td>
<td>Australia</td>
<td>2003</td>
<td>qualitative methodologies (case analysis and focus groups)</td>
<td>6 focus groups (n=97); 81 analysed case studies, expert interviews (n=15) N/A N/A</td>
<td>Police officers have admitted to using a wide range of illegal drugs: amphetamines, cannabis, cocaine, ecstasy, heroin, ketamine, and non-prescribed steroids</td>
<td></td>
<td>Gorta, 2009</td>
</tr>
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<td>9</td>
<td>Nigeria</td>
<td>2007</td>
<td>self-administered questionnaires</td>
<td>389 57,5 32,5</td>
<td>12,8% of the sample used drugs monthly or less frequently, 5,4% two to four times a month and 4,1% two to three times a week.</td>
<td>-</td>
<td>Abikoye – Awopetu, 2017</td>
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<tr>
<td>10</td>
<td>USA</td>
<td>1985</td>
<td>urine samples</td>
<td>5174 N/A N/A</td>
<td>0,34% (n=18) showed any illicit drug use.</td>
<td>-</td>
<td>Burden, 1986</td>
</tr>
<tr>
<td>11</td>
<td>USA</td>
<td>1985</td>
<td>urine samples</td>
<td>2300 N/A N/A</td>
<td>0,22% (n=5) used any illicit drug.</td>
<td>-</td>
<td>Burden, 1986</td>
</tr>
<tr>
<td>12</td>
<td>USA</td>
<td>1990-1999</td>
<td>urine and hair samples</td>
<td>46704 N/A N/A</td>
<td>0,28% (n=133) used any illicit drug.</td>
<td>-</td>
<td>Mieczkowski, Lersch &amp; Kruger, 2002</td>
</tr>
<tr>
<td>13</td>
<td>USA</td>
<td>1997</td>
<td>urine and hair samples</td>
<td>1852 72,7 27,3</td>
<td>1,5% (n=20) of males were positive for cannabis, and 1,2% (n=16) for cocaine. 1,8% (n=9) of females were positive for cannabis, and 0,4% (n=2) for cocaine.</td>
<td>-</td>
<td>Hoffman, 1999</td>
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<td>S.</td>
<td>Country</td>
<td>Year of data</td>
<td>Method</td>
<td>Sample</td>
<td>All (n)</td>
<td>male (%)</td>
<td>female (%)</td>
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<td>14</td>
<td>France</td>
<td>2016-2017</td>
<td>self-administered questionnaires</td>
<td>133</td>
<td>93.2</td>
<td>6.8</td>
<td>10.5% cannabis use last year prevalence; 4.5% other illicit drug use last year prevalence. Substance-related and addictive disorders were 68.4% for ‘low to very high’ tobacco dependence, 3.8% for cannabis dependence, and 3% for pathological gambling.</td>
</tr>
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<td>15</td>
<td>Brasil</td>
<td>2003-2008</td>
<td>data-analysis</td>
<td>1390</td>
<td>N/A</td>
<td>N/A</td>
<td>The consumption of marijuana among officers was 0.1% by civil police and 1.1% by military police, and cocaine use 0.4% by civil police and 1.1% by military police. Sedatives and tranquilizers abuse was 13.3% among civil police and 10.1% among the military police. Anabolic steroid use prevalence was 0.3% by civil and 2.6% by military police.</td>
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<td>16</td>
<td>Brasil</td>
<td>2008</td>
<td>urine samples</td>
<td>299</td>
<td>95.3</td>
<td>4.7</td>
<td>The prevalence of drug was 2.34% (ATS, THC, BZP). The positive cases were distributed as follows: benzodiazepines (57.1%); cannabinoids (28.6%) and amphetamines (14.3%).</td>
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<tr>
<td>17</td>
<td>Brasil</td>
<td>2008</td>
<td>self-administered questionnaires</td>
<td>221</td>
<td>95.0</td>
<td>5.0</td>
<td>Lifetime use prevalence: cannabis (8.1%), cocaine (1.8%), stimulants (7.2%), sedatives, anxiolytics, antidepressants (6.8%), LSD (0.5%), Bentyt@ (0.5%), anabolic steroids (5.4%); Previous year use prevalence: stimulants (6.3%), sedatives, anxiolytics, antidepressants (3.7%). Previous 30 days use prevalence: stimulants (5.0%), sedatives, anxiolytics, antidepressants (3.7%).</td>
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<td>18</td>
<td>Ethiophia</td>
<td>2015</td>
<td>self-administered questionnaires</td>
<td>379</td>
<td>90.8</td>
<td>9.2</td>
<td>18% of the respondents used hashish and shisha. Khat use prevalence was 48.6%.</td>
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<tr>
<td>19</td>
<td>USA</td>
<td>1989-1999</td>
<td>urine and hair samples</td>
<td>68347</td>
<td>N/A</td>
<td>N/A</td>
<td>Between 1989-1999, average 0.21% (n=42) showed cocaine or cannabinoid use among probationary officer (n=19643). Cocaine (n=33), cannabinoid (n=7), refused (n=2). Between 1990-1999, average 0.3% (n=147, 0.12-0.55) showed cocaine, cannabinoid or both abuse among working officers (n=48704). Cocaine (N=119), cannabinoid (n=26), both (n=3), refused (n=5).</td>
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<td>20</td>
<td>Afghanistan</td>
<td>2009-2010</td>
<td>urine samples</td>
<td>100518</td>
<td>N/A</td>
<td>N/A</td>
<td>Of the 100518 Afghanistan National Police tested, 9% (n=9034) were positive for at least one of the target drugs: 80.5% (n=7269) screened positive for tetrahydrocannabinol, 15.5% (n=1399) for opiates, 2.5% (n=226) for d-Methamphetamine, and 1.5% (n=140) for benzoylecgonine.</td>
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<td>S.</td>
<td>Country</td>
<td>Year of data</td>
<td>Method</td>
<td>Sample</td>
<td>Drug use prevalence</td>
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<tr>
<td>21</td>
<td>USA</td>
<td>1985</td>
<td>mixed methodologies (self-administered questionnaires and urine sample)</td>
<td>357 N/A N/A</td>
<td>21.6% (n=77) of the recruit candidates evidenced drug use, primarily marijuana use. In a minority of instances, cocaine, THC or barbiturate use was shown.</td>
<td>-</td>
<td>Ostrov, 1988</td>
</tr>
<tr>
<td>22</td>
<td>Australia</td>
<td>1993-2000</td>
<td>case analysis (staff implicated, drug-related complaints)</td>
<td>1063 92,6 7,2</td>
<td>0,3% of all allegations related drug use/smoke by police officer.</td>
<td>-</td>
<td>Ratcliffe et al., 2005</td>
</tr>
<tr>
<td>23</td>
<td>Finland</td>
<td>2009</td>
<td>self-administered online survey</td>
<td>364 70,3 29,7</td>
<td>Drug use was almost nonexistent among the police students. The reported illicit drug use was 1,0% and estimated drug use was 2.8%.</td>
<td>-</td>
<td>Lintonen et al., 2012</td>
</tr>
<tr>
<td>24</td>
<td>Hungary</td>
<td>2004</td>
<td>self-administered questionnaires</td>
<td>620 84,0 16,0</td>
<td>Any illicit drug use prevalence was 9,9% (n=58), 3,7% of the police officers used any drug once, and 5.2% of them abused twice or more. 0,2% (n=1) was current user.</td>
<td>-</td>
<td>Ritter, 2004</td>
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<tr>
<td>25</td>
<td>Australia</td>
<td>2003-2016</td>
<td>case analysis (serious misconduct)</td>
<td>600 78,3 21,7</td>
<td>90 officers who tested positive for illicit substances between 2003-2016. In positive tests: 43% cannabis, 19% methamphetamine, 17% MDMA, 16% cocaine, 12% amphetamine, 12% steroids, 1% opioids, 1% benzodiazepine, 1% GHB</td>
<td>-</td>
<td>Cubitt, 2021</td>
</tr>
</tbody>
</table>

**Figure**: Location of Table 1 (Annex).

**Conclusion**

Al-Humaid, el-Guebaly and Lussier (2007) reviewed researches from several countries, found that studies on substance abuse by police officers focus on legal drug consumption (alcohol and smoking) and mostly do not address illicit drug use. According to Mieczkowski (2002), very little is actually known about the prevalence and types of drugs used by police officers, because this data is either not collected or, if it is collected, is withheld from the public. On one hand, research data clearly indicates that, in addition to alcohol and smoking, the use of illegal drugs is also prevalent among police officers. On the other hand, our review shows that the prevalence of illicit drug use ranges widely. Our results suggest that estimates of the prevalence of illegal substance abuse by police are influenced by a number of factors, such as:

- **Research methodology.** Many methods have been used over the past decades to test or estimate drug use by police officers, police cadets and applicants. In addition to the quantitative (e.g. self-administered questionnaires)
methods, qualitative methods (e.g. interview, focus groups), content analysis biological samples are used to measure the prevalence of drug use by sworn police officer, cadets or applicants. In exceptional cases, polygraph tests have even been used for this purpose (IACP, 1989). However, studies based on different methodologies produce different results. For example, studies based on biological samples regularly report very low prevalence of drug use (0.22% – 9.0%). Questionnaire surveys, on the other hand, usually indicate multiples of these prevalence rates (1.5% – 21.6%). However, it should also be noted that biological sample test based surveys always measure current consumption. In contrast, in questionnaire-based surveys, researchers usually ask about lifetime, previous year or past 30 days drug use prevalence.

- **Deliberate distortion of data.** According to Robinson, MacCulloch and Arrentsen (2014) ‘an obvious consideration with respect to illicit drug use is that, by admitting to this behaviour, a police officer is confessing to a criminal offence. It is therefore unlikely that such data could be reliably collected from police officers.’ Ballenger and his colleges (2010) also found that police officers are open to disclose lifetime consequences due to alcohol use, but a reluctance to respond to questions about current illicit drug use. The fear of being punished for drug use may be one reason why subjects falsely report or deny their substance use (Jeffery et al., 1991). So self-reported sensitive information such as drug use is prone to social desirability bias and underreporting that may have resulted in systematic measurement error and lowered prevalence estimates (Mbatia et al. 2009).

- **Social differences.** The results suggest that there are different levels of drug use among police officers in different countries. One possible reason for this is the differences between societies in which police officers live. Cultural norms may both encourage and discourage use of drugs and heavy use, and may make the use more or less problematic (Room, 2015).

Results show that, in addition to alcohol consumption and smoking, police officers also use illegal drugs. Why is it important to research drug use by police officers? Police officers hold a special place in society. As a result of their unique and powerful responsibilities, the behavior of police officers is always held to a higher standard (Barker, 2002; Kappeler, Sluder, & Alpert, 1998). According to Silverberg (2000) the effects of drug use among police officers include: reduced work performance endangering safety of the public, higher rates of absenteeism; lateness for work; more sick leave; increase the cost of health care benefits; lack of motivation; increased need for supervision; and setting a poor role model.
It should also be noted that the results also show that cannabis is the most commonly used drug among police officers, regardless of social context. It could be especially important, than several findings suggest that shooting performance may be affected by the use of marihuana. Timm (1988, 416.) found that, among the most relevant findings were:

- Hand steadiness and stability of stance are decreased to some extent.
- Memory is impaired.
- Risk taking activity does not appear to be increased.
- Focusing on one variable to the exclusion of others and having lapses of attention while engaging in daydreaming occur frequently. This type of inappropriate focusing may lead to disorientation as well as to inconsistent, sporadic, compensatory motor and cognitive performance.
- The ability to accurately perceive the feelings and emotions of others may be impaired.

It is important that we continue to pay particular attention to this issue in the future.

References


**Online link in the article**

URL1: Springboard Recovery: 10 Professions with the Highest Rates of Substance Abuse. [https://www.springboardrecovery.com/professions-drug-addiction/](https://www.springboardrecovery.com/professions-drug-addiction/)

**Reference of the article according to APA regulation**