CHAPTER ONE
ALCOHOL CONSUMPTION AND THE NSW POLICE SERVICE: INTRODUCTION TO
THE RESEARCH PROBLEM

RATIONALE FOR THE STUDY

Researcher interests and background
In August 1990 the NSW Police Service employed two Drug &
Alcohol Counsellors, who were to be based in the Welfare
Branch in Sydney, and provide D&A services for officers state-
wide. I was one of these counsellors, and we found ourselves
in the pre-1992 setting described above, with no guiding
legislation, policy, or regulation other than the brief Police
Commissioners' Instruction 2.47 exhorting police to sobriety
(see full text page 52). No planned interventions had
previously been attempted in relation to any alcohol/drug
abuse among employees of the Service, and no programs specific
to problem drinkers had been operating.

In the wider industrial setting, it had become increasingly
recognised that workplace programs designed to reduce the
incidence and prevalence of alcohol-related problems have
significant benefits for both employers and employees. At the
same time, alcohol related problems became increasingly seen
by employers and the community as belonging in the province of
health care, rather than morality. In 1985 the ACTU 'adopted
a resolution emphasising the need for rehabilitative
strategies to be developed as alternatives to discipline for
problem drinkers/drug users' (Allsop,1989), and in 1987 the
International Labour Conference adopted a resolution 'urging
employers, labour organisations and governments to develop and
implement constructive prevention and treatment responses to
alcohol and other drug problems in the worksetting'
(Allsop,1989). Such programmes have been shown to be cost
effective, and to provide immense intangible benefits in
addition to financial savings. Marshall (1981) reports that
'for every dollar spent on rehabilitation, a saving of $4 is
made against dismissal, re-employment and re-training'.

Though the Dupont Corporation ran perhaps the first successful
program of this type in the early 1940's, the spread of these strategies through industry has been slow (Roman, 1996). So while the NSW Police Service had an established Welfare Branch which provided practical assistance to employees experiencing various social problems, and a number of other branches which supplied medical and psychological services, it did not directly target employees with alcohol problems prior to 1990. In order to reduce the economic and human costs to the Service, the community, and individuals, it was imperative that an effective strategy for reducing overall alcohol consumption rates, and for raising awareness of the problems associated with acute intoxication, regular use, and dependence, be developed. A program of early identification and referral of officers with alcohol-related problems was also required. A well rounded program would therefore need to include both an education component and a case identification component. The aim of the education component would be to reduce consumption rates by giving each member of the workforce information about 'sensible' drinking, the hazards of alcohol misuse, the recognition of drinking problems, and the help available for those experiencing difficulty. The case identification component would ideally equip key personnel with the means of establishing prima facie evidence of deteriorating work performance, and an acceptable procedure for referring affected persons to the D&A counsellors for assessment (Tether and Robinson, 1985).

My initial experience in my new position was a salutary lesson in how necessary this was. On the first day of my employment with the Service, two Police Welfare Officers and a Police Medical Officer all hastened to refer to me a particular client known to them all. The first of these referrals reached me before I even arrived at the office for the first time. This client was a thirty-two year old Senior Constable who had been hospitalised for alcohol-induced pancreatitis for the third time in five months. (I will refer him by the pseudonym 'Bill'.) Until the time of his first
hospitalisation, Bill had been a fully operational police officer, but he was drinking heavily. His workmates and supervisors did not take any action to encourage or pressure him into modifying, or seeking assistance for, his obvious drinking problem until, while drunk, he literally fell out of a police truck in the middle of Sydney. His wife had already left him, citing his drinking as the reason, and taking the children with her.

I visited Bill while he was still in hospital during this third admission, and interviewed his mother, with whom he was living, and his colleagues. The reason Bill, his mother, and his workmates gave me for his harmful level of drinking was 'the stress of the job'. Immediately subsequent to his discharge from hospital, I arranged his admission to a three week specialised alcohol rehabilitation programme at Wisteria House, Parramatta. Bill remained sober for six months after discharge from this programme. He received regular treatment for 'stress' from the Psychology section of the Police Welfare Unit, individual therapy from a private psychiatrist, and regular follow-up counselling from myself. Unfortunately, after six months of sobriety, he relapsed into drinking, without apparent provocation, and died of pancreatitis only weeks later. He was still personally blaming 'the stress of the job' for his drinking at the time of his death, although at that time he had not been to work for the eleven months since his first hospitalisation.

Over the next few months a pattern emerged. The only clients referred to myself and my colleague were nineteen chronically alcohol-dependent persons, all of whom had been until recently working operationally, and all of whom blamed workplace stress for their drinking. The majority of these clients had already progressed to severe alcohol-related physical illness, significant alcohol-related brain damage, serious impairment of work performance and/or disciplinary situations, and complicated social problems. They were all,
in other words, in as desperate straits as 'Bill', my first client.

During this period (1990) I received a copy of the O'Brien and Reznik (1988) study, which concluded that 37% of NSW police were drinking at hazardous or harmful levels. Informal observation of police behaviour, and discussion with members of the rank and file of the Service during this first six months, gave my colleague and I the strong impression that the alarmingly high rate of alcohol abuse reported in the O'Brien and Reznik (1988) study was well supported, and might possibly be an underestimate of the extent of the problem.

This now formally established high incidence of alcohol consumption led me, initially and naively, to believe that union officials, supervisors and managers would both welcome and utilise the services of the new, internal, specialist drug and alcohol counsellors, if only they were made properly aware of our presence and of the services we could provide. Optimistically, I arranged for the appropriate publicity to be carried in the Police Association journal, the Police News, which is mailed to every police officer in NSW. My colleague and I also attended meetings of District and Patrol Commanders, where we introduced ourselves and explained our role. There was no response.

It soon became apparent that waiting for people to be referred was not a reasonable option if we, the D&A counsellors, wished to make any impact on the problem of alcohol abuse within the Service. I was left wondering several things: why was there no response to the introduction of what seemed to be a much-needed drug and alcohol counselling service? Why were we sent only the irreparably damaged, end-stage chronic drinkers? Why did so many police officers apparently drink to excess despite police regulations to the contrary, and community expectations that they be sober in the execution of their duties? Why did police rates of alcohol consumption remain so high despite the
comprehensive programmes of stress prevention, management and treatment run by the police Welfare, Psychology and Medical sections, if indeed stress was an underlying cause? Why, if occupational stress was such an important factor, would some people choose to drink themselves to death rather than making the choice to exercise the rational option of finding a less stressful occupation? Why, though exposed to the same occupational stressors, did 63% of police NOT drink to excess, according to the O'Brien and Reznik (1988) results? Finally, and most importantly, was there a way, given limited resources and my relatively powerless position in the hierarchy, that I could prevent other young officers, like 'Bill', from dying as a result of their alcohol abuse?

As I began to seek answers to these questions, and learn about police and their workplace, I was struck by the similarities I observed between the relationships of police to alcohol abusing colleagues, and the typical relationships of family members to problem drinkers. These relationships are characterised by those around the drinker engaging in 'rescuing' and other behaviours which centre on attempting to: control the amount and pattern of the drinker's alcohol consumption; cover up for, or mitigate the effects of the drinker's misbehaviour; rationalise the drinking and irrational behaviour by providing acceptable 'reasons' or excuses for it; try 'geographic' cures; take on the burden of the drinker's responsibilities (which he/she neglects); castigate the drinker in the hope that this will make them change their ways; exclude the drinker from important activities so they cannot wreak havoc; and when all else fails, find, in exasperation, some means to expel the drinker from the family or group. (I will provide examples of all of these behaviours among police in Chapter Seven).

All of the behaviours listed above, though engaged in as attempts to redeem a deteriorating situation, actually operate to produce the opposite effect of what is intended. They
assist, allow, or enable (see Chapter Seven), further drinking and deterioration. Enabling in this sense, as used in the drug and alcohol field, is not a positive process of empowerment, but is in fact collusion with the drinker. It is collusion which unwittingly enables the drinker to continue drinking to the point of self-destruction. Family, colleagues, and sometimes even health professionals who relate to the problem drinker in this way are, in effect, simply moving the deck chairs on the Titanic, to use a vernacular expression, and they do it often without informing the drinker that his ship is sinking.

In my prior experience working with problem drinkers and their families in the community, I saw numerous unequivocal demonstrations of the effectiveness of facilitating a change that eliminates these enabling behaviours in the drinker’s environs. By teaching families to eliminate these behaviours and substitute responses which support the drinker (emotionally), but NOT the excessive drinking, I was able to make a positive impact both on the outcomes for the drinker and other family members. When the ‘significant others’ in a drinkers environment learn to recognise the behaviours that enable alcohol abuse, and understand the negative consequences of these behaviours for the drinker and themselves, they are able to alter their responses and in the process change the total dynamics of the relationship, with the result that the drinker has no choice but to alter his/her behaviours also.

There seemed to me to be good reason to suppose that this same technique would work effectively when transferred to managers and supervisors, who had key positions in respect of enabling, or not enabling, the excessive drinking of officers within their jurisdiction. I proposed, therefore, to design a campaign which would aim, by education and consultation, to assist managers and supervisors to recognise such counter-productive enabling behaviours, and to create an environment which would force the drinker to confront the consequences of
his behaviour, rather than colluding to protect him from them. Such collusion, though intended as 'helping', serves only to delay the drinker's referral for assistance until s/he is almost beyond salvage. It is only when collusion and enabling cease that the drinker is placed in a situation where s/he must take personal responsibility for his/her behaviour, and stop blaming external 'causes', that s/he is likely to make a decision to modify or cease destructive drinking.

There were other, subsidiary aims which I hoped also to pursue. Perhaps the two most important of these were: to begin to change, by education, the faulty perceptions among police of what constitutes a harmful level of drinking; and to influence, as far as I could, a shift in administrative attitudes away from a strictly disciplinary, and toward a rehabilitative, response to problem drinking within the police workplace.

In order to design effective alcohol intervention strategies, it is important to be sensitive to the structure, goals, size, location, attitudes and values of the group targeted. No one solution will suit every situation. (Soames,1978; Compton,1989) The statement by Tether and Robinson, (1985) that '...for many excessive drinkers the work situation either exacerbates the problem or colludes with its continuance,' seemed especially relevant in the case of the Police Service. This organisational context appeared to myself to have a distinct and unique occupational culture in which alcohol played a significant role.

Before presenting and discussing some of the evidence for the possible impact of police culture on the drinking practices of police, however, it is only sensible to make some assessment of what is known about the extent and origins of drinking problems, and how these are relevant to police drinking. I introduce some of the related major issues that have influenced my thinking in framing the research problem.
Investigating alcohol and occupation

In communities such as Australia, where alcohol is readily available, drinking practices and the incidence of problems associated with alcohol vary between differing social groups. Some occupations feature among those groups which display high levels of alcohol consumption and an associated high level of related problems. While hazardous and harmful alcohol use may originate largely from a number of factors outside the workplace, it appears that certain workplaces can exacerbate or produce drinking problems, while others may perhaps mitigate against them. Yet we are 'a long way from clearly demonstrating this proposition or theoretically explaining just how such a result can come about', as Herold and Conlon (cited in Trice and Sonnenstuhl, 1990), have observed.

The Australian Bureau of Statistics National Health Survey Data, 1989-90, reveals the greatest percentage of high risk drinking in an occupational group as 32.2% among hunters and fishermen (Hagen et al., 1992). This survey reported high risk drinking among almost 25% of building tradesmen, waiters and bar staff, construction and mining labourers and food tradesmen (Hagen et al., 1992). In this same ABS data, the occupations with the lowest incidence of high risk drinking (less than 12%), were those categorised as welfare/religious, health, education, insurance, and agriculture. For adults (over 18 years old), the national population average of high risk drinking is 14.9% for men, and 7.4% for women (Hagen et al., 1992).

Police feature among the occupations which display high levels of alcohol consumption, although they are not included as a discrete category in the ABS data. The report by Hagen et al., (1992), included a Victorian Occupational Health and Safety Commission Survey which sampled sixteen occupations, and revealed that approximately 24% of Victorian police were drinking at high risk levels. (The sample sizes in this survey were small, for example, it included only 137 police).
However, new research by Richmond et al., (1998), has demonstrated that in a sample of 853 NSW police officers, 48% of males and 40% of females drink at hazardous and harmful levels, as determined by the same measure of alcohol consumption used by the ABS and by Hagen et al., (1992), namely the National Health and Medical Research Council Guidelines (see Appendix 1). Other large studies by McNeill (1993), and O'Brien and Reznick, (1988), have reported similarly high levels of alcohol consumption among NSW police.

The patterns and levels of alcohol consumption revealed by the above studies have serious implications for police, policing, and the general public, given that they strongly suggest that the performance of some police would at times be significantly impaired while on duty. Such impaired functioning would have numerous effects, including the following: it would inevitably increase the risk of accident and injury, especially in relation to the use of vehicles and firearms; it would reduce competence in the making of critical decisions, particularly in emergency situations; it might possibly influence the policing of liquor licensing and other alcohol-related issues; and it could easily create negative community perceptions of police. Yet there is no general consensus, either among lay persons or health professionals, about how such high levels of alcohol consumption arise within specific groups, nor how the problem of reducing consumption should be addressed. For while researchers generally accept the notion of the mutual relatedness of the substance, the individual, and the environment in the development of drinking practices, there has been very little investigation of alcohol use per se, and the contexts in which it occurs. Most research has narrowly focused on alcohol dependence, and one or a few of the factors thought to contribute to it, such as specific workplace stressors (Heath, 1991; Cosper, 1979).
Work wasn't meant to be easy: but is it enough to drive us to drink?

It should perhaps be obvious to any student of alcohol that there are varied and complex reasons for drinking. These may be classified broadly as ritual, convivial, and utilitarian (for example, medicinal) reasons, as Bales (1962) has proposed. Any combination of these types of alcohol use may occur. However, there is considerable currency among police themselves, and in some of the literature, of the theory that heavy drinking is chiefly a response to work-related 'stress'. Particular 'stressors' are claimed to explain high levels of drinking in occupational groups, such as the police. This kind of argument is demonstrated in reports by, for example, Hagen et al., (1992); Chilvers, (1995); Violanti, (1983, 1985); Dietrich and Smith (1986); Stege, (1986); Cohen, et al., (1996); Penlon et al., (1997); McNeill (1996). Yet the evidence for 'stress' as the major causative factor in the development of drinking problems is at best inconsistent and contradictory. Arguably it fails to look at underlying factors. Anxiety may frequently be the consequence, rather than the cause, of excessive drinking (see for example, Kushner et al., 1990; Merikangas et al., 1996).

The current 'stress' theories are based on a psychiatric model, have become part of popular culture, and 'reflect the more general trend toward the 'medicalisation of deviance', in maintaining social control' (Cosper, 1979). I explore these issues further in Chapter Five. In attempting to understand excessive drinking among police, with whom I work as a drug and alcohol counsellor, I have been drawn to seriously question the assumption underlying limited medical or psychiatric models. Conventional wisdom which informs us that people are driven to drink by stressful situations or events, does not fit with my observations, and has little support from empirical studies, despite the considerable attention devoted to it. Nor can theories proposing that heavy drinkers are deviant individuals adequately explain why
one third of commercial fishermen and almost half of all NSW police officers drink to excess.

Cosper (1979) has argued that it would be more productive 'to analyse drinking as a leisure custom associated with certain occupations', an approach which has been consistently recommended by Bacon (1991) since the 1940's. Drinking is arguably chiefly a recreational or convivial activity, for both 'responsible' and 'problem' drinkers alike, though the literature in general gives the impression that this is often forgotten. Recreational drinking has been one of the least studied aspects of alcohol use (Heath, 1991). However, in a decade of experience in the field of alcohol counselling, I have learned that 'normal' moderate drinkers will frequently drink more when placed in a recreational setting where drinking is both expected and encouraged. This impression would seem to be supported by the view of alcohol producers and marketers that 'it is easier to get a man who drinks to drink more than it is to turn on a new drinker or encourage a light drinker' (Clark, 1988). I have also learned, by listening to the personal histories of literally thousands of heavy and dependent drinkers, that within a drinking subculture any reason will suffice to initiate alcohol consumption.

Perhaps one of the main reasons people drink is simply that they enjoy drinking for its own sake, regardless of whether they are 'normal' drinkers or 'alcoholics'. The Swiss have tended to regard heavy drinkers as 'primitive hedonists', and have claimed that alcoholics are mostly people who 'get intoxicated or near intoxicated for the sake of mere pleasure', eventually succumbing to addiction because of their chronic drinking (Jellinek, 1962b). Bales (1962), after examining the cultural norms of excessive drinking in Ireland, claims that 'a great part of the drinking in which the individual participates' is convivial drinking, which expresses 'his solidarity with certain groups'. Bales (1962)
introduces his study of drinking in the Irish culture with the words of an old Irish song which begins 'Why, liquor of life, do I love you so'. I have heard long-term, sober members of Alcoholics Anonymous frequently speak of having had a 'love affair' with alcohol, in much the same way a sportsperson, a musician, or a dedicated hobbyist speaks of 'loving' their chosen activity. As long ago as 1902, William James, the American psychologist and philosopher, wrote the following:

> Inner happiness and serviceability do not always agree. What immediately feels most 'good' is not always most 'true', when measured by the verdict of the rest of experience. The difference between Philip drunk and Philip sober is the classic instance in corroboration. If merely 'feeling good' could decide, drunkenness would be the supremely valid human experience.

When individuals sense that they are being criticised or reprimanded for their level of drinking or their behaviour while inebriated, they are likely to feel driven to defend themselves with a more substantial justification than that they drink 'merely to feel good'. Such justification is a normal human response. Sometimes we may be unaware of the reason for our behaviour, yet we can usually deliver a plausible explanation if called upon. Every behaviour has what Bacon (1991a) calls a 'charter' or respectable, 'correct' explanation which is not necessarily consistent with the 'real' function of the behaviour. This is especially true of drinking, and 'the presence of anxiety and uncertainty in justification of drinking behaviour makes it difficult to discover the real functions of drinking by direct questioning' (Bacon, 1991a). Unlike the researchers who observe them, excessive drinkers do not usually regard themselves nor their own drinking as abnormal, and in my view these drinkers tend to cite stress, depression, or other negative but 'respectable' factors as their reason for drinking only when they feel called upon, especially by those outside their drinking sub-culture, to justify their excesses.
Organisations and cultures also have 'charter' reasons for various behaviours. The 'wealth of charter material concerning the drinking of alcoholic beverages' can be found in numerous sources, and 'is a constant source of behaviour, rationalization, and of indoctrination' (Bacon, 1991a). In contemporary times, stress is a culturally correct rationale for excessive drinking, partly, perhaps, because stress is one of the current preoccupations of industrialised countries; partly because people always feel more comfortable when they can attribute a convenient reason to otherwise inexplicable behaviour; and partly because problem drinking has been drawn into the domain of medicine, where many a 'disease' is attributed to stress. Stress is an appealingly simple and superficially plausible explanation for excessive drinking. It is always possible to think of stresses to which a group or an individual is subject, especially in retrospect (Cosper, 1979).

However, it is not necessary to be stressed in order to indulge in a recreational activity or desire a feeling of happiness, unless we take 'stressed' to mean the existential condition of humankind, and concede that 'the urge to escape from selfhood and the environment is in almost everyone almost all the time' (Huxley, 1994). In which case it becomes both superfluous and futile to look for correlations between specific stressors and drinking, as the following passage from Aldous Huxley's (1994) non-fiction work, The Doors of Perception, eloquently shows:

That humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited that the urge to escape, the longing to transcend themselves if only for a few moments, is and has always been one of the principal appetites of the soul. Art and religion, carnivals and saturnalia, dancing and listening to oratory - all these have served, in H G Wells' phrase, as Doors in the Wall. And for private, for everyday use there have always been chemical intoxicants.
So instead of spending our time trying to identify specific work-place stressors, of which there must be thousands, we would perhaps be better served to examine the ways in which drinking compares with other methods of 'solving' the problem of the human condition in certain contexts, and why some people come to value and prefer this method rather than less harmful methods. In other words, what meaning does drinking have for specific groups of drinkers? What needs does it satisfy, and how? That drinking has a special meaning for police was brought home to me by their oft repeated adage, *never trust a cop who doesn't drink*.

This implies that police drinking is something quite other than a reflex response to occupational stress or tension. It suggests also that police do not see heavy drinking as deviant behaviour, but rather as something which separates the 'good guys' from the 'bad'. It provides a clue that drinking is somehow linked with police identity and group solidarity. Many police have expressed to me the opinion that abstinence and light drinking are deviant. This opinion makes the heavy drinkers among police unlikely to avail themselves of counselling or 'treatment' for their drinking. They regard such an action not only as unnecessary, but as something to be avoided, because it could render them untrustworthy or suspect in the eyes of their colleagues. Police, it appears to me, are not so much driven to drink by occupational stress as they are led to drink by an occupational sub-culture which values a specific, exclusive form of solidarity or brotherhood.

**Occupational community and drinking subculture: leading workers to drink?**

Briefly, occupational community has been defined by Salaman (cited in Cosper, 1979), as dependent on 'co-workers having a work-based self-image, a work-based reference group and work-based leisure interaction'. These features are most likely to occur in occupations which 'are seen as dangerous, responsible, requiring a high level of skill, or as important
by or for the society', such as, for example, policing and fire-fighting (Cosper, 1979). Heavy drinking is regarded as normal in some occupational communities, especially those which are close-knit and which have distinctive drinking customs (Sonnenstuhl and Trice, 1991). Cosper (1979) argues that the suggestion by Hitz (1973) that such communities might develop drinking subcultures has a much wider application in explaining the heavy drinking in some workforces than one-dimensional theories of deviance, stress, or self-selection. Ames and Janes (1992) demonstrate that contributing factors such as stress can be incorporated into a cultural approach.

Trice and Sonnenstuhl (1990) remark that 'work organisations are very prominent cultural entities and, as such, embrace their own drinking norms, rationales and social controls'. While temperance is the norm in some workplaces, either an administrative or occupational sub-culture may actively encourage heavy drinking in others, and not regard this as deviant or pathological (Sonnenstuhl and Trice, 1991). Ames and Janes (1992) and Sonnenstuhl and Trice (1991) report empirical data which demonstrates that involvement in a work-related drinking subculture is associated with heavy drinking.

In the industrial context drinking subcultures are 'naturally occurring groups that share a set of understandings about alcohol use in the workplace, including values and expectations regarding drinking behaviour' (Ames and Janes, 1992). They arise from such features as group solidarity, job identity, and age group (Ames and Janes, 1992). The difference between the group standards and those of the general community may also arise from a number of occupation-specific features, such as history, selection processes, organisational structure, gender balance, lore and imagery, internal social controls, and the nature of the work. In such drinking subcultures, Cosper (1979) contends:

...
situation, wealth, masculinity, identity, or superiority of the group.

This perspective fits well with my own observations of police drinking practices; with other anecdotal evidence for the influence of cultural factors on alcohol consumption among Australian police (McNeill and Wilson, 1993; McNeill 1996); and with the extensive literature examining police culture (though not police drinking culture), generated by prominent researchers such as Skolnick and Fyfe (1993) in the USA, Reiner (1985) in the UK, and Chan (1997) in Australia. The existence and nature of police culture and its relation to drinking is examined in Chapter Six of this thesis.

In any community which has an established and influential culture, there are pressures on individuals to behave in certain culturally prescribed fashions, and resistance to such pressures may require considerable personal resources, and/or a prior, well-established conviction that certain behaviours are not of particular value. The pressures to drink to group norms can sometimes be extreme and overt, as graphically illustrated in a comment made to Hagen et al., (1992) by a Victorian Police Association member. This officer:

... was aware of members being harassed and ridiculed for not drinking with colleagues. One member was held by his feet out of a first floor window by his workmates because he wouldn't drink with them.

McNeill and Wilson (1993) strongly suggest that the behaviour illustrated by the quote above from Hagen et al., (1992), is evidence of a police workplace culture which encourages heavy and problem drinking. Such cultural influences could presumably operate independently of any occupational stress in the workplace. Thus, after examining the relationship between job stress and alcohol consumption among single men in an Australian mining town, Neil (1989) concluded that his study 'offered no support for the hypothesis that day-to-day
workplace problems may trigger certain patterns of alcohol consumption'. He suggested that, in trying to determine the causes of varying rates of alcohol use in occupational groups, it would be far more fruitful to look at the factors which facilitate or inhibit problem drinking within a given occupational culture, rather than studying the association between alcohol and stress.

Some of the workplace characteristics which have been associated with elevated rates of high risk alcohol consumption are the availability of alcohol, social pressure to drink, collusion by colleagues, freedom from supervision, alienation of the group from the wider community, pre-selection of high risk people, a male dominated workforce in conjunction with the association of alcohol with manliness, distinctive workplace drinking norms, and a close-knit occupational community (Hore, 1987; Hagen et al, 1992; Cosper, 1979; Ames and Janes, 1992; Trice and Sonnehstuhl, 1990).

With the possible exception of pre-selection of high risk people, all of these characteristics can be shown to exist to a significant extent in the police service in NSW.

As I will illustrate in Chapters Four and Six, members of the Police Service frequently volunteer the opinion that their drinking is largely a result of their desire to conform to the social pressures of their occupational group, and so avoid exclusion or derision. My own observations have led me to theorise that, partly as a result of this conformity, collusion by colleagues to 'cover up' excessive drinking and its problematic consequences is widespread, and constitutes a major factor influencing continued heavy drinking within the Service. The nature of this particular form of collusion, otherwise known as enabling, is discussed in detail in Chapter Seven. This was the behaviour at which one of the strategies in the study presented in Chapter Eight was targeted.
Leading workers to alcohol doesn’t make all of them drink

While some individuals conform to social pressures, others do not. This is another question that interested me in framing my research problem. McNeil (1993), reports that 13.3% of NSW police are non-drinkers. Richmond et al., (1996) found that 8% of male and 15% of female police in NSW were abstainers. It is very rare to find any attention given in the literature to the number of abstainers in the general community or in specific groups. The Australian Bureau of Statistics does not collect data on numbers of abstainers, only on the number of people who do not drink during the period of survey (Hagen et al., 1992). The Australian Institute of Health and Welfare (1996) cites an Australian study by English et al., (1995), in which 12.6% of men and 24.7% of women reported being abstainers. Miller and Agnew (1974) claim that the number is simply not known, and cite a study of American drinking practices by Calahan and Cisin (1968), which reported ‘a considerable turnover in the drinker or nondrinker status of many individuals’. However, Blewett (1988) claims that 90% of Australian teenagers drink, while Lennane (1992) states that 40% of women and 20% of men in the general population are abstainers. It is not possible then, on the basis of information currently available, to ascertain whether, let alone why, any abstainers become drinkers on entering certain occupations such as policing.

There is some evidence to indicate that abstinence, like drinking, is strongly linked to an individual’s personal and group identity, particularly in respect of gender, religious affiliation, family background, and involvement in community organisations (Ames and Janes, 1992), (see also Chapters Two and Three). Every individual belongs, both at any point of time, and over the period of their lifespan, to a number of reference groups. These may include family, ethnic, educational, religious, social, sporting, political, work, and numerous other groups. Any of these groups may become the chief reference point for an individual’s personal identity.
While some people may construct their identity largely in terms of their occupation and adopt the drinking practices of their co-workers, others may maintain their identification with one or more non-work groups which have differing practices.

Reference groups also form constellations of people who may provide the individual with a variety of information, values and beliefs about drinking, dealing with stress, and a host of other behaviours. So each individual brings to the workplace a set of beliefs and attitudes which may or may not coincide, to some degree, with the prevailing beliefs and attitudes within the workforce. In order to function comfortably within the group, people must then somehow adapt their attitudes and beliefs about drinking to those of the workplace, either by reconciling any differences and accepting the workplace norms totally or partially, or by maintaining their original outlook and finding other ways of 'fitting in'.

Some key considerations and issues
This thesis considers whether, in shaping the drinking behaviours of police officers, the existence of an occupational culture which values and encourages drinking, and which colludes in alcohol abuse, is of much greater significance than is usually acknowledged. It also raises the question of whether 'machismo values' are an important aspect of this culture, and whether they should be taken into account in the design of strategies for reducing alcohol related harm.

The medical treatment of the physical complications of alcohol abuse is essential and of undoubted value, and psychological therapies for concurrent problems may undoubtedly be useful. However, the assumption that professionals can 'treat' individuals for drinking itself, or for underlying problems 'causing' the drinking, so as to transform heavy drinkers into sober persons by the use of drugs, conditioning, psychological counselling or psychoanalysis, is, in my experience, misguided
and rarely successful. Arguably, such approaches are too narrow and neglect critical dimensions of the problem, including matters of occupational culture.

The central issues, then, underlying this thesis and the study on which it is based are: how and why do some individuals and groups come to value alcohol use so highly; how can we best facilitate their re-assessment of their use of this substance when it causes harm to themselves and others; and how are these two questions answered in relation to a specific occupational group, namely the NSW Police Service?

**Research questions**
The related research questions that I am interested in exploring are:

1. To what extent is 'problem drinking' a problem for the NSW Police Service? This question will be addressed in Chapter Two.

2. How does conventional theorising seek to explain problem drinking? How adequate are these 'usual suspects', such as psychological theorising about stress, especially when applied to understanding problem drinking within the NSW Police Service? A number of conventional theories are discussed in the first section of Chapter Four, and Chapter Five critically analyses the adequacy of the 'stress', or tension-reduction hypothesis.

3. Are there alternative ideas and theories that may be more applicable and more productive? For example, critical and feminist perspectives on police culture, constructions of masculinity, and mechanisms of enabling. Argument relating to these often neglected contexts is presented in Chapter Three, the latter section of Chapter Four, and in Chapters Five, Six and Seven.
4. Can a strong case be made for specific intervention programmes in various occupational contexts that take such alternative ideas and theories seriously into account? Are there possible policy and practical implications for addressing problem drinking within the NSW Police Service? These are the problems considered chiefly in Chapter Eight, but to which reference is also made throughout this work.

Approach taken to the research problem

The approach taken in this research project is strongly cross-disciplinary. In seeking to better understand the critical questions raised above I consider that it is necessary to draw upon insights from a range of disciplines, including psychology and sociology, as well as engaging with major theoretical issues and debates about the causes and social costs of alcoholism and problem drinking, especially as applied to an occupational group such as the NSW Police Service. Older or more conventional theorising is considered and evaluated, along with newer perspectives, including sociological and Feminist perspectives on constructions of masculinity and problem drinking within particular organisational cultures. Such matters are examined at some length in Chapters Three to Five.

Similarly, given the complexity and multifaceted nature of the research problem, I have been eclectic in my methods (see Sarantakos, 1998; Wadsworth, 1984; which outline various methodologies). In so doing, I have attempted to better illuminate the research problem. I have made extensive use of desk-top methods in searching out relevant library and other resource material both published and unpublished. Both contemporary and historical evidence is drawn upon to help contextualise the research problem. Much of this evidence is presented and discussed in Chapters Three to Six.

I also draw upon ethnographic methods. In 'mapping' aspects of police culture, especially as they relate to problem
Drinking, I have drawn not only on relevant literature but on my own experiences and observations as a participant observer. As a drug and alcohol rehabilitation counsellor, this has brought for me important reflections on much conventional theorising in the field, including both its strengths and limitations, as well as for the nature and dilemmas of my role. I address these considerations, including matters of research ethics, in subsequent chapters.

Finally, the action-research tradition has been important to my work. A crucial aspect of my inquiry attempts to get beyond theorising that is either superficial or lacks a practical orientation. It is important, I believe, for theorising to be well grounded. As discussed in some detail in Chapter Eight, it is not just a matter of diagnosing a major problem of alcohol consumption within an occupational culture such as the NSW Police Service, but to get on with the job of doing something practical to try and improve the situation. Chapter Eight looks at a particular case study and contains critical reflections about possible lessons provided by the case study. I argue that this case study further illuminates not only some deficiencies in conventional theorising in the field, but offers useful ideas and recommendations for future policy directions and practical applications in attempting to better address a major social problem.
CHAPTER TWO
WHAT CONSTITUTES ‘PROBLEM DRINKING’?: DEFINITIONS, STEREOTYPES AND REALITIES

In this chapter I will address the first of my research questions, namely, to what extent is ‘problem’ drinking a problem for the NSW Police Service? In doing this I will attempt to establish how ‘problem’ drinking is defined; the extent to which the problem has been quantified in relation to the NSW Police Service; and what implications problem drinking has for the NSW Police Service, individual police, and the community being policed. The chapter concludes with a description of the context of these issues at the commencement of the study, and a brief introduction to the notion of occupational culture as it relates to policing.

Clarifying key concepts
As there is no universal agreement on the issue of which terms should be used to describe the various levels of alcohol use and its consequences, definitions of the terms as used in this thesis are given here for the purposes of clarity. The controversy about terminology involves even the phrase ‘alcohol and other drugs’, currently used to describe the field of study. Alcohol is a drug, but its use is so ingrained and accepted in Western culture that the majority of people in the community do not think of it as such, and strenuously resist conceiving of themselves as drug users. One of the bizarre results of this is that it is quite common for people who are alcohol-dependent to see themselves as somehow very distinct from, and superior to, ‘drug addicts’, and for their long-suffering relatives and friends to strongly support them in this view. It is for this reason that the term alcohol and other drugs is used, in an attempt to convey the message that alcohol is a drug, like any other drug of dependence. There are, however, some workers in the field who hold the opinion that the phrase has the opposite effect, and simply reinforces the notion that alcohol is somehow different from other drugs.
A drug is any substance which affects normal bodily function at the cellular level. A psycho-active drug is 'any chemical that changes the mental state and that may be used repeatedly for that effect by a person' (Goldman, 1991). Psychoactive or intoxicating drugs can be classified as stimulants (eg cocaine, amphetamines, nicotine, cannabis); hallucinogens (eg LSD, PCP, mescaline); narcotics (eg heroin, morphine, methadone, pethidine, codeine); sedative-hypnotics (eg all barbiturates, all benzodiazepines such as Valium and Serrepax, some anaesthetics, and ethyl alcohol); and substances such as petrol and some fluorocarbons.

'Low risk', 'hazardous', and 'harmful' alcohol use, and also 'binge drinking', as defined in the National Health and Medical Research Council, or NHMRC recommendations, (Appendix 1), are quantitative measures of consumption which have been demonstrated to have certain health and other consequences. Some studies reviewed in this thesis substitute 'moderate risk' and 'high risk' for hazardous and harmful use respectively. Hazardous use bears a high probability of resulting in harmful consequences. Harmful use is a level of consumption known to have caused tissue damage or mental illness in an individual. A single episode of binge drinking has harmful physical consequences, and may have significant social consequences.

The terms 'alcohol misuse', 'alcohol abuse' 'substance abuse', and 'excessive drinking' refer to drinking which goes beyond the levels of consumption currently defined as safe or responsible by the NHMRC, and which fits the DSM-IV criteria for 'substance abuse' (the DSM-IV is the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, see Appendix 2). These terms, although unsatisfactory because of their imprecision and the implication of deliberate misuse, are often used in the literature, and therefore cannot be entirely avoided in this work. They can generally be
understood to refer to hazardous and/or harmful and/or binge drinking. Such terms do not necessarily infer dependence. Where they occur in this thesis they are used non-perjoratively, and are derived from the language used in the Australian National Drug Strategy and the DSM-IV.

The term 'alcohol dependence' is defined by the criteria given in the National Drug Strategy and the DSM-IV. It is used here in preference to the term 'alcoholism'. The reason for this, as Maclaine (1989), explains, is that while 'alcoholism' is usually regarded as an all-or-none condition (someone has it or they don't), alcohol dependence is seen as a some-or-none condition (a person may be at any point on a continuum from slight to extreme dependence). The term 'alcohol-related problems' may apply to the consequences of a single, isolated episode of acute intoxication, (for example, a car accident or a conviction for drink driving), but it is more often used synonymously with the term 'problem drinking' which denotes the persistent adverse consequences of regular or episodic alcohol abuse, regardless of the presence of dependence.

There is no line of demarcation, as many people would like to believe, between drinkers and users of other psycho-active drugs. The use of alcohol and other drugs is 'one domain' (Edwards et al., 1997), and dependency is more accurately described as 'chemical dependency' (Dowieko, 1993) rather than 'alcoholism' or 'drug addiction'. Narcotics are cross-addicting and cross-tolerant, meaning that any one can be substituted for any other, and the same is true within the sedative-hypnotic group (Peyser, 1982). For example, heavy drinkers often substitute Valium for alcohol when they feel they cannot risk drinking at work, but need to avert minor withdrawal symptoms until an opportunity to drink arises.

The distinctions we draw between users of different drugs are probably simply differences of social and cultural context, and of pharmacologically and socially determined outcome. This becomes particularly apparent when the phenomenon now
known as polydrug use is examined.

Polydrug use is 'the contemporary pattern of substance misuse' particularly amongst those less than 40 years of age, and it occurs in the general population, not just in people with recognised drug problems (Edwards et al., 1997). For example, the concurrent use of alcohol, cannabis, nicotine, analgesics and benzodiazepines is increasingly common in the general population, and the combined use of alcohol with heroin, cocaine, and amphetamines is common in those who chiefly use illegal drugs (Edwards et al., 1997). The use of drugs other than alcohol is of particular interest in regard to the tension reduction hypothesis, and for this reason I will discuss polydrug and other drug use in relation to stress and culture in Chapter Five. Elsewhere I will confine the discussion to alcohol for two reasons; firstly, because the contexts in which alcohol use predominates differ from those in which most other psycho-active drugs are foremost, and this is a consequence of alcohol being a legal, non-prescription drug used chiefly for recreational purposes; secondly, because the conservatism and occupational perspective of police has so far resulted in their recourse mainly to the use of the legal drugs alcohol and nicotine. This has been empirically confirmed in a study by Liddle and Vining (1998) of the University of Sydney, who report that only four of a representative sample of 1036 NSW police officers tested positive on urine screening for prohibited drugs. In all four cases the prohibited drug was cannabis.

Defining what constitutes a problem in regard to alcohol use
There is both a cognitive and a moral dimension to the structure of public problems, in that a phenomenon does not become defined as a problem unless there is 'both a cognitive belief in alterability, and a moral judgement of its character' (Gusfield, cited in Homel, 1986 p7). Alcohol use can result in a range of injuries, illnesses and disruptive behaviours. Thus it has negative consequences for the society
as a whole; for particular sectors such as the health and legal systems; and for some employers and workforces, as well as for individual drinkers and their families. Alcohol use presents a public health problem in that it results in significant morbidity and mortality (Hetzel, 1980) which is, theoretically at least, entirely preventable. The Australian Institute of Health and Welfare (1996) cites a study by English et al., (1995), which estimated that in Australia in 1992, 'hazardous and harmful alcohol use caused the loss of 3,660 lives and 55,450 person-years of life before age 70, at an average of 15.2 years of life lost per death'. This study also calculated that in 1992, harmful and hazardous alcohol use in Australia resulted in 'a net occurrence of 71,593 hospital episodes and use of 731,169 hospital bed-days'. Figures from the Drugs of Dependence Branch, Commonwealth Department of Community Services and Health in Canberra, put the number of deaths due to alcohol in 1987 at 6,621 (Goldman, 1991 p77-79).

Every year there are some deaths in NSW resulting from acute alcohol poisoning which occurs after an individual rapidly drinks a bottle of spirits, either for a bet (Lennane, 1992), to 'show off', or as intentional suicide. Fatality due to acute intoxication is generally associated with a blood alcohol level (BAL) of 0.4% to 0.5%, though this varies a little between individuals (Edwards et al., 1997; Lennane, 1992). Most people would be unconscious at 0.3% (Lennane, 1992). Disinhibition and disturbed behaviour, which may sometimes result in anti-social acts, is associated with a BAL of 0.06 to 0.10%. Alcohol is a contributing factor in 20% of suicides, 66% of all murders, 30% of all drownings, and 40% of serious road accidents (Edgar, 1988).

Yet while prohibition of the substance is typically seen as the solution to the harm caused by illicit drug use, and enforced social constraints such as smoking bans at public venues and workplaces are seen as a major element in the
solution to the harm caused by tobacco use, the approach to modifying alcohol use and its attendant harms differs. The identification of certain 'problem' individuals is often seen as the solution to the negative consequences of alcohol use. This is at least partly because, contrary to the facts, heroin, like all illegal drugs, 'is viewed by most as a horror drug' (Goldman, 1991); and concern about the effects of both active and passive smoking has become widespread; but alcohol continues to be regarded, falsely, as innocuous and even beneficial except when used by certain problem individuals.

In the matter of 'problem' drinking, there is considerable argument over the nature of the problem, its definition, its measurement, its 'ownership', and who is responsible for its solution. One consequence of this lack of consensus is that no standard typology of drinking has been developed. Although most studies measure the 'problem' in a given population in terms of alcohol consumption rather than drinking practices or alcohol-related harm (for example, Richmond et al., 1998; McNeil, 1996), it is the level of harm which is the problem. By far the greatest proportion of alcohol-related harm is caused both to and by those who are either moderate-to-heavy or 'binge' drinkers, despite the fact that the small number of alcohol-dependent drinkers cause problems out of proportion to their numbers (Homel, 1986; Edwards et al., 1997; Lennane, 1992). So problem drinking is not a phenomenon restricted to those who drink most. Anyone who drinks alcohol may suffer some alcohol-related problem or problems, and practices such as binge drinking or daily hazardous drinking result in different harmful outcomes. Those who drink most, in terms of total consumption only, do not always or necessarily have the most problems.

Allsop (1989) provides a useful model for conceptualising the problems associated with alcohol use. This consists of: problems related to acute intoxication, such as drunken-driving, accidents, and violence; problems of regular use,
such as cumulative harm to health, and financial difficulties, which may occur even at relatively low levels of consumption; and problems of dependence, which occur as an individual becomes more and more focussed on alcohol use at the cost of other aspects of life. All of these problem areas can have an adverse effect on the workplace.

The nature of harm associated with alcohol use: why drinking in and out of work hours affects work performance
It is probably obvious to many people that drinking alcohol in the workplace will inevitably decrease productivity and impair performance, because the disinhibiting and obtunding effects of the drug are familiar to anyone who has drunk it or observed others doing so. It is much less apparent that the effects of alcohol continue to impair performance after the drinker appears sober, and even after their blood alcohol level (BAL) returns to zero.

Small to moderate doses of alcohol can produce drowsiness, euphoria, a release of inhibitions, and some impairment of judgement. Depending on the dose and the characteristics of the individual, increased risk taking behaviour and aggressiveness may result. Larger doses reduce concentration, discrimination, balance and co-ordination; impair attention and perception; increase reaction time and accidental injury; may interfere with memory and the ability to think abstractly; may induce 'blackouts' (periods of memory loss); result in slurred speech, staggering, visual disturbances, stupor, and eventually loss of consciousness and even death from respiratory failure or aspiration of gastric contents into the lungs (see for example, Edwards et al., 1997; Goldman, 1991).

Impairment of driving skills is evident in many people at a BAL of 0.03% to 0.04%, and significant deterioration of information processing, judgement, vision and consciousness occurs at a BAL of 0.05% to 0.08% (Goldman, 1991). This is the reason for a BAL of 0.05% being the legal limit for motor
vehicle drivers in NSW. Allsop (1989) reports a Dutch study which found a BAL of 0.05% or more in 39% of randomly tested fatal industrial accidents. It has been reported by the ILO (International Labor Office) that 33% of all industrial accidents are alcohol-related (Marshall, 1981). Hore (1987) found that alcohol dependent workers had an accident rate three times that of a control group. Buon (1989) reports that 20% to 25% of all accidents at work are caused by alcohol abuse and that 15% to 30% of all deaths at work involve an intoxicated person. Edwards et al., (1997) report that positive BALs have been found in 40% of fatal industrial accidents and 35% of non-fatal work-related accidents, and that alcohol is a 'frequently overlooked risk factor for accidents in the general population, not just in individuals with alcohol problems or alcohol dependence'.

Although the effects of alcohol have a rapid onset, it has been demonstrated in studies of professional pilots that functioning may be impaired for as long as 34 hours after ingestion (Heller and Robinson, 1992). The main functional effects impairing work performance involve hand steadiness, hand-eye co-ordination, visual search and tracking, visual field, reaction time, the ability to divide attention and attend to multiple tasks. 'Hangover' (alcohol withdrawal) symptoms such as headache, nausea and irritability may also impair performance at twelve hours or more after ingestion.

Yesavage and Leirer (1986) report that although Federal Air Regulations in the USA require a pilot to abstain from alcohol for eight hours before flying, some pilots believe they are safe to fly after four (4) hours. Their study of the simulated flight performances of ten Navy pilots, however, demonstrated that under what they term 'hangover' conditions, that is, with zero blood alcohol level (BAL) but fourteen (14) hours after achieving a BAL of 0.10%, performance was worse on all measures than when the same flight was taken after forty eight hours of sobriety. The authors 'were particularly
concerned by the lack of awareness of hangover effects displayed by some pilots.

A study by Morrow et al., (1993), measured the performance of 28 general aviation pilots completing complex flight simulator tasks at two, four, eight, twenty four and forty eight hours after drinking a placebo, and at the same intervals after drinking alcohol until a BAL of 0.1% was achieved. The results showed that alcohol impaired overall performance compared to the placebo, that some impairment persisted for up to eight hours in some individuals, that there were individual differences in acute and carry-over responses to alcohol, and that pilots may have been 'inappropriately confident in their ability to fly' at eight hours after drinking.

So episodes of acute intoxication occurring outside work hours may have significant and possibly tragic effects on work performance. Likewise, regular drinking, though conducted entirely outside work hours, can have significant effects on work performance by means of a chronic 'hangover' state in heavy drinkers, and by means of alcohol-related physical harm in heavy, moderate, and even 'responsible' drinkers. Long term alcohol abuse results in even greater functional deficiencies, due to permanent brain damage. In Australia approximately 10% of the general population suffer from alcohol-related brain damage (Staples,1991). Obviously this percentage would be higher in occupational groups, such as the police service, which have alcohol consumption rates far higher than the general community. Individual differences make the calculation of the risk of physical harm relative to level of consumption a complex matter, so there is effectively no guaranteed 'safe' level of drinking (Edwards et al., 1997).

The list of physical illnesses which may result directly from drinking and impair work as well as other areas of functioning is very long. This list is well documented in medical literature and clinical practice, and includes liver disease,
pancreatitis, gout, malnutrition, osteoporosis, myopathy, pseudo-Cushing's syndrome, some cancers (particularly those of the mouth, throat, and oesophagus), high blood pressure, stroke, cardiac arrhythmias, coronary heart disease, cardiomyopathy, respiratory disease, hypoglycaemia, ketoacidosis, anaemia and other haematological disorders, neuropsychiatric disorders, seizures, cerebellar degeneration, Wernicke-Korsakoff syndrome, dementia, peripheral neuropathy, skin disease such as psoriasis, and suppression of the immune system (Edwards et al., 1997; Lennane, 1992; Australian Institute of Health and Welfare, 1996). It is not surprising then that Stead (1987), for example, reports that people with drinking problems have twice as many sick days and are more prone to accidents than the average employee. Hore (1987) cites numerous studies in the UK, USA and Sweden which have documented that workers who have drinking problems take two to three times as many sick leave days as controls.

So hazardous and harmful drinking, even if it occurs entirely outside of work hours, has a damaging effect on the health and safety of individual workers and the workplace. If, in addition, the drinking practices of individual workers are influenced by the occupational group and features of the workplace, it can be strongly argued that the workplace is a legitimate arena for interventions designed to address the issues of alcohol use and its consequences. These issues can also be seen as a valid concern and responsibility equally of workers, unions, health and drug and alcohol professionals, and employers.

Implications of the distribution of alcohol consumption in populations
In the general community the majority of people drink moderately, while a small percentage drink very heavily. The percentage of abstainers, low, moderate, and high risk drinkers varies considerably with gender, and between ethnic, religious, occupational, social and other groups. It has been
estimated, however, that about ten percent of the adult population are either alcohol-dependent or 'high risk' drinkers, a further ten percent are 'moderate risk' drinkers, and the remaining eighty percent are low risk or non-drinkers (Housley, 1989, p42). Figures from the Australian Bureau of Statistics (ABS) show that during the week of a National Health Survey in 1989-1990, the majority of Australian adults, (51.4%), consumed alcohol at low risk levels, 37.5% did not drink at all (in the survey week), and 11.1% drank at harmful or hazardous levels. The number of males drinking at high (7.1%), or moderate risk levels (7.8%), was significantly higher than the number of females, 1.6% and 5.9% respectively, (Castles, 1994).

About 50% of all the alcohol consumed in Australia is drunk by only 10% of the adults, and twenty five percent of males drink 70% of all the alcohol drunk by males (Maclaine, 1989). Yet alcohol-related problems are by no means limited to this section of the population. For while heavy drinkers are at greater risk, and they account for the majority of alcohol induced chronic medical problems, the bulk of alcohol related problems in the entire population occurs in normal drinkers (Edwards et al., 1997; Maclaine, 1989; Lennane, 1992). These problems include, for example, a percentage of drink-driving offences, and a percentage of alcohol-related traffic, industrial, and domestic accidents, drownings, personal and property crimes, public disturbances, and minor illnesses. Therefore preventive measures to reduce the incidence of alcohol related problems in the community have to be directed at the whole population of drinkers, not just the habitual 'problem drinkers'. This is known as the 'prevention paradox' (Edwards et al., 1997; Lennane, 1992).

This is a contentious issue in Australia and other places where a liberal and permissive approach to alcohol use has been long established. As a consequence there has been a long-running debate about the probable overall distribution of
alcohol consumption in populations. This has centred around a theoretical distribution known as the Ledermann curve, first advanced by a French epidemiologist of the same name (Davies and Raistrick, 1981; Lennane, 1992). The Ledermann distribution 'is a special one-parameter case of the lognormal distribution where the mean of the consumption completely defines the distribution' (Miller and Agnew, 1974). If Ledermann's model is valid, the number of consumers who drink more than a given amount, and the percentage of alcohol consumption they account for, can be estimated from the mean annual per capita consumption of a population. Predictions can also be made about changes in the number of heavy drinkers following changes in mean alcohol consumption, but herein lies one of the major areas of dispute.

The liquor industry and those who have some vested interest in it are, according to Lennane (1992), the chief source of opposition to Ledermann's model, and this opposition, Room (1991) argues, is simply 'a diversion from the policy issues of the interrelations of prices and other controls, consumption levels, and cirrhosis mortality'. The exact shape of the distribution is immaterial in the argument for social controls, because a strong temporal relationship between overall per capita consumption and the incidence of alcohol-related problems in a population can be demonstrated (Room, 1991). 'There is good research evidence', according to Davies and Raistrick (1981), suggesting that increases in per capita consumption result from 'everyone who drinks drinking a little more', so that more people move into the high risk category. If per capita consumption decreases, the reverse happens, and proportionately less people are high risk drinkers (Davies and Raistrick, 1981). The liquor industry could thus stand to lose a great deal as a result of concerted public health measures to reduce hazardous and harmful drinking. Strategies which restrict alcohol availability would be required as part of such a move. 'Howls of protest have been heard at this idea' Hetzel (1980) comments:
because such a philosophy is directly in conflict with the sanction of promotion and increase in availability of alcohol which has been almost an article of faith in Australia from 1788.

There are many important implications in this debate for social policy, resource allocation, and preventive health strategies, in regard to both the whole population, and to organisations and occupational groups. Ledermann’s model has been analysed and critiqued by researchers such as Miller and Agnew (1974), who dispute it, and argue in favour of a bimodal distribution. The point of this is to assert that ‘alcoholics’ are a population separate from and independent of, ‘normal’ drinkers, and therefore a decrease in the average level of consumption will not reduce the alcohol related problems in a population. Clearly this position is not supported by the empirical evidence, whatever the deficiencies of Ledermann’s model (Room, 1991; Edwards et al., 1997; Hetzel, 1980; Lennane, 1992; Homel, 1986). Some of the evidence which supports Ledermann’s model and the argument for social controls of alcohol abuse are given in Chapter Two of this thesis.

Much of the argument arising in this debate is completely spurious. For example, because the Ledemann distribution implies that all drinkers, in terms of per capita consumption only, are one population, Hetzel (1980) claims it as proof that there can be no genetic or biochemical basis for alcohol dependence, and Miller and Agnew (1974) doubt it is possible to find any criteria other than consumption which distinguishes ‘alcoholics’ from ‘non-alcoholics’. This is equivalent to saying that because body height is normally distributed over a population it cannot have any genetic basis, and because hair length is normally distributed the reason for long hair can never be determined. The conclusions drawn by those such as Hetzel (1980) and Miller and Agnew (1974) are irrational, do not follow from the data, and demonstrate a lack of understanding of the phenomenon of drug dependence. Alcohol dependence cannot be defined entirely in
terms of a given level of alcohol consumption. Neither do alcohol-related problems exist only in those who are alcohol dependent, no matter how much some may wish otherwise. There is considerable over-lap between heavy drinkers and alcohol dependent individuals, both in terms of consumption levels and the consequences of consumption.

A significant reduction in mean annual consumption in a population (or an individual), will inevitably result in a reduction of alcohol-related harm (Edwards et al., 1997), and this has been demonstrated on many occasions (Room, 1991; Lennane, 1992; Hetzel, 1980;). Because such a small proportion of the population drink such a large percentage of the alcohol consumed, any overall reduction would almost certainly depend on, rather than simply result in, decreased intake by heavy drinkers, but it may not necessarily eliminate alcohol-dependence in some individuals in the same population. Indeed, 'the Ledermann model implies that when the mean annual consumption approaches zero, some drinkers (perhaps a clinical population of alcoholics) continue to consume large quantities of alcohol' (Miller, Agnew, 1974). The J-curve is not confined to economics.

This is of great significance in that it means there must be at least two approaches to reducing alcohol-related problems in any population which displays high levels of alcohol consumption. One approach is to reduce overall consumption by means of a combination of social controls and education which will impact most on moderate and heavy drinkers, the other is to provide the means of early identification and rehabilitation of alcohol-dependent individuals. Unless both approaches are well resourced and supported, the 'problem' will not be adequately addressed.

Alcohol Use and Abuse in the Industrial Setting: the problem of costs and solutions
Despite the still prevailing stereotype of the 'alcoholic' as
an unemployed ‘skid row bum’, the reality is that the great majority (>95%) of alcohol dependent people are in the workforce, though functioning at various levels of impairment (Marshall, 1981). They represent some 6-7% of the general workforce in Australia, while a further 15% drink at ‘hazardous’ levels (Smith, 1989). Using 1989-90 ABS figures, Hagen et al., (1992) report that 16.4% of males, and 9.6% of females in the Australian workforce drink at hazardous or harmful levels. While employers may wish to alter this situation in order to enhance productivity and profitability, health workers are more likely to push for change because of a desire to enhance health and quality of life.

Hagen et al., (1992), in a project undertaken by the Victorian Occupational Health and Safety Commission, conducted a review of significant literature relating to alcohol and the workplace. They report in this regard that: although the workplace has recently been a focus of debate about alcohol and other drug use, very little information about such use in the Australian workforce exists; and, in seeking to discover causes of alcohol/substance abuse, researchers have concentrated on the ‘nature of the individual problem user rather than the broader socio-environmental context’ (Hagen et al., 1992). This study also reported on particular cross-tabulations of data collected in a major health survey by the Australian Bureau of Statistics in 1989-90. It reveals, for example, that tradespeople generally were the heaviest drinkers; men employed in male dominated industries were far more likely to drink at high risk levels than those in industries which were gender balanced or female dominated; and the heaviest women drinkers were generally those employed in ‘competitive’ positions, such as specialist managers or sales representatives (Hagen et al., 1992).

Maynard (1991) agrees that ‘there is little information available on the extent of alcohol problems in the workplace’ in Australia, and observes that there is little effective
screening of employees:

Management tends to focus on absenteeism, tardiness, accidents and other issues which affect productivity but this approach does not identify problem drinkers who may be drunk on the job (not absent) punctual (not tardy) and without the other adverse productivity indicators. The cost effective ways of identifying problem drinkers in the workforce have yet to be identified anywhere.

Initial research in the UK reveals that workplace personnel records are poor and fragmented; employers, because of their narrow definition of the problem, tend to identify only heavy abusers; and it is usual for organisations to dismiss the few who are identified (Maynard, 1991). Union officials are also prone to making the mistake of identifying only the heavy abuser as a source of workplace problems. For example, Ferguson (1991), then a representative of the ACTU, while arguing against random drug testing in the workplace, remarked at a drug and alcohol conference that 'the problems begin when use becomes abuse, when things get out of control'. This has been demonstrated not to be the case, for, as Hawks (1991) observes, 'it is important that we acknowledge what is called the prevention paradox and in doing so address so-called moderate drinkers who paradoxically contribute the greater proportion of the costs associated with drinking'.

In the view of many people, including myself, the most significant costs of alcohol use and abuse are not those measured in economic terms, but rather the inestimable human suffering and social dislocation which results from hazardous and harmful drinking. In the current times however, (and perhaps, realistically, at any time) political and industrial powers are more likely to respond to economic representations of the problem. It has been estimated that in Australia, the costs to the community of alcohol abuse range between $4.7 billion and $12.2 billion per year, and that the direct costs to industry are in excess of $2 billion per year (Bunn; 1994). Staples (1991) reports that Collins and Lapsley, of Macquarie
University and University of NSW respectively, have made the 'extremely conservative' estimate that alcohol abuse costs Australia more than $6 billion each year. The major problem areas are absenteeism and industrial accidents. Staples (1991) reports that the US corporation General Motors conducted studies of its workforce which revealed that 'drug dependent employees met with twice as many occupational injuries, sought medical care 15 times more often, and lost 25 times more days in disability leave'. Replacement of staff, loss of productivity, and replacement and repair of equipment also account for some of these costs. In the NSW Police Service there is the additional factor of leave due to disciplinary investigations, and unusually generous leave (sometimes years) under the non-specific category of 'Hurt On Duty' (HOD).

Estimates of the economic costs to society and industry of alcohol use and abuse are at best 'guesstimates', as Maynard (1991) refers to them, but are, despite methodological and data problems, 'relatively robust in their methods'. The question of how to reduce them is very difficult to answer because the majority of medical, health promotion, and prevention programmes are unproven, although 'the advocacy and adoption of prevention and treatment options are rarely confused by facts!' (Maynard, 1991) The development and implementation of effective workplace drug and alcohol programmes in any organisation is therefore largely an empirical exercise. There is no 'package' one can import and apply. The different character of different workplaces and workforces, and in particular the variations in drinking practices and attitudes, makes it highly unlikely that any programme would be universally applicable across all organisations, at least without significant cultural modification from case to case. From my perspective, it is imperative that 'the social role of alcohol in the workplace (be) recognised and analysed with care when evaluative studies' or intervention programmes are being designed
(Maynard, 1991), if any success is to be achieved in reducing both the human and the economic costs. Yet it seems the social role of alcohol in the workplace is not always considered.

Levels of Alcohol Use and Abuse in the NSW Police Service
In 1988, in what was perhaps the only study ever conducted, up to that time, of NSW police drinking habits, O’Brien and Reznick (1988), revealed that more than one third of the officers in the Service were 'at risk' of harmful consequences from their excessive consumption of alcohol. This study of 1440 randomly selected officers was conducted on behalf of the NSW Police Service by the Department of Community Medicine, Royal Prince Alfred Hospital. It was based on a questionnaire, and examined a number of lifestyle risk factors which were assessed and compared to community norms. The results indicated that 37% of male officers and 18% of female officers were 'at risk' drinkers, compared to respective community norms of 25% and 5%. Thirty one percent of officers of both sexes were also at risk as a result of indulging in hazardous levels of 'binge' drinking (O’Brien and Reznick, 1988).

Although there are many discrepancies between studies which measure alcohol dependence and consumption in occupational groups (Neil, 1989), the O’Brien and Reznick (1988) research was considered sound. Their results were alarming in that they demonstrated a far greater level of alcohol abuse among police than among members of both the general population and other occupational groups, including those groups traditionally regarded as having a high incidence of 'at risk' drinking. My own experience in counselling police drinkers tended to strongly confirm such a picture, as I was aware that officers commonly gather together for drinking sessions at the end of their shifts and at other off-duty occasions, and because my police clients frequently described the same 'binge' drinking reported by O’Brien and Reznick (1988). In
the work setting, I have in the past observed some officers arrive for work inebriated or 'hungover', and others drinking in groups during lunch breaks, or even during a shift.

At the time when I began working with police and conducting the study reported in Chapter Seven, the report by O'Brien and Reznick (1988) was the only available empirical evidence of the levels of alcohol consumption among NSW police. Since then two other studies have confirmed the results O'Brien and Reznick (1988) reported. The first of these was McNeill and Wilson (1993), and the second by Richmond et al., (1997).

McNeill and Wilson (1993), of the National Police Research Unit, using a self-disclosure survey conducted by telephone, collected data from a sample of 895 Australian police of all ranks and jurisdictions, including 256 NSW police. They report that 49.6% of the NSW police officers in their sample drank to hazardous or harmful levels (that is, from five to more than twenty standard drinks per drinking session). They also report that levels of binge drinking were particularly high and involved consumption of quantities far greater than those of the Australian community norms. There was a freely expressed opinion among the police surveyed that such alcohol use was 'normal' and expected, and that anyone who questioned this was suspect (McNeil and Wilson, 1993). This opinion had also been expressed to me by police, in direct contrast to the officially stated position of the Police Commissioner, which held that officers should be sober. This opinion is also, of course, in direct contrast to the general community view that policing should be conducted in a state of sobriety.

Richmond, Wodak, Kehoe and Heather (1998), using structured interviews, report that in their large sample of NSW police officers, 48% of men and 41% of women were drinking at levels considered hazardous and harmful, including binge drinking. They also report that during the period 1991-1995, 1.2% of police deaths resulted from alcoholic liver disease - double
the proportion in the general population (0.6%). This is a very reliable indicator of levels of alcohol abuse. These later findings have confirmed the results reported by O’Brien & Reznick, and leave no doubt as to the existence of exceptionally high levels of alcohol use and abuse among police in NSW.

I have heard older male police officers strenuously assert that the amount of on duty drinking has fallen dramatically since the ‘old days’. They recount horror stories of old Sergeants who arrived at work drunk and proceeded to drink throughout their entire shift, needing to be driven home on a daily basis. If it is true that the amount of alcohol consumed on duty has fallen, as the following anecdote from Flynn (1994) confirms, then the quantity that was consumed in the past must have been astounding:

I asked a group of police I was working with why they felt drinking in the Force had decreased over the years. Although this was probably in part due to decreased consumption across the general community, the police believed it was an outcome of the increased emphasis on police accountability. This seems a plausible explanation. Yes, they were better educated about alcohol and its effects now, but increased community expectations for police to be, and be seen to be, moral and law-abiding had modified drinking behaviours. Some of the most powerful agents of change to alcohol and drug use are spin-offs from other change processes.

Flynn’s (1994) comments (above) are of particular interest because they suggest that police patterns of alcohol consumption can be modified by some forms of social control, regardless of the actual or perceived reasons for drinking.

The Costs of Employee Alcohol Use and Abuse in the NSW Police Service
On the basis of the O’Brien and Reznick (1988) study, it was estimated that the consequence of excessive alcohol use by police would cost the NSW Police Service about thirty million dollars per annum in lost productivity (internal document).
The implications of O’Brien and Reznick’s (1988) results, in human as well as economic costs to the Service, to the community, and to individual police officers, were wide-ranging and of staggering proportions. Some aspects of this are considered below.

**Absenteeism** Until 1995 police were allowed 75 days sick leave per annum, compared with the average employee’s ten days. Although in 1995 the allowance for police was reduced to 15 days sick leave per annum, members retained any leave accumulated before the change-over. The rate of alcohol-related absenteeism would obviously be very significant if more than one-third of the officers in the Service were affected, and if problem drinkers indeed take twice as much sick leave as others. Unfortunately I have not been able to obtain statistics relevant to this matter from the Service.

**Industrial Accidents** The NSW Police Service receives around 3,500 claims for workers compensation per annum. While many of these claims are simple notifications of minor injuries such as scratches and bruises, many are serious injuries involving hospitalisation and months of rehabilitation. The Rehabilitation Section of the NSW Police Service Employee Assistance Branch (EAB) reports, (unpublished) that of 121 recent compensation claims for work related stress, 72% were considered alcohol-related by independent psychiatrists conducting the case assessments. This implies that the percentage of alcohol-related ‘industrial accidents’ in the service may be far greater than that found in the general population by researchers such as Buon (1989).

**Staff Replacement** The cost of training a police constable in 1989 was $24,300. (NSW Police Academy, unpublished, 1989). Therefore, every officer leaving the service for alcohol-related reasons, whether by dismissal or resignation, costs the people of NSW $48,000 at 1989 prices, because his/her training is lost and a replacement has to be trained.
Disciplinary Investigations  When police officers are the subject of disciplinary investigations, many of which are alcohol-related, they are often suspended on full pay. It is not unusual for these suspensions to last for several years before they are brought to a conclusion. Indeed, one client of the EAB was on paid suspension for three and a half years before the matter was finalised.

Loss of Productivity  It is inevitable that the work safety and performance of some police must be impaired some of the time, considering the levels of alcohol consumption reported among NSW police. This has serious implications for the performance of critical tasks and the ability to make valid judgements. It can be seen from the evidence presented earlier about alcohol-related harm that drinking to excess, even on rostered days off, let alone between or during shifts, might result in significant impairment of a police officer’s job performance. Such impairment would be the consequence of single incidents of intoxication, regular drinking at ‘at risk’ levels, and of chronic alcohol-related physical damage. This is a matter of great seriousness in light of the fact that police work involves the use of high speed vehicles and firearms, and requires the making of complex and sensitive assessments and decisions involving public safety.

The costs to the Service include not only the financial losses associated with high absenteeism, such as lost productivity, but also the loss of experience and expertise, the loss of morale, loss of public esteem and respect, and poor community relations.

The Costs of Police Alcohol Use and Abuse to the Community  All of the above economic costs are of course indirectly but inevitably borne by the taxpayer. Further, the community suffers inestimably in terms of compromised safety and security if serviced by an impaired and dysfunctional police organisation.
The Costs to Individual Police Officers and their Families
In addition to the myriad physical health problems and the risk of accident and fatality discussed earlier, excessive alcohol consumption is related to many other problems. These include: emotional problems such as depression and suicide; social problems such as marital conflict, domestic violence, divorce, child abuse and neglect; vocational problems such as workplace conflicts, unsatisfactory job performance, loss of promotion, disciplinary actions, and sometimes loss of employment; financial difficulties due to the priority of spending large amounts of income on alcohol, and the expenses incurred through the negative consequences of drinking; and legal complications such as charges of drink-driving. The enormous amount of suffering and distress inevitably resulting from the high occupational levels of alcohol consumption among police is therefore obviously worth addressing on humanitarian grounds alone, regardless of the financial and other resource costs to the organisation.

The Pre-1992 Attitude of the NSW Police Service to Alcohol Use and Abuse Among Police Officers
Before mid-1992, the NSW Police Service responded to police officers who exhibited drinking problems with a strictly disciplinary approach. This approach was an attempt to enforce rigid social control without any provision of assistance for the offender, and without any intention to deal with the underlying alcohol problem. This official attitude was contained in the Police Conditions of Service (1977) Rule 11 (g), which stated that a police officer was liable to dismissal or punishment for a number of offences including ‘intemperance’ and ‘being under the influence of intoxicating liquor while on duty or in uniform’. Police Instruction 2.47 (1977) also stated

Sobriety is an essential quality. Police are subject to many temptations and while they need not necessarily be total abstainers they should be if they cannot always trust themselves to drink in moderation. Drunkenness in a police officer is more serious than in others and is an absolute bar to promotion.
This Instruction was altered in 1992, and one might say softened, to direct officers as follows -

... do not enter licensed premises except in the execution of your duty. Do not accept liquor from any person. Total abstinence is not expected but be aware of the need for moderation.

It can be seen that the official commitment to a sober Police Service was clearly stated, but the officially stated position was generally ignored by all ranks. The rules and instructions appeared to be enforced only as a last resort, on a selective basis, to 'dispose of' officers whose alcohol-related behaviours had become so troublesome that they were no longer manageable, and had to be transferred or dismissed in order to save the Service public embarrassment and/or disaster. The numbers of officers thus 'punished', and the assumed deterrent effect of harsh disciplinary action were quoted in support of the effectiveness of this approach, while in reality the problem was not being addressed at all.

This is hardly surprising. The Commissioner's Instruction was no more than a brief injunction against drunkenness in a mountain of police instructions and regulations. The Service had no comprehensive policy on alcohol in the workplace, but in this it was no different from many other corporations and organisations. Alcohol and work policies were only slowly diffusing through industry. However, an official policy alone would perhaps have made little difference, for as Tether & Robinson (1985) remark, an alcohol and work policy, while valuable in that it recognises an important issue, is not enough. A constructive, pro-active response is required if progress is to be made.

The pre-1992 situation which existed in the Service is aptly described by Claunck (1998), who wrote that most organisations have an unwritten alcohol policy which reads something like the following -
Dear Employee,
We will ignore your problem and turn our backs to your problem until such time that you can no longer hide it from us. When you can no longer hide the problem, and the reality pain of the problem faces the organisation, then we will get rid of the problem by getting rid of you.

This was the situation which confronted me in my role as a newly appointed Drug & Alcohol Counsellor to the Service in August 1990. It was apparent that, as well as significant financial costs, there were numerous inherent dangers to individual officers, the Service and the community. The failure of an organization to respond adequately to the risks of alcohol use in the worksetting is in essence a failure to ensure the health and safety of employees. Such failure to address a hazard could result in an employer being held liable under Occupational Health and Safety legislation.

My conviction that a specialised approach was needed to address the problem of alcohol use and abuse within the Service was supported in the literature by drug and alcohol workers such as Bruce Russell, the Training Manager at CEIDA (Centre for Education and Information on Drugs and Alcohol, Rozelle, which provides, among other things, a consultancy on drug & alcohol programmes). In Organisational Culture & the Shadow of Addiction, a paper presented to the Alcohol & Drug Dependence in the Workplace Symposium in November, 1989, Russell argued:

OH&S managers will often beg me to give them 'guidelines for managing drug problems at work'. I can't oblige since I don't have any. I believe that the manager should be developing guidelines which are in tune with the unique culture of his organization and in the process developing the positive political skills which could begin to transform his workplace and his own role in it.

A 'transformation' of the workplace, rather than simply the identification and treatment of individual excessive drinkers, seemed to me to be the only way to deliver occupational health
and safety in the case of the Police Service. Thus I regarded the development of an understanding of the occupational setting of policing, in social and cultural as well as structural terms, as essential to to my work.

Occupational Culture and policing
Over recent decades in Western democracies, considerable attention has been focused on police organisations in an attempt to explain the aberrant behaviours of some police officers and groups of police officers. Behaviours such as the excessive use of force, as in recent fatal shootings of individuals by police in Australia, or the beating of Rodney King by police in the USA, cause a great deal of public concern and debate. So also do revelations of various forms of police corruption and abuses of power, as uncovered by the Fitzgerald inquiry in Queensland and the recent Royal Commission in NSW. In these situations, as in the issue of drinking, the police have often acted in ways that seem contrary to their defined role, and which the wider community find difficult to understand and impossible to condone.

Early attempts to explain these phenomena were made in terms of personality theory. It was hypothesised that policing was an occupation favoured by individuals with 'authoritarian' personalities. As James and Warren (1995) explain:

Authoritarianism, with its alleged elements of (inter alia) conservatism, authoritarian aggression, power and 'toughness', destructiveness, cynicism and stereotypy, appeared to capture well the popular images of police behaviour. It also helped explain why police discriminated against certain groups within the community, behaved aggressively and at times brutally, and fostered a conservative and 'maso' image.

Empirical studies failed to support this position, and police were found to be no more authoritarian, on standard personality measurements, than other occupational groups or the typical citizen (James & Warren 1995; Skolnick & Fyfe 1993; McConville & Shepherd 1992;).
Sociologists attempted to explain these aberrant behaviours in relation to their structural context. For example, in the USA in 1950, Westley argued that a distinct sub-culture existed among police officers, and in the 1960's Jerome Skolnick identified many of the occupational and organisational factors which have since come to be seen as the defining characteristics of a police culture (Dantzker, 1995). The cogency of this construct is now widely accepted, and the occupational culture of police is regarded in much of the literature as an inevitable response to the unique dilemmas of policing (Reiner, 1985; Skolnick and Fyfe, 1993).

Police have been said, by researchers such as Jerome Skolnick, to perceive a conflict created by the opposing demands of the rule of law on one side, and effective law enforcement on the other, and 'as a consequence, police violate the principles and guidelines of due process and the rule of law in order to achieve what they believe are the fundamental purposes of policing' (James, Warren 1995). This 'civil libertarian critique' has been criticised as too simplistic, however, by other scholars in the field, such as Robert Reiner (1985), who argues that instead:

... responsibility ought to be placed on 'the judicial and political elites' who make rules of sufficient elasticity to assimilate departures from idealised values of due process legality, which the law effectively condones or even demands.

So, contrary to political rhetoric and legal ideology, the laws governing police behaviour 'do not even purport to determine practical policing', but rather they leave police 'leeway' to develop their own values, norms, and rules which inform their conduct (Reiner, 1985). Police perceive, understand, and respond to their occupational environment from their own unique cultural standpoint. Dantzker (1995, p254) elaborates on this sociological perspective as follows:

A phenomenon not uncommon to our society is the formation of sub-
cultures. A subculture is viewed as any ethnic, regional, economic, or social group demonstrating particular patterns of behaviour that may distinguish it from others within society. Policing has been identified as being a subculture often referred to as 'The Blue Brotherhood'.

However, the term 'culture' has moved into popular parlance, where it has been used indiscriminately to the extent that it is in danger of becoming meaningless. 'Police culture' is frequently and erroneously cited as the cause of certain behaviours, rather than as a mediating influence on the responses of individuals and groups to various situations. Nevertheless, the concept of a 'police culture' (or perhaps more correctly, 'sub-culture'), when defined and used with due caution, still has value as a device for understanding police behaviour. Evidence supporting this contention is presented in Chapter Six of this thesis.

Despite definitional disagreements, the notion of 'culture' in relation to distinct occupational groups arguably provides a useful framework for understanding the human side of organisations, and for focusing on the systems of shared meaning which operate within them. Individuals tend to adapt to the norms of the environment in which they function, and their behaviours are to some extent shaped by the power relations and group dynamics within that environment. In this respect, informal methods of socialisation, such as role modelling, have been shown to be as influential as formal, official regulations and indoctrination (McNeill, 1996) (Moir, Eijkman, 1992). Such informal guidelines operate alongside prescriptive regulations within the occupation, and often contradict them (James, Warren 1995). The importance of group pressures and role modelling in the indoctrination of new police officers is repeatedly noted in the literature, (Skolnick, Fyfe, 1993; Manning, Van Maanen, 1978; McConville, Shepherd, 1992; Moir, Eijkman, 1992) and was observed by the present author to be a salient feature influencing drinking practices in the NSW Police Service.
The notion of 'occupational culture' has a particular relevance in relation to alcohol abuse in industry, because, as Flynn (1994) argues:

If organisations have their own unique culture then drinking and drug taking may well mean specific things within that culture. Similarly the attitude to those who present with alcohol or other drug problems will hold a different value, - the so called 'alcoholic' may become the organisation's social leper, alternatively he or she may be valorised, or even regarded as just plain normal, depending on the values of the organisation.

It is proposed in this thesis that an occupational culture which valorises drinkers exists within the NSW Police Service, and that this has significant implications for the design of strategies to be undertaken by Drug and Alcohol Counsellors.

It is NOT proposed that this sub-culture is undifferentiated, static, nor deterministic, but rather that it is a fluid, influential environment with which individuals interact in constructing their identities and their perceptions of the purpose and meaning of their work. Most of the studies of police occupational culture have focused on the abuse of power, police violence, and the anomaly of law-breaking by the law-enforcers. The focus of this study is on a rarely examined element of police culture - the excessive use of alcohol.
CHAPTER THREE
REVIEWING THE EVIDENCE FOR THE ORIGINS OF PROBLEM DRINKING:
NEGLECTED PRIME SUSPECTS: ALCOHOL, HISTORY, CULTURE, AND
GENDER

This chapter examines drinking in macrocosm, because I take the view that problem drinking can only be properly understood in the context of drinking in general. The common approach of studying problem drinkers is, however, at the level of the microcosm. This is akin to viewing some baffling fragment under a microscope and making speculative claims as to its origins. Only when the fragment is placed in relation to its source can it readily be seen to be a piece of some familiar, everyday object, which is not especially puzzling at all. In this chapter I propose to position the problem drinking of NSW police in its broad socio-cultural context, and argue that this context is critical in the evolution of that problem, regardless of what forces may be operating at the level of the individual. The salient aspects of context in this case are alcohol availability, cultural constructions of gender identity, and the historic Australian cultural perspective on alcohol. These form the basis of alternative ideas and theories which are frequently neglected, but which I consider are more applicable and productive than the conventional focus on individual factors.

This chapter thus begins to address the third of the research questions posed in Chapter One. Further exploration of this question is provided in the latter part of Chapter Four, which deals with the meanings of drinking practices and with 'masculine' occupational communities, and in Chapters Six and Seven, which deal respectively with police culture and the mechanisms of enabling.

Drinking as a social act

The use of mind-changing substances, including alcohol, has occurred in almost every human society throughout history, as a matter of normal social custom (Edgar, 1989; Heath, 1991). As a social act, drinking is 'important enough to be
'explained' by mythology', and so Osiris gave beer to the Egyptians, Dionysus gave wine to the Greeks, Bacchus gave wine to the Romans, and Mayahuel gave pulque to the ancestors of the Aztecs (Heath, 1991). Only in association with alcohol 'is there a centuries old network of behaviours, songs, symbols, and argot, mostly of a most positive and favorable nature, that clearly characterizes the alcohol world' (Bacon, 1991). Alcohol has long been the most widely used psychoactive substance in modern Western nations.

Because drinking is essentially a social act, it is embedded in a context of values and norms, and groups tend to establish informal rules about what, where, with whom, and how much, individuals may or may not drink (Trice, Sonnenstuhl, 1990). The importance of the function of alcohol as a social drug is underlined by the strength of the virtually total proscription against drinking alone. Perhaps no other drinking context is so universally denounced. Drinking in the morning is also generally disapproved and viewed with suspicion, but its acceptability relates largely to context. For example, sharing a 'champagne breakfast' on a special occasion legitimises morning drinking (Bacon, 1991). So in the broadest sense, Western culture condones the use of alcohol for the purpose of facilitating social interaction and cohesion, but has reservations about its use for 'indulging' in the personal pharmacological effects. Personal indulgence in alcohol is often seen as pathological. Yet while the social and personal aspects of drinking cannot be entirely separated, this has not deterred many investigators from concentrating on individual pathology.

Twenty years ago Cosper (1979) claimed that 'most social scientific research on alcohol use has focused on pathological drinking'. This remains largely the case. Despite our knowledge that scientific study in any field, whether physics, geology, astronomy or psychology has proven to be 'effective and potentially fruitful' only when the phenomenon per se,
rather than a problematic segment of it, has been fully examined (Bacon, 1991), scientific research on alcohol use has tended to focus only on what is perceived as the problem end of the spectrum. We would not expect to derive an accurate picture of society by studying only the millionaires or the unemployables, as Bacon (1991a) argues:

Until the drinking behaviour of a representative sample of the drinking population is observed, analysed, and described, characterisations of the tiny proportion of abnormal drinkers are likely to be as biased and as fallacious as the studies of Lombroso about criminals, studies of the insane during the eighteenth and nineteenth centuries, and comments about the lower-class poor issued by the wealthy, upper-class philanthropists of almost any age.

This concentration on a limited segment of drinking behaviours has resulted in the fact that we still do not know how social drinking 'pays off', nor how alcohol contributes to group solidarity (Sonnenstuhl and Trice, 1991). All cultures in which alcohol is used have a relatively small (and highly disputed) number of problem drinkers and alcohol dependent individuals (Trice, Sonnenstuhl, 1990). Instead of being seen as having made a culturally legitimated choice, these individuals are commonly categorised as inherently deviant, maladjusted, or stressed. We might as well argue that the Devil makes them do it, and that they are morally weak, as was believed in the 19th century, for all the advance this has brought in our understanding and our resultant ability to deal effectively with problem drinkers. Regarding problem drinkers as somehow 'defective' in their personality or their ability to cope is simply the 19th century moral explanation re-packaged in 20th century medical/psychological terms.

Our choices are not always well informed, unfortunately, and this is as true in the case of heavy alcohol users as of anyone else. Much of the pervasive, centuries old folklore, which probably constitutes the bulk of most people's knowledge about alcohol, is completely lacking in any factual basis. So few drinkers are well informed about the health consequences
(especially long term) of any given level of alcohol consumption. Those who drink beyond safe levels usually do not see their behaviour as a problem. They attribute more importance to their reasons for drinking than to the difficulties it causes them. This may be irrational, but it is not unusual human behaviour. Despite public health campaigns about the high risk of skin cancer contingent on over-exposure to sunlight, millions of Australians continue to sun-bathe on our beaches, and few people habitually wear protective clothing such as long sleeves and hats. For most people, looking fashionable, or at least culturally appropriate now has more importance than the possibility of developing a lethal skin cancer at some remote time. Similarly, for many heavy drinkers, maintaining their current standing in a primary reference group is more important now than the risk of becoming alcohol-dependent or dying of liver cirrhosis in the future.

There are significant variations in people’s definitions of ‘normal drinking’ in different contexts, and in their expectations of what benefits they will derive from drinking, yet the research, Edgar (1989) claims, ‘is truly pathetic in its ability to explain the contexts in which drug use becomes abuse for particular groups and individuals’. It can equally be said that our knowledge of what measures, in the way of intervention, may lead to desired or ‘successful’ outcomes for problem alcohol/drug users is truly pathetic.

The problem of how to view the drinking problem
‘To consider all drinking as the same kind of behaviour is an affront to intelligence as well as to the senses’ (Bacon, 1991). A wide variety of symbolic, communicative, and practical functions are attributed to drinking. These functions alter with context, and differ significantly between individuals and groups. Broadly, drinking to intoxication may be done, according to Bales (1962), for ritual, convivial, or utilitarian reasons. The connection between secular drinking
and the religious, ritual use of alcohol has been studied in Jewish culture (Snyder, 1962; Bales, 1962), but is almost non-existant in Christian societies. Convivial use is most prominent in Anglo-Celtic cultures, and utilitarian uses are an important secondary consideration. Utilitarian uses are usually 'medicinal', for example, whisky to dull a toothache or wine to reduce cholesterol, although these could alternatively be classed as what Bacon (1991) calls 'charter' reasons (rationalisations) for drinking.

With a more contemporary perspective, Goldman (1991) divides all psychoactive drug use, whether alcohol or other substances, into several categories:

* experimental - 'trying out the drug to experience its effect and to decide whether or not to adopt an ongoing pattern of use'

* social and recreational - 'using the drug as a means of enhancing social interaction or the enjoyment of some leisure activity'

* symptomatic - 'using the drug as a means of reducing unpleasant sensations or experiences or to avoid challenging situations or responsibilities'

* dependent - 'using the drug with a sense of compulsion, so that other responsibilities are neglected and harm may result. Such dependent use becomes habitual, stereotyped in pattern, responsive to external cues and pressures.'

Whether symptomatic use preceeds, or is indicative of, dependence or developing dependence is an arguable point. Dependence evolves, over time, from experimental, social, and recreational use, and individuals who are alcohol dependent continue to use alcohol in social and recreational contexts. So in order to properly understand the existence of excessive and problem drinking in any group, it is necessary to examine the issue within its historic and ecological contexts, and in relation to what is perceived as 'normal' drinking in both the specific group, and in the population as a whole (Edgar, 1989). For the most part, the available evidence relating to
drinking practices and problem drinking is characterised by a number of shortcomings which Bacon (1991) discusses. These are: a poor definition of the problem; an equally poor definition of what constitutes a successful outcome in relation to interventions such as education and treatment and the enforcement of social controls; a lack of historical perspective; an orientation toward the pathological and the search for 'answers'; the adoption of politically correct or currently popular targets and modes of study, regardless of their relevance to accepted descriptions of the problem; and a reliance on second-hand and inadequate data in some areas.

Despite the now almost ritually repeated mantra that problem drinking is a 'biopsychosocial' entity, theoretical models tend to concentrate on either the 'bio', the 'psycho', or the 'social' element. It is rare to see an eclectic presentation which acknowledges the ways in which these forces counterbalance each other, and in addition consider the active role of the drinker (Gruenewald et al., 1993). Each of the models has its' strengths and weaknesses, but none is able to fully account for the phenomenon of problem drinking nor produce any one intervention which is consistently successful with significant numbers of problem and dependent individuals. It is not even possible, at present, to establish a clear, indisputable dividing line between normal, problem, and dependent drinkers, despite Keller and Doria's (1991) optimistic assertion that, by 'rigorous application' of diagnostic criteria, this can be achieved. Thirteen conceptual models of alcohol problems and their different implications for intervention are described by Miller and Hester (1995), whose tabular summary is reproduced below:

<table>
<thead>
<tr>
<th>MODEL</th>
<th>EMPHASISED CAUSAL FACTORS</th>
<th>EXAMPLES OF INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral</td>
<td>Personal responsibility</td>
<td>Moral suasion, social and legal sanctions</td>
</tr>
<tr>
<td></td>
<td>self control</td>
<td></td>
</tr>
<tr>
<td>Temperance</td>
<td>Alcohol</td>
<td>Exhortation, 'just say no' control of supply</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Spiritual deficit</td>
<td>Spiritual growth, prayer, AA</td>
</tr>
<tr>
<td>Dispositional</td>
<td>Irreversible constitutional</td>
<td>Identification of</td>
</tr>
</tbody>
</table>
disease
Educational
Character-
ological
Conditioning
Social Learning
Cognitive
Sociocultural
General Systems
Biological
Public Health

abnormality of individual
Lack of knowledge and motivation
Personality traits, defence mechanisms
Classical and operant conditioning
Modeling, skill deficits Skill training, appropriate
Expectancies, beliefs
Environmental, cultural norms
Boundaries and rules, family dysfunction
Heredity, brain physiology
Agent, host, environment Interdisciplinary, multiple

alcoholics, confrontation, lifelong abstinence
Education
 Psychotherapy
Counterconditioning, extinction, altered contingencies
behavioural models
Cognitive therapy, rational restructuring
Social policy, price and distribution controls
Family therapy, transactional analysis
Risk identification, genetic counselling, (?) medical treatment abstinence (my addition)
levels of simultaneous intervention

This is a fairly comprehensive list, although there may be other ways of categorising these models, and there may be additional models and perspectives. For example, (Gruenewald et al., 1993) support an ecological approach, which examines how the motivational and constraining forces that effect alcohol consumption are mediated through the actions of individuals to shape drinking behaviours. The ecological context, Edgar (1989) explains:

... includes the macrosystem of shared belief systems and culturally available options as well as the microsystems of particular face-to-face settings in which interpersonal relations affect our drug-taking behaviour. ..... it also involves those linkages between settings such as home and school, family and work that help explain the processes by which some individuals develop what are seen as 'problem' behaviours and others do not.

The ecological approach allows the integration of empirically
proven aspects of many other models. Similarly, the public health model, as Miller and Hester (1995) argue, 'offers hope for integrating what have previously been rival and seemingly incompatible perspectives', because 'it adopts from each perspective the factors that have been found to influence the occurrence of alcohol problems, integrating them into a complex and interactive model'. A public health approach is eclectic in that it recognises equally that the agent, alcohol, is a hazardous drug which places consumers at risk; that there are significant individual differences in the susceptibility of the host to alcohol problems; and that the environment is important in determining levels of alcohol consumption and the incidence of related problems (Miller and Hester, 1995). This model necessitates the use of a variety of interventions, addressing agent, host, and environment, rather than focusing on a single 'correct' strategy derived from a single 'correct' model (Miller and Hester, 1995). Arguing in support of this broader view, Davis and George (1988 p9) observe:

Increasingly the medical professions are asked to deal with intractable social problems that resist conventional means of social control and are increasingly defined as illnesses requiring a medical regime to control them. The shift towards medical definition for alcohol overuse, drug use, hyperactivity, learning disabilities, depression, rape, child abuse etc. from being seen as the result of either individual choice, legitimate though disapproved activity, social circumstance or crimes brought about by dominant sets of relationships in the society at large, are, critics contend, concealed under an individual definition of the problem as residing in the person and amenable to some form of medical intervention. This obscures their social context, the social relationships which shape and make possible the patterns of behaviour in the first place. In this way, it is argued, the political issues that are raised by the patterns are obscured by their redefinition as individual problems.

It must be said, however, that there are at present very few social controls operating in relation to drinking, and the reason for shunting the problem to the medical arena may have
more to do with political and economic forces than any intractability of the problem itself. This provides an interesting contrast with the way in which government and health authorities have responded to the problem of skin cancer. Sunbathing, even to excess, is neither disease nor deviance. It is a variable behaviour, largely culturally and environmentally determined, which can result in physical harm in the way of minor to moderate burns, mild to fatal heatstroke, and ultimately to skin cancer. Some individuals are biologically far more susceptible to sun damage than others. Similarly, drinking is not a disease, it is a variable behaviour, largely dependent on cultural and environmental factors, and it can result in extensive and significant harm. (Whether or not addiction, like cancer, is a disease, is another issue.) Some individuals may be biologically more susceptible than others to the effects of alcohol. The main approach to reducing sun-related harm has been mass education to change knowledge and behaviour related to sun exposure, such as the familiar Slip, Slop, Slap television advertising campaign run in NSW in recent years. By contrast, the main approach to reducing alcohol-related harm, since the early 20th century failure of prohibition in the USA and elsewhere, has been to identify and treat the pathology of the affected individual.

My own perspective on drinking and the development of alcohol-related problems is perhaps closest to the public health and ecological approaches, as will be evident in this and following chapters. The role of the agent, the host and the environment, including historic and sociocultural factors, will be considered, as all of these are necessary to a meaningful understanding of the drinking practices of any group. Only from such a comprehensive picture can useful and realistic interventions for specific occupations be derived.
The neglected prime suspects in the origins of problem drinking: alcohol availability, gender, and national history and culture

Alcohol availability, male gender, and a pro-drinking national culture are arguably the most fundamental and significant factors in the development of drinking problems in the general community. In this section I will first discuss these factors, before reviewing, in Chapter Four, the factors more conventionally identified as contributing to the development of alcohol problems, and finally the evidence relating to drinking in occupational groups. As I will argue in the section on occupational groups, alcohol availability, male gender, and a pro-drinking occupational culture are the most fundamental and salient factors contributing to the development of high rates of problem drinking within specific, culturally defined workforces. Occupational cultures are variants of the national culture in which they reside, and as I will explain in Chapter Four, they are not necessarily consistent with structurally defined categories of occupation.

The drink or the drunk

The extremists of the early 20th century Temperance movements regarded any alcohol consumption as a problem, just as many people today view any use of illegal drugs as a problem. Availability of the substance is seen as the major cause of illicit drug addiction, and to some extent this is also true of nicotine addiction, yet our society generally takes the opposite view in relation to alcohol, and sees the alcoholic as the problem. The causal role of drinking per se in the development of alcohol problems has been all but abandoned, despite the fact that anyone who uses alcohol can experience alcohol-related problems, sometimes of a very serious nature.

There are physical, social, economic and subjective dimensions to alcohol availability, which vary in space and time, and which can be manipulated to some extent by consumers, as well as by policy makers and legislators, as discussed by
Gruenewald et al., (1993). Alcohol availability is thus a product of the prevalence of alcohol outlets, the frequencies with which alcohol is served at social occasions, the price of alcohol relative to consumer income, and perceptions of the ease of access to alcohol (Gruenewald et al., 1993). The incidence of alcohol-related problems increases and decreases as alcohol consumption rises and falls, in both individuals and entire populations (Edwards et al., 1997; Gruenewald et al., 1993; Hetzel, 1980; Lennane 1992). The manipulation of consumption levels by political and economic means which affect availability, such as licensing laws and price control, has been shown to be a powerful element in determining the rate of alcohol-related problems within a population (Edwards et al., 1997; Gruenewald et al, 1993; Lennane, 1992; Trice and Sonnenstuhl, 1990).

Prohibition in the USA during the 1920's was, 'contrary to popular belief', successful in terms of health, because reduced consumption was paralleled by a fall in mortality due to alcoholic liver cirrhosis (Lennane, 1992; Hetzel, 1980). A similar decline in consumption and mortality occurred in New Zealand in 1953 when the price of a beer was doubled, from threepence to sixpence (Lennane, 1992), and in France during the German occupation between 1941 and 1945, when alcohol availability was restricted (Hetzel, 1980). When Mikhail Gorbachev rationed alcohol in the USSR in 1985, there was a subsequent 'reduction of over 50 per cent in alcoholic psychosis and alcohol related liver disease together with a marked decrease in the rates for suicide and murder' (Lennane, 1992). Conversely, the relaxation of licensing laws in Sweden in 1955 was followed by a marked increase in alcohol consumption and alcohol-related problems (Kessel, Walton, 1965).

Occupations which directly involve the production or handling of alcohol, such as brewing, catering, waitering and bar staff, and retail alcohol sales, always feature in reports of
high risk drinking in industry (for example, Hagen et al., 1992; Webster, 1991; Cosper, 1979). The availability of alcohol, whether in the case of a population, a group, or an individual, is a fundamental and critical factor which underlies the incidence of problem drinking. It is ‘extremely difficult’, however, ‘to reduce availability without inducing some change in cultural values that support drinking’ (Trice and Sonnenstuhl, 1990). Thus politicians, who can potentially ‘save more lives than most doctors’ through legislative measures, are reluctant to act, because electorally they tend to ‘pay a heavy price for doing so’, as Lennane, (1992) observes.

National cultural values and beliefs are, inasmuch as they either encourage or discourage drinking, the social facet of alcohol availability. Such values and beliefs are critical in the development of drinking practices and drinking problems, because, in the words of Kessel and Walton, 1965:

> Only where the culture fosters drinking will alcoholism be widespread. Whatever the individual’s psychological difficulties may be, unless the social circumstances are right he will deal with these in another way than by excessive drinking.

Cultural values and beliefs are not static and unchanging, and neither are patterns of drinking. Both vary with time and circumstance. Culture influences the amount people drink, the way they behave when intoxicated, and the context and patterns of their drinking. Some groups actively encourage alcohol use while others totally prohibit it. Ireland, for example, has both a culture which endorses drinking and a strong temperance movement. Jewish societies accept drinking but discourage drunkenness, Islamic societies expect total abstinence, and the French regard drinking steadily throughout the day as normal (Edwards et al., 1997; Kessel, Walton, 1965). These differing cultural attitudes give rise to marked variations in national per capita consumption of alcohol and the incidence of alcohol related problems (Hetzel, 1980;
Edwards et al., 1997).

Edgar (1988) reports that although France and Italy are 'held up as exemplars of the integrationist model' of drinking, France has the highest known rate of alcohol-dependence and the highest rate of 'acute' alcohol-related problems such as accidents. In Britain, the USA and Australia, alcohol is not consumed continuously as in France, nor drunk almost exclusively at family meals as has been traditional in Italy (Kessel, Walton 1965). Instead, drinkers commonly consume a large amount at one sitting, often at a pub, club, bar or restaurant after work, or at other recreational functions. Alcohol is often taken rapidly, leading to obvious drunkenness. This is 'the hallmark of Anglo-Saxon excessive drinking' (Kessel, Walton, 1965), frequently referred to in Australian literature as 'binge' drinking. (Defined, formerly as more than eight, but currently as more than five standard drinks per occasion.) From my own observations over many years, and from verified information supplied to me by clients, I can confidently assert that it is not uncommon for regular drinkers to consume fifteen or more schooners of beer (each equivalent to one and a half standard drinks) per drinking session. My colleague, to her astonishment, has witnessed certain NSW police consume as many as forty (40) drinks in one session at the end of a shift and then drive home. Binge drinking results in a different distribution of alcohol-related problems from that found, for example, in France. The French pattern of continuous moderate intoxication results in a higher incidence of alcoholic cirrhosis and certain cancers, while the Anglo-Saxon style of drinking episodically to extreme intoxication appears to result in greater levels of social complications such as interpersonal violence (Edwards et al., 1997).

Australian society is said to have no broad consensus on prescriptions for moderate drinking and proscriptions against excessive drinking (Edgar, 1989). This may be partly because
Australia is, like the United States, 'a polyglot of cultures' which lack 'stable uniform and extensive forces for the generation of prescriptive drinking norms' (Trice, Sonnenstuhl, 1990). Or it may be because in the past heavy drinking was far more tolerated and widespread than it is today, and we are only now in the process of evolving prescriptions and proscriptions (see later section on history and national culture in this chapter). Ideally, all of the aspects of alcohol availability would need to be altered in order to reduce consumption levels, but total prohibition is neither feasible nor even desirable.

In any case, 'There is no need for prohibition', as Hetzel (1980), remarks, because 'we can educate ourselves to handle alcohol in a sensible fashion by appropriate attention to our social environment'. This might include restrictions on the promotion and advertising of alcohol; warning labels on alcohol containers as is already done in the USA (Lennane, 1992) and as is familiar on cigarette packets in Australia; the raising of public awareness by means of 'regular mass media reports of statistics and other data as in the case of the compulsory seat belt legislation' (Hetzel, 1980); the banning of alcohol at public venues such as sportsgrounds, and perhaps on passenger transport such as planes and trains; the inclusion of appropriate alcohol education in school curricula and workplace training; and breath or BAL testing in situations in which the safety of individuals and the public are at risk, eg testing of workers in critical positions such as train drivers, pilots, and plant/machine operators, as well as the current random breath testing of the general population of motor vehicle drivers.

**Drinking, occupation, and the construction of masculine identities**

The socio-cultural environment has a significant influence on gender differences in rates of alcohol consumption. The major reasons for the lower incidence of drinking and drinking
problems among women are both biological (see Chapter Four) and cultural. Drinking, and particularly drunkenness, in women has traditionally been much less acceptable in our society than the same behaviour in men. This is perhaps a consequence of the fact that drinking has long been associated with manliness and in particular with 'machismo' styles of masculinity.

This highly significant association between drinking, especially heavy drinking, and certain popular conceptions of masculinity has been largely ignored in the literature, despite overwhelming evidence being readily available to any field study. Any observer who spends a little time among groups of male, blue collar workers (such as police) enjoying a few convivial drinks in their natural habitat, will find that this link becomes undeniably apparent. This association is blatantly exploited and perpetuated in advertising for alcohol, particularly beer, which is in Australia a 'man's drink'. Later in this section I present and discuss in detail some of the evidence for the association of 'manhood' with heavy drinking, as a major contributor to the development of drinking problems.

I can only speculate on the reasons for the neglect of this critical and readily observable 'prime suspect' in much of the literature. I consider that the following suggested reasons operate equally in the case of both the entire national population, and of discrete occupational groups. Firstly, this neglect probably arises from the fact that only those individuals who are seen to have an obvious problem with alcohol are studied, so the broad context in which their problem develops never comes into focus. One could say some researchers never see the forest for the trees. Many men have a few too many drinks with the boys because of cultural dictums that tell them this is what men do, but those who then get into trouble are regarded as having something inherently wrong with them. This is neither just nor rational. It is,
however, convenient and expedient, particularly for the entrepreneurlial health system, where money and reputations are made treating individuals, whilst public or industrial health measures must compete for scarce funding.

Secondly, it is perhaps the case that researchers find it more manageable to isolate, study, label, and treat certain 'deviants', than to countenance studying, challenging, and altering, in an entire population, a notion as widespread and profoundly entrenched as the 'manliness' of drinking. Thus, many researchers take what appears to be the easier course. It may seem less daunting and more rewarding to cite poor coping abilities, local stressors, or biological defects in individuals, than to mount a programme of cultural change. Given the current politics of health care, the narrow approach is likely to attract funding and kudos, whereas attempting to persuade politicians to fund large studies and public health initiatives, or make unpopular legislative and policy changes, is a daunting and thankless task.

Thirdly, human beings, including researchers, tend to view phenomena from within their particular cultural perspective, and resist change. Those who challenge this perspective and push for change tend to encounter considerable opposition. Therefore, those of us who argue that the real problem resides in the popular drug alcohol itself, together with the cultural attitudes and practices associated with it, are voices crying in the wilderness. The majority of Western males (including many researchers) use alcohol to some degree, and consider this drug use 'normal', and a matter of personal choice. It is not popular to suggest that this behaviour is to a considerable degree socially determined, nor that it is at best hazardous even for 'moderate' drinkers. It is certainly not popular to suggest even minor restrictions on the personal freedom to imbibe. Thus many people appear to find a sociological/gender approach to the problem of alcohol use inherently threatening.
Fourthly, the power and influence of economic interests, namely the liquor and allied industries, in maintaining the focus on individual 'deviants', and quashing interest in the sociological perspective, should not be underestimated. The liquor industry has both the resources and the motivation to conduct effective political lobbying, manipulate public opinion, and fund or encourage particular directions in research, in the endeavour to protect its own interests. It proclaims loudly that aberrant individuals, not alcohol and its cultural associations, are the source of drinking problems. However, the picture changes when the industry is promoting, rather than defending, its product. Then, unlike the literature, the liquor industry gives great prominence, in its advertising material, to the association between masculinity and the consumption of alcohol, as I will discuss in more detail later in this section. I would suggest that advertisers understand, better than many researchers, just what induces people to drink heavily.

Despite the neglect in the literature of the link between constructions of masculinity and the development of alcohol problems, and regardless of what the reasons for this may be, the gender difference in alcohol consumption is well documented. This difference is strongly demonstrated in the statistics relating to occupation, gender, and alcohol use.

The occupations which recorded the lowest levels of hazardous and harmful drinking in the study by Hagen et al., (1992), were welfare and religious, education, health, and insurance and agricultural workers. There may be many reasons for this, but I consider it significant that these are all 'feminine' (caring, helping, nurturing, relatively passive and staid) occupations, which generally employ a high proportion of females. The contrast between these and the active, mobile, 'masculine', and male dominated occupations of hunting and fishing, logging, construction, building and mining, which are reported by Hagen et al., (1992) to be the among the heaviest
drinking occupations, could hardly be greater.

There is evidence that the drinking patterns of women engaged in the same work as men in male dominated workforces, shift away from the norms for women, and toward the norms for men. For example, Hagen et al., (1992), report that ‘the three occupations with the largest proportion of women risky drinkers’ were those of sales representative, specialist managers and business professionals, which were male dominated, highly competitive, and characterised by daily drinking. McNeill (1996), describes this shift toward male drinking norms as part of a process of ’defeminisation’ which she found occurring in the context of policing. Sutton (1992) cites evidence that ‘women occupying token status’ in a male occupation tend to become either defeminised or deprofessionalised, and discusses this in relation to policing. Those who become defeminised ‘emulate males by adopting a pseudo masculinity’ (Sutton, 1992). It is possible that the drinking patterns of men also shift, toward female norms, in female dominated workforces. For example, in a sample of Victorian workers, Hagen et al., (1992) report very low rates (less than 10%) of hazardous/harmful drinking among male nurses. However, where they are in the majority, it would seem that men, as Edley and Wetherell (1996) contend:

have dominated over women, by and large, because they have managed to gain a stranglehold on meaning. What it means to be a man, what it means to be a woman; what jobs constitute men’s work and what jobs constitute women’s work. It is through the ability to control the ways in which society thinks about these things that has provided men with the basis of their power.

Men in male dominated industries are at particular risk of drinking at hazardous and harmful levels, and it would appear that the greater the gender imbalance, the greater the risk. In their analysis of ABS narrow categories of occupation, Hagen et al., (1992), found that of the seven industries with the highest proportions of male harmful and hazardous
drinkers, only two had enough female employees to make gender comparisons. Policing, once an entirely male endeavour, remains a heavily male dominated occupation, in which, as I will show in Chapter Four, there is a predominance of stereotypical masculine values, and a strong association of masculinity with drinking.

The notion of patriarchy is increasingly seen as an oversimplification of gender structures, and researchers such as RW Connell have shifted attention to concepts of gender as a set of dynamic, fluid practices rather than a deterministic, learned role. In this view 'gender is not fixed in advance of social interaction' as was formerly proposed, 'but is constructed in interaction', and public conventions about masculinity are made and remade in social practice (Connell, 1995). There is not simply one expression of masculinity, but many, and these masculine identities are actively produced in a cultural context, so accounting for their resilience and endurance, factors which role model and social reproduction theories cannot explain. Media images, as well as political and cultural developments, are some of the factors which influence the construction and reconstruction of masculinities, as Westwood (1996), explains:

The media, once thought to reproduce simply conventional accounts of masculinity and femininity, instead present a complex series of accounts of masculinity from the safety of the 'boy next door' to the machinations of power, sporting prowess, buddies and hitmen.

The formation and meaning of masculinity is 'problematic, negotiated and contested within frameworks at the individual, organizational, cultural and societal levels' (Mac an Ghaill, 1996). Being 'contested terrain', masculinities are 'subject to instability and change' (Westwood, 1996). Further, the concept of power is central to any adequate theory of men and masculinity (Edley, Wetherell, 1996). Every culture contains its' own specific range of images and ideas of manhood which provide its' members with a shared understanding of what it
means to be a man. Because there is a range of competing images within cultures, manliness is an 'ideological battlefield', and efforts to control the meaning of masculinity play 'a central role in the struggle for power between various social groupings including classes, 'races', nations as well as men and women' (Edley, Wetherell, 1996).

Connell (1995) has proposed that 'at any given time, one form of masculinity rather than others is culturally exalted', and this exalted form he terms 'hegemonic masculinity':

Hegeemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women.

Hegemony refers to the dynamic cultural process 'by which a group claims and sustains a leading position in social life', and is only likely to be established where there exists a concordance between cultural ideal and the institutional power residing in an individual or group. In Western culture this exalted form of masculinity has been defined largely in relation to the military, and so 'the figure of the hero is central to the Western cultural imagery of the masculine' (Connell, 1995). Convincing 'corporate' displays of hegemonic masculinity are seen in the top levels of political, military and business organisations, which remain little changed, even now, by feminism or other dissent (Connell, 1995).

The resistance, in military and police organisations, to the currents of change occurring in the general community, can perhaps be better understood in the light of Connell’s (1995) contention that 'the imagery of masculine heroism' is the 'glue' that keeps the troops in line and holds the army together. Cultural ideal is employed in discrediting those who don't measure up; in discipline, the setting of standards, and the claiming of popular assent. The image, if not the
reality, of policing is closer to the military than any other occupation, and police are perceived as being in a constant 'war' against crime. Police duties have almost universally been regarded as 'mainly a matter of mayhem and violence', involving heroic 'life and death confrontations with armed criminals, desperate fugitives and thrill-seeking psychopaths' (Sherman, 1973, cited in Sutton, 1992). The strength of the resistance to any dilution of the masculine values of policing is conveyed by Sutton (1992), with a quote from Martin (1980):

The inclusion of women into traditional male occupations has been opposed, resisted and undermined whenever it has occurred. In few other occupations has their entry been more vigorously fought on legal, organisational, informal and interpersonal levels than in policing.

If police in the 1990's operate in a conservative, insular sub-culture which holds values, beliefs, a heroic imagery, and a set of drinking customs which are not wholly consistent with those current in the wider society, and I am suggesting that they do, then police will inevitably appear to be 'abnormal' or 'deviant' when their drinking is examined. What we see in police, I believe, is a model of masculinity which had more popular currency some decades ago in the wider community, together with the drinking practices which accompanied it. Being an insular group (see Chapter Four), police lag well behind the forefront of change in the community.

Sometimes referred to as 'Christian', 'traditional', or 'retributive', rather than 'hegemonic' the form of masculinity which has dominated in Western cultures emphasises the machismo values of toughness, courage and physical strength (Edley, Wetherell, 1996). Machismo is defined in the Macquarie Dictionary (1996) as: 'flamboyant virility; masculine display emphasising strength', and more specifically, by Connell (1995), as 'a masculine ideal stressing domination of women, competition between men, aggressive display, predatory sexuality and a double
The formation of this type of masculine identity, particularly in young working-class males, is often organised around activities such as sports, fighting and drinking (Edley, Wetherell, 1996; Canaan, 1996). For example, drinking and fighting have long been associated among Irish working-class men, according to Bales (1962), who reports that 'Drinking was the invariable prelude', and the fights were 'a sort of recreation; they were relished and sought; and were initiated, as the drinking got well under way, with shouted insults and challenges'. At peer group gatherings 'the male finds a place where his status is secure, and this security and solidarity is manifested and strengthened by the ubiquitous practice of 'treating' (Bales, 1962). Beer drinking in groups of Australian men, according to Price (1989), promotes male solidarity, and one of the consequences of the Australian tradition of 'shouting' rounds of drinks (the equivalent of Irish 'treating') is that many in the group drink more than they intended. Homel (1986), in a study of drink-driving in NSW, reports that 'binge' drinking leading to drunkenness 'is characteristic of young men, particularly those in their early twenties, for whom beer is the preferred beverage', and that 'men of this age often feel great pressure to continue drinking when in a group situation'.

It is not uncommon for conflict to develop between different groups of men who are 'each pursuing a project of hegemonic masculinity', and 'the annual fight between police and bikers at the Bathurst motorcycle races in Australia' is 'a classic example' of this (Connell, 1995). Overt violence is not so much the mark of hegemony, however, as is the successful claim to authority. Direct violence, though, or the threat of violence, is often a foundation of authority (Connell, 1995). This is obviously particularly so in the case of the military and the police.
Canaan (1996) interviewed young British working class men who constructed and affirmed their masculinity through drinking, fighting, sports and sexual prowess. These men linked drinking to hardness, and to individual and collective acts of strength, power and daring. Canaan (1996) suggests that working class men affirm their power in such 'personal, embodied activities' because they do not have the higher qualifications and prestigious jobs which would allow them to wield power in other ways. They deem 'drinking and fighting the means of affirming the 'hardness' of traditional working class forms of masculinity', which they 'celebrate' notes Mac an Ghaill (1996).

Edley and Wetherell (1996), studied the development of a similar machismo style in the so-called 'hard' boys at an English public school. The 'hard' boys, as opposed to the 'ear'oles', were less able to use intellectual and academic prowess to build their self-esteem and identity. Connell (1995), notes that remarkably similar processes have been demonstrated in Australian schools.

Although the sources from which individuals derive their identity are many and varied, they include profession or occupation, as well as school, family, community, and other reference groups. So masculinity is to some extent defined and produced in the organisational structures in which men are employed. Collinson and Hearn (1996), claim that recent studies reveal 'the importance of paid work as a central source of masculine identity, status and power', and they comment:

Typically, it seems, men's gender identities are constructed, compared and evaluated by self and others according to a whole variety of criteria indicating personal 'success' in the workplace.

In this context, McNeill (1996) reports that the study of the Metropolitan Police, The People and Police in London: The PSI Report, 1985, found:
... that when the male and female officers in their sample socialised together their stories revolved around violence and fighting and included accounts of sexual conquests and feats of drinking. Further, what generally happened during this storytelling was that the extent and frequency of their exploits were exaggerated.

So it would appear that police in London, like the young men studied by Canaan (1996), celebrate their masculinity and affirm their toughness with tales of drinking and fighting. McNeill (1996) found evidence of a similar association between drinking and the promotion of a machismo image among contemporary police in Australia, and I will elaborate on this in Chapter Four. The emphasis on 'being a man', while given a special interpretation by operational police, is nevertheless drawn from the community (Sutton, 1992).

The national cultural ideals which influence the formation of the machismo image to which police aspire can be seen in what might today be popularly termed some of our 'national icons'. Exemplars of machismo, hegemonic masculinity in Australian society and popular culture are not always associated with alcohol, but generally they are, in one way or another. The now legendary, original ANZACS of Gallipoli are not, for instance, specifically linked with drinking. The image of the ANZAC of the Great War is an upright, sober, heroic young soldier. Yet ANZAC Day celebrations have always been notable as occasions of drinking and drunkenness as much as they are of remembrance and national honour. And no one in Australia would label the original ANZACS 'wowsers' (especially at the bar in an RSL club). Neither is the image of the similarly fit, bronzed, courageous surf lifesaver patrolling our beaches particularly associated with alcohol, but Australians are not likely to view them as teetotallers either. They 'are one of the great macho images of the nation' (Sharp, 1992), and most people know that the bar in the clubhouse is more likely to sell beer than ginger ale. Many surf clubs are sponsored by the alcohol industry, and carry logos proclaiming this on much
of their equipment (Lennane, 1992).

We need look no further than our television sets to see daily examples of the stereotyped machismo male very strongly associated with alcohol. A current television advertisement for Carlton beer shows a group of black-clad men engaged in a guerilla style operation in which they steal a can of beer from what appears to be a high-tech scientific establishment. A contemporary TV advertisement for Guinness shows an elderly man, perhaps in his nineties, wedding a young, very obviously pregnant woman. Although the advertisement makes no verbal claims at all for the product, it strongly associates Guinness with longevity, health and enduring virility. So by implication, Guinness is still good for you, even in 1998.

Television advertising for both Tooheys and Victoria Bitter beers, currently and in the recent past, has made powerful use of the Australian males’ fond identification with larger-than-life machismo figures such as the stockman, farmer, or rodeo rider, ocean-racing yachtsmen, miners and others, shown successfully battling rugged conditions and adversity, or just working hard. All of these characters either ‘feel like a Toohey’s’ after work, or, in the case of promotions for Victoria Bitter, have ‘earned’ ‘a real man’s thirst’, which needs ‘a real man’s drink’ (ie, beer).

Such advertising presents drinking during or after work as a social norm for exemplary men, and ‘the most effective way to foster excessive drinking is by the power of example’ (Kessel, Walton, 1965). This form of promotion would fail unless it had some social validity, and its success is perhaps indicated by the fact that the breweries and their advertising agencies have persisted with the same theme over a number of years. The power of example is particularly strong when the advertisements employ a famous and popular person, just as the Foster’s beer advertisements featured Paul Hogan some years ago (Clarke, 1988). According to Clark (1988), a major study
conducted for the USA government reported ‘the finding that famous sources enhance the impact of alcohol ads indicates that the social implications of this practice should be given closer examination’.

The film industry has been a rich source of examples of the way in which alcohol has been integral to the construction of models of hegemonic masculinity. For example, in the 1930’s the Australian born actor Errol Flynn typified the machismo male both on and off the movie screen. On film he was a swashbuckling hero. In real-life his reputation for drinking was as legendary as his sexual exploits and his movie roles. The continuing currency of the expression ‘in like Flynn’ is testimony to his enduring impression on several generations. Before the resurgence of the Australian film industry, movies from the USA dominated the entertainment scene in this country. Clark (1988), claims that in films starring such popular actors as John Wayne, the USA ‘turned drunkenness into a macho art form’. Wayne’s movies were as successful in Australia as they were in America.

One of our recent Prime Ministers, Bob Hawke, was renowned, in his heyday, as much for his drinking prowess as for his Rhodes scholarship and his leadership abilities. This is vividly demonstrated by Steven Moore, who pictured Hawke with six schooners of beer in a political cartoon in The Weekend Australian of October 24-25 1998, despite the fact that neither the article it accompanied nor the cartoon itself was about alcohol or drinking. If example is indeed the most effective way to foster excessive drinking, then influential men like Hawke and the heroes of the silver screen are very powerful models for young men seeking to establish their own masculine identity.

Valorised male occupations and sports such as shearing, cane-cutting, and football have always been strongly associated with machismo and heavy drinking. Shearers were portrayed in
the 1975 movie Sunday Too Far Away, for which the promotional blurb ran something like 'Friday too tired, Saturday too drunk, Sunday too far away'. Cane-cutters were immortalised in the now classic Australian play 'The Summer of the Seventeenth Doll', as hard drinking, tough men. Rugby League in NSW is prominently sponsored by Tooheys beer, and in Queensland by XXXX beer, and the players and spectators alike are renowned for their enthusiastic response to the product as well as the game.

The highly prized Australian tradition of mateship, 'that subtle brotherhood felt by men together, especially when they have had to work or fight together in harsh conditions or against great adversity' (Sharp 1997), is very much a matter of drinking and machismo values. Mateship may take the form of a noble 'ideology permeating the nation' (at least the male half of it), or it may amount to nothing more than 'men stand(ing) around bars asserting their masculinity with such intensity that you half expect them to unzip their flies' (Donald Horne, quoted in Sharp, 1997). The drinking of 'generous quantities' of alcohol, says Hetzel (1976), the Foundation Professor of Social and Preventive Medicine at Monash University, 'is deeply embedded in the concept of mateship in Australia'.

Price (1989), Reader in Psychiatry at the University of Queensland, gives an historical perspective on alcohol and mateship in Australia. Mateship arose and evolved in the predominantly masculine world of the itinerant rural worker during the European settlement and development of Australia. Among these men there was a very strong obligation to share both work and alcohol, and 'Mateship became so powerful that it would have been dangerous to refuse a drink' (Price, 1989). There is evidence however, that the roots of this phenomenon extend back to Ireland, from whence many of the early white European inhabitants of Australia came. Bales (1962) reports that among Irishmen, 'to refuse a drink from an equal is "a
quair way o' showing frinship", and brings the suspicion that some offence has been given' (p172). Group drinking is the traditional means of affirming solidarity and equality among males in Ireland, and 'standing' or 'treating' drinks to one's compatriots, in turn, is a long established custom (Bales, 1962), the description of which equates exactly to that of 'shouting' drinks in Australia.

Such conformity is still expected in some male drinking groups today, especially those in the context of hotels, where the system of 'shouting' ensures that everyone keeps pace with the group rate and amount of consumption. This is one of a number of drinking patterns encountered in Australia, Price (1989), contends, but it is an important one because:

> These drinking groups promote male solidarity and the act of drinking with such a group has come to symbolise acceptance of the adult male role and constitute a rite of passage from adolescence to adulthood.

Jean Lennane, a Sydney based psychiatrist who specialises in the treatment of alcohol problems, and who was Director of drug and alcohol services at Rozelle Hospital from 1980 to 1990, contends that the image of the 'macho drinker' is 'a very powerful force in this country', and that 'you can't be a real man unless you prove your manhood regularly by consuming an amount (preferably of beer) that would put a lesser man under the table' (Lennane, 1992). Hetzel (1976) comments that 'to be able to drink heavily without falling on one's face is a much admired Australian virtue'. This image, Lennane (1992) claims, colours even the definition of drunkenness:

In the macho context, we should also look at the peculiarly Australian view of the words 'drunk', and 'drink'. To most Australian drinkers, 'drunk' means absolutely paralytic, falling-down-and-can't-walk drunkenness. It is therefore a term of abuse, since a real man doesn't get that way. He can be loud, slurried, inappropriate, and abusive, but that isn't what he would call drunk.

As a consequence, Lennane (1992) argues, although they may
regularly drink at harmful or hazardous levels, Australian drinkers, without meaning to be misleading, are likely to answer ‘no’ to the question ‘Do you drink?’, because they take the question to mean, ‘Do you get drunk?’

A precedent for this liberal view of what others might term drunkenness can also be found in Ireland. Bales (1962) reports that ‘the drunkard in Ireland is not condemned, unless .... drunkenness begins to interfere with the primary family system and its economic base’. Drunkenness is ‘laughable, pleasurable, somewhat exciting, a punctuation of dull routine to be watched and applauded, and drunken men are handled with care and affection’ (Arensberg, cited in Bales, 1962). These responses to drunkenness would be familiar to many Australians.

Drinking to a state of drunkenness provides a significant form of fun and recreation for some Australian men, as epitomised in events such as the Darwin Beer Can Regatta, held annually on the 2nd Monday in June. In this ‘regatta’, contestants fashion rafts and boats from scores of beer cans from which they have first drunk the contents. The propensity for drinking to intoxication at recreational events is also evident in the alcohol-related problems which occur regularly among beer drinking spectators at sporting fixtures at the Sydney Cricket Ground. Darwin is ‘believed to be the world’s top-ranking city for beer drinking’, and Australia is third, after Germany and Belgium, in the world ranks of national beer drinking (Sharp, 1992). Beer is ‘the most male of drinks’ and is particularly associated with lower-middle class and working-class men (Clarke, 1988).

The drinking of alcohol has long been one of the defining characteristics of ‘real men’ in Australia. In recent films, contemporary models of hegemonic masculinity, such as Arnold Schwarzenegger in the USA, and Paul Hogan in Australia, are altering some aspects of the image in line with more modern
values. The characters these actors portray rarely if ever take a drink. They certainly do not glorify the John Wayne style of heavy drinking. I have yet to see any of the machismo characters Schwarzenegger plays take a drink in a movie, despite viewing much of his work. Hogan, on the other hand, promoted Foster’s beer some years ago (Clark, 1988). His machismo character Crocodile Dundee drank alcohol in the movie of the same name, but this behaviour was not glorified excess a’ la Wayne. (Crocodile Dundee, Paul Hogan’s 1985 film based on the Australian bushman stereotype, was at the time the highest earning film in Australian history, as well as the highest earning foreign film ever shown in the USA – demonstrating an enormous popular response.)

However, it will probably be quite some time, especially in the various drinking sub-cultures which exist in our community, and particularly in insular groups like the police, before the long established association between alcohol and manhood ceases to have an impact on many male drinkers. This association permeates our history, our culture, and our folklore about alcohol and heroes. It is inextricably mixed with our ‘knowledge’ about the nature of alcohol, its attributes and its effects. There is good evidence, as the next section will show, that the connection between alcohol and masculine strength has existed almost unchanged over several centuries. This theme, and others, will now be discussed in the context of national culture.

The National Social Context: alcohol and machismo in history, culture and ‘popular’ culture
People shape culture, and culture shapes people in a continual interactive process. Human societies construct and transmute the cultural forms which sustain them. Even a behaviour as basic and natural as eating is interwoven with custom and imbued with cultural meaning. Thus, from a sociological perspective, ‘it is virtually impossible for any human
behaviour to reside outside of cultural influences’ (Jary et al., 1995). Our beliefs, values and behaviours in relation to alcohol are as heavily influenced by our culture as any other aspect of our lives. The influences of culture are both profound and confounding in the study of drinking practices, because of the infinite variety and complexity of individual and group interpretations of shared beliefs, values and imagery, and because no national culture is truly homogenous. There are multiple ethnic, religious, gender, occupational and other sub-cultures which contribute to the whole. I do not pretend to offer a comprehensive analysis of such an enormous subject. However, I will attempt here to illustrate some of the features of the Australian setting which influence drinking, and which demonstrate that excessive drinking arises naturally and inevitably from the wider context in which it occurs.

Caldwell (1977) argues that ‘drinking, gambling and sport have been the staple leisure diet of Australians since the birth of the colony’, and that this shaped a national character which can be attributed largely to the influences of the working-class culture of the convicts, and of early Irish immigrants, who had a predilection for these activities. He cites one study of national character in which 61% of a sample of Sydney University students ‘described themselves as devoted to horse-racing, beer and football’, and another which argued that the ‘male mystique’ which values ‘a rugged physique, dedication to sport, a vast capacity for beer, and a strong sense of obligation to workmates’ had influenced the shaping of national character. This ‘national character’, is of course not ‘national’ at all, in that it obviously applies only to a section of the white, mostly Anglo-Celtic, adult male population. It is, in effect, a description of the ‘character’ of those individuals who represent the working-class expression of hegemonic masculinity. Nevertheless, Australians, Caldwell (1977) claims, tend to be hedonistic and ‘view excessive drinking as socially more acceptable than
other deviant acts’, but only in men, not women or
‘unsupervised adolescents’.

This proclivity for hedonism was seen, early and by a number
of prominent observers, such as Dunmore Lang (a Presbyterian
parson) and Sir Henry Parkes, as a danger to the national
interest (Caldwell, 1977). It provoked a critical opposition:

Much in Australian social history turns on a deep tension between
individuals and groups practising hedonistic values and those who
have supported Puritan morality - commonly known by the hedonists as
‘wowsers’. The wowser is a person intent on preventing other
people’s happiness and is especially vitriolic about vice; he is a
Puritan zealot in endeavouring to reform the morals of his
neighbours, acquaintances and the public at large (Caldwell, 1977).

The Macquarie Dictionary (1997) defines a ‘wowser’ as a
‘prudish teetotaller, a killjoy’, and reports that the word is
‘popularly supposed to be an acronym of W(e) O(nly) W(ant)
S(ocial) E(vils) R(emnedied)’. So drinking has long been
regarded as a social menace by some Australians, but the
drinkers have always been in the majority, and had the upper
hand. As Caldwell’s (1977) value-loaded description of them
illustrates, the wowsers have generally been seen as the ones
at fault, the ones guilty of the greatest wrong.

Certainly in Australia, as in similar Western countries, the
use of alcohol is enshrined in social and religious ritual,
and drinking forms part of the normal custom of the majority.
Major calendar events such as Christmas, New Year and the
Melbourne Cup are traditionally celebrated with excess food
and alcohol. Major achievements such as graduating from
secondary and tertiary education, securing a special job or
business deal, and winning the football competition or the
lottery, are all traditionally marked by the drinking of
alcohol. In most sections of our community, all of this is
culturally ‘normal’, acceptable, frequently expected,
sometimes prescribed; and as in the case of all cultural
norms, individuals may experience both overt and covert
pressure to conform.

At events celebrating rites of passage, such as the attainment of legal drinking age (eighteenth birthday); of adulthood (twenty first birthday); at betrothment, marriage, birth and retirement, for example, people often drink a 'toast' to the person/s for whom the celebration is given, and continue drinking to various levels of inebriety. The suggestion that such events can be celebrated quite satisfactorily and enjoyably without alcohol are commonly met, in my experience, with expressions of incredulity, and sometimes of horror or ridicule. Many people cannot conceive of such occasions being authentic or enjoyable in the absence of alcohol. The observance of these events is inherently satisfying for many people, and has become so inextricably bound with alcohol use that non-drinkers are sometimes viewed as failing to participate fully, or in an acceptable manner. One of the chief concerns that problem drinkers confide to me when they are newly-sober or considering abstinence, is how they will satisfactorily justify their non-drinking status to friends and relatives at such occasions. Social tradition tends to encourage everyone of legal drinking age to consume alcohol in accordance with the levels expected by the group.

Apart from female gender, possibly the chief factor influencing abstinence from alcohol is religion, and Christianity, whether actual or nominal, has been the dominant religion in Australia for all of the country's history so far. Yet while some Christians, for example Catholics, generally express no serious qualms about drinking alcohol, others, particularly fundamentalist Protestants, are seriously committed to abstinence, or at the very least to strictly controlled low levels of drinking. These divergent practices may be associated, not so much with religious ritual in which alcohol plays a very minimal role, but with differing beliefs about profound religious issues such as the definition of moral behaviour, and the means by which individuals achieve
'salvation'. Notions of salvation may involve other concepts such as asceticism, self-discipline and 'moral' strength, especially for fundamentalist Protestants. The more liberal attitude of Catholics in regard to alcohol may have been shaped by the significant economic benefits the Church has long derived from alcohol. In the Middle Ages, for example, 'the Church held a virtual monopoly' on the production and distribution of wine and spirits, and 'for nearly 1300 years the largest and best vineyards were owned and managed by religious orders' (Babor, 1986).

The different perspectives of various Christian denominations furnish individuals with differing world-views from an early age. Such world-views can persist in families, perhaps for generations, even when all contact with formal religion is abandoned. Thus I have observed that even for those who do not actively practice any religion, a family background of Protestantism (especially non-Anglican) can result in a level of asceticism and a concept of moral masculine 'strength' which would be incomprehensible to many persons from other backgrounds. Religion, in both a broad and a narrow sense, is one of the cultural elements which contributes to the construction of personal identity and the variance in drinking customs.

National history also provides some sense of identity and the source of much tradition. The prominence of alcohol in the social and economic fabric of the early white settlement of Australia is so well known it has become a part of our popular national mythology. During the first two decades, from 1788 to 1808, alcohol became an essential of everyday life, to the extent that it was used as part of the local currency, and drunkenness was rife. 'rum became the recognized medium of exchange. So much so that even labour could only be purchased with spirits', (Evatt, 1978, p26). In the six months from November 1799, 36,000 gallons of spirits and 22,000 gallons of wine were landed in NSW to supply about 5000 persons (Crowley,
1974, p18). Despite the fact that trafficking in alcohol was illegal, and the drinking of alcohol by convicts was prohibited, neither Governor Hunter (1795-1800) nor subsequently Governor King (1800-1807) were able to eradicate the problem. The use of alcohol was so extensive, and the economic importance of the alcohol trading monopoly exercised by the New South Wales Corps was so great, that Governor Bligh's more determined attempts at reform provoked the Rum Rebellion of 26th January, 1808 (Evatt, 1978; Crowley, 1974). Ironically this date is, of course, the anniversary of the first European settlement, and is now celebrated as Australia Day.

The reign of the Rum Corps, as the New South Wales Corps became known, did not end until after the arrival of Governor Macquarie and the 73rd Regiment in 1809 (Evatt, 1978). Yet when Governor Macquarie reduced the number of public houses from 110 in 1814 to 46 in 1820, his contemporaries reported that this resulted in a significant increase in private distilling, black marketeering, and drunkenness (Crowley, 1974, p78). Such widespread drinking was not, however, an entirely new phenomenon peculiar to the Australian colony. In the late eighteenth century 'as many as an eighth of the deaths of London adults were attributed by medical men to excess in spirit-drinking', even after the enactment in 1751 of legislation to check 'the worst excesses of the gin palace era' (Kessel, Walton, 1965). In the USA in 1790 the level of alcohol consumption was more than double its 1980's levels (Babor, 1986).

At the time of the arrival of the First Fleet in 1788 it was quite usual for British soldiers and officials to receive regular issues of alcohol as part of their wages, whether in the 'old country' or the new. Indeed, 'Convicts, soldiers and settlers alike took to the new world the love of drink which they had in the old', (Crowley, 1974, p18). However, the severe and unique conditions in the NSW colony probably
exacerbated the high levels of drunkenness which were a feature of the era. The new white settlers were dislocated, their social patterns and kinship ties weakened or totally severed. Alcohol was plentiful and easily available in NSW, but the cultural structures and constraints which may have mitigated it’s use in Britain were torn away.

Community attitudes toward alcohol use and drunkenness have altered slowly over the last two centuries, both in Australia and other Western nations. They may also have altered unevenly from one sub-culture within the nation to another. It is no longer generally considered either appropriate or acceptable, for instance, for workers to be paid even part of their wages in alcohol; for hospital outpatients departments to dispense alcohol; or for anyone to drive a vehicle while drunk. Yet brewery workers still have a daily ration of beer as part of their award conditions. This is considered a ‘dry’ or ‘alcohol free worksite’ by management at Carlton United Brewery, because since 1987 low alcohol beer has been substituted for full strength beer (Stone, 1991; Lennane, 1992). Only in very recent years did the Royal Australian Navy abolish the practice of allotting a weekly measure of alcohol to its’ officers and men. This traditional ‘tot of rum’, was ‘more like a mugful’ than a standard nip of spirits (Lennane, 1992). Even today duty free alcohol is available (shipboard only) to our naval personnel. Workers at the naval dockyard in Sydney still have a bus to transport them to and from the pub at lunchtime so that they have enough time to drink (Lennane, 1992). Despite the existence of drink-driving legislation in most states of Australia, the November 1998 issue of Men’s Health advises its’ readers, on page 88, how to ‘drink, drive and survive’, and, contrary to the message of public education strategies, suggests driving to the pub as a way of controlling one’s drinking (knowing you have to drive home is supposed to prevent you drinking too much!).

Changes in the availability, acceptable uses, and consumption
levels of alcohol have all been slow and erratic. In 1854 a select committee was appointed by the Victorian Parliament to inquire into intemperance. At the time it was claimed that one in ten of the population had been arrested for drunkenness, compared with one in 220 in London, one in 25 in Glasgow, and one in 14 in Ireland (Summers, 1994, p401). In 1859, when the estimated non-aboriginal population of NSW was less than 200,000, Sydney and it’s immediate neighbourhood had ‘no less than five hundred public-houses, many of them as great and garish as the gin palaces of London’, and drinking was said to be ‘ruining a large class of the population’ (Birch, Macmillan, 1982, p156). Already the Australian practice of ‘shouting’ a round of drinks was established, and not drinking was ‘considered a crime’ (Birch, Macmillan, 1982, p156), although these customs were probably brought from Ireland, as they are described in Bales’ (1962) study of Irish culture.

During the 19th century alcohol was ‘on sale to anyone, including children, virtually twenty-four hours a day’ (Summers, 1994). After nearly one hundred years of white settlement in Australia, the drinking of alcohol was still far more widespread than it is today, and liquor was put to uses now known to be totally inappropriate, as Summers, (1994), describes:

Alcohol was used in voluminous quantities for medical purposes; in 1882 the Melbourne Hospital prescribed 350 gallons of wine and spirits and about 3,000 of porter - small wonder that the out-patients department was regarded as a free grog shop.

Historically, alcohol has been widely used for medicinal purposes in the West. Spirits, for instance, ‘were first produced on a small scale and sold as costly medicines by monks, physicians and apothecaries’ (Babor, 1986). In Ireland, as in other Anglo-Celtic nations, alcohol has been used to treat colds, fever, diarrhoea, cholera, hangovers, hunger, stomach disorders, hypothermia, insomnia, fatigue,
emotional distress and 'shock', and even unconsciousness (Bales, 1962). Anyone of my generation might remember scenes in numerous cowboy movies which depicted the use of alcohol to induce anaesthesia prior to a surgical procedure such as removing a bullet or amputating a limb. They might also remember the once common image of a St Bernard dog, with a container of brandy slung from it's neck, sent out to rescue and 'revive' with the brandy, anyone lost in the bitterly cold snow in Europe.

These utilitarian uses of alcohol have not entirely been abandoned, as the more enlightened among us might imagine. Some people still believe, mistakenly, that alcohol warms the body. It is not uncommon even today for some individuals to believe in the efficacy of alcohol to relieve a toothache, settle the stomach, or help them sleep, and to use it accordingly. Throughout this century advertisers have claimed that alcohol is good for health, and they continue to do so, though usually less overtly, today. While 'old ideas of the nutritional and medicinal values of alcohol will persist long after the best knowledge and experience will have shown them to be mistaken' (Bacon, 1962), there remains at least one medically legitimated, if dubious, use for alcohol. It is quite common today to be advised, in popular magazines and television or radio programmes, that one or two drinks per day reduces cholesterol and is protective against heart attack. It is extremely rare for these magazines or programmes to also provide the information that two cups of tea daily has been shown to have the same benefit.

During the early years of the 20th century, the rise of temperance movements and the impact of the first World War contributed to the success of attempts to restrict hotel trading hours, though prohibition was rejected in Australia. In 1906 a Royal Commission was set up in South Australia to 'collect evidence as to the cause and cure of inebriety in Victoria, NSW and SA' (Summers, 1994, p402). In 1916, 'six
o'clock closing' was introduced in NSW, Victoria, SA and Tasmania (Crowley, 1974; Summers, 1994; Alston et al., 1992). This was an attempt to limit alcohol consumption and drive drinking men home from the pub by legally requiring hotels to close at six in the evening. It resulted in the infamous 'six o'clock swill', or rush to drink as much as possible before closing, which many older Australians still vividly remember.

In the 1920's and 1930's alcohol was promoted in advertising as a wondrous aid to good health, strength, and fellowship. Outrageous claims were made for some products. For example, Clark (1988) relates that an advertisement for the American whisky named Fig Rye proclaimed:

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science has produced a whiskey which aids digestion instead of retarding, helps the liver to proper action and keeps the kidneys in a perfect state of health.
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Many of the advertising claims of the time, though known by critics to be merely propaganda, were accepted by large numbers of people (Clark, 1988). Guinness beer was said to 'build strong muscles for sports', to be 'good for the nerves' and the blood, and to 'give a permanent sense of greater health and strength' (Clark, 1988). Many people of that generation (today's 70-80 year olds), have recounted to me how they believed for many years that stout was a genuine health tonic safe even for children, because, as the advertisements frequently repeated, 'Guinness is good for you'.

One might expect that such blatantly false claims as those above would no longer be used, but the liquor industry continues to advertise that beer is good for us. Incredibly, it also continues to imply, with new subtlety, that drinking has something to do with enhancing strength and benefitting the mind (formerly nerves). It does this even in the places one might reasonably least expect, while reinforcing the link between drinking and hegemonic masculinity. For example, the front cover of the November 1998 issue of Mens's Health, a
magazine one might (perhaps naively) think would offer more than the traditional stereotyped view of men, listed its feature articles beside a photograph of a young, muscular, attractive man. The cover was typeset as shown below:

**Men’s Health**

HEAPS OF USEFUL STUFF

Great

SEX

Solid

MUSCLE

Financial

POWER

Healthy

BEER

The article on beer, which covers pages 80-88, is of course not about ‘healthy beer’ at all, as there is no such product. One paragraph suggesting that chemicals in beer hops may kill some types of cancer cells, (in the laboratory, one wonders?), is embedded in a much larger article promoting drinking and entitled Pub Survival Guide. It includes tips on ‘how to survive a pub fight’, ‘how to impress the hell out of a woman’, ‘how to drink, drive and survive’, and the treatment of hangovers. It commences by implying that those who find pubs distasteful are ‘unenlightened’, and argues that a pub is a ‘grand’ place:

... a centre of sorts that men can visit to enrich their harried lives. We’re serious. Every month, studies reveal new health benefits from a couple of daily drinks - and research shows dramatic mind and body benefits from social support. The pub has it all.

While it is true that current research, though as yet inconclusive, shows some cardiac health benefits may ensue for
some people from a maximum of one or two drinks a day or less, (Edwards et al., 1997), the tone of the article legitimises much heavier drinking. Under the heading ‘mid-strength muscle’ it promotes a new mid-strength beer, because men would ‘prefer to drink soapy water’ than light beer. Specific brands of the mid-strength beer are pictured and commented on, (eg Four X; Carlton; VB) and the advertisers are no doubt aware, just as I am as an alcohol counsellor, that ‘a couple of drinks’, means, to many Australian men, a drinking session of indeterminate amount.

A comparison of the claims of this current advertising, the claims of the 1930’s advertising reported by Clark (1988), as mentioned above, the finding by Hagen et al., (1992) that Australian workers universally tend to underestimate the potency of beer, and the claims made in support of beer by Hogarth in 1750-51 (Maynard, 1991), reveal that in some sections of the English speaking community the perceived attributes of alcohol, and especially beer, have remained similarly false for more than two hundred and fifty years. Hogarth’s enthusiastic description of the health benefits of beer differs little, except in its antique language, from the present ‘message’ of beer advertisements:

Beer, happy produce of our Isle
Can sinewy Strength impart
And wearied with Fatigue and Toil
Can cheer each manly Heart

Labour and Art upheld by Thee
Successfully advance
We quaffed Thy balmy Juice with Glee
And Water leave to France

Genius of Health, thy grateful Taste
Rivals the Cup of Love
And warms each English generous Breast
With liberty and Love

Against the background of such a long established and
entrenched community 'knowledge', the task of alcohol education becomes peculiarly daunting, especially in the face of scarce resources. It underlines my earlier point that the choices individuals make in relation to drinking are not always well informed. It is a salutory demonstration of the power of advertising and the lack of effective, countering public health education in this area. Fortunately Maynard (1991) offers some encouragement in the form of a further social history lesson from the UK:

Later in the 19th century the Quakers Rowntree and Cadbury created the chocolate industry to provide 'a non alcoholic beverage for the working class', using the profits from their trade to create occupational health programmes and model villages for their workers, Bournville in Birmingham and New Earswick in York, which still have no public houses!

The allure of advertising can sometimes be over-ridden, to some extent, by other factors, even when it is as unashamedly false as it was in the years between the two world wars. The economic depression and widespread unemployment during the 1930's 'modified social patterns', causing alcohol and tobacco consumption to fall (Crowley, 1974, p419). Probably few people could afford them. Some twenty years later, notoriety about the political influence of breweries, black market sales of beer, 'primitive conditions of beer drinking' in hotels, and other matters led to the appointment of a Royal Commission to investigate the 'scandals' in the liquor trade in NSW in 1951. Following this inquiry and a resulting referendum, hotel opening hours were extended to 10pm, creating another 'minor social revolution' (Birch, Macmillan, 1982, p322). It is perhaps an indication of the importance of beer drinking, in particular, in this country at that period, that Australia's first gold record was awarded for Slim Dusty's song 'The Pub with No Beer' in 1957 (Elder, 1988, p366).

The low levels of alcohol consumption which were reached and maintained from World War I to the end of World War II rose
steadily and almost tripled between the 1940’s and the 1970’s (Lennane, 1992; Edgar, 1988). The expansion in the numbers of registered, licensed clubs in NSW from 85 in 1946 to 932 in 1956 was, according to Caldwell (1977), at least in part a response ‘to a demand for civilised public drinking conditions’ and drinking became ‘much more civilised and self-disciplined’. This in turn was partly due to ‘the presence of large numbers of women’, who were barred from all but the ‘ladies lounge’ in pubs, and who ‘operated to discourage heavy drinking’ in clubs (Caldwell, 1977).

However, the 1970’s were a time of ‘new respectability for wine shops, supermarket bottle shops, and wine pages in radical newspapers’, and it was proclaimed in the title of the 1977 Parliamentary Report that Australia was ‘an intoxicated society’ (Edgar, 1988). A 1970 survey comparing the drinking patterns of people in Sydney and San Francisco was reported in the Medical Journal of Australia, and cited in Summers (1994, p130) and Hetzel (1976). It revealed that 48% of men and 15% of women in Sydney were heavy drinkers, and that Sydney men and women were much more likely to drink than those in San Francisco. If this report is well founded, NSW police have the same rate of heavy drinking in 1996 as the general population of Sydney males had in 1970. One can only speculate whether at that time, as now, police and other male dominated occupations had higher rates of heavy drinking than the general population.

To illustrate a well-known historic stereotype of Australian men, Summers (1994) quoted, in the 1975 edition of her book, the following passage from Profile of Australia, by Craig McGregor (1968):

Australians drink with great relish, often with the sole idea of getting drunk; among young men the mark of a successful party is that everyone got drunk, several chundered (vomited) and half a dozen or so flaked (passed out) ... In Australia drinking is an occasion for raucous bonhomie, yarn-spinning, laughter, swilling
down schooners, middies and ponies of beer and, occasionally pumping drinks into the girl-friend or the wife - it is all part of that explosive good humour and companionship which Australians equate with 'the good life'.

Such behaviour was caricatured in the 1960's comic strip and film of the ultimate ugly ocker, Barry McKenzie, created by Barry Humphries. This type of drinking is by no means universal in Australia today. Yet those who have observed any of the varied heavy-drinking, male-dominated sub-cultures (eg in pubs, clubs, at sporting events and backyard parties) in our community will acknowledge the validity of the above description. It was not without good reason that the cartoon character 'Norm', an ocker complete with 'tinnie' and beer belly, featured in the 1970's 'Life, be in it' government sponsored health education campaign (Sharp, 1992).

The rise in levels of consumption peaked in 1976-77 at about 9.8 litres per capita per annum, and then began to fall again (Castles, ABS, 1994). In 1990, Australia had a per-capita alcohol consumption rate of 8.8 litres per annum - the highest of all English-speaking countries (Kirk, 1990; Lennane, 1992). In the same year the deputy director of the National Drug & Alcohol Abuse Research Centre, Associate Professor Wayne Hall, voiced a sentiment well known in Australia, 'the fact is that if you don't drink alcohol, you're looked upon as a wowser or regarded as being somehow abnormal' (Kirk, 1990). Thinking coloured by such attitudes has a powerful influence even in the formulation of alcohol and health policies, according to Lennane (1992), who claims:

Another very important part of our problem in Australia, and one that weighs heavily on our politicians, is the dreadful possibility that if you say anything less than enthusiastic about alcohol, you may be labelled a wowser - a fate that few politicians could expect to survive.

Alcohol has always been the most widely used drug in Australia, and based on Australian Bureau of Statistics (ABS)
figures, it remains 'the drug of most serious concern for the community' (Castles, 1995). Nevertheless, Australians today are by no means all heavy drinkers, and excessive drinking is perhaps less tolerated by our community today than it ever has been in the past. Alcohol consumption levels have steadily fallen over the last two centuries, though occasional media hysteria about the 'epidemic' of alcohol use among the very young could lead one to falsely believe otherwise. The social pressure to imbibe has perhaps reduced since the recent flourishing of the 'healthy lifestyle' trend, the growth of alcohol education, and the introduction of legislative control over some alcohol-related behaviours. There have been saturation campaigns against drink-driving, for example, and there is now a fairly common acceptance that drink-driving is not only illegal, but irresponsible and harmful. However, the drinking of alcohol, particularly beer, remains closely associated with a machismo style of masculinity in some sections of our community. In addition, factual knowledge about alcohol, safe levels of drinking, and the relationship between drinking practices and alcohol-related problems is at best poor and inconsistent in our community.

In summary
The ready availability of alcohol, and a social environment tolerant of a wide range of drinking practices and behaviours, combined with cultural mores which strongly associate heavy drinking with manliness, and economic forces which maintain false perceptions of the attributes of alcohol, create a situation in which hazardous drinking by some individuals, and especially by groups of males engaged in certain masculine pursuits, is virtually inevitable. Given that there are individual differences in the expression of all behaviours, there is perhaps nothing remarkable in the fact that some of these drinkers will consume more than others, or experience more problems than others, or become alcohol dependent when others do not. Nevertheless, the nature of the individual differences which contribute to varying outcomes are often
given more value and attention than the above factors. This focus on individual factors arises from certain philosophical, political, social, and economic circumstances, in combination with our traditional cultural perspective on alcohol.

In order to assess whether or not the neglect of sociocultural context in favour of this concentration on factors within the individual is justified empirically, some of the evidence related to individual differences is reviewed next, in the initial section of Chapter Four. I consider it important in making my case to review this evidence, and discuss the contribution of these factors to sub-cultural drinking patterns, rather than to simply dismiss or ignore it. Individual factors provide small pieces of the puzzle, but it is my contention that sociological factors fill in the overall picture, and sociological measures which can most effectively furnish preventive strategies, even in relation to highly individual traits such as genetic susceptibility. The latter sections of Chapter Four therefore examine the characteristics of 'high-risk' occupations, particularly in relation to gender, alcohol availability, and occupational sub-culture.
CHAPTER FOUR
REVIEWING THE EVIDENCE FOR THE ORIGINS OF PROBLEM DRINKING:
THE USUAL SUSPECTS: INDIVIDUAL 'BIOPSYCHOSOCIAL' FACTORS

If sociological factors appear so prominent in the development of problem drinking when one views them in macrocosm, how adequate are the conventional theories which seek to explain the phenomenon from the level of the microcosm, or individual? And more specifically, how applicable are conventional explanations, citing individual biology or psychology, in the case of occupational groups such as the NSW Police Service? This is the substance of my second research question, a question fundamental to the development of effective strategies for dealing with the extent of problem drinking I observed in the NSW Police Service.

Although problem drinking is frequently described nowadays as a 'biopsychosocial' phenomenon, it is the psychological domain which is currently the popular focus of most professional and amateur theorising. Biological explanations are also a strong contender in some quarters, and 'psycho-social' factors such as the influence of family and education receive some attention. Meanwhile sociological theories tend to be largely ignored. However, it is my contention that psychological theories are the least relevant to the case of high risk drinking in occupational groups such as the police, and that while biological and psycho-social factors contribute to the problem, the sociological dimension is the one in which solutions are most likely to be devised. In order to support this argument, the major 'bio/psycho/social' risk factors so far identified by prevailing empirical research perspectives are briefly reviewed in this chapter, and their implications for intervention in occupational groups are noted.

Trice and Sonnenstuhl (1990), prefer to speak of individuals as being 'at risk' in the presence of one or more of these biopsychosocial factors rather than as being 'predisposed' to alcohol abuse or dependence, 'because risk sounds less
deterministic and carries less weight of inevitability’. However, as Davis and George (1988) observe, ‘predictions based on risk factors for populations are usually better than risk factor predictions for any individual in that population’, and it is important to beware of the ‘theoretical sleight of hand’ which sometimes turns the probability of ‘disease’ in a population into a property of an individual. I prefer to speak of ‘influences’ rather than risk factors, as the term influence implies a more plastic and interactive process.

**Evaluating influences on individual drinkers: biological arguments**

**Gender** differences constitute a significant aspect of problem drinking, whether of police or other communities, and gender is a biological as well as a social and cultural influence. The fact that women drink quantitatively less than men is partly explained by their generally lower body weight and different bodily ratio of muscle to fatty tissue. This alters the volume to dose relationship. Additionally, Lennane (1992), reports there is evidence that a gastric enzyme secreted in greater amounts in males breaks down some alcohol before absorption, whereas in females the total amount of alcohol consumed is absorbed unaltered into the bloodstream. These physiological factors account for the lower ‘safe levels’ of drinking recommended for women by the National Medical Health and Research Council (See Appendix 1). Thus biology goes some way to explaining the gender differences in alcohol consumption, but cannot explain the variable gender difference between different occupations. However, the biological aspects of the gender difference are of considerable importance in addressing problem drinking in groups such as the police, where women are pressured to emulate male levels of consumption. Women who keep pace with the drinking of their male counterparts, in an attempt to prove that they are ‘one of the boys’, will, for physiological reasons, develop alcohol-related problems much more rapidly
than the males. Drinking as a demonstration of machismo thus has more devastating consequences, both physically and socially, for women than it does for men, at least in the short term.

Genetic influences cannot explain the entire phenomenon of drinking, and are unlikely to explain the entire phenomenon of problem drinking, though they may well explain some aspects of an individuals’ level of alcohol consumption, including the development of abstinence and dependence. This tends to be an emotive issue for a number of reasons. Many people resist what they perceive as the deterministic or mechanistic nature of genetic explanations, because they believe a genetic factor implies an inevitable outcome and a consequent limitation to possible interventions, as well as providing an ‘excuse’ for problem drinkers to claim they cannot change. This is not the case at all, and it does not mean that we are left with genetic engineering or medical practice as the only means of intervention, as Trice and Sonnenstuhl (1990) comment:

If one understands, however, that drinking is essentially a social act embedded in a context of values, attitudes and other norms and that it is not the inevitable outcome of a genetic or psychological risk, other practical and morally responsible points of intervention become possible.

I have found in discussion with other drug and alcohol professionals that some have a very limited understanding of genetics, extending no further than the most basic Mendelian concepts, and they reject the genetic argument because alcohol-dependence is obviously not the result of a single-gene, single-locus, dominant or recessive mode of inheritance. There is, however, very strong material evidence that multiple alleles influence the metabolism of alcohol, the nature of its effects, and the development of tolerance and the withdrawal syndrome (Edwards et al., 1997). For the sake of more in-depth understanding, it is important to remember, in the debate about genetic influences, that there are individual
differences in physiological (as well as psychological) reactions to ANY drug, including such common medications as aspirin and anti-biotics, and even various foods.

Because there is significant variance in individual physiological (and thus genetic) response to every known drug, we cannot assume that alcohol has the same effect on everyone. Indeed, Saunders (1988) reports evidence of genetic susceptibility to some of the physical complications of excessive alcohol consumption. For example, ‘cirrhosis of the liver develops more rapidly in persons who have the tissue typing antigens HLA-B8, DR3’, and Korsakoff’s Syndrome is more likely in persons ‘with a particular isoenzyme composition of transketolase’.

There is also evidence that individual, racial and gender differences occur in the metabolism of alcohol, and that these can influence an individual’s psychological and physiological response to the ingestion of alcohol (Edwards et al., 1997; Lennane, 1992). Edwards et al., (1997), discuss the ‘flushing’ syndrome which occurs in Oriental populations.

This unpleasant physiological response to ingested alcohol is due to a mutation of a single gene involved in alcohol metabolism, and it reduces the incidence of heavy and problem drinking dramatically in affected individuals. They tend not to drink because drinking is an unrewarding, even aversive experience, regardless of the social context. It is reasonable to speculate that there may also be a few individuals in any population who are physiologically likely to have more rewarding or intense responses than average when they ingest alcohol, and who are therefore more susceptible to developing psychological and/or physical dependence. When combined with a rewarding or encouraging social context, this could be one of the factors which account for the profound dependence which develops in a small number of individuals who drink.
There is evidence from twin studies that genetic factors may contribute to the development of drinking problems in some individuals, though it is not known exactly what (or how much) is inherited (Edwards et al., 1997; Trice and Sonnenstuhl, 1990; Lennane, 1992). Evidence from twin studies, Saunders (1988) claims, has led to ‘general agreement that in males alcohol dependence rates are increased fourfold when there is an alcohol-dependent natural parent’. Trice and Sonnenstuhl (1990) cite an adoption study by Goodwin (1979) which found that ‘sons of alcoholics were four times more likely to be diagnosed as alcoholic than the sons of nonalcoholics’.

However, while it is generally acknowledged that drinking problems tend to run in families (Goldman, 1991; Edwards et al., 1997), the nature versus nurture debate is far from settled. In the case of drinking problems, even if ‘the genetic gun is loaded’, in some individuals, as Cavanagh (1990) remarks, ‘other factors are required to pull the trigger’. Further, as it could be reasonably expected that the genetic profile of a large and diverse occupational group such as police would (usually) be much the same as that of the community from which it is drawn, genetic perspectives are not likely to account for the discrepancy between the levels of alcohol consumption in the community and in particular occupations such as policing. So although genetic factors may contribute to the profound dependence which develops in some individual police officers, genetics cannot explain why they began drinking, nor why such a large number of police drink heavily. Neither can genetic/biological/medical technology, at present, provide a solution for those affected.

Chronic alcohol consumption leads to neuroadaptation, or adaptive changes in the brain, a process for which the increasing evidence is summarised by Edwards et al., (1997). That is, the use of the drug, over time, causes physiological and biochemical change in the individual. These changes manifest as pharmacological tolerance, the alcohol withdrawal
syndrome, the compulsion to drink, and other features of dependence. Neuroadaptation is a complex phenomena with specific and non-specific components, involving neurotransmitters and the neuroreceptor system. It accounts for cross-tolerance such as that between alcohol, benzodiazepines and other sedative drugs. Tolerance, however, is mediated by a process of neuroadaptation which is different from that for the other components of dependence, which explains why tolerance can develop in individuals who do not become alcohol-dependent. It is possible that research in this area will eventually yield a pharmacokinetic basis for the evolution of alcohol dependence, particularly in those individuals who are subject to environmental influences which encourage high levels of alcohol consumption, and especially in those who are also genetically at risk.

Obviously this would have important implications for occupational health programmes in heavy drinking workplaces. I consider it adds considerable weight to the argument for inducing cultural change with respect to drinking practices in occupational groups such as the Police Service. The impact of genetic and pharmacokinetic factors could be significantly reduced if, as a global preventive health measure, a reversal of the cultural value of drinking among police were achieved.

Evaluating influences on individual drinkers: psychological arguments
There are three major areas of psychological theory which attempt to explain drinking behaviours, and which Edwards et al., (1997), summarize succinctly as follows:

Firstly, there are psychodynamic theories which explain drinking as a result of early experiences and relationships, usually of a highly emotional nature. Secondly, cognitive and behavioural theories explain drinking as a learned behaviour. Thirdly, it has been suggested that certain personalities are particularly vulnerable, perhaps because of a tendency to use alcohol to deal with stress, anxiety, depression, or other problems.
To date there has been no notable impact made on problem drinking or chemical dependence by either psycho-analytic therapies which seek to promote insight, nor by psychological (or medical) treatments designed to resolve stress or alleviate anxiety and depression. Krivanek (1988) contends that the use of psychotherapy for dependent drinkers simply produces individuals who can explain why they drink while they continue to get drunk, and my own experience with drinkers who have used this therapy confirms her opinion.

Indeed, psychotherapy, along with cue exposure, aversive techniques, hypnosis, and medication (other than for detoxification), are approaches regarded as so inappropriate and/or ineffective that they are specifically mentioned as 'not recommended' in The Summary of recommendations for the management of alcohol problems: the quality assurance in the treatment of drug dependence project produced by the (Australian) National Drug and Alcohol Research Centre (Mattick, Jarvis 1994). This project consisted of a major literature review and a panel of expert opinion.

**Personality** theory has not proved fruitful in explaining drinking behaviours. It is not possible to use measures of personality to predict the development of alcohol misuse or addiction (Edwards et al., 1997; Trice, Sonnenstuhl, 1990), nor the likelihood of recovery or relapse. There is apparently no 'addictive' or 'pre-alcoholic' personality, as has sometimes been suggested in the past, (Edwards, et al., 1997; Trice, Sonnenstuhl, 1990) and 'there is likely to be no difference between the mental health and pre-morbid personality of the alcohol dependent person and the non-alcohol dependent person' (Goldman, 1991). So psychometric screening of police recruits would be of no value in identifying at-risk individuals for early intervention.

Nevertheless, Trice and Sonnenstuhl, (1990) who reviewed the literature, claim that a number of personality studies suggest
recurring themes which bear closer scrutiny. These recurring themes include impulsivity, poor self-esteem, low ego-strength, gregariousness, non-conformity, social isolation and a yearning for 'the warmth and acceptance of primary group life'. They quote an early source (Snyder, 1964) who, in summing up these traits, described alcoholics as 'anomic persons - disorganised, empty, anxious, compulsively independent and knowing no authority - yet persons who unconsciously long for a genuine moral community upon which to depend'. These vague descriptions do nothing to further our understanding of why such people drink, and in any case could apply equally to many non-drinkers. Neither do such descriptions apply to the bulk of police officers, who value conformity and organisation, and who have 'the warmth and acceptance of primary group life' within the 'moral community' of the police fraternity.

It is not at all clear to what extent anxiety, depression, antisocial and other personality traits are consequences rather than causes of drinking (Peyser, 1982; Edwards et al., 1997; McNeill, 1996). Depression and anxiety are recognised clinical symptoms of hazardous alcohol use, and the Medical Director of Northside Clinic’s Drug and Alcohol Services claims that 'Most, but not all psychological problems in alcohol dependent people are secondary to the effects of drinking' (Goldman, 1991). At the very least these conditions are exacerbated rather than alleviated by alcohol use.

'There are almost no psychological symptoms or syndromes which cannot be caused or exacerbated by alcohol and other drug misuse' according to Goldman (1991), and alcohol-dependence may present as, for example, depression, anxiety, phobia, or numerous other conditions, which are often mistakenly identified as the primary condition to which the individual responds by drinking.

Edwards et al., (1997), state that 'In many cases, depression is secondary to the drinking problem', and although
'clinically significant levels of depression are found among in-patients with drinking-problems during the early stages of admission', these 'typically improve after two to three weeks of abstinence'. Not all problem-drinkers experience depression, and, as in the general community, depression is more common in women who are alcohol-dependent (Edwards, et al., 1997). I strongly support the contention by Edwards et al., (1997), that the therapeutic priority in cases of depressed problem-drinkers is to persuade the patient to stop drinking, and then, if the depression persists, assess the need for treatment. This is because not only may the depression disappear when the drinking problem is resolved, but any treatment of depression is generally ineffective while the individual is still drinking. So targeting depression in police officers would be very much a 'hit-and-miss' method of identifying and addressing alcohol-related problems.

The same applies to the situation of co-existing anxiety and problem-drinking. Until an individual has been alcohol-free for several weeks or more, it is impossible to determine whether symptoms of anxiety or phobia are alcohol-induced or independent of the drinking-problem. Although drinking may sometimes constitute an attempt at self-medication for depression or anxiety, 'paradoxically, alcohol appears to increase or exacerbate clinical anxiety in alcohol-dependent individuals who have prolonged histories of heavy drinking' (Edwards, et al., 1997). In any event, the majority of problem/dependent drinkers do not suffer from significant anxiety disorders. At most, estimates indicate that only one-third of problem drinkers in a clinical population 'may have significant anxiety' (Edwards, et al., 1997). Treating these patients with tranquilisers is fraught with hazards, because while it is very unlikely to be effective in reducing their drinking, it carries a high risk of development of cross-tolerance and/or addiction, as well as the potential for either intended or unintended fatal overdose.
While anxiety tends to be treated as an individual trait, stress is generally regarded as an external, environmental factor. The attempt to explain excessive drinking as a means of coping with the stress of major life events and everyday problems is also fraught with contradiction and complexity. The first difficulty being that the term 'stress', without definition or quantification, and without clear distinction between cause and effect, is now used abundantly in the literature as well as in general parlance. There is usually no clear distinction drawn between stress, tension, anxiety, and other similar states of the individual. Secondly, it is widely assumed, without any significant body of supporting evidence, (for example, Hagen et al., 1992; Violanti et al., 1983; Peyser, 1982; Edwards et al., 1997) that drinking alcohol reduces stress. One is left to imagine that by this it is meant that alcohol reduces an individual's subjective experience of stress and tension, though some studies have sought to demonstrate a physiological reduction in stress, with inconsistent results in both human and other animals, as reported in Peyser, (1982). This deceptively simple and attractive 'tension reduction hypothesis' is almost impossibly difficult to test, as revealed by the mass of contradictory studies reported by those such as Peyser (1982), who review the subject.

The tension reduction argument cannot account for why, when subject to the same stressors, some people will drink to excess and others will not. It is seriously challenged by the fact that the use of relaxation therapies, stress management, or anxiolytic medications do not successfully eliminate or modify alcohol abuse. This area of psychological theory is thus inadequate in accounting for high levels of alcohol consumption in any group, including police, and does not yield any obvious solutions to that problem.

The relationship between stress and drinking is particularly relevant to this thesis, because occupational stress is
consistently proposed as a major reason for excessive drinking within policing (Dietrich and Smith, 1986; Fenlon et al., 1997; Hagen et al., 1992; Cohen et al., 1996; McNeill 1996; Violanti et al., 1983, 1985). For this reason I will discuss the nature of 'stress' and its' relationship with drinking in much greater detail in Chapter Five.

The relationship between alcohol and antisocial behaviour is not a simple matter of cause and effect either, whichever side of the equation one takes to be the cause. Trice and Sonnenstuhl (1990) review some of the evidence of the connection between antisocial behaviour and drinking problems, and conclude that it is mixed and contradictory. Recent research, however, has shown that rates for assault and homicide rise and fall with national per capita alcohol consumption (Edwards et al., 1997). This implies fairly strongly that drinking results in anti-social behaviour, rather than the converse.

It is apparent, then, that psychological theories positing depression, anxiety, stress, or anti-social traits as the origins of problem drinking have little empirical support. In addition, there is the difficulty that these theories, and/or the studies conducted to test them, often fail to discriminate clearly between cause and effect. This area of psychology has not, so far, yielded any adequate explanation of the high rates of drinking problems among certain occupational groups such as police. Nor has it provided any practical applications in the way of interventions with demonstrated success in large groups.

If drinking is a learned behaviour, it may be an individual's preferred response to many situations, including stressful ones, regardless of its efficacy. Learned behaviour can be modified, but behavioural techniques such as aversion therapy have had very little success in the treatment of problem drinking (Mattick, Jarvis 1994). The failure of a simplistic
'Skinner box' approach to a complex human problem should not perhaps be surprising. It entirely ignores the meaning and value of the learned behaviour for the individual.

Cognitive theories are more promising than other areas of psychology. There is 'consistent and impressive evidence' that cognitive restructuring and social skills training help reduce alcohol consumption in both the short and long-term (Mattick, Jarvis, 1994). Unlike conditioning, cognitive restructuring is a process of re-evaluating meaning in order to modify behaviour. The success of this technique is consistent with the proposition that drinking is a meaningful learned behaviour. Individuals learn and alter their values, beliefs, and behaviours in dynamic interactions with their social and cultural environment, whether in relation to alcohol use or anything else. So in some respects, cognitive restructuring may be a reversal of the process by which individuals develop their drinking behaviours. Many of the strategies recommended by the Alcoholics Anonymous self-help programme are consistent with the cognitive-behavioural approach (Mattick, Jarvis 1994), and this may explain AA's long-standing success with many otherwise intractable problem drinkers. In addition, it is worthy of note that AA uses this approach in a group setting, as opposed to individual counselling.

In counselling police and others who have drinking problems, I have found that those who resist, or who seem incapable of, re-framing their beliefs, values, and attitudes in relation to drinking, have little prospect of rehabilitation, regardless of what other therapies they may undertake. I submit that there is just as little prospect of a cohesive group changing its drinking patterns, unless the group as a whole similarly restructures the way it collectively thinks about drinking, and therefore alters the meaning it attaches to drinking. Factual knowledge about alcohol, and awareness of prohibitions on its use in the workplace, are insufficient to induce change
in some groups. This is so, I contend, because the specific meaning of drinking, for any individual or group, is crucial to the development of their particular drinking patterns.

Sonnenstuhl and Trice (1991) give a number of examples of occupations or workplaces holding beliefs about alcohol which are peculiar to themselves. These researchers report a 1938 study of industrial workers, some of whom 'believed that it was necessary to imbibe alcohol to prevent the effects of poisons and dust to which the workers were exposed'. They also note that among 19th century English dock workers alcohol use was 'supported by myths about the effectiveness of alcohol as a mechanism for alleviating fatigue'. Another example they give is of a business executive observed in 1981 to have 'institutionalised' drinking rites among his managers because he believed intoxication would 'promote better communication and co-operation' and reduce departmental rivalries. These examples emphasise the need to discover, in any workplace where drinking is problematic, the sub-cultural values and meanings attached to alcohol use, before attempting to design interventions.

There are multiple meanings associated with drinking, as can readily be seen in alcohol advertising, which associates drinking with many positive attributes and outcomes, such as sexual and sporting prowess, financial and social success, personal elegance and poise, fashionable trends, masculine strength and toughness, excitement and glamour, famous celebrities, heroics, defiance of authority which is both successful and pleasurable, ingenuity, and escape from the ordinary (Clarke, 1988). The prominence of any one or more of these associations in a given situation depends to a large degree on context. Such associations may seem foolish and implausible to the detached observer, but we should not underestimate the power of their influence, especially if we consider how readily people have responded to positive media publicity about the (exaggerated) promise of Prozac and
Viagra. Similarly, we should not underestimate the importance of such symbolism for specific groups, which may identify strongly with one or another of these images.

There have been many perspectives on the meaning of drinking expressed by a range of people other than advertisers. Some of these could be seen as quite pertinent to the situation of groups such as police. Lennane (1992), for example, contends that 'Most of us start drinking because it gives us an intoxicating feeling of confidence, and brief glimpses of omnipotence'. Hetzel (1980) cites a study by American psychologist DC McClelland (1970), entitled Alcohol and Human Motivation, which asserts that 'the excessive drinker is the man preoccupied with power'. Hetzel (1980) reports part of McClellands’ work as follows:

The subjects were tested without being aware of the purpose of the investigation so that they would not report effects that they might anticipate. He gave the subjects thematic apperception cards (TAT) portraying scenes about which he requested them to write stories. After alcoholic, as compared with non-alcoholic drinks, there was no evidence of increase in anxiety but there were thoughts about increase in power - both 'personal power' over others by aggression, sexual conquest or being strong and influential, and evidence of altruistic exercise of power on behalf of others termed by McClelland 'social power'. In general, after two alcoholic drinks there were more thoughts of social power. After six drinks there were more thoughts of personal power, especially in working-class men.

Perhaps this response to the ingestion of alcohol is the origin of the notion of 'Dutch courage', which may in fact be international. Bales (1962) reports that in Ireland, whisky in particular has had 'the connotation of bringing power and victory' for centuries, 'perhaps simply as a reflection of its obvious advantages of releasing inhibitions and 'raising courage'. This perspective is especially interesting in relation to policing. The enhancement of feelings of personal and social power may, for obvious reasons, be of great relevance to police. It is unfortunate that this avenue of investigation has not been more widely taken up by
researchers, especially in relation to those male dominated, dangerous occupations such as mining, hunting, commercial fishing, construction, policing and the armed forces, all of which have a high level of alcohol consumption. I suspect that the feeling of near-omnipotence which can be experienced under the influence of alcohol gives drinking a particular relevance for those engaged in occupations perceived as inherently masculine, active, and dangerous.

Other perceived effects of alcohol may also have a special meaning for police. For example, Huxley (1994) refers to the use of alcohol in response to the wish to blur the boundaries between self and others. This wish to blur the boundaries between self and others, or 'bond' with significant others, is, according to contemporary media reports, an important factor in the drinking of football teams. I submit that this desire for bonding is equally important among police, where the use of alcohol to promote team spirit and reliance on colleagues is imbued with enormous value. This 'bonding' of officers is regarded as just as critical to the group's success as in any football team.

There is some empirical support for the argument that drinking has a special value for police in relation to issues of power and of team bonding. For example, McNeil (1996), in a questionairre study of the alcohol use of 400 South Australian police officers, reports that her results 'highlight how beliefs individuals hold about the effects of alcohol impact upon their drinking behaviour'. McNeil (1996) interviewed 54 of the participants. She reports that among the heavy drinkers there was a prevailing attitude that 'for team unity to exist, socialising and drinking together has to occur'. These same drinkers also believed that alcohol would make them more assertive, improve their cognitive functioning, and reduce their tension. Both high and low risk drinkers 'displayed an apparent ignorance of the residual effects of alcohol'.
Problem drinkers are sometimes characterised as alienated individuals who have lost all sense of meaning. For example, the Australian philosopher Peter Singer (1993), argues that drug abuse is a result of loss of meaning or purpose in life, and cites the now familiar examples of suburban housewives addicted to tranquillisers; displaced indigenous Australians dependent on alcohol; and slum-dwelling unemployed Americans abusing illegal drugs. While there may be a grain of truth in this common and simplistic view that lack of meaning in life contributes to heavy drinking in some, it does not negate the argument that drinking itself has some particular meaning and value for such persons.

Individuals can re-evaluate the meaning and value of their alcohol use, either spontaneously in response to changing personal, social or environmental factors, or in response to counselling which facilitates a reappraisal of their drinking, its consequences, and their alternative options. This process is one of cognitive restructuring. Much the same process can occur spontaneously, or be facilitated, at the level of the group, where it might more aptly be termed cultural change, or perhaps cultural reconstruction (or deconstruction?). This overlapping area of individual psychology, social psychology, and sociology is, in my view, particularly useful and applicable in designing strategies to reduce alcohol consumption, by challenging prevailing cultural values, in both individuals and groups. It is applicable not only to directly changing the behaviours of drinkers themselves, but also indirectly, through altering the responses of their cohorts to their drinking practices. The facilitation of a change in thinking, and therefore of the meaning of certain behaviours by and toward problem drinkers, was fundamental to the workshops I conducted for police supervisors as part of the study described in Chapter Eight. A detailed account of the nature of this change of perspective is given in Chapter Seven, which deals with enabling.
Conventional psychological theorising about problem drinking tends to be concentrated on factors such as personality, 'stress', coping, affect, and deviance, which have weak and inconsistent empirical support, and little in the way of demonstrated successful application. There are, however, areas of cognitive theory and application which, when considered in conjunction with sociological perspectives on the origins of problem drinking, have considerable utility.

Evaluating influences on individual drinkers: multi-causal arguments

The influence of family
The evidence for the influence of family patterns of socialisation (or 'family culture') in the development of alcohol-related problems is inconclusive. This is partly because we cannot easily isolate the influence of family from that of the wider social context, for the individual is constantly interacting with both; and partly because of the difficulty of separating the effects of 'nature' from those of 'nurture' within the family. Heath and Martin (1988) attempted to do this but concluded that familial influences 'whether genetic or environmental' are significant in teenage alcohol use. Orford (1989), after conducting a small, poorly designed interview style study of 170 persons from alcoholic backgrounds, and 80 from non-alcoholic backgrounds, concluded that the intergenerational transmission of drinking problems is more complex than he had supposed.

The fact that we cannot readily measure an effect does not mean that it is insignificant. A family which values and practices heavy drinking is statistically more likely to produce offspring who drink heavily, but it may produce individuals who are, as adults, at any point on the continuum from abstinence to alcoholism (Edwards et al., 1997; Trice and Sonnenstuhl, 1990). Parents who practice abstinence or appropriate alcohol and medication use have fewer drug abusing children (Trice, Sonnenstuhl, 1990). A US survey of over 700
male adolescents attending college 'found that the use of alcohol, marijuana, sedatives and cocaine is more likely when one of the parents abuses alcohol', and that drug-experimentation begins earlier in children of alcohol dependent parents (McCaul, Turkkan, Svikis, 1990, cited in Barber and Crisp, 1994). Six Australian studies cited by Edgar (1988), have reported that 'most Australian children are introduced to alcohol at home by their parents, especially fathers'. Later, when teenagers begin drinking outside the home, they still cite their parents as the main influence on their ideas about drinking (Edgar, 1988).

Many police are recruited as teenagers, while their drinking habits are still being formulated, and for these recruits a close-knit occupational group such as the police can become, in a sense, 'family'. The influence of the occupational 'family' then has the potential to reinforce, accentuate, or even alter the drinking patterns learned in family of origin. If young recruits find that their mentors within the Police Service value, practice and encourage heavy drinking, this may have a significant impact on the establishment of their adult drinking patterns, and there is evidence that this is often the case (see Chapter Six).

Religious and ethnic group influence
Some level of family influence is evident in the finding by Heath and Martin (1988), of a significant association between the religious affiliation of parents and the age of onset of drinking in teenagers. While formal religion no longer plays a major role in many people's lives, it is nevertheless one of the variables which may have some influence on the development of an individual's attitudes to drinking. Heath and Martin (1988), report that Australian drinkers were more likely to nominate their own or their family's religious affiliation as Catholic, Church of England, or 'no religion', than as 'other Protestant', and drinkers were less likely to attend church.
This finding was similar to that of national surveys in the USA which have reported that among adults and teenagers alike, drinking is more common in some religious groups, for example Catholic or Jewish, than it is in others such as fundamentalist Protestant (Heath and Martin, 1988). Yet while drinking is common in Jewish and Catholic communities, Jewish groups have very low rates of alcohol dependence, while the predominantly Catholic Irish have a high incidence. This is not simply a matter of religious affiliation, however, as the predominantly Catholic southern Italians also tend to have a low rate of alcohol dependence (Pittman and Snyder, 1962; Hetzel, 1980; Kessel and Walton, 1965). These ‘relative differences among such groups persist with surprising tenacity over the generations’ (Pittman and Snyder, 1962), but in groups of immigrants, as for example the Italians in Australia, they also drift toward the norms of the new culture over time (Hetzel, 1980).

By way of anecdotal evidence for the influence of religious affiliation, there is an insider joke among many of the members of Alcoholics Anonymous that they are members of the CIA, by which they mean the Catholic-Irish-Alcoholics, because there is a perception that a significant proportion of AA members have a Catholic Irish family background. Bales (1962) notes that although the Catholic Church officially regards intemperance as a sin, ‘the Church erects no barriers to drinking as such’, and Catholic clergy tend to be tolerant of drinking.

The intolerance of drinking in some Protestant denominations, such as the relatively ascetic Baptists, on the other hand, is explicit and even extends to the use of non-alcoholic wine in the sacrament of communion. The strong anti-alcohol views of religious groups such as Methodists, Baptists, Mormons, and the Salvation Army, are a matter of public record. So too is the prohibition on alcohol which exists among Islamic people. Jewish groups, while tolerant of drinking, have been shown
repeatedly to have low rates of 'alcoholism and other drinking pathologies' (Snyder, 1962). They tend to be intolerant of excessive alcohol use at least partly because it is not compatible with their conception of moral and self-disciplined behaviour (Snyder, 1962), as is the case with some Protestants. Snyder (1962) cites evidence that in folklore Orthodox Jewish groups have traditionally conceived stereotypes depicting themselves as sober and Gentiles as drunkards.

Individuals who remain genuinely committed to ascetic values are very unlikely to drink at all, let alone develop drinking problems, regardless of the secular social contexts they inhabit, the psychological profiles they display, or the stresses to which they are subjected. They account for at least some of the abstainers in the community. Taking up membership of another influential reference group, such as occupation, can lead to modification of drinking practices in some moderate drinkers, however. Synder's (1962) observations in this regard, though relating in this instance to Jews, are perhaps broad enough to be indicative of human behaviour in any religious/ethical primary group with which the individual identifies very strongly:

The burden of the evidence appears to be that the internalization of norms and ideas antithetical to hedonistic drinking is often insufficient to sustain patterns of moderate drinking and sobriety in the face of strong situational counterpressures, such as those which arise in military service. Evidently, conscience alone cannot guarantee conformity to behavioural patterns which are at variance with primary-group norms. The moral consensus of the primary group appears to be a potent factor determining the character of the individual's drinking behaviour. The obverse implication of an increase in intoxication in the (military) service is, of course, the overwhelming importance to Jewish sobriety of regular participation in a Jewish milieu which supports norms of moderate drinking and sobriety. Where the sober dictates of individual conscience and primary-group consensus are in harmony, as in the Orthodox religious community, the likelihood of continued sobriety would appear to be greatest despite extensive drinking.
It seems reasonable to propose, for example, that much the same dynamics, perhaps at a lower intensity, may apply to individuals of strict Protestant or other sober affiliation, upon entering an occupational group such as the Police Service or the mining industry. I would argue that in the case of the NSW Police Service, 'strong situational counterpressures' exist, which make it very difficult for some individuals to sustain 'norms and ideas antithetical to hedonistic drinking', regardless of their religious background.

The influence of social class and status
Stone (1962) suggests that drinking practices are one of the attributes that determine an individual's status in particular social circles as well as in the wider society. Status is not merely a matter of one's position in the economic or political hierarchy, and it is more useful to analyse the status of groups or individuals, rather than 'social class', in relation to drinking, because drinking styles 'may often change or consolidate the drinker's place in some larger status arrangement' (Stone, 1962). Gusfield (1962) claims that alcohol is used as a 'symbol of status' in the USA, and 'proper drinking habits are one of the necessary behaviour patterns for maintaining membership in specific status-bearing groups'. Males, he contends, still largely preserve for themselves the privilege of alcohol use and abuse, which symbolises their power and prestige in comparison to females. Although studies have shown that upper socio-economic groups are more permissive about alcohol use than the middle class, insobriety has often been seen as the 'mark of lower class life', and 'drinking has been part of the negative reference group - the group whose behaviour patterns are to be avoided' (Gusfield, 1962).

Trice and Sonnenstuhl (1990), cite a number of studies in support of their contention that there is an inverse relationship between social class and alcohol problems, even though total consumption levels tend to be greater in those of
higher social status. This conclusion conflicts 'with beliefs about the egalitarian distribution of alcohol abuse and dependence' (Trice, Sonnenstuhl, (1990), but it is supported by Davis and George (1988) who report on patterns of health and illness in Australia from a social perspective. These researchers note 'the lack of official statistics collated according to class' in Australia, but quote numerous studies evidencing the relationship between class, health status, and mortality. They report, for example, on page 82:

McMichael and Hartshorne (1982) have raised the complexity of the relationship between lifestyle and occupation. Their study of alcohol and cigarette related causes of death for males between 30 and 60 years, over the period 1968-78, showed that upper occupational groups were at lower risk, while 'blue collar' groups were at higher risk of death from these causes. When correlated with alcohol consumption, though, the risks did not increase. For example, administrative and executive workers had higher rates of alcohol consumption, but low mortality rates, thereby presenting a complex picture wherein factors other than alcohol were involved in outcome.

Hetzel (1980) also provides evidence which demonstrates links between social class, health, and mortality, and shows that there is a 'notably higher incidence' of alcoholism 'in the lower income groups' in Australia. Citing a 1971 Melbourne metropolitan study by Krupinski and Stoller, entitled The Health of a Metropolis, Hetzel (1980) reports the rates of alcoholism per 100 persons for five socio-economic strata with income levels decreasing from stratum 1 to stratum 5, as follows: 1) 3.6 2) 1.1 3) 8.8 4) 8.8 5) 5.8.

Hagen et al., (1992) found no significant correlation between alcohol consumption and income level in a sample of Australian workers from a range of occupations of varying status (for example, medical professionals to storepersons), but they did report a significant negative correlation between education level and total alcohol consumption. Social class and status are not merely a matter of income level, but also of education levels, occupational prestige and other factors.
For much of its history policing has been a low status, low income occupation, which until fairly recent times would have been appropriately classified as 'blue collar'. In the 19th century police were largely recruited from the 'labouring classes', policing was 'unskilled', involving no formal training, and police work was held in disdain by the upper classes (Haldane, 1995). Police are now undoubtedly better educated, more skilled, and better remunerated than at any time in the past, and with the recent introduction of university level education for some recruits, policing is perhaps in a transition phase from 'blue collar' to a more professional status. Yet despite this and the weight of the official authority of police, policing is not one of the more prestigious occupations.

Trice and Sonnenstuhl (1990), in attempting to understand the inequitable distribution of alcohol-related problems, suggest that such problems may simply be more visible among those of less affluence and status, and/or that there is a drift of problem drinkers from higher to lower status groups. While both of these factors may contribute to a higher rate of problems in lower status groups, I consider it more likely that social class, in determining to some extent the patterns of consumption, results in differing constellations of problems. For example, binge drinking is associated with lower status (Calahan and Room, cited in Trice and Sonnenstuhl, 1990). There is some evidence to support this in Hagen et al., (1992), whose analysis of ABS survey data revealed that managers had a 'more consistent' drinking pattern than other groups. 'Managerial occupations in general contained fewer abstainers than the trade groups, and a higher proportion of workers who drank every, or almost every day, albeit at lower levels' Hagen et al., (1992).

Binge drinking results in greater levels of physical damage and accidental injury than more frequent drinking at lower levels, even when the same amount is consumed over a given
period of time. That is, an individual who consumes, say, twenty standard drinks on each of two occasions per week (say Friday and Saturday), sustains more physical damage than one who drinks daily but consumes the same amount of forty drinks over the period of a week. The damage is also likely to be of a different nature for each group, for example, the binge drinkers are likely to suffer significant brain damage fairly early, while the daily drinkers, like the French, are more likely to develop alcoholic liver cirrhosis over a long time frame. However, research which measures 'problem drinking' by total alcohol consumption only would not identify the difference in drinking pattern between two such individuals.

Apart from influencing drinking patterns, affluence and high social status are likely to be protective in material ways such as, for example, in providing better nutrition which mitigates or delays some of the physical consequences of alcohol abuse; and in social terms in that there are both more vested interests and more resources mobilised to prevent public identification of a higher-status individual's problems. Social class, then, may or may not be in itself a risk factor in developing alcohol-dependency or problems, but it may alter the rate of overt identification of affected individuals, and it probably influences the nature of problems which arise by shaping different drinking patterns.

Social class and status are almost inextricably linked with occupation. Both social class and occupation are strongly linked with particular styles of drinking and levels of consumption. These relationships are of considerable importance in the evolution of occupational drinking subcultures. I would submit that they are far more significant than the influence of biological or individual psychological factors in the development of heavy/problem drinking in groups such as the NSW Police Service.
The influence of knowledge and age

A person's age and the quality of the information they have about alcohol are both factors in the establishment of their drinking patterns. The majority of Australians begin drinking while still in their teens, a time when most would still be living in the family home, but also a time when they are increasingly exposed to other social and cultural influences. Heath and Martin (1988) in a study of 1598 Australian twin pairs aged 20 to 30 years, found that the majority of subjects of both sexes had started drinking by the time they were seventeen years old. Only 8.48% of males and 11.06% of females in their sample were abstainers. This is consistent with the statement by Neal Blewett (1989), then Commonwealth Minister for Health, that in Australia 90% of people aged between 12 and 17 years of age drink alcohol. Hetzel (1980), reports that drinking patterns in Australian males are established 'usually by the age of twenty years'. Johnson and Pandina (1993) conducted a prospective, longitudinal study of 1270 nonclinical subjects in the USA, and reported similar findings:

Like other studies documenting alcohol use, this sample demonstrated a steady increase in the consumption of alcohol from age 12 through age 21, at which point use intensity began to stabilise through age 24. The number of alcohol-related problems also increased with age, obtaining its peak at age 18 and declining as age increased to 24.

Young people are unlikely to be well informed about the effects of alcohol, although they may have a good deal of misinformation. For example, a 1985 study by Wilks (cited in Edgar, 1989), demonstrated that Brisbane teenagers 'believe the myths that hot coffee, fresh air and cold showers help you sober up'. Other studies have shown that less than 3% of Year 12 students think drinking is dangerous to health, and that 'Australian youth seems to differ from youth in other countries in regarding heavy drinkers as sociable and fun loving' (Edgar, 1989).
Many adults are no better informed. There is evidence that both general education levels and the presence or absence of more specific knowledge about alcohol both have an important bearing on levels of alcohol consumption. Hagen et al., (1992), in their study of Australian workers, report there was a significant negative correlation between education level and total alcohol consumption; a small negative correlation between perceptions of heavy drinking of all alcoholic beverages and education level; and a significant negative correlation between male perceptions of heavy beer and spirit use and education level. McNeil (1996) reports that Australian police she interviewed were poorly informed about the effects of alcohol and about safe levels of consumption. It is common for the police I counsel during the course of my work to be unaware of the existence of many of the health complications of heavy drinking, such as high blood pressure, insomnia, depression, pancreatitis, fatty liver, and acute and persistent cognitive impairment. It is also common for these police to believe that 'binge' drinking is not physically harmful, and that an individual has to drink daily and compulsively in order to have a drinking problem.

Beer is the preferred beverage of many Australian males who drink excessively. In a review of the study by Plant (1979) of Scottish workers in the alcohol production industry, Hagen et al., (1992) report:

Plant also pointed to the lack of knowledge of many workers of the comparative strength of different beverages. Spirits were generally seen as stronger than they are, while beer was generally seen as weaker, even innocuous.

In their own study of Australian workers across a number of occupations, Hagen et al., (1992) report a universal tendency to underestimate the potency of beer compared to other drinks. Thus in 1992, as in 1979, some workers held much the same general opinion as that expressed by Hogarth in 1750, who called beer the 'Genius of Health' and gin the 'cursed Fiend'
(Maynard, 1991). In the late 1990's advertisers are still able to promote beer as an innocuous and healthy beverage, as I have illustrated in Chapter Two. This is hardly surprising as there has been no widespread dissemination of correct information about alcohol, and almost no public health education campaigns along the lines of those about the hazards of smoking conducted in the mass media on behalf of the NSW government. Even the TV and radio news and current affairs programmes are misleading in that they frequently remind us of some of the tragic and sensational consequences of illegal drug abuse, while almost never mentioning the more widespread results of alcohol abuse. These reports, for example, often inform the public that there are about six hundred deaths from heroin overdose per year in Australia, but only rare documentary programmes, usually on the least watched non-commercial channels, reveal that there are at least three thousand alcohol-related deaths, from medical conditions alone, per year, and thousands more alcohol-related traffic, industrial and other accidents, drownings, assaults and homicides.

This skewed emphasis and lack of information is compounded by massive amounts of alcohol advertising consistently delivering the message that alcohol use is beneficial and harmless. Lennane (1992) contends that although the 'greatest need' in relation to addressing alcohol abuse is for people to be educated with accurate information about safe drinking levels and the possibility of enjoying life in the absence of alcohol, 'there is no possible way the health lobby, including governments, can match the liquor industry's expenditure on promoting the opposite message'.

Liquor advertising, Lennane (1992) contends, is selling:

...a chance to let your hair down, to forget your dull, normal self, and be one of the beautiful people, who don't have to worry about anything, and certainly wouldn't do anything as boring as counting their drinks!
For many people, however, there is little highly publicised information to counteract the appealing but false messages of alcohol advertising. Ignorance of the pharmacological effects of alcohol, especially among young people, is of particular importance because, as both the Heath and Martin (1988) study, and the Melbourne Metropolitan Study revealed, drinking patterns are usually established in men by the age of twenty (Hetzel, 1980). This finding is also supported by the comments of US alcohol marketing executives, one of whom is reported in Clark (1988) as having said that the goal of alcohol advertising is 'to get the attention of the entry level consumer', because, as another commented:

Let's not forget that getting a freshman (seventeen or eighteen years old) to choose a certain brand of beer may mean that he will maintain his brand loyalty for the next twenty to thirty years. If he turns out to be a big drinker, the beer company has bought itself an annuity.

So lifelong drinking habits are, it seems, commonly established early and in ignorance of the pharmacological effects of alcohol and their consequences. As any drug and alcohol worker can attest, ignorance and misinformation about the effects of alcohol are common in our community. Australian police interviewed by McNeill (1996), also displayed a 'general lack of knowledge' regarding the effects of alcohol, and ignorance of the consequences of a hangover on their work performance. Like most individuals entering the workforce for the first time, police recruits are typically young (nineteen years or over), a critical age for establishing drinking practices. It can be seen that, in respect to occupational groups, norms of hazardous drinking could easily develop among the ill-informed and misinformed who have some incentive to drink, and that these norms might be readily adopted by new, young members who are keen to be accepted, and who are in the process of establishing their own drinking patterns.
To summarise the 'biopsychosocial' factors: at the level of the individual, there are numerous factors which interact in complex and infinite ways to influence drinking practices and the development of alcohol-related problems or dependence. These factors may provide some insight into the evolution of drinking patterns in specific individuals, and individuals in turn influence the character of groups. However, it should be apparent that no probable combination of biological and psychological factors could be manipulated to provide an adequate explanation of the full range of variance in alcohol consumption that occurs between one occupation and another. To explain this it is necessary to return to the notion of drinking as a social act, the nature of which is mediated by the cultural norms and values of the groups with which people identify.

**Drinking in the Industrial Context; the characteristics of high and low risk occupations**

One of the difficulties in analysing levels of alcohol consumption and the factors influencing them in specific workforces, is that data for several different occupations are lumped together, particularly in national statistics, and sometimes also in research literature, as Cosper (1979) has observed. For example, the Australian Bureau of Statistics, in its National Health Survey for 1989-90 reports on categories such as 'transport and storage', 'public administration and defence', 'labourers and related workers', 'paraprofessionals', and 'agriculture, forestry, fishing, and hunting'. Similarly the Victorian Occupational Health and Safety Commission Survey of workplace alcohol/drug consumption reports on the aggregate category 'scientists, engineers and technicians', and includes pharmacists in the group 'medical professionals' (Hagen et al., 1992).

This aggregation of categories is a serious impediment to useful insights. At best it is misleading, and it can result in the obscurcation of what should be salient data. For
example, the heaviest drinkers in the Australian workforce are not the miners and others with a 25% incidence of harmful/hazardous drinking as Hagen et al., (1992) report in the 'executive summary' of their research. The highest risk group for all industries is buried in the broad aggregate category 'agriculture, forestry, fishing and hunting' which was one of the lowest alcohol consuming industries in the ABS data Hagen et al., (1992) analysed. When separated from agriculture, fishing and hunting were discovered by Hagen et al., (1992) to have 'a higher proportion of risky drinkers than any other industry, with 32.2% of workers drinking at hazardous or harmful levels'. Unfortunately the study does not give any other information about hunters and fishermen.

Trice and Sonnenstuhl (1990) note that some studies, by defining occupations structurally rather than culturally, and so lumping together workers with similar job titles, have reported finding no relationship between occupation and alcohol use. Confounding the structural features of work with the cultural entity of occupation, 'violates the basic principles of standard analysis' and is bound to find 'only spurious relationships between occupational culture and drinking practices' (Trice and Sonnenstuhl, 1990). Thus even some of the ABS narrow occupational categories reported in Hagen et al. (1992), such as 'storage', 'services to agriculture', and 'paper, paper products, printing and publishing' are not amenable to meaningful analysis or comparison.

At present it is perhaps impossible to be absolutely certain which occupations have the lowest and highest risk drinkers, or which workplace factors might be most responsible for encouraging either low or heavy consumption. This uncertainty arises not only because of the aggregation of varied occupational groups in the statistics, but also because not all occupations have been sampled by any one, or even any combination of, studies. In addition few workplace contexts
have been comprehensively analysed in relation to alcohol use. Large occupational groups such as postal workers, the armed forces, and police have many structural and specialist divisions of labour within them. It is probable that levels of alcohol consumption and drinking practices within such large, dispersed organisations vary widely both between different units and between levels of the hierarchy. Very little is known about this, yet it may alter the picture significantly. To complicate the matter further, there is no commonly adhered to, international, standard methodology for measuring alcohol consumption nor other facets of alcohol use in the workforce or the workplace.

Low risk occupations
Low risk occupations are rarely mentioned in the literature and it appears they have not been the subject of much, if any, study to ascertain how they differ from high risk occupations. The ABS narrow industry categories reported by Hagen et al., (1992) to have the lowest rates of hazardous and harmful drinking were welfare and religious institutions, education/museums/library services, health, insurance, and agriculture, all of which had less than 12% of their employees drinking above safe levels. These are conglomerate groupings which probably each encompass a number of distinct cultural entities. The ABS category ‘health’ for example, is not one occupation, but many, and as far as I am aware it includes not only nursing, medical and paramedical staff, but also hospital clerks and cleaners, as well ambulance drivers and other workers. Nevertheless, it is immediately apparent that the gender balance, social milieu, and cultural perspective of the broad groupings welfare, education, library and health services are likely to be very different from those found in hunting, logging, construction or policing. Nursing, for example, which represents a large sector of the health category, is female dominated, with a gender balance roughly the inverse of that in policing, and with a philosophy and objectives quite different from those of policing.
It is possible that the ABS category ‘agriculture’, although a predominantly male occupation, is distinguished by rural isolation, with a consequent low availability of alcohol, and few opportunities for socialising and drinking, which may account in part for its low risk status. Agriculture is, however, a nurturing pursuit, and in this respect is ‘feminine’, as opposed to the more exploitive and aggressive pursuits of logging, mining, or hunting. Interestingly, ‘agriculture’ contrasts sharply with the totally male ‘services to agriculture’, which was ranked third highest for combined medium and high risk drinking (27%) in the ABS data reported by Hagen et al., (1992).

**High risk occupations**

The evidence available indicates that high risk occupations have historically included the merchant navy, commercial fishing, the armed forces, the mining industry, the brewing and distilling industry, the medical profession, marketing executives and company directors (Hore, 1987). Webster (1991), citing a 1986 study by the Royal College of Psychiatrists, claims that occupation can shape drug use, and reports that the liquor trades, cooks, caterers, journalists, the armed forces, sailors and doctors have a high risk of alcoholic cirrhosis of the liver. Cosper (1979) cites a study by Hitz (1973), which, based on published statistics for cirrhosis deaths and ‘folklore’, nominated bartenders, brewers and beer salesmen, restaurant and food workers, printers and newspaper employees, house painters, policemen, firemen, seafarers, postal workers, and salesmen with expense accounts as especially prone to problem drinking.

More recent and better quantified work gives a similar but slightly different picture. For example, the report by Hagen et al., (1992) on the ABS 1989–1990 Health Survey, lists the ‘broad categories’ of building tradesmen, waiters and bar staff, construction and mining labourers and food tradesmen as the highest risk groups, in all of which 25% or more of
employees were drinking at hazardous and harmful levels. The 'narrow industry classification' derived by commissioning from the ABS special tabulations which split some categories into their component parts, showed that the top ten industries for hazardous and harmful alcohol consumption were in fact fishing and hunting (32.2%), storage (31.5%), services to agriculture (27.0%), restaurants, hotels, clubs (26.4%), special trade construction (26.1%), forestry and logging (24.2%), coal mining (22.8%), services to transport (21.7%), general construction (21.5%), and road transport (20.2%) (Hagen et al., 1992). Each of these categories are probably comprised of a number of divergent groups. It is impossible, for example, to treat the various occupations and workplaces labelled collectively 'storage', or 'services to transport' as discrete entities and draw any conclusions about them. Even 'road transport' includes couriers and bus drivers as well as long distance freight truck drivers (Hagen et al., 1992).

It is possible, however, to make some general observations about more distinct groups such as hunting, fishing, forestry and logging, coal mining, and construction, if certain reservations are kept in mind. These are, firstly, that truly useful comparative data on hazardous/harmful drinking for these occupations could only be ascertained if they were defined and studied as discrete sub-cultural entities. Forestry and logging are not the same thing, and neither are brick-laying and plumbing, though both of the latter belong to 'general construction'. Secondly, it is not possible to make any final and definite statements about which are the most significant factors contributing to the incidence of problem drinking in any occupational groups until such studies have been conducted.

Police do not appear in either the broad nor the narrow ABS classification, and there is no indication of which aggregate category, if any, includes them. It would appear that Lennane (1992), is correct in claiming that 'adequate statistics on
this issue are not kept in Australia'. Lennane (1992) reports finding, in her work with problem drinkers, that police and council workers, in addition to some of the above, are particularly at risk in this country. One hundred and thirty seven police were included in a survey by Hagen et al., (1992), of 792 Victorian workers. The results of this survey indicated that 24.09% of police officers were drinking at hazardous or harmful levels. Both men (26.09%) and women (13.64%) police exceeded the gender averages for hazardous and harmful drinking in the survey group, which were 21.54% for men and 5.29% for women (Hagen et al., 1992). These rates of police alcohol consumption are considerably lower than the rates reported in NSW by Richmond et al., (1997), and may result from a smaller sample size or other factors, but they are high enough to give further confirmation that police drink at considerably higher levels than members of most occupations. Police in Australia, and specifically NSW, can justly be included in the ranks of 'high risk' occupations.

The characteristics of high risk occupations
In a 1973 study entitled Drunken Sailors and Others: drinking problems in specific occupations, Hitz proposed that cliques or subcultures, with distinctive drinking customs, might form among workers who socialised chiefly within their occupational group because of structural factors, such as geographic isolation, unusual working hours and the possession of esoteric skills (Cosper, 1979). The important factors listed by Hore (1987) and others as being common to 'high risk' occupations are - availability of alcohol; group pressure to drink; separation from normal social, and particularly female, relationships; freedom from supervision; the possibility of round-the-clock drinking (arising from shiftwork and alcohol availability), and collusion by colleagues. These factors were originally identified by Plant (1979, cited in Hagen et al., 1992), in a famous study of Scottish workers, Drinking Careers: Occupations, Drinking Habits and Drinking Problems. Plant (1979) also suggested that the prevailing drinking norms
and lack of factual knowledge about alcohol in occupational
groups strongly influenced consumption levels. In addition he
included 'strains and stresses of life', and 'pre-selection of
high-risk people', as risk factors, although he also reported
evidence supporting the hypothesis that some occupational
environments produce heavy drinkers rather than simply attract
them (Hagen et al., 1997).

Cospers (1979) suggests that heavy drinking within an
occupation is of interest 'not because it indicates deviance,
but because it reflects conformity'. He points out the
limitations of stress, selection, and social control theories,
then discusses the theory of the development of occupational
subcultures and occupational drinking subcultures at some
length. For Cospers (1979) the theory best matched to the
limited evidence:

is that workers with certain occupations tend to interact in their
leisure time, forming occupational subcultures in which drinking is
valued and distinctive drinking customs arise. The emergence of an
occupational subculture is predictable from the nature of a
particular kind of work; the relationship of an occupation to a
community and to social stratification; work scheduling; work
conditions; facilities for nonwork activities; and the sex of the
workers. In certain occupational cultures, drinking, rather than
being viewed as pathological, may be seen as communicative behaviour
symbolising social solidarity and the situation, wealth, masculinity,
identity and superiority of the group as well as reward or rejection.

While consistent with the factors proposed by Plant (1979),
this theory, as argued by Cospers (1979), is far more
comprehensive, and is capable of incorporating and connecting
the disparate elements of Plant's (1979) scheme, plus other
elements, in an infinite variety of combinations. It
summarises, from the perspective of social science, what some
novelists have known all along (for example, Joseph Wambaugh,
who wrote about police in the USA, in novels such as The Choir
Boys; and John O'Grady, alias Nino Culotta, who described the
drinking of Australian building workers in They're a Weird
Citing the work of Salaman, Cosper (1979), proposes that leisure interaction with work colleagues:

should take place when involvement in work tasks is high, when the occupation is stratificationally marginal, when the organisation physically controls (‘embraces’) the workers’ behaviour or when work activities restrict opportunities for interaction with persons who are not co-workers. Certain types of work - jobs that are seen as dangerous, responsible, requiring a high level of skill, or as important by or for the society - are more likely to arouse workers’ involvement.

Work-based leisure subcultures do not always emphasise drinking, but Cosper (1979) cites police and firemen as specific examples of those which do. Alcohol, in his view, becomes important when used, for example, to enhance group cohesiveness and express solidarity or masculine values; to maintain group boundaries and a separate identity; to provide an important reward; or to bolster internal measures of group prestige by a ‘reversal of values’ which encourages drinking in a manner poorly regarded by society at large.

Ames and Janes (1992) also contend that ‘the workplace, as a distinct cultural environment within the larger community, can support or inhibit the development of problem drinking among workers’. They suggest that the most significant factor in the determination of occupational drinking levels is workplace cultural norms which regulate drinking. This entails the ‘interacting and overlapping elements of work that form and maintain alcohol beliefs, values and behaviours’, and may constitute a drinking sub-culture (Ames and Janes, 1992). The physical and social availability of alcohol, the nature of social controls, the quality and organisation of work, and interaction between work and non-work life are also of importance in this cultural approach. Ames and Janes (1992) see social controls not just as the formal rules and values imposed by management, as Cosper (1979) does, but also as a system of informal, tacit norms which may be ‘more powerful than explicit regulations in producing behavioural
conformity', more difficult to change, and which may also conflict with formal management policy.

Sonnenstuhl and Trice (1991) cite numerous studies which provide empirical evidence of the relationship between heavy drinking, low levels of supervision, and high levels of 'on-the-job-mobility'. They also report studies which claim that in the USA the 'freewheeling' and 'unstructured' 19th century occupations such as frontier mining, stage coach driving, lumberjacking, canal building and river boating developed heavy drinking traditions. Sonnenstuhl and Trice (1991) also cite their own and other studies of 20th century building and construction workers, longshoremen and railroad engineers, who are 'close knit occupational communities', which have 'distinctive drinking customs on and off the job', and whose drinking is 'built into the work culture'. It is notable that a common characteristic of all of these occupations is that they are associated with an image of rugged, active, adventurous masculinity.

**Machismo occupational communities**

While at first glance it may appear unlikely there is any link between the varied groups of heavy drinking workers such as, for example, hunters, miners, fishermen, construction workers, foresters and loggers, 'truckies', and police, it can be argued that these industries all present an emphatically active, machismo image, and tend to confer a pervasive and conspicuous occupational identity. If the workplace is a primary arena for the definition and construction of gender identity, and if heavy drinking is associated with a machismo style of masculinity, as contended in Chapter Two, then the subcultures extant in these occupations become critical to the development of particular drinking practices. This group of high risk occupations fit the criteria which Cosper (1979) and Ames and Janes (1992) predict will lead to the rise of a drinking subculture. They also share a number of the features proposed by Plant (1979, cited in Hore, 1987), to contribute
to the development of high rates of excessive drinking.

Different gender-plus-culture effects in the military and the police

There appears to be reason also to continue to include the armed forces in the list of high risk occupations, at least in respect of males, and current data on the armed forces provides further demonstration of the need for culturally based studies. In the Hagen et al., (1992) study, the category 'defence' is ranked thirteenth of forty two ABS industrial groupings, with 18% of males drinking at medium or high risk levels, which is above both the workforce (16.4%) and the general population (14.9%) average for males. It is reasonable to suppose that different units and different levels of the hierarchy in the armed forces may have different rates of hazardous/harmful drinking, some higher, and some lower than the 18% overall figure in the ABS data. This figure may profoundly understate the drinking levels of some sectors and overstate them for others.

Female defence personnel rates of medium and high risk drinking, at 8%, were less than half that of their male colleagues. This figure is also less than the general workforce rate for women, (9.6%) and close to that of women in the general population (7.4%) (Hagen et al., 1992). The contrast with policewomen, who were reported by Hagen et al., (1992), Richmond et al., (1996), and others, to have significantly higher rates of hazardous/harmful drinking than women in the wider workforce or the general population, may reflect the fact that women in policing are now fully integrated into 'operational' roles, whereas women in the defence forces are not (enlisted women are still usually non-combat personnel, plus there are groups such as nurses in the armed forces). So while female sworn police are engaged in the same work as men, women in the armed forces are not necessarily doing the same work as men. Possibly many women in the armed forces are therefore not under the same pressure
to 'prove' themselves equal to their male colleagues, as policewomen are (see Chapter Six). Nurses, for example, have a role and function in the defence forces which is virtually the opposite of that of combat personnel. Defence force nurses may as a group form a subculture more closely conforming in some respects to other nursing groups than to the military. Nurses, because they have their own distinct occupational identity, function, status, and culture, would not need to become 'one of the boys' to earn the respect of their military colleagues. Hagen et al., (1992), in their study of Victorian workers, reported the lowest rate of all for hazardous/harmful drinking among female nurses (2.2%). So, even if some enlisted women drink at rates equivalent to men, the overall incidence of hazardous and harmful drinking among women in the defence forces could be significantly lowered by the inclusion of groups such as nurses. Policewomen, however, virtually have to become good policemen, and drink accordingly, because policing is defined in terms of masculine values. This issue for policewomen is considered in more detail in Chapter Four.

**Esoteric knowledge**

Hunting, fishing, mining, forestry, logging, construction, the armed forces, and policing are industries in which the members, for various reasons, might tend to function socially as well as professionally within the occupational group to a large extent. One of the reasons for this is that workers in one highly specialised occupation generally share a bond of common experience and knowledge which outsiders fail to appreciate, and with which they cannot empathise. Common experience and knowledge may also engender a particular philosophic and political outlook in members of distinct occupations. Thus in some circumstances the problems, achievements, and/or outlook of commercial fishermen might be understandable to other fishermen but incomprehensible to miners, doctors, or builders. Similarly, fishermen would fail to fully appreciate the problems, achievements, and/or outlook
of miners, doctors or builders. Workers in specialised occupations also frequently develop an argot which is meaningless or unfathomable to outsiders, so they find it much easier to establish a rapport with those who share their language. Police have a strong perception that only other police or emergency services personnel can understand and empathise with their position (see Chapter Six). Police tend to share a world view, an argot, a concept of masculinity, and a wealth of common experience and knowledge, as I will illustrate in Chapter Six, and which, when combined with other factors, leads them to become quite insular as an occupational group.

**Insularity**

Other factors also operate to separate workers in a given occupation from more than incidental social intercourse with the wider community or a broad range of other occupations. Anyone who is employed full-time spends a large proportion of time at the workplace, which in the case of fishermen, hunters, and long-distance truck drivers, for example, separates them geographically, sometimes for long periods, from the wider community, and in the case of construction workers, loggers and miners, and also the armed forces, may separate them by virtue of location and by dictating that only employees are allowed on the work-site. Police are often transferred to a new and unfamiliar community, they sometimes live in police accommodation, and except for some special units, they are generally uniformed or otherwise identifiable as police while on duty. All of these factors can contribute to a degree of separation from normal social relationships. Similar but more pronounced features apply to the defence forces. In addition the work role in itself may also form a barrier. Police authority makes them 'other' even in their constant contact with members of the community. The same is true, in a different way, for some other distinct occupations, as for example, for medical practitioners. Unless individuals belong to a network of non-occupational social
groups, their circle of friends and acquaintances are likely to be drawn from co-workers, simply because these are the people with whom they have the most contact, and with whom they most readily identify. If they are shift-workers, their opportunities to mix with non-shift workers are limited.

**Masculine solidarity, physical hazard, and low supervision**

Concomitant with insularity is solidarity or group cohesiveness. Solidarity may arise in response to perceived isolation and difference, or to competition with other groups (for example, police vs. criminals or protesters), or to some shared threat such as unforeseen storms in the case of fishermen. Dunstall (1994) claims that 'workers in potentially dangerous and difficult occupations' typically 'develop strong norms of solidarity'. Hunting, commercial fishing, construction, logging, mining, defence and policing share a high level of perceived risk, usually associated with physical danger. These are all heavily male-dominated occupations, in which factors such as mobility, unusual hours, low supervision, separation from 'normal' social relationships, and a sense of group identity may create opportunities for all-male group drinking as a form of recreation and social support, particularly after work. These are circumstances in which drinking may be associated with manliness and the promotion of solidarity. Seeman and Anderson (1983, cited in Sonnenstuhl and Trice, 1991), tested 'the impact of social support on the development of drinking problems', and, to their surprise:

they found that greater involvement in social support networks was significantly correlated with more drinking and drinking problems, even when work was intrinsically rewarding for workers. These findings suggest that many work-based social networks - especially occupational communities - may encourage the use and abuse of alcohol rather than discourage it.

Similarly, Ames and Janes (1992) report that in their 1989 study of the drinking histories of laid-off factory workers,
87% of the heavy drinkers socialised primarily with workplace peers, and rarely with family or others, while 93% of the moderate drinkers had from one to four involvements in community organisations. The workers likely to drink heavily were those whose primary reference group consisted of co-workers. These workers reported a reduction of alcohol consumption after they became unemployed, and a discontinuation or workplace drinking styles, which were not replaced in other social contexts (Ames and Janes, 1992).

Hore (1987) reports that in the case of miners, a strong 'occupational community', considerable autonomy of the individual at work, and the hazards associated with mining have been suggested as some of the factors contributing to excessive drinking. Cosper (1979) cites evidence that 'miners in both England and America are said to have a high degree of group solidarity and informal social cohesion', as well as a high level of involvement in their work due to its inherent dangers and difficulties. Fishermen were also said to have a 'job culture', and one which promoted heavy drinking (Hore, 1987). Physical hazards and autonomy, though not cited by Hore (1987) in this case, are no doubt features of the fishing industry. All three of these factors are highly likely to exist also in the construction industry, which is, particularly on large commercial building sites, very specialised, rugged, dangerous, and an area in which tradesmen operate with considerable autonomy. Sub-contractors on smaller sites have considerable 'on-the-job mobility' and little supervision while performing physically demanding work. Hagen et al., (1992) report that their interviews with union representatives and workers in the construction industry revealed the persistence of 'traditions' including 'the provision of 'slabs' of beer instead of paid overtime, heavy drinking barbeques and other such activity' which indicate an industry wide expectation of heavy drinking among members.

Carr (1991) a representative of the Building Workers'
Industrial Union of Australia, reports that the solidarity of building workers is so great that any attempt by employers to sack an intoxicated worker results 'in an industrial dispute because the other workers protect(ed) their mate'. This occurs despite the fact that workers consider such drinkers extremely dangerous. Nothing is done by workers in the way of intervention because it would involve 'dobbing in their mates' (Carr, 1991). Much the same extreme prohibition on 'dobbing' occurs among police, as do drinking traditions similar to those of construction workers, (eg end of shift barbeques in which drinking is the main focus) as I will describe in Chapter Four.

**Physical and social availability of alcohol**

Alcohol is easily accessible in the general community in Australia, with numerous diverse outlets ranging from supermarkets and bottle shops to hotels, clubs and restaurants. For workers whose occupations do not directly involve the handling of alcohol, but which have the features of mobility, low supervision, and unusual hours, obtaining alcohol either during or after work hours presents no difficulty. Alcohol becomes even more readily accessible if the occupational group view regular or heavy drinking as normal; there are pressures within the group which encourage drinking; there are no effective formal or informal constraints on drinking or alcohol-impaired behaviour in the workplace; and there is collusion amongst workers to cover-up work-related drinking and/or its consequences. Collusion will be dealt with specifically in Chapter Seven.

**Occupation-specific drinking norms**

Insularity and solidarity may foster the development within the group of slightly different norms and expectations in relation to many issues including alcohol use. Occupation-specific norms in relation to drinking could diverge widely from those of the community, and there is evidence to suggest strongly that they do, particularly, for example in the work...
of Hagen et al., (1992), who studied a number of Australian occupations, but also in police-specific studies such as those by McNeil and Wilson (1993), and McNeil (1996). The degree of divergence might vary in conjunction with a number of conditions, including the level of insularity and/or solidarity of the group. This is also an important characteristic of policing which will be addressed in Chapters Four and Six.

Fenlon et al., (1997) claim that police in Australia develop distorted drinking norms because they are constantly exposed, in the normal course of maintaining public order, to 'excessive and extreme drinking practices in the community'. Police, therefore 'may, over time, become desensitised to what is normal and acceptable drinking behaviour', (Fenlon et al., 1997), and it is easy to imagine that at the very least these circumstances may contribute to police developing a distorted view of what constitutes excessive drinking. Oddly, Fenlon et al., (1997) also make the statement 'There is a perception among police that police drinking patterns are a reflection of community drinking. While this may be so, it should not be used as a rationale for excessive consumption'. This begs the question of whether both police and the Queensland University of Technology personnel who collaborated on this particular publication mistakenly believe that police levels of alcohol consumption are similar to or less than those of the general community.

The study by Hagen et al., (1992) includes, among other data, the results of a survey of alcohol/drug consumption and work environments, in a sample of 792 workers, conducted for the Victorian Occupational Health and Safety Commission. It reports the significant finding that respondents generally had a poor knowledge of alcohol consumption, particularly in relation to beer; that average perceptions of what constitutes heavy drinking, for all occupations, exceeded NH&MRC standards; and that perceptions about heavy drinking were
positively correlated with consumption levels:

The larger the amount of alcohol which workers felt people needed to consume daily to be thought of as heavy drinkers, the larger the quantity of alcohol which they were likely to consume themselves.

Such perceptions and the amounts of alcohol consumed varied significantly between the occupational groups surveyed. Police displayed perceptions and consumption rates which exceeded the survey average for the majority of beverages (beer, wine, and spirits). Other emergency service workers, namely ambulance drivers and firefighters, as well as nurses and medical professionals all had perceptions and consumption rates below the survey average for the majority of beverages (Hagen et al., 1992). However, Hagen et al., (1992) give very little attention to the possible reasons for the interesting discrepancy between perceptions and consumption levels of police as compared to the other emergency and related services, particularly in their interviews of these workers.

The contrasts between emergency service workers
The case of ambulance officers and the Fire Service provide an interesting contrast to that of police and other high risk occupations. The ambulance service and the urban Fire Service are both uniformed, male dominated occupations which share, with police in particular, the features of mobility, shift work, relative autonomy and low supervision, exposure to traumatic or stressful incidents, exposure to danger, a high level of esoteric knowledge, a sense of occupational community, and an important community service role imbued with some authority. There are many structural and environmental similarities in these three occupations, and police identify with the other two to the extent that they share recreational drinking sessions with them (see Chapters Four and Six). Yet in the survey by Hagen et al., (1992) of 792 Victorian workers, both ambulance officers and firefighters had significantly lower rates of hazardous and harmful drinking than did police.
This highlights the need for more detailed study of the cultural differences between related occupations in order to establish the critical risk factors for the development of excessive drinking patterns. Representatives of ambulance officers and firefighters interviewed by Hagen et al., (1992) talked of the legal and social constraints (eg drink driving legislation) they perceived as shaping their drinking habits in recent times, while representatives of the police did not mention any constraints, but spoke at length about drinking in response to stress and the need for team unity.

Ambulance officers do not have the aggressive, machismo image common to police, construction workers, loggers, miners, and hunters. Their role places them, perhaps, in a more androgenous position, somewhere between police and nurses, because they share some features with both occupations. Like police, they are action-oriented, even adventurous, but like nurses, they care for the sick and injured. Thus they do not have the same vested interest in establishing the machismo, tough-guy image valued by police, who despite evidence to the contrary, are perceived by themselves and the community chiefly as crime fighters (see Chapter Six). Urban firefighters have a more aggressively masculine role than ambulance officers, but they have historically had an image chiefly as brave but gentle rescuers of the victims of burning buildings, children trapped in drains or other difficult locations, and of kittens in trees. They are thus not as high on the scale of machismo as police and construction workers, for example.

In addition, I would contend that ambulance officers and firefighters do not have the same level of occupational insularity as police, because their roles revolve entirely around providing assistance. For this reason they are not separated from the community they serve by the antagonisms peculiar to relations between the police and the public. I would suggest that the greater insularity and solidarity of
police results in there being a wider cultural gap between police and the community than between ambulance officers or firefighters and the community. These issues are addressed in more detail in Chapter Four, and another perspective on the differential drinking rates between the various emergency services will be taken in Chapter Five.

Mining, construction, logging, commercial fishing, long-distance road freighting, and the armed forces, are notably masculine, and one might even say 'machismo' occupations. Hunting is perhaps the original machismo occupation, and one which complies with most, if not all, of the high-risk criteria identified by Plant (1979). Police share in common with the above workforces an exposure to risk, relative autonomy in carrying out their role, and a strong sense of occupational community. Members of the armed forces may lack much opportunity for individual autonomy while on duty, but they have an obvious potential exposure to hazard. There is also 'organisationwide support for heavy drinking' in the military (Sonnenstuhl and Trice, 1991), which appears to have a strong sense of 'occupational community' and which perhaps provides an archetypal form of machismo masculinity. The following quote gives some indication of the all-pervasive importance drinking can attain in the armed forces, and comes from the work of Pursch (1976, cited in Sonnenstuhl and Trice, 1991):

In Naval Aviation .... we drink at happy hours, after a good flight, after a bad flight, and after a near midair collision (to calm our nerves) ... We drink when we get our wings, when we get promoted (wetting down parties), when we get passed over to (alleviate our depression), at formal dining-ins, change of command ceremonies, chief's initiations, and at "Beef and Burgundy Night". At birthday balls we drink our door prize if we have the lucky ticket ... We 'hail and farewell' frequently, and the first liquid that wets the bow of any newborn ship at its christening is champagne. Thus, we drink from enlistment to retirement and from teenhood to old age.

Drinking, seen in this light, is a ritualised behaviour which
conforms to occupation-specific expectations, and is possibly imbued with a wealth of symbolic meaning. It is behaviour which exists even when the work is intrinsically rewarding, rather than stressful, to paraphrase my earlier quote from Sonnenstuhl and Trice (1991). It is thus behaviour which would occur largely independently of workplace stressors, but which is highly dependent on social relationships and contexts. These are issues I will examine more fully in Chapters Four, Five, and Six, because of their significance in police drinking behaviours, but for the moment it is worth noting the similarity between the above quote from Pursch (1986), and the following quote from Fenlon et al., (1997) in the National Guidelines for Police Workplace Alcohol Policy:

Traditionally, police drinking occasions include celebrations after successful operations; promotions; transfers; send offs; critical incident debriefings; debriefings; workshops, courses and conferences; interstate visits or visitors from interstate; Christmas and other parties; end of shift barbeque.

Workshops, courses and conferences are attended during working hours. Official debriefings occur, obviously, during on-duty time. 'End of shift barbeques', traditionally, also occur during working hours. However, the police authors of the abovementioned policy argue that these drinking occasions 'promote esprit de corps', and police involvement in them is 'not necessarily negative', so the suggested strategies for dealing with 'the potential negative aspects of such events', are to 'ensure a safe environment where binge drinking in particular is discouraged', and to ensure 'access to safe modes of transport' (Fenlon et al., 1997). Thus the authors do not argue for a reduction in excessive drinking 'in light of the alcohol-celebration link', but instead recommend policy and strategies 'aimed at minimising the potential harms associated with the excessive use of alcohol'. This may perhaps be regarded by the authors as a 'softly softly' approach, but in my view it does nothing more than condone current police drinking practices. It amounts to a form of
'collusion by colleagues'.

Note: It should be clearly understood here that although titled *National Guidelines for Police Workplace Alcohol Policy*, this document (Fenlon et al., 1997), originates in Queensland and espouses an approach which is in direct conflict with official NSW Police Service drug and alcohol policy introduced under Commissioner Ryan. It does however represent former attitudes in NSW, and it has, unfortunately, the potential to confuse the present situation through its national distribution by the authors.

**Upper class machismo**

Medical practitioners, marketing executives, and company directors have sometimes been identified as being at high risk of excessive drinking (Hore, 1987), although there is apparently very little in the literature to support the continued inclusion of doctors (Hagen et al., 1992). These groups of workers also function within very specialised occupational environments, have considerable autonomy and mobility, and have historically been male dominated. They are roles which are associated with authority and what might be termed an upper class style of hegemonic masculinity. These are the professional and corporate 'men in suits', who may not often face physical danger in the course of their work, but who do engage in significant risk-taking behaviours. For marketing executives and company directors the risks may be both corporate and personal financial risks; for doctors there are always risky clinical decisions which will affect their professional reputations and the lives and well-being of patients. So possibly it may be that significant risk-taking of any kind, rather than actual physical danger, is a common thread linking these occupations with those discussed above. Risk-taking, whether involving actual physical hazard or some form of competition, can be intensely rewarding and exciting, as well as being stressful, and in many cases the rewards may be perceived by an individual to outweigh the emotional and material costs.
Risky drinking
Drinking heavily is in itself a form of risky behaviour, and as previously mentioned, it is used in some settings as a test of masculinity, and/or to promote social cohesion. Drinking heavily, especially among young males, increases the probability of engaging in risky, daring, and dangerous behaviour, and this is frequently regarded as a source of excitement, challenge, and enjoyment. Currently, however, risky occupations are generally described as negatively 'stressful' occupations, a perspective which totally ignores the excitement, challenge, fun, and the 'adrenaline rush' involved in potentially dangerous pursuits and unpredictable outcomes. Emergency services personnel, including police, may be exposed to unusual stressors, but spending time amongst their ranks brings one to the inevitable conclusion that for most individuals the 'buzz' either balances or outweighs the negative stress, at least for those who remain in these occupations. Perhaps male-dominated, risky occupations and heavy drinking tend to be strongly associated because they are both means through which 'tough' styles of masculinity are constructed, expressed, and celebrated. Stress may be irrelevant, or an essential part of the excitement.

The special case of the liquor trades
The case of the liquor trades is distinct from that of other high risk occupations, in that although many of the same features apply, they may be very differently weighted. For waiters, bar staff, food tradesmen and brewers and distillers, the fact that they work in close proximity to alcohol which is constantly, easily available to them is both immediately apparent and of particular significance. That they have been traditionally male dominated, and in many cases remain so, as well as being conducted over unusual hours, is also of importance. In other respects these are not a homogenous group, and particular workplace subcultures may vary considerably. The ways in which they mediate the construction and expression of workers concepts of masculinity may also
vary considerably. Possibly they also have some of the features outlined by Cosper (1979), such as a sense of occupational community or identity, and a leisure subculture. They are located in an environment where drinking is not only acceptable, but is occurring (ie, restaurants, bars, hotels, clubs, and even breweries). It would be surprising if such workers did not develop a distorted perception of community norms for alcohol consumption, as they are constantly in an environment where heavy drinking is not unusual.

Workplace alcohol policy and drinking norms
Other factors such as ambivalent and erratically applied company policy, especially in situations where high levels of workplace alcohol consumption have been historically and contextually established, may also have a large bearing on the degree of divergence from current community drinking norms. An illuminating example from the brewing industry is revealed, unintentionally, by the Managing Director of Carlton United Brewery. Despite claiming that company policy prohibits the availability of alcohol in the workplace, and that consuming alcohol at the plant 'is an offence warranting dismissal', Stone (1991), reports that low alcohol beer is supplied free to employees during the working day under an award agreement. The change from full to low strength beer rations is what Stone (1991) defines as a 'dry' brewery. 'Dry', in his terms, does not mean no alcohol, it means low alcohol. In addition, the company offers 'access to agreed amounts of packaged beer, at reduced cost, for employees to take home to be consumed at leisure'. Stone (1991) also reports as follows:

We have had a policy of a 'dry' brewery since August 1987. It is worth noting that the right to a 'beero', or ration of beer, able to be consumed three times during the day and also directly after work, was actually written into the award conditions of the brewery. Free beer had been introduced long ago, but over the years had escalated into a problem. Brewing is an industry which historically had attracted a minority of employees prone to alcohol dependency. The very fact of the availability of free beer was an employment incentive. The amount of beer consumed in the free issue was, in
practice, hard to control - despite official limits - and some of our older employees in particular, seemed to be alcohol dependent.

Stone (1991) does not report offering alcohol intervention strategies for those who 'seemed to be alcohol dependent', but finds it 'interesting' that some of them 'left our employment' when free full strength beer was no longer available. The change was made, not in the interests of employee health, but for the economic benefit of the company. Stone's (1991) paper, given at a conference on alcohol and drugs in the workplace, makes it clear that CUB management emphasises material and engineering safety measures in the control of workplace accidents, despite his admission that the change to low alcohol beer 'has been a critical element in reducing the number of injuries at our plants'. CUB asks its supervisors to identify employees who 'may not be fit for (their) role on a given day', though emphasising that such impairment may occur for 'a whole range of medical or psychological reasons', not just as a result of alcohol (Stone, 1991).

From my perspective, Stone's (1991) paper is a stunning illustration of the way in which social and environmental contexts can mediate the development and maintenance of heavy drinking in an occupation. There are numerous factors here which, if addressed, could reasonably be expected to reduce alcohol consumption and its consequences within the occupation, without the need for any resort to explanations involving individual pathology or workplace stressors. For example, there is unlikely to be any change in employees perceptions of acceptable consumption levels while there is conflict between stated company policy and actual company practice; while free and low cost alcohol is supplied; while erratically enforced punitive measures, but no rehabilitative measures, are used in dealing with impaired workers; and while safety and health policy minimise alcohol-related problems and focus chiefly on other issues. Without intending in any way to compare CUB with the NSW Police Service, much the same issues of social control apply in both cases. They apply also
in many other areas of industry in which the issues of work-related alcohol problems have so far been either ignored or inadequately addressed.

In summary
While occupations will have varying numbers of individuals who are at greater risk of problem drinking by virtue of personal biological, psychological or social influences, it is not feasible that selection of high risk individuals can account for the vast differences in alcohol consumption from one occupation to another. Nor is it likely that differences in levels of occupational stress can account for this variance, because, for example, while policing is often claimed to be very stressful, it would be extremely difficult to support the contention that 'storage' is an equally stressful occupation, but nursing is not, and thus account for the high rate of harmful drinking in 'storage' and the low rate in nursing (see Chapter Five for a discussion of alcohol and stress). Rather, it is proposed here that features peculiar to certain occupations facilitate the development of high rates of alcohol consumption in a large proportion of their workforce. In order to make any meaningful analysis or comparison of alcohol consumption rates, however, it is essential that 'occupations' be carefully defined as distinct cultural entities, and not simply as structurally related work groups.

This brief glimpse of high risk occupations has outlined some of the features they appear to share, given the obstacle of statistics compiled chiefly in relation to structurally defined occupational groups. Firstly, high risk occupations appear in general to be not only either exclusively male or male dominated, but they tend also to be 'masculine' pursuits, either historically or culturally defined as 'men's work'. Secondly, high-risk occupations fall into two broad groupings: those involved directly in the production, distribution or serving of alcohol, and collectively known as the liquor trades; and those which do not feature the handling of alcohol
as part of the work task. Although it is proposed here that drinking subcultures arise in the occupations comprising both groups by much the same processes, and for many of the same reasons, there are undoubtedly some important differences in the ranking and interaction of risk factors between the two groups. The non-liquor trades group, to which police belong, has been the focus in this discussion.

Thirdly, it cannot be too strongly emphasised that drinking in occupations which display very high levels of alcohol consumption appears to be an expression of conformity to subcultural norms, as Cosper (1979) proposed, and not an example of pathological deviance from general community norms. Occupations which arouse high levels of worker involvement, because, for example, they are socially important, responsible, highly skilled, 'risky', or dangerous, are particularly likely to develop some degree of occupational community (Cosper, 1979). In those occupational communities which place a high value on alcohol, distinctive drinking patterns and high levels of alcohol consumption may arise. The major characteristics common to these occupational drinking subcultures can be listed as:

* a largely male workforce associated either directly with work which engenders a machismo style of masculinity, and/or with the handling of alcohol. The ideologies of both machismo masculinity and the liquor industry can, alone, together, or in combination with other factors, generate considerable peer pressure to drink;

* an historic tradition of heavy drinking, especially if this is perceived as 'heroic', within the occupation;

* opportunity for drinking in conjunction with the physical and social availability of alcohol. Opportunity may be due to work hours, mobility, and relative autonomy or freedom from supervision, as well as the absence of mitigating numbers of
'God's Police' as women have sometimes been called according to Summers, (1994);

* use of alcohol as a favoured recreational pursuit within the group, and as a means of promoting and/or expressing group cohesiveness or solidarity, with consequent collusion by colleagues to protect each other (and the continued availability of alcohol for all) by diminishing or hiding the consequences of drinking.

* distorted perceptions of safe or responsible drinking, arising partly from the relative insularity of the group, partly from group folklore and ideology, partly from the lack of factual information about alcohol within the group, and partly from the absence of 'reality testing' in the form of management or union imposed sanctions relating to occupational health and safety;

* lack of unequivocal corporate alcohol policies, and the relative absence of regulative, legal, social, or other applied constraints and sanctions in the workplace. This may be exacerbated in high risk occupations by the concurrent absence of effective screening and/or rehabilitative programmes for problem drinkers in the workplace.

Any of these characteristics may exist to a greater or lesser degree in different occupations. In addition, many of them are interdependent and interacting, in a multiplicity of possible combinations. They are the plastic elements of the drinking contexts of dynamic occupational groups or communities. Such groups are capable of responding with a variety of compensating action to maintain the equilibrium of their drinking practices in the face of ill-informed or token attempts to modify their alcohol consumption. The administrative imposition of punitive sanctions alone, for example, may simply result in increased collusion, as appears to have occurred among police (see Chapters 6, 7 and 8).
However, the historical evidence presented in Chapter Two suggests that even police, as one of the most insular of these high risk occupational groups, respond, if slowly, to changes in the drinking norms of the general community. Rates of alcohol consumption among police, as well as the general community, were considerably higher in the past than they are today. The results of the study described in Chapter Eight suggest that high risk groups such as police will respond positively also to culturally sympathetic intervention strategies which seek to address one or more of the high risk characteristics the group exhibits. The particular constellation of high risk characteristics and cultural features which contribute to the high rates of police alcohol consumption will be discussed in Chapter Six. Firstly, however, Chapter Five examines the popular proposition that occupational stress is responsible for problem drinking, both in general, and especially among police.
CHAPTER FIVE
POLICE, ALCOHOL AND STRESS: QUESTIONING CONVENTIONAL THEORY

The most popular of the conventional theories which seek to explain problem drinking appears to be that which posits 'stress' as the chief inducement to drink, and assumes that drinking reduces 'stress'. This particular theory is especially popular in relation to police drinking, not only among researchers and professional theorists, but among police themselves. In my work as a drug and alcohol counsellor to police officers, I am daily presented with the rationale that problem drinking results from 'the stress of the job', and that officers need to drink 'to relax and unwind'. However, I have not found this explanation to be consistent with my observations, and there does not appear to be any solid body of empirical evidence to support it, as I will attempt to demonstrate in this chapter.

'Stress' has a long history
The unsupported assumption that stress is the primary factor leading to excessive drinking and alcoholism has a long history. Blume (1988) reports that in 1877 a 'medical authority' named Dr Thomas Davidson Crothers, wrote that 'affection' for drinking was precipitated by 'the severe mental strain incident to our peculiar civilisation, with its struggle for wealth and power', and that this often led to alcoholism. Yet in 1882 the same Dr Crothers had noted that alcoholism was a problem in ancient Egypt (Keller, 1986), and one wonders what reason he proposed for this. Without providing supporting evidence, E. M. Jellinek, 'who made profoundly influential contributions to the study of drinking' (Edwards et al., 1997), also asserted that excessive drinking is a response to stress, and that 'prospective' alcoholics experience greater stress relief from drinking 'because either his tensions are much greater than in other members of his social circle, or he has not learned to handle those tensions as others do' (Jellinek, 1962a).
The long established expression it's enough to drive you to drink, commonly used in reference to difficult situations, is further testimony to the widespread belief that people drink in response to stressors. This belief, it appears, is sometimes maintained even in the face of evidence to the contrary. For example, Jopson (1998), in reporting the work of Richmond et al., (1998) in The Sydney Morning Herald of 10th November 1998, provides a graph revealing that while forty to forty eight per cent of NSW police drank excessively, only twelve to fifteen per cent exhibited stress symptoms. Nevertheless, Jopson (1998) headlines the article The job driving police to drink, implying that something inherent in the nature of the work itself is responsible for police drinking. Thus the notion that excessive drinking is a response to external stressors is persuasive, yet it is difficult to find any clear, well-founded, and uncontested empirical evidence supporting this belief, as this chapter will attempt to demonstrate.

A second assumption, that alcohol use reduces stress, also has a long history and a lack of unequivocal evidence to support it. Kushner et al., (1990) note the advice of Hippocrates that 'Wine drunk with an equal quantity of water puts away anxiety and terrors', but cite a 1972 review of the literature which 'concluded that evidence for the tension-reduction hypothesis was negative, equivocal, or contradictory'. The question of whether alcohol reduces tension appears, Kushner et al., (1990) report, 'to be related to a number of factors, including the amount of alcohol consumed, individual physiological differences, previous experience with alcohol, expectations about alcohol, social learning history, and, importantly, how tension is defined'. Johnson and Pandina (1993) note that both anxiety-decreasing and anxiety-increasing effects of alcohol have been reported, and Edwards et al., (1997) report 'there is evidence that alcohol can exacerbate anxiety rather than relieve it'.
After attempting to define the nature and limits of the stress/tension/anxiety which is purported to lead to problem drinking, I will review evidence related to both elements of the tension-reduction hypothesis, and the implications of this in explaining different levels of alcohol consumption in police and other occupational groups.

The ubiquitous and elusive nature of stress
There is not space here to address the long-standing semantic debate on the definition of stress, nor the enormous amount of literature relating to the multi-disciplinary study of this and related concepts. There is perhaps more confusion and less consensus regarding stress than there is in relation to drinking problems, making stress 'one of the most frustrating areas of current health research' (Davis and George, 1988). The forces of stress so precisely defined in the physical sciences as they apply to the mechanics of non-living systems, have only a symbolic meaning in the social sciences, where substantial disagreement exists between scholars over the definition of stress in living organisms (Breznitz and Goldberger, 1982; Davis and George, 1988; Chilvers, 1995;).

Stress is, at present, 'a black box of mysterious properties and unknown causal effects' (Davis and George, 1988).

Briefly, however, Hans Selye (1982), who began investigating physiological reactions to externally induced physical stress while a medical student in the 1930's, has defined stress as 'the nonspecific (that is common) result of any demand upon the body, be the effect mental or somatic'. Stressors are 'the agents or demands that evoke the patterned response', or stress syndrome (Selye, 1982). Selye concluded from his observations that stress plays a role in every disease process, regardless of causation. The 'stress syndrome' is also known as the general adaptation syndrome or GAS, which appears when an individual is exposed to long term stressors. This pattern of physiological reaction to external stressors is comprised, in Selye's scheme, to three stages: alarm,
resistance, and exhaustion, and has some similarities to Cannon’s (1932) description of the ‘fight or flight’ response (Selye, 1982; Davis and George, 1988). It is a complex and as yet incompletely understood set of adaptive processes involving the body’s neurological, endocrine and vascular systems.

I will attempt here to use Selye’s (1982) terms ‘stressor’ to refer to the agent which causes ‘distress’ to an individual, and ‘distress’ as the acute or prolonged negative feelings experienced by the individual subjected to such stressors. These terms will be used for greater clarity where possible in discussion, but as the undefined and popular use of the term ‘stress’ to refer to both abounds in the literature, its use here in this vague manner is often unavoidable.

In the approach taken by Hans Selye, the physiological response to stressors was the subject of interest, and the exact nature of the stressor was almost irrelevant (Breznitz and Goldberger, 1982). Selye was chiefly interested in the physiological responses of the body to acute stressors such as physical injury, physical exertion, cold, heat, infection, x-rays, and nervous tension. Both Selye and Wolff, a New York psychiatrist who theorised about distress and disease, envisaged stress as a bodily state, not a component of the environment. It has become common practice, however, for both professionals and laymen alike to refer to external events as stress, although sociologists tend to call them strains (Lidgard, 1986). The observation that illness is sometimes consequent to stressful social events led researchers to widen the field of stress research (Davis and George, 1988). Interest in psychological responses to stressors including social strains as well as physical threats created a focus on the nature of the stressor, the individual’s cognitive appraisal of it, and/or the individual’s cognitive, emotional and behavioural attempts to adapt or ‘cope’ with it. This type of stress research ‘is concerned mainly with
maladjustment', and the effects of exposure to persistent or repeated stressors has been of particular interest in order to determine whether such exposure results, psychologically, 'ultimately in immunisation, habituation, or breakdown' (Breznitz and Goldberger, 1982).

Despite the 'rapid expansion of stress research', many basic questions remain unanswered, partly because of the lack of universally accepted definitions of stress and stressors, and the lack of standardised research tools to identify and measure them (Breznitz and Goldberger, 1982, Davis and George, 1988). Other reasons for the failure of research to demonstrate a clear relationship between specific stressors and drug use involve methodological problems, which, as O'Doherty (1991) has observed, typically consist of: the confounding of independent and dependent variables; an absence of control groups; and an atheoretical approach to stress research.

Stress has become a popular term to describe both psychosocial and physical stressors as well as the individual's physiological and psychological responses to them, and attempts to define stress are rare in the literature purporting to investigate it. For example, Moore (1986), fails to define stress with any precision, but remarks that a broad definition 'includes feelings of tension, anxiety, other emotional pressures, and perhaps even depression'. Breslin et al., (1995) state simply: 'stress is viewed as a psychobiological process that is initiated by stressors, events that threaten, harm or place excessive demand on people'. Depending on the perspectives of different authors, stress includes fear and frustration (Kushner et al., 1990); sensory assault, miserable living conditions, fatigue, government deceit and mismanagement (Blank, 1982); life events and daily hassles (Johnson and Pandina, 1993); hunger, thirst, and 'strongly pleasant events' (Moore, 1986); boredom, monotony, complexity, conflict, physical hazards, noise,
pollution, time pressures, responsibility, isolation and participation (Holt, 1982); positive mood states and actual accomplishments (Peyser, 1982). Ellis and Corum (1994) define drug addiction as both stress and a ‘symptom’ of stress, and claim that the removal of ‘deep-rooted’ stress would eliminate ‘all forms of deviant and criminal behaviour’ including drug addiction. Thus the loose sense in which the term ‘stress’ is used in some of the literature applies to virtually all activity, and as Davis and George (1988), comment:

it needs to be clearly stated whether stress is a property of the object external to the person, a personal reaction to the external environment in either physical and/or emotional terms, or a perceived relationship between all of them by the researcher and/or subject. Without these distinctions ‘stress’ becomes a portmanteau concept that will do service in any context, with corresponding diminution of explanatory power.

Although Selye (1982) himself notes that ‘psychological arousal’, including thought and the full range of emotions, ‘is one of the most frequent activators’ of the stress syndrome, and although he advocates the use of relaxation and other psychological techniques to mitigate the effect of stressors, his concept of stress and its indicators remains physiological. This concept is not evident in much of the research on the relationship between stress and drinking. Many studies use one or another of a variety of rating scales purported to measure stress, but these scales are commonly questionnaires eliciting subjects’ perceptions of external stressors. Generally these scales do not objectively quantify the physiological response or GAS described by Selye, or even the subject’s level of psychological distress, and it is often unclear exactly what they do measure. For example, Hagen et al., (1992), used a ‘stress’ scale of which they give no details except that it ‘involves questions concerning perceived stress and fatigue’. These researchers also used a ‘pressure’ scale, which they designed themselves, and which
was 'composed of questions relating to workload and pressure'. These questions included: 'I am under pressure at work (never-constantly)'; 'I have arguments with my fellow workers (never-always); and 'the equipment I use to do my job is (very poor-very good)'. Whether this scale measures pressure, stress, dissatisfaction with work, incompetence, pessimism, poor workplace management, incompatibility of worker and work, or something else, is open to question, but Hagen et al., (1992) report that a high score correlates positively with drinking in some occupations but not others.

More often, tools such as the Social Readjustment Rating Scale, or the Schedule of Recent Events, developed by Holmes and Rahe (1967), or the Life Events Schedule developed by Saraccon et al., (1978), and modified by Brown and Harris (1982) are used in an attempt to give some indication of the stress induced by 'life events' and predict subsequent illness (O'Doherty, 1991; Breslin et al., 1995). However, such scales 'have been able to show only small amounts of the risk of illness as contributed to by the events', some view positive events as disruptive, some 'lump together items that may have different significance for different groups', and all rely on the memory of the subject (Davis and George, 1988).

The positive aspects of stress
Stress is commonly conceived of as something negative, although certain stressors or our responses to them may have positive and even health enhancing effects, and can result in intensely pleasurable feelings, sometimes described as 'heady' or 'intoxicating'. For example, situations we might describe as 'challenging', or even dangerous, may be stressors, but they can be perceived as motivating, exciting, and invigorating, rather than as purely negative. Engaging in risky or physically dangerous activities or occupations such as 'playing' the stockmarket, motor racing, or fire-fighting, are stressful but exhilarating. Such activities involve stressors which are so psychologically and physically
rewarding that they attract not only participants, but numerous spectators who vicariously indulge in the danger and the pleasure of being stressed without necessarily exposing themselves to great risk. Similarly, some individuals delight in being so stressed they are ‘scared out of their wits’ by horror movies or fun-park rides.

This enjoyment of ‘stress’ is not limited to safe entertainments or situations which involve significant monetary reward. For example, the ‘critical incidents’ to which a great deal of the stress of policing and other emergency service work is attributed, are a source of positive as well as traumatic experience. This aspect is undoubtedly one of the attractions of these occupations, and in my observations, the problem for police supervisors is not to recruit reluctant personnel to attend them, as one would expect with some onerous task, but rather to discourage unnecessarily large numbers of enthusiastic personnel from attending or otherwise becoming involved. Every officer wants to be involved in dramatic events such as sieges, high-speed vehicle pursuits and other risky operations, even if only in the radio communications centre, where supervisors have to control competition among personnel for involvement in such calls. Everyone wants ‘a piece of the action’.

In relation to the positive nature of critical incident stress, Chilvers (1995), Director of the Research and Resource Centre of the NSW Police Association, reports on the proceedings of the first combined conference of the Australasian Critical Incident Stress Association and the Australasian Society for Traumatic Stress Studies in Hobart in March 1995. In this summary, Chilvers (1995) notes:

Some of the positive effects of trauma are enhancement or reinforcing of the respondent’s ability to cope with adversity, self discipline, appreciation for the value of life and a sense of accomplishment, competence, assertiveness and resilience.
These ‘positive effects’ are the very same attributes often said to be lacking in heavy drinkers or drug users, and their absence is suggested as a reason for resort to alcohol or other drug use. If this is the case, then logically, the ‘positive effects’ of critical incident stress might be expected to reduce alcohol or other drug use, rather than lead to use or escalate it. The assumption that people inevitably or even commonly suffer from illness, disease and emotional problems after exposure to traumatic experiences, even those involving extreme risk and horror, is not unequivocally supported by the evidence, and contrary to ‘media images’ rescuers and emergency workers rarely break down ‘during or after disasters’ (Chilvers, 1995). While behavioural and emotional problems may appear later in some of these personnel, such problems may be a consequence of ‘pre-trauma perceptions and cognitions’ and the individual’s beliefs and value systems which shape the meaning of the incident for them, rather than simply the experience of the incident itself (Chilvers, 1995). A supportive social environment can assist people to recover from traumatic experiences, but some research has shown that critical incident stress debriefing can ‘do more harm than good’ (Chilvers, 1995).

On a more mundane level, welcomed and happy events such as weddings, births, lottery wins and other desired life-changes are also stressors, but they are usually seen in a positive way [except in psychological rating scales of stressful life change, for example, the Social Readjustment Rating Scale developed by Holmes and Rahe (1967)]. Stress is not always pathogenic. It can lead to gains as well as losses, and Selye saw a need to coin the term ‘eustress’ to denote stressors which are beneficial or harmless (Breznitz and Goldberger, 1982). This aspect of stress does not appear to have been addressed at all in most of the literature, if any. It is fascinating that, while almost every human activity is classed by one researcher or another as stressful, boredom, monotony and ‘non-events’ are also asserted to be sufficiently
'stressful' to lead to excessive drinking (for example, see McNeill, 1996, and Holt, 1982).

The tension-reduction hypothesis: a brief history
The tension-reduction or stress-reduction hypothesis, stated simply, is: a) people drink in response to stress, and b) alcohol must therefore reduce stress. The notion that people drink in response to stress is partly a result of 'the Freudian legacy', which, according to Brewer (1989), 'leads many people to assume that alcoholism is invariably due to 'underlying problems', whereas in most cases problems are a result of excessive drinking rather than a cause'. The tension-reduction hypothesis could also be said to have arisen partly as a result of the work of Hull and his collaborators, who took the approach of explaining 'complex socio-cultural phenomena in terms of individual drives - especially frustration or anxiety', and whose efforts directly influenced the research of Horton, who 'presented an anxiety theory of drunkenness' (Field, 1962). In a work entitled 'The Functions of Alcohol in Primitive Societies: a cross-cultural study' published in 1943, Horton 'proposed that a major factor determining the degree of drunkenness in a society is the level of anxiety or fear among the individual members' (Field, 1962). Horton's conclusion that 'the primary function of alcoholic beverages in all societies is the reduction of anxiety' has become one of the most widely quoted lines in the literature on alcohol (Heath, 1991).

However, the widespread practice of citing Horton's study as a classic piece of research which established, for all time, the relationship between stress and drinking, is completely unjustified, because 'not all of Horton's results support his own theory unequivocally, and those which appear to do so vary greatly in quality' (Field, 1962). Horton never visited nor had any contact with the tribes who were the subject of his research, but obtained his data from retrospective analysis of general ethnographic descriptions, archived in the USA, on a
number of 'primitive' cultures in Africa, Asia and the Americas (Field, 1962; Kessel and Walton, 1965; Heath, 1991). The number of tribes in this study has been variously reported as 118 (Kessel and Walton, 1965); 77 (Heath, 1962); and 56 (Field, 1962). The data pertaining to drinking in the cultures analysed by Horton was frequently inadequate or ambiguous, the reports were possibly biased in favour of the more spectacular and orgiastic drinking practices, and there were few systematic descriptions of normative drinking (Heath, 1962), yet Horton estimated levels of drunkenness and extrapolated the reasons for them solely from this information (Field, 1962).

Horton used an insecure food supply and acculturation by contact with Western civilisation as the two major indices of the level of social anxiety, and both of these are ‘very indirect and questionable measures of fear’ (Field, 1962). The tribes which Horton described as having ‘subsistence insecurity’ were hunting rather than stable agricultural societies, and thus would have had a very different social organisation and culture from those with an agricultural subsistence economy (Field, 1962). The notion that fear is the important variable in this case would appear to be pure speculation on Horton’s part, as does his conclusion that contact with Western civilization led to drinking primarily because the contact produced anxiety. Horton’s ‘best predictor of drunkenness was the severity of acculturation by contact with Western civilisation’, but he did not regard other factors, such as the introduction of distilled liquors, or social disintegration, as important (Field, 1962).

A re-examination of Horton’s data, plus data from another source on six additional tribes, was conducted by Field (1962), using cross-cultural scales which had not been available to Horton, and which were selected ‘on the basis of their theoretical relevance to alcohol problems’. Field (1962) concluded that the degree of drunkenness ‘is
substantially unrelated to the level of anxiety found in the society', and reasoned that because 'no indices of fear were found that correlated significantly with drunkenness', 'Horton’s measures of an insecure food supply and acculturation indicated a loose social organisation rather than fear'. The relatively sober tribes tended to have a village settlement pattern rather than a nomadic lifestyle, and the degree of drunkenness was related to informal rather than formal social organisation (Field, 1962). While 'the sober tribes were shown to control aggression severely in their children', the drunken tribes permitted 'disobedience and self-assertion' (Field, 1962). Considering that Hagen et al., (1992) report hunting and fishing as the occupations in contemporary Australia which have the highest level of hazardous and harmful drinking, and agriculture as one of the lowest, it is interesting to note that drunkenness was associated with the nomadic hunting tribes, rather than the settled tribes in Horton's (1943) study as reported by Field (1962). If Field's (1962) analysis is sound in this respect, it may provide some cross-cultural support for an association between machismo styles of masculinity, combined with lack of social constraints, and heavy alcohol consumption.

A number of studies of 'primitive' drinking, conducted after publication of Horton's results, failed to substantiate his claims (Field, 1962). A 1954 study by Lemert, of Indians of the American Northwest coast, for example, concluded that the greatest drunkenness was related to enrichment by the fur trade (Field, 1962). In a study of drinking among the Bolivian Camba, Heath (1962), reports that in this community 'drunkenness is sought as an end in itself, and consensus supports its value'. The Camba, according to Heath (1962) are virtually free of 'the sources of anxiety on which Horton based his ratings for cross-cultural comparison', and their excessive alcohol use does not appear to be correlated with any threats in the environment. Drinking is 'an elaborately ritualised group activity' in Camba society, and Heath (1962)
concludes that 'alcohol serves to facilitate rapport between individuals who are normally isolated and introverted', but 'the anxieties which are often cited as bases for common group drinking are not present'.

Horton's 1943 cross-cultural study provided no conclusive evidence of any causative link between tension or stress and alcohol use, and the present state of debate in the literature reveals that no substantial advances appear to have been made in this regard in the more than fifty years since. Yet, as Moore (1986) asserts, 'for decades now, the most popular explanation for alcohol consumption has been the tension-reduction hypothesis'. There is an enormous amount of literature on this subject, both historical and contemporary, from many disciplines, with inconsistent and inconclusive results, as the following examples demonstrate.

The tension reduction hypothesis: examples of contemporary research
Abbey et al., (1993) claim that 'two motives for alcohol consumption have been emphasised in the etiological and the reasons-for-drinking literature', namely, as a means of coping with stress; and because of social influences. Although there is some support for both of these hypotheses, they contend, it is only modest, and a more complex theory is required. Their telephone interviews of 781 Michigan residents basically asked people whether they drank because of stress or social influences, and then concluded that some people drank because of perceived stress and some people drank because of perceived social influences.

Merikangas et al., (1996), report that 'numerous clinical and epidemiological studies have demonstrated the comorbidity of alcoholism and anxiety disorders', but that the reasons for this remain unknown, largely because of the heterogeneity of both 'disorders', 'and the disparate methodologies employed in the various studies'. After reviewing some of the literature
and documenting a Yale family study of this comorbidity, they conclude that anxiety and alcoholism are associated in some unknown manner, and it is possible that either condition causes the other. Johnson and Pandina (1993) conducted a six year longitudinal study of overall differences in stress levels, coping strategies, and alcohol problems experienced by a random sample of 1270 subjects ranging in age from 12 to 24 years. Data was collected by means of self reports provided to field interviewers. Their results suggested that ‘a direct effect of stress alone on alcohol-related problems is questionable’, and that for older subjects, ‘the effects of stress on problems appeared to be buffered when coupled with the use of support seeking’ (Johnson and Pandina, 1993).

In a variation of the usual theme, Breslin et al., (1995) claim that, in some unexplained manner, both acute and chronic stressors reduce a drinker’s perceived level of intoxication, and might therefore lead to increased alcohol consumption in order to achieve a desired drug effect. This laboratory study of 63 persons who responded to a newspaper advertisement, required subjects to submit to an ‘acute stressor’ such as immersing one hand in a basin of cold water after attaining a blood alcohol concentration of approximately 0.05%. It is no surprise that this procedure had a subjectively ‘sobering’ effect without reducing alcohol-induced cognitive impairment, but the researchers provide no information about whether this led subjects to desire a further drink. It is difficult to imagine how the results of this experiment might be extrapolated to real-life situations and so enhance our understanding of the relationship between stress and drinking.

In a small study of 12 alcohol dependent subjects recruited from hospital outpatients clinics, and a comparison group matched for some demographic variables (excluding, for example, occupation) Gorman (1988) examined ‘the way in which factors related to employment and occupation facilitate the development of alcohol dependence following the occurrence of
a stressful life event’. This retrospective study relied on the subject’s memory to establish the onset of alcohol-dependence and the occurrence of precipitating ‘stressful life events’. Gorman (1988) reports that seven of the alcohol-dependent subjects had experienced a ‘severe life event’ (which he does not describe) in the twelve months before the onset of dependence, but these subjects also worked in occupations which featured a number of Plant’s (1979) occupational risk factors; three experienced at least one severe life event but had no occupational risk factors; and two had occupational risk factors but no severe life event. By contrast, only one of the comparison group had worked in an occupation which featured any of Plant’s (1979) risk factors, and three others had experienced a severe life event. In this study it is impossible to distinguish between the effects of the purportedly precipitating ‘stressful life event’ and the occupational risk factors; there is no evidence that the life event is in any way causally connected with subsequent alcohol dependence, (if it was subsequent and not precedent); and there is no way of determining whether the drinkers selected high risk occupations or were influenced by them.

Peyser (1982) contends that alcohol use ‘is both a response to stress and a method of dealing with stress and, pari passu, a cause of further stress’. Nevertheless he reports one study which demonstrated a reduction in alcohol consumption following exposure to external stress, and another which showed that isolation and increased anxiety and depression had no effect on the drinking of alcohol-dependent subjects. A 1971 study by Allman ‘found alcoholics to drink most during stress associated with socialization and least with isolation stress’ (Peyser, 1982), and one cannot help wondering whether the ‘stress’ is irrelevant in this case. ‘Alcoholics’, like anyone else, tend to drink more in social settings than when alone, regardless of stress. Another study of the effects of ‘social stress’ on alcohol-dependent and non-dependent persons (Miller et al., 1974, cited in Peyser, 1982) ‘concluded that
it seems doubtful that any simple interaction between stress and alcoholism or arousal and alcoholism will be demonstrated’.

Peyser (1982) notes also ‘alcohol intake in humans continues despite’ the fact that drinking results in ‘an increase in anxiety, agitation, sleep disturbance, and dysphoria’. Abstinent alcohol-dependent subjects have been reported as feeling susceptible to relapse when depressed (93%), nervous (90%), worried (88%), bad (78%), under stress (77%), and after failure (72%), but also when feeling successful (35%), happy (30%), good (23%), or relaxed (18%) (Ludwig et al., 1977, cited in Peyser, 1982). Peyser (1982) reports that a review of the research on predisposing personality characteristics reveals that the results are too general to be of any assistance in predicting which individuals will use alcohol in response to stress, or in understanding how or why drinking may alleviate stress.

Experimental research has produced ‘a long and unpromising history of attempts to induce animals to ingest alcohol voluntarily in significant and stable amounts over a period of time’, and Peyser’s (1982) review of the research directed at inducing alcohol consumption in animals by the application of various stressors reveals that the results are inconclusive. For example, alcohol consumption was not prompted by crowding, cold, injections of formaldehyde, adrenalectomy, electric shock, or the stress of insoluble tasks in some animal experiments; social stress such as crowding did increase alcohol consumption in other studies with rats; and some experiments implicate non-stress related factors (Peyser, 1982). Blume (1988) reports ‘Jules Masserman, summarising his classical studies of alcohol in experimental neurosis in cats, mentions in passing that in only about half of the animals in his study was alcohol effective in relieving the induced neurotic conflict’.
Cosper (1979) claims that the major difficulty with all stress explanations of excessive or dependent drinking is that 'they are generally invoked after the fact', and that whenever a high incidence of problem drinking 'is observed in a particular group, it is always possible to think of stresses to which the group is subject'. Cosper (1962) also cites Lemert's argument that stress or 'structural strain' theories are 'reductionistic and incapable of explaining patterns of group behaviour'.

Maclaine (1989) claims that neither stress, inability to cope, nor anxiety are the cause of excessive drinking, and suggests that the important question is not why does a person drink, but rather, why don't they stop when drinking causes them problems? He sees stress in a heavy drinker as a result of his/her excessive drinking rather than the cause of it. This view has some empirical support. In a study of three groups of drug users, (31 heroin users, 33 heavy drinkers, and 39 smokers) and a matched control group of 63 non-smoking, non-heroin using individuals who drank less than eight standard drinks per week, O'Doherty (1991) tested the perceived impact of life events on drug use, and 'specifically the hypothesis that drug use is a response to stress'. O'Doherty (1991) reports:

Firstly, both the heroin and alcohol groups reported experiencing more stressful events than their respective control groups, but on the face of it this excess of stressful events consisted of consequences of drug use itself. In other words, it appears that increased stress in the lives of drug users could be the result of the drug use rather than the cause of it. If anything, it appears that these two groups, ie the alcohol and the heroin users, experienced less life events than did the control groups, when stressful events uncontaminated by drug use are examined alone. By contrast the smokers showed an almost identical pattern of event reporting to that of their control group.

Drug use, if it is a means of stress reduction, is not a very efficient one, O'Doherty (1991) claims, because 'although it
may reduce awareness of one type of life stress, it introduces many new stresses into one's life which possibly become functional in maintaining the drug use and thereby creating further stress'. Nevertheless, difficulties which have resulted from alcohol abuse are frequently confused with the stressors purported to cause alcohol abuse. The marital problems, the divorce, the disputes with relatives, the failed business, the loss of promotion, the accident, and the financial difficulties which are often trotted out as the reason for excessive drinking, may well be found, on closer, informed scrutiny, to have been the result of a drinking problem. Circular argument arises when there is a failure to distinguish between cause and effect, though the complexity of the problem makes such distinction sometimes extremely difficult.

Confounding cause and effect
Many studies of alcohol and occupational stress fail to discriminate between cause and effect. They do not generally consider the possibility that those who drink heavily may, as a consequence, have greater difficulty coping with workplace stressors; or that heavy drinking may in itself create workplace stressors, such as, for example, arguments with colleagues, a lack of rapport with management, or failure to gain promotion. For example, Hagen et al., (1992) report that alcohol consumption in some occupations 'correlated positively with responses on questions concerning competition and/or arguments with other staff'. Hagen et al., (1992) and others take this type of association to mean that conflict increases alcohol consumption. However, in the view of many people experienced in the field of drug/alcohol work, including myself, the reverse also occurs, and is often more likely to be the case. That is, excessive alcohol consumption almost inevitably results in conflict in the workplace. This perspective is supported by a study reported in the Medical Journal of Australia in 1973, cited in Hore (1989) as having found that heavy drinkers 'were more difficult for workmates
to relate to and were generally more cantankerous and
difficult as employees'. Heavy drinkers in McNeil’s (1996)
study of police reported a poor relationship with management
and gave a positive response to the item ‘you don’t get much
support from higher-ups in this organization if you make a
mistake’, while low risk drinkers reported a sense of
fellowship with management and felt supported by them.

A 1990 study of 833 employees of a manufacturing plant in the
Hunter region of NSW, revealed that 8.8% of this workforce
were ‘high risk’ drinkers, ie, they consumed more than six
standard drinks per day (Webb; et alia, 1990). These
researchers report that the best predictors of problem
drinking in the workforce studied were stressful life events,
marital status, education and neuroticism. However, the
authors comment:

... it is impossible to determine whether high levels of consumption
and/or problem drinking precede or are the result of other factors
such as living alone or low job satisfaction. It is not possible
from the available data in the present study to indicate which is
cause and effect.

Similarly, McNeil (1996) remarks that those police who believe
drinking is a means of coping with stress ‘fail to consider
that drinking may indeed perpetuate other stressors both at
work and at home’, and that in studies associating stress and
alcohol use ‘it is not possible to determine whether the
alcohol misuse gives rise to the work-family conflict or is
the result of it’. Unless and until researchers find some
means of distinguishing between stress as cause or effect in
alcohol use, no conclusive evidence of the relationship
between stress and drinking can be collected.

The problem of non-drinking in response to stress
One of the major difficulties for the tension-reduction
hypothesis is that it does not propose any mechanism to
explain why not everyone drinks when exposed to stressors. In
an attempt to circumvent this problem theorists have proposed that drinking is a negative coping mechanism, or a maladjustment to stress, which some individuals use to deal with stressors. However, this merely brings us back to square one, because it shifts the 'cause' back into the individual, and simply describes the original problem, ie, that some people drink to excess, and we have no idea why. Coping 'tends to be translated into a variable that measures personal capacities rather than the demands of situations' (Davis and George, 1988), thus the individual, rather than anything in the environment, again becomes the problem.

Little is known about the links between stress, coping mechanisms and alcohol use. Studies examining these links usually make the assumption that alcohol is used for its pharmacological tension reducing properties. Although such studies may identify or measure some co-existing coping styles or mechanisms, they do not generally attempt to discover empirically why individuals use alcohol rather than other coping methods such as social support networks, sport and recreational activities, or even other drugs, to reduce their distress. (For example, Johnson and Pandina 1993; Abbey et al., 1993; Violanti et al., 1983;)

Individuals make a choice about how they will deal with stressors. They are not compelled to take any particular option, regardless of their personal characteristics or resources, or the situation in which they find themselves. This is true even given that alcohol may have some chemical properties which play a role in tension reduction (and it may not). If individuals do drink in response to stressors, then the factors influencing their choice of alcohol over other methods of coping need explanation. As demonstrated in the preceding chapters, such explanations may be found in culturally mediated knowledge, beliefs, values and attitudes. Labelling those who make certain choices 'maladapted' or 'deviant', without identifying the social factors influencing their actions, does not explain anything.
A broader perspective on the tension reduction hypothesis

Here it may be advantageous to take a step back and look at some broad cultural comparisons. In 1981 a ranking of alcohol consumption by individuals of 15 years and over in 32 countries was compiled for the Australian Commonwealth Department of Health. Average consumption in France was 19.2 litres of pure alcohol per year; in Australia, 13.9 litres per year; in Japan 7.8 litres per year; and in Israel, 3.1 litres per year. Are Australians more stressed than Israeli's?

As a group, Jewish people have repeatedly been shown to have a very low rate of alcoholism and alcohol-related problems, despite having a high percentage of drinkers (Snyder, 1962). Yet, whether in Israel or elsewhere, there is, as Snyder (1962) contends:

no lack among Jews of acute psychic tensions of the sort which are popularly supposed to cause drinking pathologies. In comparison to certain groups exhibiting an excess of alcohol problems, perhaps it may be said that they have an undue share of anxieties which have their origin in broad social and historical circumstances. Hence, psychological explanations of drinking pathologies which are exclusively phrased in terms of disproportionate needs to relieve psychic distress seem patently contradicted by the facts of Jewish experience.

No one could seriously propose stress as the reason for the dramatic national difference between alcohol consumption in Australia and Israel. National comparisons such as this make it immediately apparent that stress is not a primary cause of excessive drinking. Yet at the level of the individual either stress, or the inability to deal with stress, is almost always the first causative factor suggested. Why is this the case? It is puzzling to say the least, but my answer to the question will be explored in some detail later in this chapter, in the section entitled The Stress Hypothesis as Superstition.

It seems that cultural differences, rather than 'stress', might be responsible for the wide variations in alcohol
consumption from nation to nation. One implication of this is, of course, that occupational culture, rather than occupational stress, is far more likely to be the variable responsible for differing occupational rates of drinking. Occupational stress is nevertheless the factor which receives the most attention in studies seeking to determine the reasons for high levels of alcohol consumption in occupational groups.

**Occupational stress and police drinking**

There have been attempts to separate 'occupational stress' from other sources of stress, and to attribute various illnesses and drug use patterns to it. The lack of precision and clarity in this area of study is illustrated by the statement made by Holt (1982), at the beginning of a lengthy review of occupational stress research in a weighty monograph: 'I shall follow the general practice of not trying to define stress more precisely than as a pointer to the dark side of work'. Holt (1982) goes on to list almost every aspect of work as 'types of stress', divided apparently arbitrarily, into the categories 'objective' (e.g. noise, physical hazards, monotony) and 'subjective' (e.g. participation, role strain, job complexity). His list of 'objectively' defined stress includes 'null changes' or 'nonevents'. I find myself unable to frame any response to this, and thus allow Holt's (1982) conception of stress to speak for itself.

Oddly, Holt (1982) dismisses the matter of alcohol use in relation to occupational stress by stating 'psychiatrists classify alcoholism and drug abuse among the character disorders, hence as diseases rather than strains'. In contrast, Neil (1989) presents a large and comprehensive study of perceived job stress and alcohol consumption among men in remote Australian mining towns, and reports that his findings failed to demonstrate any 'significant association between frequency of drinking and workplace problems, regardless of whether or not reasons for drinking were taken into account'. He concluded that occupational stressors were a relatively
minor influence on alcohol abuse in comparison with other sources of external stress.

However, it is generally accepted today that all occupations are 'stressful' to varying degrees, and policing has been regarded by police and by many researchers as more 'stressful' than most work situations, for numerous seemingly valid reasons (Hill and Clawson, 1988). Research of 'police stress' has proliferated along with other studies of stress, despite the lack of an accepted definition of the subject, as Lidgard (1986), reports:

The uses of the term police stress, or even occupational stress, have become so diverse that the likelihood of a consensus on a precise definition is remote. Despite the lack of a definitional consensus the concept of police stress has become the central focus of the past fifteen years of police science research.

Policing encompasses an almost infinite and overwhelming mandate; a daily array of unpredictable situations and circumstances; a considerable burden of responsibility; and the constant potential for danger. These and other aspects of policing have been classed as occupational stressors and are frequently cited, by both researchers and police themselves, as an explanation for excessive alcohol consumption among police, despite the lack of any substantial evidence to support a connection. For example, in the Australian and New Zealand Guidelines for Police Workplace Substance Use Policy (Martin et al., 1998) the authors comment that both occupational stress and a culture of substance use are principal factors in fostering harmful substance use (chiefly alcohol) among police. They then go on to cite various studies of police occupational stress, and to list no less than twenty four 'major sources of stress for police' which 'may be linked to alcohol and drug use'. These stressors include items such as tiredness, shiftwork, and perceived lack of career progress. The authors do not explain why police would use alcohol to deal with these problems, and provide no
enumeration nor discussion of cultural factors.

The same pattern is repeated in literature from other Western nations. In the United Kingdom, the Police Review of January 1984 carried an article which contends that excessive drinking amongst Metropolitan Police can be partly attributed to 'the tension and stress associated with the job', and partly to the need of police 'to find colleagues whom they feel they can trust'. In the USA, Pendergrass and Ostrove (1986) state that 'A typical explanation for heavy use of alcohol by police personnel is the stress of the job', while Dietrich and Smith (1986) report, in a literature review, that 'the available literature also states that police work is very stressful and this job stress may lead to excessive alcohol use'.

Violanti et al., (1983) assert that the only way to determine whether police use alcohol to relieve stress is to ask them if they do. Using a questionaire, this study randomly sampled 892 New York State police, yielding a 56% response to scales measuring psychological distress, occupational demands and certain specified 'coping responses' such as 'cynicism'. Although the questionaire did not attempt to elicit any reasons for drinking other than stress, did not quantify alcohol use, and did not explain the connection between alcohol use and stress, the researchers concluded, on the basis of responses to the statement 'I have used alcohol to cope with the stresses of police work', that 'the strongest direct factor in alcohol use is distress'. This and a number of similar methodologically unsound studies by Violanti are commonly cited in the literature related to police drinking as evidence for the stress theory of police alcohol abuse.

Hagen et al., (1992), reporting for the Australian Occupational Health and Safety Commission, also contend that amongst police, occupational stress is related to high levels of alcohol consumption. The text of this study includes several pages of detailed, subjective description of the
stresses of police work, as revealed in interviews with police representatives, who justify police drinking on grounds such as 'Police have an unusually high rate of exposure to stressful incidents, and therefore unwind more often'. The claim that police, as compared to other workers, are exposed to an unusually high rate of stressful incidents has not been empirically demonstrated (Hill and Clawson, 1988), and there are those who suggest the policing is no more dangerous than many other occupations. A review of the literature on occupational stress in policing reveals, according to Lidgard (1986) that most reports simply accepted as fact that police are subject to greater occupational stress than any other workers. The validity of this hypothesis has only rarely been tested or even criticised, but it is not defensible, because it is not supported by empirical evidence from the limited studies making cross-occupational comparisons (Lidgard 1986). Few studies on police stress have used an empirical research design, and fundamental methodological weaknesses such as small sample size, non-random selection of subjects, lack of control groups, correlational and cross-sectional rather than longitudinal designs, and failure to identify confounding associations occur in the research (Lidgard, 1986; Hill and Clawson, 1988).

Lidgard (1986) who is herself an Australian police officer, argues that police work is NOT more stressful than other occupations, partly because the vast bulk of police work is routine and mundane, with dangerous or life threatening situations occurring only rarely. That the greater portion of police work is of a bland nature is supported by Moore (1992); Bradley (1992); and by Reiner (1985) who remarks that 'The mundane reality of everyday policing' is 'often boring, messy, petty, trivial and venal'. Lidgard also (1986) rejects the view that hours of boredom are themselves stressful, or that they are especially so as a counter-point to the sudden, unpredictable episodes of high-level, potentially dangerous activity.
Even the challenging and dangerous aspects of policing are not always traumatic. They provide ‘rare highlights’ according to Reiner (1985), who reports that ‘the thrills of the chase, the fight, the capture’ are seen as worth while, and the typically hedonistic, action-centred police engage in them ‘so uninhibitedly and delightedly’. Reiner (1985) does not discuss ‘stress’, but the police activities he refers to as thrilling are sometimes ‘critical incidents’ which, Chilvers (1995) reports, are too often viewed by researchers only as sources of negative stress. Nevertheless, operational police must be constantly vigilant of potential threat or attack, and this may result in a raised level of arousal which some individuals could find stressful. Yet whether such arousal is greater in police than in other workers such as underground miners, for example, who must constantly be alert to signs of impending collapse of mine structures, is at present a moot point. In any case, Reiner (1985) reports that other occupations such as mining, diving, and steeplejack (perhaps what Australians would call riggers), carry higher risks of job-related disease or mortality than policing.

The NSW Police Media Unit informs me that since 1865, a total of 283 NSW police officers have been killed in the line of duty. Yet in only three years, from 1992 to 1995, 300 farmworkers, and 138 miners, were killed at work in Australia, according to a report on ABC Radio National at 0900 on 30/8/99. This radio report discussed the work of the West Australian economists Miller and Mulvey (1999), who examined pay rates in relation to occupational danger and status. They found that farmworkers, miners, construction workers, and machinery operators had the most dangerous occupations in terms of fatalities. Police were not mentioned in this broadcast summary of their work. The radio programme announced that Miller and Mulvey’s report will be published under the title *Compensating Differentials*, in the December 1999 edition of the *Economic Record*. 
Hill and Clawson (1988) examined data on occupational mortality in Washington state USA for 300,000 white males during the period 1950-1971, and compared police mortality with that of other occupations. They concluded that 'police are not notably different from the other dangerous occupations except for their somewhat lower accidental death rate and higher suicide rate'.

Overall, there does not appear to any evidence to support the contention that policing is more dangerous than other occupations, at least in terms of fatalities. The existing evidence suggests, rather, that a number of other, culturally different occupations, are at significantly higher risk in this regard. Further, some of these occupations, for example farmworkers, have substantially lower rates of high risk drinking.

The evidence: bad news for the tension reduction hypothesis
In a study of 54 South Australian police, selected because they were drinkers, McNeill (1996) used interviews, a drinking diary, and a battery of thirteen questionnaires rating alcohol consumption, various workplace stressors, sociability, coping, drinking expectancies and other items, in an attempt to explore factors associated with high alcohol intake. Half of the respondents were 'low-risk' drinkers, and half were 'high risk' drinkers. The results revealed no significant differences between the two groups on items such as the 'how you feel about your job' questionnaire of the Occupational Stress Indicator (Cooper et al., 1988); the Role Conflict or Role ambiguity scales (Rizzo et al., 1970); the Work Spillover Scale (Small and Riley 1990); or the Methods of Coping with Stress on Duty Scale (Alexander et al., 1993). Despite this, McNeill (1996) reports that the high-risk drinkers cited alcohol as the means commonly used to relieve the stressors and pressures of police work. These high-risk drinkers were also more likely to drink in 'social and opportunistic situations', and they believed that drinking with workmates
was necessary to the maintenance of team unity. These officers were more likely to socialise with other police officers, and McNeill (1996) comments ‘in this way the emphasis on drinking to socialise, which is evident in the police culture, is likely to have a stronger effect on high respondents’. High risk drinkers were more likely to feel that their work environment was sociable, provided ‘general good fellowship’, and greater support from peers than low risk drinkers. There was also a belief, especially among those who were high risk drinkers, that alcohol would make them more assertive, less tense, and would improve their communication and cognitive functioning.

These beliefs are not unique to police. They can be found in any group of dedicated drinkers in our wider community, and it is significant that McNeill attributes these beliefs especially to high risk drinkers. Presumably the more than fifty percent of police officers who do not drink to excess do not strongly hold these opinions about the value of alcohol, and so use other means of dealing with the stressors of their occupation. Those who report using alcohol for stress relief, McNeill (1996) contends, ‘have fewer active or positive coping skills (eg, seeking professional help) available to them’, and so they resort to the familiar and readily available activity of drinking. If this is correct, it carries significant implications for a workforce which idealises masculine toughness, is misinformed about the effects of alcohol, views seeking help as a weakness, and discourages intervention by colleagues.

In a study of several hundred police attached to a major US suburban police department, Pendergrass and Ostrove examined correlates of alcohol use, as well as quantifying consumption. Their data showed not only that males were consuming significantly higher amounts of alcohol than those in the general population, but also that women in sworn police roles were moving toward the heavier drinking patterns of sworn
males. They report that neither the most stressful job conditions (e.g., internal affairs investigations, lack of back-up etc.), nor high stress life events such as divorce, were related to alcohol consumption. They suggest that the social and cultural patterns operating in the group might offer an alternative explanation, because alcohol was an integral part of police social exchanges, and consumption dropped significantly in those who were removed, by re-allocation of duties, from the 'usual after-shift parties, celebrations or other drinking occasions maintained by the work group'.

McNeill (1996) in her research on Australian police drinking practices, made findings similar to those of Pendergrass and Ostrove in relation to the movement of females toward the heavier drinking patterns of males. She reports, at some length, that the main factor influencing this trend is cultural. That is, while men spoke of stress, women officers nominated the social pressure to blend in with the 'cult of masculinity' and become 'one of the boys', in order to be accepted by their colleagues, as a major reason for their high levels of alcohol consumption.

Richmond et al., (1996), who examined several lifestyle behaviours in a study of 853 NSW police in nineteen worksites across metropolitan Sydney, report finding a significant relationship between not exercising and being too stressed, and between weighing too much and being too stressed, but NOT between drinking and being too stressed. In their discussion they report that 'the present study failed to show any significant relationship between excessive drinking and reported symptoms of stress'. This study consisted of a cross sectional survey using a self-administered questionnaire measuring prevalence of excessive alcohol consumption, cigarette smoking, lack of exercise, excessive weight and stress related to age and sex. The results indicated that 48% of men and 41% of women officers drink at hazardous or harmful levels. Men tended to prefer beer, while women were more
likely to prefer spirits.

In this study, Richmond et al., (1996) used the Depression Anxiety and Stress Scales to assess symptoms of stress or tension. The mean stress scores for male and female police fell into the normal range for symptoms of stress according to the normative sample, indicating that police are no more stressed than other members of the community. Further, while younger officers (aged 18 to 29) were more likely to report excessive drinking than older officers, respondents aged over thirty years were more likely to report feeling stressed. However, 92% of police felt that the Police Service should be interested in the issue of stress, and although few were prepared to seek help from the police service for smoking (13%), or drinking (20%), a majority of 59% reported being likely to seek advice about stress. This wide discrepancy between self-reported symptoms of stress and the perceived prevalence and importance of stress is interesting, to say the least. I suspect that it may be a reflection of the current general popularity of the notion of stress and the tendency to conceive of all manner of ills, discomforts, dissatisfactions, inconveniences and pressures as both 'stress' and stressors.

Richmond et al., (1997) concluded that 'there are several reasons why excessive drinking may be more prevalent among police than other occupational groups'. These were, chiefly, a male dominated workforce, and a very masculine occupational culture, which ritualises drinking at the end of shifts as a means of socialising and informal debriefing. One way of testing this proposition is to compare policing with the occupations most closely related to it.

Comparative alcohol consumption and stress levels in police and other emergency service occupations

Hagen et al., (1992) report that in their study of Australian workplaces, both ambulance officers and firefighters had rates of hazardous/harmful drinking which were below the average for
the sixteen occupations surveyed, while police had rates significantly above the survey average. Only 12.5% of ambulance officers and 16.87% of firefighters drank at hazardous or harmful levels, while the rate for police officers was 24.1%. The average for the survey group of sixteen occupations was 17.5%. The total number of subjects in this study was 792, and included 82 ambulance officers, 137 police, 83 firefighters, and 113 nurses. (I consider nursing to be a valid comparison in some respects for a number of reasons, including that hospital nurses become part of emergency field services in disasters such as, for example, the Granville train disaster which occurred in Sydney in the 1970’s).

Like policing, both the ambulance and firefighting occupations are predominantly male, uniformed, and action-oriented. They involve shiftwork, considerable freedom from supervision, considerable responsibility, and involvement in unpredictable events and traumatic incidents. Firefighters are also exposed to significant danger, and it is not uncommon for ambulance officers to be verbally abused, threatened or physically attacked when, for example, attending incidents involving alcohol or other drug use, or emotionally disturbed persons. The interviews Hagen et alia (1992) conducted with ambulance officers reveal that these workers are also subjected to organisational and operational stresses which bear a striking similarity to those experienced by police. Firefighters 'were seen to be similar to police in viewing themselves as slightly apart from the rest of the community' (Hagen et al., 1992). Like the police service, the fire brigade is seen by the community as an authority (albeit not a regulatory one), so firefighters, like police, avoid 'letting off steam' in public (Hagen et al., 1992). Both firefighters and ambulance officers, like police and other shiftworkers, tend to socialise and drink together in their leisure time, and 'firefighters in larger teams drank more than those in small ones' (Hagen et al., 1992).
Thus the similar structure of these three occupations, and the similar workplace stressors to which their employees are subjected, cannot explain the divergent rates of alcohol consumption demonstrated in the study by Hagen et al., (1992). In any case, Hagen et al., (1992) report that alcohol consumption among firefighters was negatively correlated with workplace stressors, and the positive correlations between some workplace factors and alcohol consumption were generally lower among police, who drank most, than among ambulance officers, who drank least. These results lend no support to the tension reduction hypothesis.

The rate of hazardous and harmful drinking for female nurses was 2.2%, and for male nurses 9.6%. Hagen et al., (1992) also found a negative correlation between occupational stress and drinking among nurses, whose day to day work involves many of the same stressors (such as shift work, traumatic experiences, unpredictability of events, lack of administrative support, fluctuating workload, inadequate resources) nominated by police as the cause of police drinking. Registered nurses and midwives who work in acute areas such as Accident and Emergency departments, Intensive Care, and Delivery Suite also have, like police, considerable autonomy in making both routine and critical-incident decisions. I find it both fascinating and inexplicable that Hagen et al., (1992) conducted interviews about nurses with hospital doctors and directors of nursing, rather than with nurses themselves. As a consequence they have no insights to offer in the matter of nurses habits, attitudes, values or beliefs in regard to drinking. Hood & Milazzo (1984), cited in Neil (1989), confirm the negative relationship between stress and drinking among nurses. Their study ‘found that nurses reporting the most physiological stress and work or family problems did not report higher rates of alcohol use’.

Nursing, while arguably involving similar levels of stress to that experienced in policing, is strongly female dominated,
and is a 'feminine' (nurturing, helping) occupation. Although there are many similarities in the nature of the work (eg shiftwork, multi-tasking, dealing with victims of violence and accident), there are some very significant differences between the occupational culture of nursing and that of policing. Nursing and policing, despite their similarities, are polar opposites in that nursing symbolises the ultimate in the traditional feminine values of Western culture, just as policing represents an extreme of conservative masculine values. The philosophical and ideological perspective of nursing is very different from that of policing. So, while the levels of stressors and distress may be similar, the gender and cultural differences are enormous, and so are the levels of alcohol consumption.

I would suggest further study might reveal that availability of alcohol, cultural differences and the presence of social and legal constraints on drinking can offer an adequate explanation of the differences in alcohol consumption rates between the three emergency service occupations and nursing. There are clear intimations of this in the data presented by Hagen et al., (1992). For example, ambulance officers, firefighters, and nurses are reported to have had perceptions of heavy drinking, as well as actual consumption levels of alcohol, which were below the average for their survey, while police, along with truck, bus and forklift drivers and metal workers had higher than average perceptions of heavy drinking. The availability of alcohol 'sometimes' at work was reported by 18.3% of ambulance officers, 30% of firefighters, 35.8% of police, and surprisingly, 40.7% of nurses. (This last is a very odd result which requires explanation, as it is quite unusual for alcohol to be available in the hospitals, health centres and institutions where many nurses work. It may reflect, for example, a disproportionate number of nurses in administrative positions, with official 'business entertaining' duties, in the Hagen et al., (1992) sample.)
Ambulance officers and firefighters interviewed by Hagen et al., (1992), volunteered the opinion that certain legal and social constraints help shape their drinking habits. An Employee Assistance Officer of the Melbourne Metropolitan Fire Brigade informed Hagen et al., (1992):

One of the factors that has changed patterns of drinking is the introduction of speed cameras and stricter application of drink driving legislation. In the past if the police pulled up off-duty firefighters, they wouldn't be charged. Now they get the same treatment as everyone else. The other factor has been the United Firefighters Union's position. They have stated that they won't support a firefighter subject to disciplinary action if he has been caught drinking at work. The brigade has the power to dismiss officers for drinking at work, under the charge of 'bring discredit to the uniform'. This has had an impact on drinking during working hours.

Similarly, ambulance officers reported that because possession of a driver's licence is essential to their job, officers are 'very cautious about risking a drink driving charge' Hagen et al., (1992). It is ironic that police are responsible for the application of legal constraints which contribute to limiting the alcohol consumption of other emergency service workers. Police in NSW have themselves only very recently become inevitably subject to the constraint of Random Breath Testing and the certainty of jeopardising their employment if they test positive (ie, since 1996, see Chapter Seven).

Ambulance officers also reported to Hagen et al., (1992) that they felt a responsibility to avoid putting at risk the safety of their work partner and their patients, to whom they are accountable, by being alcohol impaired at work. This contrasts sharply with the police attitude that being severely 'hungover' at work is something of a joke (McNeill, 1996). In addition, although they may debrief informally with a colleague, ambulance officers have opportunities for formal debriefing in group meetings after major incidents. This probably removes some of the justification and perceived need for informal sessions at the pub. Also, in contrast to the
cynicism and nihilism typical of police, the Hagen et al., (1992) interviews reveal that 'ambulance officers were consistently described as a people-oriented group', who derive satisfaction from helping people, and who have a commitment to patient care, while firefighters similarly felt a positive 'sense of pride for their special role'.

As I proposed in Chapter Three (page 144), both ambulance officers and firefighters are in a sense chiefly rescuers and helpers, in contrast with police who are perceived, both by themselves and the community, chiefly as tough, aggressive crime-fighters, to whom everyone is potentially suspect. The occupation of ambulance officer probably has as much in common with nursing as it does with policing. Our cultural expectations of the personalities and behaviours of ambulance officers, given some allowance for gender, are probably closer to our expectations for nurses than for police. So despite the occupational similarities and the undoubted rapport between police, firefighters and ambulance officers, the cultural expectations of what type of men they should be are quite different and distinct. Ambulance officers, it could be argued, do not have the vested interest that police have in promoting an image of themselves as hard men who can drink anyone under the table. Firefighters may have more reason to invest in this type of image than ambulance officers, but less reason than police. Interestingly, this exactly the ranking seen in their drinking profiles as reported by Hagen et al., (1992). Nurses, both male and female, drink least of these four groups (Hagen et al., 1992), as would be expected.

The tension accumulation hypothesis
The attribution of drinking to stress can serve to divert attention from the user’s drug dependence, and to focus instead on peripheral issues. Alcohol, like any mind-altering drug, impairs functioning and decreases the individual’s ability to cope with either normal or stressful situations. While the drug effects of alcohol may help the distressed
drinker to ‘opt out’ for a time, and so experience some relief, the stressors will either remain unchanged, or will become worse, while he/she is functionally impaired. Thus excessive drinking, if it can be seen as a coping mechanism at all, is not one which achieves the desired aim, at least objectively. Even any subjective success of this method is at best transient or temporary. Nevertheless, some people continue to drink to excess, sometimes to the point of physical dependence and chronic alcoholism. Along the way they develop numerous strategies to cope with the increasingly difficult problems and enormous stresses their drinking causes. They will tolerate severe distress in order to continue drinking. For example, I have known young men who, as a result of chronic alcoholic gastritis, vomited blood into the toilet every morning before setting off for work as though everything was normal. Yet they continued to drink to excess, and were not in all cases likely to be readily identified as physically dependent on alcohol. I have known men who preferred to allow the wife they loved, and did not want to lose, to leave them rather than significantly modify or cease their contentious drinking. Numerous men have drunk themselves into bankruptcy, and continued to drink anyway. Such individuals are stressed beyond belief when every aspect of their lives is negatively affected by the consequences of their drinking. These are not people who are fleeing from stress. They are immersing themselves in it. They drink in spite of stress.

Over the last twenty years, as an observer at literally scores of open meetings of the self-help group Alcoholics Anonymous, I have listened to sober, recovering alcoholics talk about this. They say that initially they drank to be sociable, like anyone else, and they continued drinking for that and for any or all of the following reasons: to boost their confidence; to give them ‘Dutch courage’; to make them feel ‘normal’; to ‘prove’ themselves to their peers or mentors; to block out banality; to help them relate to others; or simply because
they enjoyed it, they liked the drug effect, the 'buzz' alcohol gave them. In the case of men, alcohol often made them 'feel like Superman', or John Wayne, or simply the way they imagined other men felt, and therefore equal to any task. They drank to achieve this feeling, regardless of whether life was treating them well or badly. In twenty years I have never heard them attribute their drinking to stress, whether occupational, domestic, financial, or any other kind. Repeatedly I have heard groups of these sober alcoholics express the consensual opinion that they 'had a love affair with alcohol', yet whenever they drank their stresses and problems inevitably worsened.

This, apparently, has always been the case for problem drinkers, if the first two lines of an old Irish song by Turlogh O'Carolan, which is reported by Bales (1962), are any indication: 'Why liquor of life, do I love you so, When in all our encounters you bring me low?' But researchers rarely ask alcoholics who have achieved long-term sobriety why they drank, or examine the evidence in folk-lore. They tend to ask drinkers, or sometimes very newly sober ex-drinkers, who either have a vested interest in justifying their drinking, or are feeling stigmatised and defensive. This latter group are likely to advance the rationale that they drink (or drank) because of stress, while the former are more likely to claim that the majority of stressors to which they were subjected during their drinking careers were caused by their drinking.

Alcohol: does it relieve or increase tension or 'stress'? Alcohol has traditionally been classified as a sedative or depressant drug, which has long been known to have complex, varied, poorly understood, and 'toxic effects upon the mind and upon almost every organ and system in the human body' (Edwards et al., 1997). The concurrent stimulant effects of low level inebriation, commonly reported by drinkers, were largely dismissed in the past. Edwards et al., (1997) note that while there has been controversy about whether alcohol
causes stimulation and euphoria (as well as sedation), this is now more widely accepted, and is thought to be mediated by increased release of dopamine. Similarly, Peyser (1982) reports that small doses of alcohol induce a transitory excitatory stage identifiable on electroencephalograms.

Alcohol is sometimes said to have an anxiolytic or anxiety reducing effect, largely mediated by its influence on gamma aminobutyric acid (GABA), which is the major inhibitory transmitter in the central nervous system (Edwards et al., 1997; Peyser, 1982). However, the use of the term 'anxiolytic' can be argued to be more a matter of semantics and medical jargon, or even of politics, than it is of pharmacology. Anxiolytic drugs are simply sedatives which depress all functions of the central nervous system and do not exert any specific anti-anxiety effects. Alcohol has the fundamental effect of decreasing alertness, diminishing the intensity of perception, and disintegrating cognitive functioning. Any diminution of anxiety is secondary to these arousal-dampening or sedative/depressant effects; is only transitory in that the anxiety returns with sobriety; and is not entirely an effect of alcohol alone. For while the degree of intoxication and changes in level of consciousness are well correlated with electroencephalographic findings, quality of mood changes are not, but rather, 'being more personal and idiosyncratic', vary according to person, time, and situation (Peyser, 1982).

Anxiety is frequently equated with stress, and to attribute anxiolytic qualities to alcohol is equivalent to claiming that alcohol reduces stress. Here the problematic definition of stress becomes paramount. For while the arousal-dampening effects of alcohol may reduce the individual's subjective experience of anxiety or stress, alcohol at the same time induces physiological stress. Alcohol increases catecholamines (Peyser, 1982; Vogel and Netter, 1988), which are released by the body in response to stressors, and which
are the agents which mediate the 'fight or flight' reaction, or classical stress syndrome as described by Selye (1982).

Although alcohol has a short-term sedative effect, it has a longer-term agitating effect which increases tension as the BAL declines, and this is why a 'hair of the dog', or drink, can provide some relief for a hangover and for more serious withdrawal symptoms (Peyser, 1982; Gitlow, 1970, cited in Glenn et al., 1979). This pharmacological property of alcohol is common to all sedative drugs, and 'no one in this world can get a sedative effect from any known drug without it being followed by an agitating effect which wears off more slowly' (Gitlow, 1970, in Glenn et al., 1979). Thus, 'alcohol, taken to relieve stress, creates further tension, as well as dysphoria' (Peyser, 1982).

The increased psychomotor activity which occurs with alcohol ingestion is initially less intense than the sedative effect, and so is not immediately apparent, but while the sedative effect of one drink may last two to three hours, the agitating effect usually endures for about twelve hours, and results in a net increase in anxiety (Gitlow, 1970, in Glenn et al., 1979). Similarly, abrupt withdrawal of alcohol after a prolonged period of consistent heavy drinking results in the appearance of marked anxiety and tremulousness within 12 to 48 hours (Peyser, 1982). This effect 'is inherent in the pharmacology of the drug', and occurs in all humans and experimental animals who ingest alcohol (Gitlow, 1970). Although alcohol can induce sleep fairly rapidly, and is sometimes used for this effect, a moderate dose of alcohol results in sleep disturbance during the second half of the night. In alcohol dependent persons who become abstainers, sleep disturbances can last from one to two years, but the use of more alcohol or other sedatives for relief simply produces further agitation and hyperexcitability (Peyser, 1982).

Taking another drink will provide temporary relief, and the
cycle can be repeated over and over with an ever-escalating net gain of tension. The relief associated with taking a drink is rapid, but for individuals who have been drinking heavily over a long period, it can take many days for the psychomotor activity level to return to its normal state (Gitlow, 1970, cited in Glenn et al., 1979; Peyser, 1982). Drinking may then become a conditioned response to the anxiety created by previous drinking, but the individual may not identify the drinking as the cause of the anxiety. Thus there is debate about whether the primary sedative effect of alcohol on the brain is the dominant mechanism which reinforces further drinking, 'or whether relief of withdrawal is also a significant reinforcer' (Edwards et al., 1997 p34).

Relief of withdrawal symptoms is thought to be one of the factors leading to the development of addiction to sedative/hypnotics other than alcohol, because it has been reported that after a relatively short period of use (several weeks), cessation of these drugs results in increased psychomotor activity which exacerbates the insomnia or anxiety for which they were prescribed. This frequently leads to further symptomatic use of the drug and the development of dependence. Thus, the use of benzodiazepines (the most commonly prescribed of the group) 'for long or continuous therapy, in particular for night time sedation, is an undesirable practice' (Goldman, 1991), and 'new prescriptions of benzodiazepines should be restricted to approximately two weeks, and certainly no longer than four weeks' (Edwards et al., 1997). Benzodiazepines 'are now very widely used and, apart from short-term relief of anxiety, (my emphasis) have led to problems' Goldman, (1991) remarks, in succinct understatement. Benzodiazepines have cross-tolerance with alcohol, and can effectively substitute for alcohol (Edwards et al., 1997). Yet consumers are never warned that regular alcohol use should be restricted to a period of two to four weeks because of the risk of promoting this cycle of anxiety production and further symptomatic drug use.
Relief drinking is not simply morning drinking, but is related to the amount of alcohol consumed and the time elapsed between cessation of drinking and the onset of either subacute or frank withdrawal symptoms. These may range from feeling 'a bit edgy' and sensitivity to sound, experienced by 'normal' drinkers with a hangover, to sleep disturbance, mood disturbance, tremor, hallucinations and grand mal seizures in alcohol-dependent individuals (Edwards et al., 1997). In chronic heavy drinkers who are alcohol-dependent the abrupt cessation of drinking, without supervised sedation with other drugs, may precipitate severe withdrawal or Delirium Tremens (the 'DT's'), and result in death from convulsions. Unfortunately the hallucinations which may accompany such withdrawal are not as a rule a pleasant experience of seeing pink elephants, but rather a terrifying and traumatic experience commonly involving visions of unpleasant and dangerous creatures, and tactile sensations of attack by what sufferers often describe as 'electric fleas'.

For dependent individuals relief drinking may become a ritualised procedure, and clients report that they know the exact timing and amount of alcohol required to reverse their symptoms. This is evident from my own clinical experience, and is reported by Edwards, et al., (1997), who also observes:

The dependent individual may try to maintain a steady alcohol level which they have learnt to recognise as comfortably above the danger level for withdrawal, and to this extent their drinking is cued by withdrawal avoidance as well as withdrawal relief.

Such alcohol-dependent persons are rarely identified by either lay persons or many health professionals, because their level of tolerance is so great that they may rarely or never appear drunk. This is illustrated by the case of Yootha Joyce, a well known British actress made popular by her role in the television comedy series 'Robin's Nest', shown on Australian television some years ago. Yootha Joyce died suddenly in
middle age from alcoholic liver failure, and I remember vividly the astonishment expressed by the public and journalists who protested 'But she was never drunk!', to which her manager replied, in a media interview, that in fact 'She was never sober' because she drank almost continuously, but never to overt intoxication.

Alcohol withdrawal symptoms can mimic anxiety and panic disorders, and excessive alcohol use can cause depression, anxiety, phobic states, paranoid reactions and other psychiatric conditions (Edwards et al., 1997; Goldman, 1991; Kushner et al., 1990). Warning that alcohol dependence can present as any of these conditions, while the drinking problem remains unidentified, Goldman (1991) cautions medical practitioners 'to consider alcoholism every time a tranquilliser, anti-depressant or hypnotic is prescribed'. It is so common for heavy drinkers to be prescribed or to self-medicate with 'anxiolytic' or sedative drugs for their alcohol-induced tensions that concurrent benzodiazepine dependence is 'a frequently encountered complication' among them, and Edwards et al., (1997) find it 'appropriate to give special attention to this issue in a book which takes the treatment of drinking problems as its central concern.'

After reviewing epidemiologic surveys, family studies, and field studies investigating the association between alcohol problems and anxiety disorders, Kushner et al., (1990) report:

retrospective and experimental evidence suggests that an increase in anxiety is associated with the effects of prolonged drinking, the ingestion of high doses of alcohol, and withdrawal from habitual drinking. The chronic and, particularly, the acute effects of pathological alcohol consumption on the organ systems of the body may produce symptoms that either mimic anxiety states or provide a potential trigger for anxiety reactions by sensitising individuals to their own somatic responses. Finally, beyond the pharmacologic effects of alcohol, it appears that the negative social, legal, and interpersonal consequences of long-term alcohol abuse may substantially increase stress, anxiety, and worry.
It would be 'overly simplistic', however, in the opinion of Kushner et al., (1990), to say that alcohol causes generalised anxiety and panic disorders, but it is possible that an interaction between alcohol use and clinical anxiety results in an escalation of both problem drinking and anxiety. There is, they conclude, unlikely to be any simple or direct cause and effect relationship, in either direction, between stress and alcohol use. It is however abundantly clear that the hypothesis that alcohol relieves tension or stress, in anything more than a minor, short-term or ambivalent fashion, cannot be conclusively supported. I will leave the last word on whether alcohol reduces or increases tension/stress to the anonymous AA author of the following verse which was published in the February 1998 edition of the Alcoholics Anonymous magazine the Reviver:

We drank for joy and became miserable.  
We drank for sociability and became argumentative.  
We drank for sophistication and became obnoxious.  
We drank for friendship and became enemies.  
We drank to make us sleep and awakened exhausted.  
We drank to gain strength and it made us weaker.  
We drank for exhilaration and ended up depressed.  
We drank for medical reasons and acquired health problems.  
We drank to help us calm down and ended up with the shakes.  
We drank to get more confidence and became afraid.  
We drank to make conversation and became incoherent.  
We drank to diminish problems and saw them multiply.  
We drank to feel heavenly and ended up feeling like hell.

The subjective experience of tension-reduction associated with drinking is far more likely to occur as a result of the social interactions and contexts which accompany drinking than as a result of any anxiolytic action of alcohol itself.

**Placebos and symbolism**

Placebos are inert substances with no pharmacological effects. Nevertheless, the placebo effect is a potent force which has achieved some spectacular results. In double-blind trials of medical drugs, about one third of the placebo group usually
recover from their symptoms or medical condition, and 'many depressed, nervous and insomniac people', as well as those suffering from peptic ulcers, headaches, angina pectoris, hayfever, rheumatoid arthritis and pain 'have been helped by the placebo effect' (Helman, 1992). Green placebos have been shown to be more effective for depressed patients, and yellow for anxious patients, but 'toxic' reactions to placebos have also been reported (Davis and George, 1988). In addition, an Editorial in the Lancet, 2, 1972, pp122-3, reported psychological dependence on placebos (Helman, 1992). My personal clinical experience includes contact with clients who had persistent psychological addiction to placebos which they believed were sleeping tablets.

A placebo effect also occurs with the use of any pharmacologically active drug, so the beliefs and attitudes an individual holds about the drug will influence the outcome of use. Any drug has one or more symbolic meanings which have an effect additional to, and sometimes in opposition to, the actual pharmacological effects. Therefore, regardless of whether or not alcohol or other drugs of dependence relieve stress by any objective measure, the user’s beliefs about the nature of the drug’s actions are of significance in continued use. Folklore, cultural beliefs and values, and personal knowledge, beliefs and attitudes relevant to the drug used may also provide a rationale for drug use. The rationale is not always nor necessarily consistent with the drug use behaviours or outcomes.

The use of non-sedative drugs: a challenge for the tension-reduction hypothesis?
Because psychoactive drug use and chemical dependence are one domain, and polydrug use is now the common pattern, any adequate theory of drug use should be capable of explaining the use of alcohol and other drugs. The tension-reduction hypothesis fails in this regard. For while sedative drugs such as alcohol, heroin, benzodiazepines and cannabis may at
least be postulated to have some tension relieving properties, or stress-response dampening properties, there are no pharmacological or other grounds for concluding that amphetamines, cocaine, caffeine, or nicotine reduce tension or dampen the stress-response. Rather, these drugs are central nervous system stimulants which increase alertness and wakefulness, elevate blood pressure and pulse rate, diminish appetite, and in high doses produce restlessness, tenseness, irritability, palpitations, hyperactivity, suspiciousness, panic attacks, and in some cases hallucinations (Richardson, 1981; CBIDA, 1996). Thus the tension reduction hypothesis applies only to sedative drugs, where at best it rests on very shaky ground.

The stress hypothesis as superstition
There are probably many reasons for the proliferation and popularity of stress-related explanations for numerous human behaviours. Not least of these are the intellectual and practical difficulties besetting the study of society, the arguably narrow perspective of contemporary education of specialists in the various strands of social science, and the pervasive influences of personal, political and corporate vested interests. These factors apply to some degree in all fields of social research. However, the unwarranted predilection for claiming and studying stress as the cause of excessive drinking and other conditions of largely unknown aetiology has about it something of the nature of a cult, ritually observed but based on rather nebulous ideas rarely subjected to thorough critical scrutiny. Such ideas may at times amount to superstition (this term being used here non-pejoratively).

While the search for order, regularity and meaning is adaptive and characteristic of human thought processes, it is not necessarily rational, and can result in the development of false beliefs and/or superstitions which are not always of benefit. Many psychological studies support the notion that
humans use their cognitive processes in general to attempt to
discover meaning in disordered situations (Jahoda, 1969).
Citing a number of examples of such studies, Jahoda (1969)
asserts that a fundamental characteristic of human thinking
is:

the tendency to organize the environment into coherent patterns, to
find meaning in the most diverse grouping of phenomena, and to derive
satisfaction from such an achievement; conversely, an environment or
events which fail to make sense are felt to be threatening and
disturbing.

Superstition, according to Jahoda (1969), who discusses the
subject in depth, is particularly likely to arise in
situations of excessive uncertainty, where an unfounded belief
may give the individual some feeling of having control, albeit
illusory, and may help to preserve the integrity of the
personality. Superstition ‘is intimately bound up with our
fundamental modes of thinking, feeling and generally
responding to our environment’, and, Jahoda (1969) contends,
no matter how rational we think ourselves, probably most of us
are likely to succumb to superstition given the appropriate
circumstances. Yet it is perhaps impossible to define
superstition in precise, objective terms which will stand in
every case, because, among other reasons, ‘falsity is always
relative to a given state of knowledge’ (Jahoda, 1969). The
Macquarie Dictionary (1996) defines superstition as follows:

1. a belief or notion entertained, regardless of reason or knowledge,
of the ominous significance of a particular thing, circumstance,
ocurrence, proceeding, or the like.

2. any blindly accepted belief or notion

Superstition has also been said to be ‘a tenet, scruple, habit
etc. founded on fear or ignorance’, and Jahoda (1969)
maintains that the emotional element is an essential attribute
of superstition and its influence on behaviour. Disease and
medical practice are spheres in which superstitious beliefs
and practices are 'particularly prevalent', even in modern industrial societies, and especially 'in relation to disorders not readily amenable to orthodox treatment' (Jahoda, 1969). The tendency to develop irrational beliefs about the origins of acute, serious illness has been observed in studies of patients and their families, who, in order to feel a sense of mastery essential to functioning, needed to attribute meaning to the situation (Jahoda, 1969). Unfounded beliefs also occur in the professional practitioners of medicine and associated disciplines, because where the basis of a condition is unknown or disputed, the 'urgent practical needs of treatment cannot be denied or postponed to such times as such issues are resolved' (Jahoda, 1969). Thus the exacting standards of empirical science are not always adhered to. Indeed, there is a current debate among medical practitioners in Australia about the need for a move to evidence based medicine, which 'is a surprisingly difficult concept to explain, because just about everyone assumes - wrongly - that doctors have always based their decisions on the best scientific evidence' (Moynihan, 1998).

Many diseases and conditions have been attributed by medical practitioners, both in the past and the present, to stress. Citing Baum et al., (1981), in a brief historical account of stress research, Lidgard, (1986) notes that the vague but popular concept of stress is employed to explain a wide variety of mostly negative outcomes that otherwise defy explanation. This is consistent with my personal experience and observations, whether those seeking the as yet unknown cause for some human condition are health professionals or lay persons. Stress can readily be used to fill the gap in our knowledge and make us feel as though we have some understanding and control of the situation, because stress is truly ubiquitous, and so a source or sources of stress can always be found in any context. In the not too distant past, people would have resorted to explanations involving supernatural forces, because, to paraphrase Jahoda (1969),
where there exists a situation of danger or distress involving excessive uncertainty, superstition comes to the fore. I would suggest that 'stress' is the modern equivalent of the spirits and demons which were once thought to cause disease and aberrant behaviours.

Diseases of uncertain origin 'sometimes become metaphors, crucial carriers of social and moral meaning', as Helman (1991) observes in citing the work of Susan Sontag. Helman (1991) gives the example of tuberculosis, which, with its 'pale and delicate victims, was at the core of a romantic world-view' in the 19th century. Tuberculosis was thought to result from 'a heightened sensibility, coupled with a lowered vitality', which I imagine, if translated into the 1990's harried Western world-view, could easily become a susceptibility to stress exacerbated by inadequate coping responses, or something similar. Heart disease was explicitly attributed to stress a century ago, in 1897, by Sir William Osler, a famous physician who warned that 'arterial degeneration' resulted from the 'worry and strain of modern life' (Helman, 1991), and hypothesised that some individuals had a special vulnerability to cardiovascular disease (Lidgard, 1986). More recent medical attempts to attribute heart disease largely to stress, such as the 'Type A' personality model described by Friedman and Rosenman in the 1970's, have not been notably successful (Helman, 1991). Instead it has been demonstrated that a range of more tangible factors including heredity, diet, smoking, and lack of exercise, for example, contribute to cardiovascular disease. The fifth biennial health report of the Australian Institute of Health and Welfare, entitled Australia's Health 1996, lists high cholesterol, high blood pressure, overweight and low physical activity as the major risk factors in heart disease, and does not even mention stress or tension. Thompson (1990), in an Australian Intensive Care Manual, asserts 'the role of stress and tension as risk factors is controversial' in heart attack, and lists 'tension/stress' as only one of nine
secondary risk factors for coronary disease. Yet the general public, who have little knowledge of the life-long development of the catastrophic physiological events which comprise a 'heart attack', still often ascribe it largely to emotional stress, and commonly attach blame particularly to a single episode of such stress. In this way an incident which is either a precipitant or simply a coincidental event becomes seen as a cause.

Medical and para-medical professionals as well as the general public use 'stress' to explain the currently incomprehensible or unexplainable, but when a factor or factors other than stress is empirically shown to be responsible for a condition, there is a long lag in the dissemination of such knowledge. For example, when I first began working in the health field some thirty-plus years ago, there was considerable stigma attached to asthma, causing many people to be loath to admit being sufferers. This was because any real understanding of the precipitants and pathology of asthma was limited, and restricted to specialist medical practitioners. Many general medical practitioners, as well as most laymen, were mystified by the condition. They tended to regard asthma attacks as an entirely histrionic response to purely emotional stressors, in 'weak' or 'mollycoddled' individuals who were unable to cope, usually as a result of having been 'overprotected' by their mothers. This belief still lingers, but is only rarely encountered today, as knowledge about the precipitants and pathology of asthma has increased and become more widely understood, resulting in emotional stressors being relegated to the position of exacerbating factors. Maternal anxiety and protectiveness is revealed in this case to be mostly a valid and understandable response to the life-threatening nature of severe asthma, rather than its cause.

Another example, to which I referred in Chapter 1, is the case of peptic ulcers, once attributed almost entirely to emotional stress. Selye (1982), for example, includes them among 'the
most common stress diseases’, as do Luckmann and Sorensen (1980), who make the fascinating observation (p1434):

Since psychogenic influences in the development of this condition are great, patients need emotional support while identifying the stressors in their lives and learning to either eliminate them or cope with them. In many cases the biggest problem is the patient’s inability to recognize or admit the causes of stress. (my emphasis)

It is hardly surprising that patients experienced such difficulty. Peptic ulcers are now known to be primarily due to infection with the organism Helicobacter pylori, and eminently treatable with anti-biotics (Moynihan, 1998). The treatment is effective without any adjunctive treatment of stress or anxiety, which has been demoted to the position of exacerbating factor. Yet thirty years ago people with peptic ulcers were treated with sedatives such as phenobarbitone, and for the last 20 years peptic ulcer has been treated with H2 antagonists, which were supposed to decrease excessive acid secretion in the stomach caused by ‘the tensions and strains of life’, despite the fact that ‘prolonged psychotherapy has not proved to be of any help’ (Luckmann and Sorensen, 1980, p1432). Nearly $250 million dollars were spent on H2 antagonists and antacid preparations for the treatment of peptic ulcers in Australia in 1994-1995, but the discovery of Helicobacter pylori will change this dramatically (Australian Institute of Health and Welfare). Perhaps schizophrenia, attributed by Sigmund Freud and others to psychologically traumatic events, will eventually prove to be yet another example of a condition attributed to ‘stress’ simply because, for the moment, like alcohol dependence, it is a complex condition which otherwise defies explanation.

Ironically, superstition is itself attributed to stress, as Johoda (1969) explains:

One broad generalisation suggested is that stressful social situations are favourable to the emergence and acceptance of superstitious beliefs. Unfortunately it would be very difficult to prove
this in any rigorous manner. One would first of all need operational
definitions for the two concepts of 'superstition' and 'stress';
given these, one would look at the extent to which the two go
together in as large as possible a variety of human societies. The
trouble is that 'superstition' is hard to define in this way, as has
already been explained at length; and the position is not much easier
as regards 'stress'. One can be sure that both are present in some
degree everywhere, but the task of assessing any quantitative
relationships between two such diffuse phenomena seems a hopeless
one.

Jahoda (1969) claims there is evidence to suggest that at
times of uncertainty individuals engage in what they perceive
as meaningful activity in order to attain some sense of
mastery, and avoid feeling they are helpless victims of
inevitable events. Superstition, then, is functional because
it reduces anxiety and 'provides at least the subjective
feeling of predictability and control' (Jahoda, 1969). So
positing stress as the cause of poorly-understood, distressing
human conditions, and persistently researching stress in the
absence of any conclusive results, may provide significant
tension-reduction for some health professionals and social
scientists who have difficulty coping with uncertainty.

**Stress and pseudo-science**

In a work entitled *Social Sciences as Sorcery*, Andreski
(1974), a sociologist, mounts a long and blistering attack on
what he contends are the significant inadequacies of much
social and psychological research which, he claims, sometimes
amounts to no more than 'pseudo-science' and 'pompous bluff'.
The social sciences, Andreski (1974) claims, deal with
subjects more difficult to study than chemistry or physics,
but lack effective regulation from within or without, because
the professional group, like any other, protects its
collective reputation by not often publicly criticising sub-
standard or biased research practices, and because the general
public do not have the expertise to assess scientific merit
and so detect fraudulent or faulty claims. The social
sciences are therefore activities 'where anybody can get away
with anything', and, particularly in matters where uncertainty prevails, 'evasion and deception are as a rule much more profitable than telling the truth' (Andreski, 1974). This last is not because social scientists are scoundrels, but often because of the insidious influences of politics, funding organisations, power groups, and the public, as well as matters of self-interest. Those who expound the most dangerously misleading pseudo-science are, for Andreski (1974), 'not the brazen cynics, but the sectarians prone to self-delusion and the timorous organisation men anxious not to miss the band-wagon, who unquestioningly equate popularity and worldly success with intrinsic merit'.

Further, unlike the exact sciences, where anyone without expertise is quickly dumbfounded and reduced to silence in any serious discussion, the social sciences are a field in which lack of knowledge tends to breed strong and simplistic convictions, which, as Andreski (1974) remarks, 'explains why so many exact scientists have been ready to make silly statements about politics'. That some social scientists are prone to making silly statements about social science is attributable, Andreski (1974) laments, to a failure to acquire a broad knowledge of history, philosophy, or comparative culture, even in relation to their particular area of study. Indeed, they may not even be familiar with the class of individuals who comprise their subjects, nor visit the environment their subjects inhabit and where the behaviour under investigation occurs. This appears to be one of the deficiencies in current research on the matter of alcohol use. Studies which elicit information from respondents only by telephone interview or self-report questionnaire, for example, can supply only a very limited perspective on the issue under investigation.

Drug and alcohol use are matters which raise emotive responses, strong convictions, and vested interests in both professional and lay persons, and they are issues in which
even professionals are sometimes inclined to espouse and promulgate unsubstantiated hypotheses as if they were absolute truths. For example, Moore (1986), makes the statement: 'Water is a thirst quencher. Not so, alcohol. Alcohol is a stress quencher'. Without offering a definition of stress, Moore (1986) then continues: 'in alcohol we have a substance which seems (my emphasis) to relieve a psychological state, stress, while simultaneously inducing a physiological state that also can be called stress'. Another example is provided by Peyser (1982), who, in reviewing related evidence, strongly asserts that alcohol use is a response to stress and that alcohol alleviates stress, but makes no attempt to define 'stress', and admits 'there are no established correlations of specific types of stress with the tendency to use alcohol'. This appears to be the rather sad state-of-the-art of much of the literature relating to alcohol use and stress.

One of the major results of this situation is that attention is constantly drawn away from the social factors which inevitably lead to excessive alcohol use in some individuals. Thus, instead of addressing issues of alcohol availability, cultural legitimisation of heavy drinking, destructive but vaunted models of masculinity, ignorance and misinformation about drinking problems, and the paucity of social and legal constraints on excessive drinking, we identify certain individuals as somehow defective, deviant, or diseased, and exert all our efforts in rarely successful attempts to 'fix' them. Even acknowledging the contributing roles of personal responsibility and physiological variance, this is surely a classic instance of blaming the victim. In this respect the tension-reduction hypothesis serves the interests of the powerful liquor lobby, albeit largely unintentionally, while failing dismally to redress a significant public health problem.
In summary
There is a common practice in Western society of attributing excessive drinking to 'stress'. People are said to have been 'driven to drink' by traumatic or distressing experiences. This is not so much an example of conventional wisdom as it is of the current popularity of the notion of stress, and of the power of the heavy drinker's ability to fool most of the people most of the time with his/her rationalisations. The fact that the heavy drinker imbibes regardless of his/her relative stress levels at any given time is conveniently ignored by exponents of the tension-reduction hypothesis. I suspect that many problem drinkers encourage the view that they drink in response to stress, because for the drinker, this device removes personal responsibility for unacceptable behaviour. It justifies, for themselves and others, their continued drinking and avoids any pressure to change. It elicits sympathy and a forgiving response in peers who might otherwise refuse to tolerate impaired performance in any setting, whether occupational or other. (This process is of course often unconscious, not intentional.)

Numerous structural, social, cultural, historic, and even biological factors, such as physiological gender differences, have shaped the drinking practices of the NSW Police Service, and the phenomenon cannot simply be attributed principally to 'stress', however that might be defined. Although police themselves are widely reported and observed to regard drinking as chiefly serving the functions of (dis)stress relief and bonding, their choice of alcohol rather than coffee, hashish, football or fishing to serve these functions is, I contend, cultural. In Chapter Six I will discuss the nature of police culture, and the value attributed to alcohol use within this culture.
CHAPTER SIX
POLICE CULTURE: A PROFILE OF MEN WITH A MISSION AND A FONDNESS FOR DRINKING
The scope of the discussion
The scope of discussion in this Chapter is limited broadly to the nature of police culture as it exists in Western, English-speaking nations for a number of reasons. Firstly, I wish to show the relationship between heavy drinking among police and the values, beliefs, and practices of police, but the relevant, significant literature I have been able to obtain originates almost entirely from the UK, the USA, Canada, and Australia. For example, I draw from the work of Robert Reiner, a respected British scholar and researcher who has summarised the core characteristics of police culture (Sutton, 1992). Reiner (1985) is careful to limit his description of police culture to that as it occurs in 'industrial capitalist societies with a liberal-democratic political ethos'. This limitation is further narrowed, for my purposes, by the fact that although some literature on police culture can be obtained for a number of countries, literature on police drinking, (particularly quantitative studies) is very difficult to locate, even where it does exist.

This obstacle becomes increasingly problematic when one moves outside the English-speaking world. The issue of police drinking would appear to be one which neither governments nor police have been keen to make public, especially in any great detail. It is also a matter largely ignored by those who research and report on policing. For example, Brewer et al., (1988) who report on policing in seven countries, do not examine drinking practices, and in an international review of police practices edited by Das (1994), drinking practices are mentioned only by one or two contributors, and then briefly. The contribution by Dunstall (1994) on the New Zealand police (see later in this Chapter) is one of these, the other was about police in India.
Secondly, although police organisations share certain features throughout the world by virtue of their similar, paramilitary structures, and their largely common functions, local political forces create cultural variations which are too great to encompass here. Police in South Africa, Israel, and Northern Ireland, for example, are probably far more militarised than they are in Australia, at least as far as one can ascertain from events described in the news media, and in the little that can be found on them in the literature. Brewer et al., (1988), for example, in reviewing a number of police forces, note that the Africanners have traditionally fused civil policing and military activities; the Israeli Police are determined to retain responsibility for the paramilitary Border Police; and the Royal Ulster Constabulary have had a close working relationship with the military since 1969. Police culture in these conditions is likely to be more extreme than it is in nations such as the UK, Canada, the USA, New Zealand, and Australia, where direct links with the military are less overt and shared operations and tasks are far less common.

Thirdly, I hold the opinion that some depth of personal knowledge of both the group under study, and the group’s national cultural environment, is of critical importance in interpreting data about behaviour such as drinking. No behaviour occurs in a vacuum, and empirical studies of alcohol consumption usually provide only a small segment of the overall picture, with little or no reference to drinking contexts. Serious error can easily arise in the interpretation of limited information about a group with which one has no personal contact, and therefore no first-hand knowledge of their perspective on the world or the matter studied. Context and anecdotal material can sometimes totally alter the perceived significance of statistics and other data. Several years experience in working closely with police in NSW has given me considerable anecdotal evidence of, and some insights into, the contexts of their drinking. The
literature (for example Reiner, 1985; Dunstall, 1994; Corelli, 1994; Skolnick and Fyfe, 1993) provides reason to consider these insights can, in some important respects, be generalised to other Western English-speaking police organisations, but I have neither personal nor academic sources to support extending it beyond that. Lastly, the context of Western English-speaking police is, I believe, sufficient to, and the most relevant in, demonstrating my case, which relates specifically to the NSW Police Service.

Drinking in the Context of Western, English-speaking police forces: the best-kept secret there is

It seems likely, on the fragmentary evidence available, that significantly elevated rates of 'at risk' alcohol consumption occur among sworn police personnel in the USA, Canada, the UK, and New Zealand as well as Australia. Interestingly it appears that, as in Australia until recently, this issue has either not been the subject of much research, or if it has the results have not been made public. This may also be the case in non-English speaking nations. Finnané (1994, p161), reports that a contemporary sociologist suggested recently that 'his status as a non-drinker seriously interfered with his capacity for researching the practices of the Amsterdam police'.

According to James and Warren (1995), 'systematic scholarly attention directed at policing is a relatively recent endeavour', which has concentrated largely on police corruption, brutality and abuse of power, and such work only began to appear in the late 1960's. So unfortunately, in relation to police and alcohol use, there is a dearth of sources, let alone well-designed research, available. In the literature on police in the UK and USA, excessive alcohol use is alluded to or implied on occasions, but not often quantified. Meyers and Perrine (1996) complain that 'although there has been considerable interest in police officers' drinking behaviour, there has been little systematic
epidemiologic research'.

Pendergrass and Ostrove (1986) introduce their study of police drinking with the comments 'there is a popular impression that police personnel are heavy users of alcohol' but 'actual information on use of alcohol by police personnel, however, is sparse and conflicting'. Dietrich and Smith (1986) who conducted an extensive literature review on the subject, remark 'Although police departments throughout North America have been establishing programs to assist police officers who have problems with excessive alcohol use, there have been very few studies conducted on the subject'. They observe also that the statistics available in the literature 'are often based on estimates or findings from small sample observations'.

An indication that quantitative studies of police drinking is rarely conducted, and may be suppressed when it is, can be found in a Canadian report, Booze and the Badge by Corelli (1994). Writing for the magazine Maclean's, Corelli (1994) details an interview with a former chief of the Royal Canadian Mounted Police's Member Assistance Program. The former employee gives evidence of the RCMP's failure to release a report which concluded that more than one third of its personnel drank at unsafe levels. He claims also that some of the information in the report was 'deleted' by the hierarchy, and that he was himself eventually 'eased out' of his job.

Maclean's obtained a copy of the 145 page shortened version of the 1989 report, of which an RCMP spokesman said 'it was an internal review', so the results were not made public, 'but they are not restricted' and can be obtained under Canada's equivalent of Australia's Freedom of Information Act (Corelli, 1994). An accompanying document, Corelli (1994) notes, described the report, The Prevalence of Alcohol and Prescription and Over-the-counter Drug Use in the RCMP, as 'the first comprehensive study of alcohol use in a police
force in North America'.

This study, as reported by Corelli (1994), was based on three thousand responses to a confidential questionnaire mailed to members across Canada in February-March 1989. It found that thirty five percent of the RCMP’s 16,761 police and civilian personnel drank in excess of safe levels. (ie, three or more Canadian, the equivalent of four or more Australian standard drinks per day - there is a difference in alcohol volume in standard drinks between the two countries.) Twenty percent of constables admitted to consuming five or more drinks each working day, and many drank more on days off. Sworn officers drank significantly more than civilian personnel, and constables drank more than higher ranks. Drugs other than alcohol did not affect as many staff and information about them was much less detailed.

Corelli (1994), includes, in Booze and the Badge, interviews with an ex 15 year veteran of the RCMP, Terry Brennen, now director of the City of Vancouver’s Employee Assistance Program, and with David Hoath, manager of psychological services for the Ontario Provincial Police and a former cop. Both men paint revealing pictures, with anecdote, personal experience and opinion, about the importance of alcohol in the lives of many Canadian police:

'Drinking', said Vancouver’s Brennen, 'is a big issue in most police forces but it’s not talked about - it’s the best kept secret there is as far as the police community is concerned. It’s the old business that we have to be perfect and we can’t have any blemishes so we don’t show our spots.' The solution: 'There has to be greater acknowledgement that a problem exists; more education, less tolerance for the problem by upper management, but dealing with it in a benevolent way.'

In response to Corelli’s (1994) questions, Hoath states that ‘the culture of policing seems too attached to alcohol as a means of coping’, and though they don’t intend it, police quickly develop ‘an alcohol-centred life’. Then, ‘if they
admit they have a problem, their macho comrades will reject them as weaklings'.

Alongside the report and interviews discussed above, *Maclean's* carries a second article by Corelli (1994), entitled *Drinking to forget the things they've seen*. This carries an interview with a Canadian policeman, who insisted on remaining anonymous, and who works in the field of job-stress and substance abuse. Asked why alcohol abuse was more widespread among police than in the general community in Canada, this policeman replied:

> It's a number of things. Policemen are traditionally ostracized by the rest of society and because of the type of work they do, they distrust outsiders. They have this Superman mentality, this macho image they feel they have to protect, which is part of the culture itself. Then, to handle the pressures of the job, the guys join together and the favorite pastime is drinking.

The cops who do not drink, this anonymous policeman told Corelli (1994), are odd, and not to be trusted, 'which is too bad because the only support they have is the brotherhood'.

There are several studies which indicate high levels of alcohol consumption, including on-duty drinking, in USA police forces, but these cannot be relied upon as they have serious methodological problems and/or unacceptably small sample sizes. For example, an analysis by McNeill & Wilson (1993), reveals that the frequently cited Van Raalte (1979), after receiving only twenty responses to a questionnaire, concluded that 67% of police drink on duty. Another frequently cited work is that by Kroes (1975), titled *Society’s victim: the policeman; an analysis of job stress in policing*, and released in a second edition in 1985. It contains only a subjective estimate by Kroes, a police psychologist, that over 25% of police have a serious drinking problem (Dietrich, Smith, 1986). In two slightly different reports on one piece of research (which did not quantify alcohol consumption), Violanti, Marshall and Howe, (1983) and (1985), begin with the
statement that 'alcohol is an important problem in police work', and remark that 'alcohol use among police is underestimated'. They then cite the above unsound studies and their own unquantified work to support this. These studies by Van Raalte (1979), Kroes (1975 and 1985), and Violanti et al. (1983 and 1985), are still being cited, often uncritically, in current literature. For example, in the literature review section of their report, Hagen et al., (1992) discuss aspects of the Violanti et al., (1983) study at some length and appear to accept its' assertions but do not question its' (highly questionable) methodology and conclusions.

There is, however, reason to suspect that alcohol abuse is not an infrequent occurrence among police in North America. Implications of this are carried in the literature originating in the USA on how to go about counselling alcohol dependent officers, such as the papers by Dunne, (1973), Reiman, (1983); Powers, (1988); Gilbert (1986); and Stege, (1986). Though none of these papers quantifies problem drinking among police, their very existence signals that some level of problem drinking occurs. Gilbert (1986) and Stege (1986) suggest that this level is higher than that of the general population. For example, Gilbert (1986), of the Chicago Police Department Professional Counselling Service, states:

Alcoholism is a major problem for police departments across the country. No solid statistics exist but the incidence rate is high. In the general population, it is estimated that one out of every ten adults who drink are alcoholics. The percentage rate among officers is, in all likelihood, higher because of the social milieu that supports and encourages drinking.

Similarly, Stege (1986), in a US police magazine, The Police Chief, gives this opinion:

... I am convinced that far more police officers than that 10% of the general population I mentioned at the beginning suffer from alcoholism. Even with our screening and selection processes, we
have more than the 10%.

Stege (1986) then goes on to hint that heavy drinking is part of the customary behaviour of police officers in the USA. Yes, we encourage the officer to drink. Before you deny that, think back. Ever been to a police awards banquet? Did they offer a toast to the winners? Ever offer an officer a drink after a particularly harrowing incident? Ever go to a police organisation function? I’ll bet that if you really try, you can recall there being some sort of alcoholic beverage there. And can you deny the peer pressure to ‘be a man’ and have a drink with the boys? After all, don’t we tend to lionize the brave young man who can hold his liquor?

Dietrich and Smith (1986), contend that studies of police suicides may indicate the seriousness of alcohol problems among US police. They relate that research by Wagner and Breczek (1983) determined that alcoholism was documented in 60% of a sample of twenty police suicides, and that Menton (1984) found an association between drinking and suicide in 20% of a further 35 police suicides. In a paper describing a peer-support programme introduced in the New York Police Department after a two year period in which 21 officers committed suicide, Cohen et al., (1996) state that ‘there is believed to be a high incidence of alcoholism among officers, and alcohol abuse is common among officers who commit suicide’. They do not support this statement with any empirical evidence. Violanti (1995), also claims that alcohol abuse was reported as a factor in 42% of police suicides in a Detroit study, and that ‘many’ of the 27 police suicides in a Quebec study ‘had severe alcohol problems’.

Some more concrete indication that alcohol consumption by US police is greater than that in the US community is given by Pendergrass and Ostrove (1986). They reported that in a sample of 387 metropolitan police, 37% of male and 23% of female sworn officers drank more than two drinks per day, compared with 14% of males and 4% of females in a national sample. Like Gilbert (1986), Pendergrass and Osgrove (1986)
suggest that in the USA the rate of alcohol abuse among police officers is in all likelihood higher than the average of the general population because the social milieu or culture of the police supports and encourages drinking.

It is also difficult to locate information on the situation in Britain, although, as in the USA, sources on police culture and practice make brief reference to, or otherwise imply, widespread alcohol use/abuse within the Force. For example, in his book *The Politics of the Police*, the British scholar Reiner (1985 p99), reports that despite ‘all their contempt for users of other drugs’ policemen are not averse to the use of alcohol. Citing a London Policy Studies Institute report of 1983, Reiner (1985) goes on to state further that ‘police alcoholism has been a perennial problem from the early days of the force until the present’. Although he does not elaborate on this problem, Reiner (1985) makes the following significant remarks:

One hazard of police research is the taking of mental notes while sinking under a bar as the consumption of pints mounts.....The alcoholic and sexual indulgences of police are a product both of the masculine ethos of the force, and the tension built up by the work.

However, the *Police Review*, an official police journal published in London, carried a number of articles in 1983-84 which commented on a report prepared by the Policy Studies Institute for the Metropolitan Police. The original of this report, entitled *Police and People in London* (Vol IV: The Police in Action, Policy Studies Institute No 621, November 1983), could not be located. However, articles in the *Police Review* summarise its’ contents. An editorial in the *Police Review* of November 25, 1983, (p2189) says, in relation to this report

The researchers speak of a general acceptance of heavy drinking, of seeing officers, in uniform and in plain clothes, drunk on duty, of long drinking bouts initiated on the pretext of looking for
information and prolonged with the aim of claiming overtime. It is
evidence that few with any working knowledge of the Metropolitan
Police would doubt.

An extract from the report is published in the January 6, 1984
issue of the Police Review, (p16-18) under the title Drink: An
Occupational Hazard, and includes the following statements:

Drinking seems to have a great importance in the lives of police
officers. It is an integral part of detective’s working lives,
whereas among uniform officers it is the focal point for the
continued social life of the group outside working hours. Part of
the explanation for this is that police officers use alcohol as a way
of coping with the tension and stress associated with the job. (Both
the long hours of boredom and the occasional excitement of police
work are causes of stress). Another part of the explanation is that
drinking with members of the working group is charged with a special
symbolic meaning for police officers, who need to find colleagues
whom they feel they can trust.

Drinking with colleagues is used both to test their loyalty,
trustworthiness, masculinity, and to symbolise and reinforce the
links between the members of the group.

Although the researchers state that the survey produced, in
relation to alcohol, ‘strong impressions’ rather than
‘quantitative statements of fact’ they write that the
available evidence is sufficiently strong to indicate that:

alcoholism is a serious occupational hazard for police and that the
resources of preventive medicine (rather than the discipline system)
need to be brought to bear on the problem.

In an article reporting for an international review of the
nature of police practices, Dunstall (1994), reveals the
integral role that ‘drinking rituals’ play in the ‘informal
code’ enforcing conformity among New Zealand police. One such
ritual, known as ‘jugging’, is learned at Police College and
continued at police wet canteens (bars), which are ‘a focus’
of the ‘occupational community’. This practice occurs at the
end of shifts, and ‘reveals the sense of vocation,
camaraderie, the links between work and leisure of many
police' (Dunstall, 1994). Contributors to this review were not asked specifically to comment on police drinking, but were asked, in their brief, about the existence of a sub-culture within the organisation they studied. Dunstall (1994), does not therefore give any quantitative estimate of alcohol consumption among New Zealand police, but his comments indicate that drinking plays a significant role in the police sub-culture in New Zealand.

Thus, in some of the Western nations with which Australia has its closest cultural ties, there is evidence to suggest that levels of alcohol consumption among police are either equal to those of the highest risk groups in the general community, or perhaps even greater. There is also evidence supporting the contention that police are under pressure from their peers to drink, and that drinking is strongly associated with the production of the masculine image police choose to emulate and project.

On the Australian national scene, a study of the alcohol consumption levels of 410 Federal Police officers, conducted by Pilotto in 1990, found that periodic excessive drinking occurred for all ages and both sexes (McNeil & Wilson, 1993). Another study of 895 officers from across Australia, ranking from Constable to Senior Sergeant, found a significantly higher proportion of drinkers among police than in the general population, and a significantly higher proportion of binge drinkers among police than in the normal population ('Binge' being defined by the WHO as more than 10 drinks for men, more than 6 drinks for women on one occasion) (McNeil and Wilson, 1993).

The findings in states other than NSW are similar. A study of the alcohol consumption of 400 Northern Territory police officers revealed that 28% were at moderate risk and 12% were at high risk, compared with 5.3% and 1.2% respectively for the general male population of Australia (McNeil, Wilson, 1993).
However, the Northern Territory is a special case, as levels of alcohol consumption in the general community are far higher than in other states. In the NT, 16% of the male population drink at moderate risk levels, and 24% at high risk levels, making the figures for police much less remarkable.

Twelve of the sixteen off-duty officers of the Victoria Police who were killed in motor vehicle accidents in the four year period 1980-1983 had positive blood alcohol concentrations (Haldane, 1995). Statistics collected by the Victoria Police Traffic Accident Group reveal that in the four years 1987-1991, twelve Victorian Police officers were killed as a result of drink-driving, and that in the same period there was an average of one police officer charged with drink driving every 27 days.

Thus the information available indicates that police in Australia, the UK, the USA, Canada, and New Zealand, consume alcohol at levels greater than the general community in which they are located. There are also indications that at least some elements of the contexts in which this drinking occurs are strikingly similar from one jurisdiction to another. For example, the machismo nature of drinking has been mentioned in the literature relating to each of these countries.

The Historic Context of Police Drinking: a constant worry to the hierarchy
The Police Service in NSW evolved slowly from the time of the first European settlement in 1788. Although the New South Wales Corps were a military regiment, they were recruited specifically for garrison service in NSW at a time when there was no police force as such. The Corps carried out many duties which would today come under the umbrella of policing, and they exercised a ‘monopoly of administering criminal justice’ (Evatt, 1978, p27). In this and other respects the Corps was, from 1788 to 1809, the antecedent of the police service in NSW, although not directly its’ organisational origin. The text of A Centenary History of the New South
Wales Police Force 1862-1962 (Hoban, 1962) begins with the statement:

The preservation of law and order in the early settlement days of Sydney was entirely a military matter, and only by a long process of expansion and development did an independent police force finally emerge.

As well as monopolising the trade in alcohol, members of the New South Wales Corps apparently drank too much, to the disgust of successive Governors. When the Corps arrived en-masse to arrest Governor Bligh in 1808, they were intoxicated, and afterwards they celebrated their success with more drinking: 'Liquor was liberally, and indeed profusely, served to the soldiers' (Evatt, 1978, p220-221).

From 1789 there was also a 'constabulary' operating in Sydney, but this was simply a night watch patrol, initially consisting of twelve well behaved convicts, appointed by Governor Phillip, and supervised by an officer of the New South Wales Corp (Swanton, 1983; Hoban 1962). In 1796, under Governor Hunter, such watchmen were chosen from convict inhabitants by the citizenry, but 'references to constables and watchmen in the historical records are confusing in that they reflect the ambiguity and overlap that existed in England between the two offices' (Swanton, 1983). The general contempt for the law in the NSW community made the position of constable 'so unattractive' that 'recruiting was a continual problem' (Swanton, 1983). A proclamation issued by Governor Hunter in April 1796 - Encouragement to People Acting As Constables at Sydney, Parramatta, Toongabbe and Hawkesbury - reveals that these constables, though not paid, were provided with necessities and 'encouraged' by the grant of a pint of spirits on Saturdays (Unstead, Henderson, 1973; Swanton, 1983).

In 1800 Surgeon Harris of the New South Wales Corp was responsible, under Governor King, 'for what was by then routinely referred to as the Police of Sydney' (Swanton,
1983). Governor Macquarie introduced a system of semi-
civilian constables under the direction of a non-military
superintendent in 1811, and published a comprehensive set of
Police Regulations for the Town of Sydney, which are
reproduced in Swanton (1983). A number of separate, unco-
ordinated police jurisdictions operated for many years in the
NSW colony, and from 1780-1850 there was some resistance from
all social classes to the new and ‘foreign’ idea of a
government-run, centralised police force (Philips, 1994). It
was not until the Police Regulation Act, 1862, was passed,
that an official Police Force was established in NSW (Hoban,
1962). The military associations did not end entirely even
then, however, and neither did the association with alcohol.

In the mid-nineteenth century drunkenness was a widespread
problem in police forces in NSW, other Australian states, and
overseas. Sturma (1987), describes the situation as follows:

It was mainly intemperance that led to the dismissal of half of the
London constabulary’s strength within two years of its formation. In
Birmingham policemen found drunk on duty were dismissed only after a
third offence. Over one-quarter of Sydney’s 179-man constabulary was
dismissed for drunkenness during 1854 alone. In the same year over
one-half of offences by police in Tasmania involved charges of
drunkenness. Western Australia introduced legislation in 1861 making
it a criminal offence to supply constables with drink.

In a history of the Victorian police, Haldane (1995)
discusses developments in the 1850’s, when police drunkenness
was ‘a constant worry to the police hierarchy’, and various
measures were taken to deal with the problem. These included
making it a criminal offence to supply constables with liquor;
the introduction of mandatory jail sentences for drunkenness
on duty; the construction of a special prison for police; and
compulsory Sunday church parade for all constables.
Constables were found drunk on the beat, in courts, watch-
houses, and brothels. In 1854, ‘more than one-quarter of the
Melbourne City police appeared in court charged with alcohol-
related offences committed while on duty’, and one of them had
fourteen prior convictions (Haldane, 1995). Even Commissioners of police were dismissed for drunkenness in NSW. Commissioner Miles was charged with insobriety and other offences and dismissed in 1848 (heavy drinking contributed to his death in 1850), and Superintendent Day was dismissed for drunkenness in 1850 (Philips, 1994; Swanton, 1983 p51).

Another historian of policing, Finnane (1994 p161), gives a similar account for other areas:

Police drunkenness reflects the widespread incidence of the phenomenon in the society at large but it has been endemic to police culture. Palmer’s research on the Irish constabulary suggests that drunkenness accounted for over 50 per cent of dismissals in the 1830’s, this in a force which had a much lower turnover rate than the London police. Studies of the police in New Zealand and the Australian colonies confirm the picture. Among those dismissed in Queensland from 1880 - 1930, a similar proportion had drunkenness defaults in their records.

Swanton (1983) reports that significant numbers of Sydney Metropolitan police were recruited from the police forces of Ireland and Great Britain, and from 1853 were provided with free passage to Sydney and contracted for several years. The birthplaces of all serving police were recorded in a letter to the NSW Parliament in 1872, by the Inspector General of Police. The NSW Police Force in that year was composed of 479 men born in Ireland, 173 born in England, 83 Australians, 47 born in Scotland, and 21 from ‘other countries’ (Hammond, 1989). Thus the police were predominantly Irish, at least in 1872. These experienced officers brought with them their own ‘methods of working’ (Swanton, 1983), and probably the drinking habits, cultural values and beliefs related to alcohol, which historically existed in Ireland (see Bales, 1962). Whether or not police rates of alcohol consumption were at the time greater than those of the general community is, however, a moot point, as Finnane (1994), elaborates in the passage below:
In the nineteenth century, drunkenness was generally the most important of a number of public order charges which made up the bulk of police and magistrate’s daily business. This was the case in all jurisdictions. For example, in New South Wales in 1881 where there was a relatively high ratio of police to population of 1 in 266, there were 18.8 charges of drunkenness per officer, making up a clear majority of the 34.4 charges on all offences per officer in that year.

The extent of police involvement with alcohol last century is perhaps indicated by the fact that, in the 1860’s and 1870s, ‘... one of Melbourne’s major sly grog shops was located in the Police Depot’ (McQuilton, 1987, p40). So it would seem that, somewhat like their military predecessors, police were trading in alcohol as well as drinking it. Despite the worry it caused to police administrators and some members of the public, this behaviour must have been largely tolerated, if grudgingly, both by the community and the police hierarchy, in order for it to exist and continue. Both police and community expectations have changed in the intervening period, though not so rapidly as one might imagine.

Almost one hundred years later, it was apparently acceptable for a uniformed policeman to be depicted in an advertisement for alcohol. I discovered this on a recent visit (1998) to a gallery/gift shop in the town of Hawker, South Australia, where I saw a reproduction of a Ballarat Bitter beer poster circa 1950. The poster design was a painting which featured a large portrait of a brewer and a bottle of beer, encircled by a number of smaller, dancing figures, including a policeman, a sailor, and a military officer, all in full uniform. The poster bore the rhyme:

Tinkers Tailors
Soldiers Sailors
Cooks and Coppers too
Dance for joy
Around the boy
Who makes this
Bonza brew.

It is not conceivable that alcohol advertising featuring uniformed police or military personnel would be permitted today. However, in the 1980's and early 1990's police drinking and related behaviours has continued to be a worry to the police hierarchy. John Frame, Deputy Commissioner (Operations) of the Victoria Police 'expressed concern' in 1991 at 'the practice of police using their identification certificates to gain access to nightclubs and other venues' (Haldane, 1995). Drinking has been the subject of some police disciplinary actions, and the cause of criminal charges against some police, particularly in the matter of drink-driving. In Victoria, for example, as Haldane (1995) reports:

Between March 1988 and June 1990 thirty-eight police were charged with drink-driving offences, fourteen of them driving police vehicles. Assistant Commissioner (Traffic) Frank Green drily noted: 'Five were over 0.2; one refused a breath test; four of the top five readings were female; eleven were detectives (eight of them in police cars) and they were all ranks (Recruit to Inspector)'.

It is only in the current decade that the upper echelons of police organisations in Australia have begun to critically examine the problem of police drinking and address it by means other than poorly and erratically enforced disciplinary measures. The Police Services in both Victoria and NSW, for example, have recently developed official codes of ethics and professional standards, and have acknowledged there is a problem and that it should be dealt with as a social and health issue as well as a disciplinary matter. Consequently they have introduced some health-oriented interventions, such as alcohol education and counselling programmes (Haldane, 1995; NSW Police Service Drug and Alcohol Policy, 1997).

There are also social controls, in the form of alcohol and other drug testing, currently being introduced in the NSW Police Service. Thus it is only now that police are being
subjected to any social pressures which constrain, rather than encourage, alcohol consumption.

**Contemporary police culture**

Anyone who has ever worked would be aware that in order to 'fit in' with colleagues one must learn the particular formal and informal processes particular to the workplace. Behaviours, attitudes and procedures which are appropriate in one organisation may not be acceptable in another, either officially or unofficially. All organisations 'will take on their own character', as Flynn (1994) comments. This is elaborated by Skolnick and Fyfe (1993), as follows:

Like a tribe or an ethnic group, every occupational group develops recognisable and distinctive rules, customs, perceptions, and interpretations of what they see, along with consequent moral judgements. Although some recognitions and perceptions are shared with everyone else - we all live in the same society - others are mandates peculiar to and appreciated only by members of the craft or profession. In this sense, a specific world of work is rather like a game: One has to know the rules in order to play properly.

In recent times it has been recognised that these 'rules', together with the structural frameworks in which they operate, may be so complex and pervasive, and so distinctly specific to a particular occupation, that they constitute a sub-culture within the wider national culture:

factors such as the dependence of group members upon each other, the legitimisation of certain behaviours and sanctions and the number and size of rewards being determined by the group, generate a workplace 'culture' (Herold & Conlon, 1981, cited in McNeill & Wilson, 1993).

The essence of culture is 'the collective construction of social reality' (Sackmann, 1991, cited in Chan, 1997). The organisational theorist Schein (1985, cited in Chan, 1997), has described culture as 'the property of a stable social unit which has a shared history', and defined it as follows:

[Culture is] a pattern of basic assumptions - invented, discovered, or developed by a given group as it learns to cope with its problems
of external adaptation and internal integration - that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.

Authoritative researchers such as Jerome Skolnick in the USA, Robert Reiner in the UK, and Janet B.L. Chan in Australia have argued persuasively that a distinctive sub-culture exists within policing. The scholarly works of Reiner, who has been studying and reporting on police in Britain since at least the 1970’s, are frequently acknowledged in the literature, for example, Chan (1997), Sutton (1992), Finnane (1994), Skolnick and Fyfe (1993), Bradley (1992). Skolnick has studied and written on police for more than two decades, is currently a professor of Law at the University of California, Berkeley, (Skolnick, Fyfe, 1993), and was the first to offer a ‘remarkably persuasive’ structural understanding of police behaviour (James, Warren, 1995). Chan, a teacher in the School of Social Science and Policy, University of New South Wales, examines the question of why years of police reform in NSW has made little difference to police racism (Chan, 1997). She critiques the ‘inadequately theorised notion of police culture’, and reconceptualises it using a cognitive model of culture (Chan, 1997). Her monograph provides an impressively researched and useful synthesis of a number of theories relating to police culture.

If a culture consists of ‘a way of life’, including ‘manners, dress, language, rituals, norms of behaviour and systems of belief’, (Jary, Jary, 1995) shared by members of a society, transmitted from one generation to another, and in which individuals positively sanction those who conform and punish those who do not, (Kuper, Kuper, 1996), then the structures and processes of police society, as described by researchers overseas and in Australia, and as observed in NSW by this author, do indeed constitute a culture.

The occupational role of police is peculiar in that it
combines authority, danger, and the mandate to use coercive force in exercising the state’s powers (Skolnick, Fyfe 1993; Reiner, 1985). For police, danger exists not so much in a high risk of physical injury, but in the constant unpredictability of outcome in work situations and encounters. They face this constant danger because they embody state authority, and their power is liable to challenge by recalcitrant individuals at any time (Reiner, 1985). Added to this is the fact that policing is expected, by the community and by police themselves, to obtain ‘results’, especially in the area of crime-fighting. It is in response to these three interdependent elements - danger, authority, and the pressure for productivity - that the development of the pattern of adaptive rules, recipes and rites which form the culture of the police occurs (Reiner, 1985; Skolnick, Fyfe, 1993).

The core characteristics of police culture have been enumerated and discussed in many publications by both Jerome Skolnick (eg in Skolnick, Fyfe 1993), Robert Reiner (eg in Reiner 1985), Peter Manning (1989) and others. These characteristics include a strong sense of mission about police work; an orientation toward action; a cynical and pessimistic world view; an occupational suspiciousness which becomes second nature; isolation or alienation from the wider community and a cohesive solidarity with other police; political conservatism (regardless of party political affiliations); machismo; and prejudice. This culture is represented in the language peculiar to police (Bird, 1992).

One of the expressions of police solidarity is the ‘code of silence’ (Skolnick, Fyfe, 1993; Reiner, 1985; Chan, 1997). Reiner (1985), makes several references to heavy drinking as an aspect of the solidarity and machismo nature of police culture, but does not discuss it in detail. Skolnick and Fyfe (1993) refer briefly to police ‘drinking and carousing’ out of sight of the public. All of these features are tightly woven together in the fabric of police culture as subsequent
discussion will show.

Police culture is not a deterministic structural framework, and police are not the passive objects of socialisation. Rather, police officers play an active role in developing, reinforcing, resisting or transforming cultural knowledge, and they 'are active in constructing and making references to the culture as guiding their actions', as Chan (1997), argues:

... the police culture is a 'tool-kit' used in the production of a sense of order, and the constant 'telling' of the culture accomplishes for the officers a 'factual' or 'objective' existence of this culture. The transmission of this culture is not by a process of socialisation and internalisation of rules, but through a collection of stories and aphorisms which instruct officers on how to see the world and act in it. ...... Thus, cultural knowledge in the form of police stories presents officers with ready-made schemas and scripts which assist individual officers in particular situations to limit their search for information, to organise information in terms of established categories, and to constitute a sensibility out of which a range of actions can flow, and which provide officers with a repertoire of reasonable accounts to legitimate their actions.

Once they acquire an intuitive understanding of the game (cultural knowledge), they are able to make an infinite number of 'moves' (modes of practice), and take into account any changes in structural conditions (Chan, 1997). Thus external regulation and top-down attempts at control are often subverted or ignored, while strategies aimed at cultural change usually produce only the appearance of change (Chan, 1997).

The following general outline of the dynamics of police culture, though framed by Skolnick in the USA 20 years ago, is remarkably applicable to the NSW Police Service today, as anyone who has had an intimate association with the service would recognise. This outline is given in Manning and Van Maanen (1978) as quoted below:

The occupational culture constructed by the police consists of long-
standing rules of thumb, a somewhat special language and ideology that help edit a member's everyday experience, shared standards of relevance as to the critical aspects of the work, matter-of-fact prejudices, models for street-level etiquette and demeanor, certain customs and rituals suggestive of how members are to relate not only to each other but to outsiders, and a sort of residual category consisting of the assorted miscellany of some rather plain police horse sense. All of these cultural modes of thinking, knowing, and doing are, of course, rooted in the recurrent problems and common experiences of the police that they are regarded by insiders as perfectly natural responses to the world they inhabit. Indeed, cultures arise as a way of coping with, and making sense of, a given environment. That this occupational culture has displayed such remarkable stability through time is itself testimony to the persistence of the problematic habitat within which police work takes place.

This description holds true despite the undoubted cultural variation that occurs both within a given police organisation, and between different police organisations. Political, social, and organisational factors vary within and across police forces, but there are also legal, organisational, and cultural elements which are common to them all. Thus, some unwritten rules have been adopted by police all over the Western world, such as customary ways of dealing with people who challenge police authority, (Skolnick, Fyfe, 1993), or what Reiner (1985) calls 'contempt of cop'.

Yet even the casual observer may detect variations between Australian, American and British styles of policing. Some differences are particularly obvious, for instance, as Moir and Eijkmann (1992) observe, '... Australia's police forces have never placed - nor have they needed to place - as great an emphasis on violent enforcement as have their American counterparts'. Police organisations are culturally diversified, with variations occurring between rural and metropolitan areas, between different units such as detectives, patrol officers, and specialist squads, between executive, management and 'street cops', and even from station to station (Reiner, 1985; Skolnick, Fyfe, 1993). From the
inside, police organizations do not possess a common culture, but rather they are segmented and specialised, with 'an elaborate hierarchical rank structure which replicates the social distribution of secret knowledge' (Manning, 1978, cited in Chan, 1997).

The 'street cop culture' with which we are mainly concerned here, differs from 'management cop culture'. This difference arises because rank and file police are oriented toward the control of 'the lumpen elements' (Reiner, 1985) or 'underclass' (Skolnick, Fyfe (1993), while police management are oriented toward presenting an acceptable account of policing to the public and the elites in whose name policing is conducted (Reiner, 1985; Chan, 1997; Skolnick, Fyfe (1993).

Studies have shown city police to be alienated from the communities they police, and more interdependent on their colleagues than country police, who are better integrated into the community (Reiner, 1985). Also, the philosophy and approach of local police chiefs or commanders has been shown to have a significant effect on the practice of policing in their jurisdiction, sometimes with strikingly different results (Reiner, 1985; Skolnick, Fyfe, 1993).

Finally, while the cultural influence is powerful and pervasive, the choice whether to accommodate or resist it, and to what extent, rests with each individual officer. Police play an interpretive and active role 'in structuring their understanding of the organisation and its environment' (Chan 1997). Cultural lore may provide an effective means of ordering perception and maximising desirable outcomes, but unless it coincides with the recruit's gathering experience it is likely to be dismissed (Manning, 1978, cited in Chan, 1997).
The nature of 'The Job' and the recruits' preparation for it: culture vs education

Police work unsociable hours; may have to work away from home; may have to move often; and are frequently assigned difficult or unpleasant duties. Their work involves long periods of attending to boring and routine tasks, and in contrast they may find themselves in challenging or potentially dangerous and even life-threatening situations. Under certain circumstances they are required and expected to maintain their role as law enforcers even when they are off duty and out of uniform.

Joining a police service does more than provide a job - it endows a twenty four hour a day identity, a prescribed mode of dress, a distinct way of life that largely defines what the individual is to think, feel and do, not only through formal prescriptive regulations, but also through informal, unwritten rules of thought and action which are passed from one generation of officers to the next. Individual policemen set their performance standards, and then judge themselves, against the ideals of police occupational lore and imagery (Skolnick, Fyfe 1993), or 'war stories' (Finnane, 1994). The norms against which individual police behaviour has officially been measured, and the disciplinary procedures taken in case of default, have been set by police departments themselves (Finnane, 1994).

The power of the occupational environment to influence the beliefs, attitudes and practices of police can perhaps be better understood in the light of the facts that: a) police recruits typically enter the service at an impressionable age, often as young school leavers, without any tertiary qualifications; and, b) until the present decade, police education and training has been grossly inadequate to the complex and sensitive tasks of policing. So police recruits generally have had neither a wealth of life experience, nor a broad and balanced educational foundation which might assist
them to critically assess traditional police attitudes, beliefs and practices. They have not been in a strong position to counter the perspectives of their police mentors, nor the established culture of policing. They have had to rely almost entirely on the example and wisdom of more senior colleagues in learning their immensely complex and sometimes hazardous occupation. The Fitzgerald Report of 1986 in Queensland noted that police received inadequate education, 'with training substantially carried out by older police at least some of whom are officers imbued with the police culture' (Finnane, 1994).

Through most of the history of policing in Australia, police training has been conducted entirely by police, either on the job or during a short period at an exclusively police campus. Last century there was not formal training, and police recruits learned entirely on the job, both here and in other Western nations. Skolnick and Pyfe (1993), note, for example, that recruits in the USA, as late as 1900:

.. after a brief speech from a high-ranking officer, they were issued a uniform, a hickory stick, a whistle, and a call box key, and sent to walk the streets with a veteran cop.

Police colleges in Australia were not established until the 1930's, and as late as 1962, applicants for employment as police trainees in NSW were required only to be 'educationally qualified to pass an exam in dictation and arithmetic'; male; aged 19-30 years, (or 15-18 years for cadets); not less than 5'9" tall and approximately 11st 7lbs weight; and of 'excellent character, good physique and bearing' (Hoban, 1962). Once employed, training included statute law, police procedure, physical education, squad drill, swimming, target practice, first aid, motor vehicle maintenance, licensing, traffic, criminal investigation and vice squad duties (Hoban, 1962).

The then Commonwealth police commissioner, Ray Whitrod, noted
in 1960 the deficiencies of a police service 'administered by
officers whose primary qualifications were life-long
experience in the police force' (Finnane, 1994). It was not,
however, until Justice Edwin Lusher conducted the Inquiry into
the Administration of the New South Wales Police Force in
1981, and found police training limited and inadequate, that
the impetus for major educational reform began. Prior to
that, a staff member of the Police Academy informed Chan
(1997), police got 'rote learning, plus war stories and what
they really learned was the war stories'.

Bradley (1992), then Dean of Studies at the NSW Police
Academy, discusses the history of subsequent police
educational reform and the roles played in it by Justice
Lusher and John Avery, a senior police officer (later
Commissioner) and leading police educational reformer. The
new Police Recruit Education Program (PREP), which commenced
in July 1988, was designed to equip police with an
understanding of the social context and fundamental concepts
of police service, and with high levels of technical and
professional competence. It also embraced both residential
and field curricula. Police teaching staff were assisted to
upgrade their qualifications and additional non-police
academics were appointed to the Police Academy in areas such
as psychology, community studies, criminal justice and
communications.

PREP was an 18-month programme consisting of 24 weeks of
residential face-to-face teaching interspersed with phased
periods of field observation and training. The course was
only of approximately half the duration of that of carpentry
or hairdressing. Yet it was a vast improvement in police
education and the beginning of an ongoing process of greater
reform. PREP achieved much that was positive, but, as Bradley
(1992) reports, much remained the same because still 'the
translation of theory into practice in policing occurs in the
field, through the process of on-the-job learning'.

The refrain 'Forget what you learnt at the academy, this is how it works in real life', voiced by Sergeant M as part of the present study (see Appendix 5), was commonly repeated almost verbatim in monographs from the USA, the UK, and NSW, neatly summing up the mode of informal indoctrination to which initiates are subjected 'on the job'. For example, McConville, Shepherd (1992); Manning, Van Maanen (1978); Skolnick, Fyfe (1993).

Thus Bradley (1992) reveals, an independent evaluation of PREP in 1990 found that, among other problems, the integrity of the field curriculum had not been maintained, and there was a 'radical contrast and large gap between theory and operational practice'. The implementation of innovative educational reform was endangered at every stage with 'threats of calamity, of ideological resistance, of slippage, of old wine being contained in new bottles'.

Chan (1997), cites both research and anecdotal evidence demonstrating that much of the good work the NSW Police Academy did in reducing the racist and authoritarian attitudes of recruits was either negated, or paradoxically, served to reinforce existing prejudices, once recruits commenced field work and interacted with police culture. My own experience with recruits at the Academy confirmed that much the same process occurs in relation to excessive alcohol use.

When I first took up my employment as Drug and Alcohol Counsellor in the NSW Police Service in August 1990, I requested that some teaching time be allocated for Drug and Alcohol education of new recruits undertaking the PREP course. This was finally granted in 1993. I was allowed three hours of the 24 week face-to-face teaching time, and this was divided into one two-hour session in Phase One, and one one-hour session in Phase Three of the PREP programme. The time constraint allowed only for some basic instruction about the effects of alcohol and safe and hazardous levels and patterns
of drinking. The size of the class, a group of two hundred and forty students, unfortunately determined that my approach be limited to a didactic style and the use of ‘handouts’. My Phase One class was given on the Tuesday of the students’ introductory week. On the Thursday this new student group were strongly encouraged, to say the least, by older police staff of the Academy, together with Phase Three students (who had already spent at least four weeks in the field), to attend a ‘traditional welcome’ celebration at a local club. This ‘welcome’ was an initiation into the police style of heavy binge drinking.

McNeill (1996) provides some confirmation that this is usual practice:

Further anecdotal evidence suggested that the feelings of being pressured to drink in order to be part of the group started at the police academy: ‘Everyone drank at the academy. It was a big thing at the time’.

Recruits at the academy, another officer revealed, would project a machismo image when drinking in the presence of civilians at a public bar, with the intent of delivering the message ‘I’m a policeman, I can drink beer’ (McNeill, 1996).

The recent ABC Television documentary ‘Cop it Sweet’ (4 March, 1992) filmed in Redfern, NSW, dramatically portrayed the on-the-job induction of police into drinking. Junior police, new on the job after their graduation from the Academy, were actively coerced into getting drunk at 0730 in the morning. A young Provisional Constable, who was a teetotaller until she joined the Service, arrived for duty so drunk that she was unfit to perform her duties and had to be driven home and given sick leave. This incident occurred within six weeks of her graduation from the Academy. The same ritual has been occurring for decades, as graphically recalled for me by senior police such as the now 42 year old ‘Sergeant M’ (Appendix 5, story No.1) in their personal stories:
About twenty years of age I joined this job and I found that there was drinking 24 hours a day, 7 days a week. Most of the other fellows at work were a little older and most were using alcohol reasonably heavily on a regular basis. At times it was at work. How could I say no? I could not. I went along with the crowd. I wanted to be accepted. So I did the only thing I know how to; I drank with the rest.

The experience of initiation into the NSW Police Service was much the same for 'Sergeant T' (Appendix 5, story No.3) now aged 45 years, who revealed:

I ... joined the NSW Police Force at 24. My first station was inner west suburban. The first week was a real eye-opener, everyone seemed to drink to excess either on or off duty. I had my principles and refused to drink on duty except in certain circumstances, peer pressure or not.

However, 'Sergeant T' informed me 'It was an accepted thing to go to the pub every day after work, and that suited me fine'.

Bradley's (1992) perception of the pervasive and persisting influence of the established culture of policing on new, better educated recruits is reflected in his remark:

Policing's reality is unstructured and constrained by immensely powerful social forces and by an occupational culture which is probably one of the hardest substances in the universe.

Or, I would suggest, perhaps one of the most flexible and resilient, able to take account of structural change and continue with only minor modifications, because of it's integral validity for those who perpetually construct and re-construct it in response to their work environment.

The language of policing
Police jargon consists of more than a set of technical terms and acronyms for procedures and operations. It contains also an extensive vocabulary of colourful and culture-specific slang. This is something I know from my own experience with
police, and which is confirmed in the literature, for example, by Dunstall (1994) in New Zealand, who reports briefly on the 'distinctive argot' typical of police. Dunstall (1994) claims there is some basis for speculating that the NSW Police Service and the Victoria Police have a more developed police culture than that in New Zealand, because they have a 'comparatively richer' argot. This conclusion is drawn from a recent analysis of a compilation, entitled Copspeak 1, of police language (Dunstall, 1994).

My status as a tolerable outsider, in my role as a civilian employee of the NSW Police Service, does not give me full access to the language, but the following are just a few examples of commonly used expressions I have heard. They include some related to drinking. Policing is 'the job'. This explains why Sutton (1992) chose the title Women in the Job, rather than 'Women in policing' for her work. Although knowing that I am employed by the Police Service, the first question police generally ask on meeting me is 'Are you in the job?' meaning, am I a sworn police officer. I am acutely aware that my status and credibility would immediately rise considerably in their view if I could answer 'Yes'.

In NSW police refer to the Goulburn Police Academy as 'Bullshit Castle'; the Water Police as the 'Fishing Fleet'; the Surveillance Unit as the 'Dogs' (the Dog Squad however, is the Dog Squad); and the Highway Patrol as the 'cracklebacks' or 'crunchies'. This last has a special significance, for the appellation 'crackleback' or 'crunchy' is an affectionate term of abuse, somewhat similar to the Australian use of the word bastard to refer to a good mate. 'Cockroaches' are the lowest of the low, those who betray the trust of their colleagues. So these names imply, with good humour (and entirely without malice) that the Highway Patrol are 'cockroaches', because they sometimes charge police with driving offences. Only cockroaches dob on their mates, the Highway Patrol are gently reminded, though in this case it is accepted as inevitable,
something which is at times both necessary and deserved. An administrative policy or operation which police think unworkable or unworthy of approval is designated a 'WOFTAN' (waste of fucking time and money).

An officer who drinks a lot is a 'hero'; one who drinks too much is suffering from ADD (not Attention Deficit Disorder, but After Dinner Drinks); taking a 'time check', sometimes announced over police radio, means going for a drink. A cop who doesn't live up to the machismo police image is a 'squid' (he has no backbone). Light drinkers are known as 'Cadbury's', with the implication, drawn from the Cadbury's chocolate advertisement, that their limit is 'a glass and a half'. The appellations 'hero' and 'Cadbury's', for heavy and light drinkers respectively, are indicative of both the general attitude to drinking, and the social pressures to drink within the NSW Police Service.

Law, rules, and rules of thumb: you can't play it by the book
Policing and the military are occupations in which rules have a special prominence. They are rigidly hierarchical, uniformed, male dominated, and they demand conformity. When Sir Robert Peel formed the first modern police in the UK in 1829, he distinguished individual constables from soldiers with small details such as giving them blue coats instead of red, (and importantly, police were not armed), but he borrowed the hierarchical military structure in the interests of efficiency and power (Skolnick, Fyfe, 1993). The military model was regarded as essential to good policing in Australia. Victorian police inquiries in 1883 and 1906 regarded any demilitarising of the police as dangerous, and stressed that police should be tightly disciplined, systematically drilled, semi or quasi military bodies (Finnane, 1994).

Yet the day to day role and function of police, for the most part, are not at all like those of the military, despite the claims by politicians and police that police are conducting a
war against crime. The obvious exceptions are, for example, where police are deployed as a paramilitary force to suppress civil unrest or to halt terrorist activities. Some might argue that these tasks should not even form part of police work, or at least that a confrontational military approach is not the best way to manage the maintenance of public order. In any case, the infrequency of such operations in most Western democracies means that they constitute a relatively minor aspect of policing (in terms of time management if not of power and politics).

The police department provides a wider and more diffuse range of services than any other government agency (Moore, 1992). Although police are usually thought of chiefly as crime-fighters, the majority of services they provide involve, surprisingly, conflict resolution. The greater part of police time and resources is devoted to the provision of public services such as, for example, traffic management; crowd management at sporting and other events; emergency rescues; finding lost children; handling highly irrational people; resolving disputes; providing information, guidance, and assistance to community members. Despite police, media and community focus on the crime-fighting aspect of policing, careful analysis reveals that ‘a typical police department’ allocates only twenty percent of its resources for crime control, but sixty percent for public order/conflict resolution, and a further twenty percent in response to demands for miscellaneous services (Moore, 1992; Bradley, 1992). These three categories often represent a continuum, according to Moore (1992), because, for example, a minor dispute between neighbours, opposing interest groups, or domestic partners can escalate in such a way that police are required to respond by resolving a conflict, providing some other service, and perhaps eventually dealing with a crime.

Police have a broad and difficult mandate. Yet the legal rules enacted by ‘judicial and political elites’ are elastic,
and do not even attempt, despite rhetoric to the contrary, to exhaustively determine police practice (Reiner, 1985). Police officers are expected to be largely autonomous and to use discretion in the performance of their duties. The Second Report of the Interim Police Education and Training Advisory Council (IPETAC) in NSW in 1986, 'referred to the unique operational independence' of police constables, as one 'that provides a high degree of personal and professional independence and a significant and irreducible exercise of discretion' (Bradley, 1992).

Neither statutory nor common law rules can clearly delineate every situation, and policing is in fact characterised, at rank and file level, by actions taken in response to situations, 'then rationalised afterwards in terms of available rules' (Chan, 1997). So police organisations are unusual in that the exercise of discretion in decision-making increases as one goes down the hierarchy (Skolnick, Fyfe, 1993). Or, as Reiner (1985) puts it 'the primary determinant of policing where it really counts - on the street', is 'the rank and file officer'. The decisions of street-level policing are 'usually made with little or no supervision', as Van Maanen (1983, cited in Chan, 1997) describes:

because police tasks at the lower levels are ill-defined, episodic, nonroutine, accomplished in regions of low visibility, and are dispatched in ways that most often bypass the formal chain of command in the organisation, control over the work itself resides largely in the hands of those who perform the work.

This has always been the case. Early police served a short apprenticeship with experienced officers, and this 'provided the culture in which the elements of discretion involved in policing offences could be developed' (Finnane, 1994). There were manuals of criminal and public order offences, but no formal lessons in police methods and duties were given to NSW police until 1898 (Finnane, 1994). There was presumably considerable incentive, for any officer who wanted to do well,
to learn the informal guidelines relevant to the exercise of discretion, and thus avoid reprimand or disciplinary action. Just applying the law conscientiously was not (and is not) enough, as demonstrated by an example Finnane (1994) gives:

As commissioner Parry-Okeed in Queensland advised a Cooktown inspector in 1895, the actions of a constable in issuing 42 summonses for illegal employment of Kanakas was 'unnecessary and injudicious without previous cautioning and reporting': such a constable would be promptly advised of the need for discretion in future.

Trying to 'shoehorn' high levels of discretion into the lowest levels of a military style chain of command results in a proliferation of departmental rulebooks (Skolnick, Fyfe, 1993). But there can be no definitive rules for dealing with 'the fluid discretionary situations that are the core of police work', so there is not much meaningful guidance in police rulebooks. Low level police tasks are ill-defined, episodic, non-routine, sometimes outside public view, and often dealt with in ways that bypass the formal chain of command, so police organisations are in a sense mock bureaucracies in which management is concerned with the appearance rather than the reality of control (Chan, 1997). The military command structure seems eminently unsuitable for policing (Skolnick, Fyfe, 1993).

This incompatibility of structure and function must surely make the development and legitimisation of significant informal codes of behaviour inevitable, along with a concomitant devaluation of remote management directives, which are often seen as irrelevant or unrealistic. 'A central tenet of the highly practical culture of policing', reports Reiner (1985), is that 'you can't play it by the book'. The rule book, according to a British constable quoted in Skolnick and Fyfe, (1993), represents:

140 years of fuckups. Every time something goes wrong, they make a rule about it. All the directions in the force flow from someone's mistake. You can't go eight hours on the job without breaking the
disciplinary code.... But no one cares until something goes wrong. The job goes wild on trivialities.

So police at operational level devise unofficial and informal guidelines which are, for them, more workable, and which presumably attempt in some cases to fill the gaps and cover the inadequacies which result from the inconsistency between law, rulebooks, and legal ideology. These informal codes are framed from the perspective of rank and file police, and may not coincide with the view of management or of other sections of the community. An extensive study of London Metropolitan Police conducted by the Policy Studies Institute (PSI report, 1983), cited in Reiner (1985), gave rise to the proposal that there are three types of police rules. These are 'working rules', or internalised principles which guide action; 'inhibiting rules', or specific external deterrent rules which refer to visible behaviour; and 'presentation rules' which are used to make behaviour resulting from working rules appear acceptable. There is a problematic relationship between these rules and the law, because, for example, 'Legal rules may well be used presentationally, rather than being operational working rules or inhibitors' Reiner (1985). So the standard practice of adding a new rule in response to revelations of police malpractice may be 'irrelevant or even counter-productive' Reiner (1985).

A high degree of autonomy and discretionary decision making are necessarily central to policing. Police must make their own judgements about which rules and laws to apply in particular circumstances, and how to apply them. Thus police culture is 'functional to the survival of police officers in an occupation considered to be dangerous, unpredictable, and alienating' (Chan, 1997). In this culture, given the lack of detailed and consistently applied regulations or constraints concerning alcohol use, it is not surprising that, as Ames and Janes (1992) observed in a number of non-police workplaces:

formal policy about drinking mandated by upper management is all but
ignored by the majority of employees, who are responding to less socially distant behavioural expectations that make alcohol use appropriate - even desirable - under some circumstances.

Perhaps this goes some way to explaining why the problem of excessive drinking among police has not responded to the application of directives and disciplinary measures over more than one hundred and fifty years of policing in Australia. While significant numbers of police believe that drinking has value in enhancing their esprit de corps, and while they are ignorant of, or able to deny the detrimental effects of alcohol on their work performance, they will continue to drink regardless of the rules imposed from above. As Ames and Janes (1992) discovered in a study of manufacturing workers, 'the common knowledge that alcohol policy was rarely enforced encouraged permissive drinking norms'. In the mass of official police rules, regulations and legislation, a few sentences from the Commissioner in NSW, exhorting police to be sober, have historically carried little weight. Far more influential in the matter of drinking are the traditional, informal, 'working rules', which categorise heavy drinkers as 'heroes' and light drinkers as 'Cadburys'.

Conservative men with a mission
Police recruits tend to be idealistic. Surveys have revealed that both male and female police nominated the desire to help people as one of their major reasons for joining the occupation (Sutton, 1992). They join the service 'with, if anything, excessively high ideals' (Reiner, 1985). They are 'upright, virtuous, and civic minded' (Skolnick, Fyfe 1993), and believe that policing has a 'worthwhile purpose' in preserving a valued way of life and protecting the weak (Reiner, 1985). One British officer told Reiner (1985) that the police service is 'like a religion' in its' sense of mission. Reiner (1985) quotes Sir David McNee as having said of policing 'You have to be emotionally committed or you can’t stand the life.... This isn’t just a job, it’s a cause'. Perhaps this might explain the Australian police habit of
referring to their occupation as ‘The job’.

Skolnick et al., (1993) report that police see themselves as a moral force protecting the innocent. Police believe they are the ‘good guys’, and that horrendous consequences would ensue for the community if police were absent or if their authority was threatened. That this view is common not only among police, but in the general community in NSW, is demonstrated by the way in which NSW politicians repeatedly raise the popular ‘law and order’ issue at the time of State elections, and attempt to win votes by promising greater police numbers with resulting ‘safer streets’, even though this perspective is not borne out in reality (Reiner, 1985). However the police ‘mission’, though difficult and serious, is not something police find onerous or irksome, but is a challenging, thrilling, exciting, and machismo game, in which they are ‘uninhibitedly and delightedly engaged’ (Reiner, 1985). Insular occupations which arouse such a high level of worker engagement foster group cohesiveness and considerable work-based leisure interaction, according to Cosper (1979), who refers to police as a typical example:

Police and firemen have an involvement-arousing occupation, due to the danger of their work and the importance they associate with it, and they are also restricted by working unusual hours. For police, relationships with nonpolice are colored by suspicion, if not hostility, making the occupation ‘marginal’ in the sense that it hinders interaction with nonpolice. (In some cities, private recreational facilities, including drinking clubs, exist for police.)

McConville and Shepherd (1992) in the UK, and Sutton (1992) in Australia, also report that police see themselves as being involved in a mission. McConville and Shepherd (1992) describe this as the ‘blue light syndrome’. Brown (1992) asserts that while police culture is ‘neither monolithic nor unchanging’:

... nonetheless there are some central core features characterising police officers which seem intact both over time and whichever force
is studied -- a sense of mission that being a police officer is not just a job but a way of life, pessimism that the morality officers adhere to is being eroded from all sides, suspiciousness, conservatism, and machismo.

The 'thin blue line' is in tune with the politically conservative 'overclass', and is 'pitted against forces of anarchy and disorder, against an unruly and dangerous underclass' as Skolnick and Fyfe, (1993) remark. Although the bulk of police personnel have themselves always been drawn from the working class, they tend to have what Reiner (1985) calls a 'narrowly conventional morality', and Skolnick and Fyfe (1993) describe as a 'Goldwater-type of conservatism'. The 'quintessential statement of the police sense of mission' Reiner (1985) contends, is the motto made famous by the Canadian Mounties 'Uphold the right', though wry critics have observed that this might more correctly be put as 'Uphold the Right'. Police conservatism, according to Reiner (1985), results partly from the processes of selection and self-selection, partly from the political manipulation of police, and partly from the use of police in the confrontational suppression of labour disputes. This last 'inclinates officers to anti-union views' (Reiner 1985).

So the majority of police identify strongly with the 'overclass', and the dominant, conservative, Western stereotype of masculinity. Though 'filtered through the specific problems of police work', the power structure of a society, and the views of its' elites, are reflected and perpetuated in police culture and its' variations (Reiner, 1985). Police revere middle-class values of decency, but have their own 'police relevant' categories of class or status, which include fine distinctions, but which broadly divide people into the rough and the respectable (Reiner, 1985). No matter how sensitive police may be to the underlying causes of crime, Skolnick et al., (1993) contend, such pre-conceived notions of 'dangerous' and 'deserving' types influence their actions, especially in relation to the use of force. Their
view of policing as a mission, Reiner (1985) argues, makes the established practices of policing 'all the more recalcitrant to reform than if they were merely self-serving', and this, in my experience, applies to drinking practices as much as any other aspect of police activity.

A shared sense of purpose or mission, when strongly felt, is a powerful bonding force in any group, whether it be a football team or a police service. In Western cultures group drinking sessions have traditionally been a characteristic means of expressing and symbolising this type of bonding and solidarity among males, particularly when the mission in which they are engaged is some form of exciting, machismo 'game', as Reiner (1985) describes policing.

Suspicious, pessimistic cynics
To contend that police are pessimistic and cynical may seem to contradict the argument that they have a strong sense of mission. But it is the very strength and resilience of this sense of mission, and the belief that police are indispensable, according to Reiner (1985), which produces their 'hard-boiled outlook' and leads to pressure for action and results. Police rapidly become cynical and pessimistic as a way of coping with the hostility and degradation involved in doing the 'dirty work' for society (Manning, Van Maanen, 1978), and because they excessively value order and stability, and despair that they, as the minority protecting and serving the community, 'are about to be over-run by the forces of barbarism' (Reiner, 1985). Also contributing to police cynicism, according to Skolnick and Fyfe (1993), is the fact that the daily police work routine includes so little of what they believe is their proper role: 'For them, cops and robbers is the only real police work'. When performing less thrilling tasks, police are likely, Skolnick and Fyfe (1993) contend, because of their resulting disappointment and dissatisfaction, to alienate and offend members of the public. This pessimistic cynicism is evident in NSW in two commonly
used police aphorisms: NRMA - Nothing Really Matters Anymore; and, TJF - This Job is Fucked.

Police are trained to look for the abnormal (Skolnick, Fyfe 1993). Their occupation produces in them a strong sense of suspiciousness, as they must always be alert to signs of trouble, danger or offence against the law, and they must always be ready to deal with any situation without losing authority. This inevitably leads to the stereotyping of likely offenders, which is helpful only while it remains reality based (Reiner 1985). Suspiciousness isolates police both from potential suspects and from the decent citizens who cannot share the same conceptions of threat (James, Warren, 1995), so the 'blue brotherhood' becomes the only social milieu in which they feel at home.

Solidarity in isolation
Thus the circumstances of policing foster the development of a special camaraderie with strong affiliations and loyalties. This internal solidarity derives partly from the social isolation of police, and this in turn has been to some degree a direct result of policy intended to separate police from the community (Reiner, 1985). For example, in 1847 police regulations directed officers to 'devote (their) whole time to the Police', and 'at all time appear in complete dress'; and further, the regulations 'positively ordered that no Officer or constable in the Force, shall at any time, join any club, lodge, or association, without special permission from the Commissioner' (Swanton, 1983 p49). Urban police in the 19th century were housed in police barracks, and even early this century married police in Queensland were expected to wear uniform and observe a curfew when not on duty (Finnane, 1994). When the Police Cadet system was introduced in NSW in 1933 by Superintendent WJ Mackay, every one of the first 12 cadets were sons of serving police (Hoban,1962). Some rural police still live in residences attached, or next door to, the police station, for example, Bellingen, Moss Vale, Gulargambone,
In NSW and elsewhere new recruits have traditionally commenced training in an institution run exclusively by and for police, and later in-service education has been conducted in a similarly isolated college (Finnane, 1994). The inquiries conducted by Lusher in NSW in 1981, and Fitzgerald in Queensland in 1986, questioned this practice as one which contributes to 'the narrowness of police culture' (Finnane, 1994). Police education is becoming broader, more advanced, and subject to much greater external input, but to date the majority of police recruits remain largely isolated from other student bodies.

'Social isolation is the price to be paid,' Reiner (1985) observes, for the elevation of police 'as symbols of impersonal authority'. There are also other factors which contribute to this isolation, such as unsociable work hours, the special nature of much of police work, the constraints of secrecy, and the adaptive suspiciousness and cynicism, all of which limit police friendships with non-police (McNeill, 1996; Reiner, 1985). There is also the police perception that people generally either resent, fear, or misinterpret police, and that consequently 'everybody hates cops' (Skolnick, Fyfe, 1993). This sentiment has a long history, for as Philips (1994) reports, there was inherent suspicion of police in the NSW colony from the beginning, and 'the Sydney Police found it difficult to establish a firm basis of achievement and popular support'.

This isolation of police as a group can be construed as a fairly severe form of the 'separation from normal social relationships' which Plant (1979, cited in Hagen et al., 1992) found was characteristic of occupations at high risk of excessive drinking. It also facilitates the development of an 'occupational community' (Cosper, 1979), with the result that police generally appear to have a primarily work-based self-
image, reference group, and leisure interaction.

Police socialise mainly with other police, because they feel uncomfortable with, and alienated from, 'civilians' (Skolnick, Fyfe, 1993; Reiner, 1985). 'Most cops prefer to attend parties with other police, where drinking and carousing can occur without fear of civilian affront or knowledge' (Skolnick, Fyfe, 1993). This tendency to socialise chiefly with co-workers is significantly associated with drinking in a workplace culture (Ames and Janes, 1992; McNeill, 1996), and particularly in marginal, male-dominated occupations, where drinking is used to express solidarity and to transform instrumental work relationships into expressive leisure relationships (Cosper, 1979). Recreational drinking provides an opportunity for 'the restatement of the fundamental mutuality of the members' of a group or society, and the 'feeling that the individuals are a 'we-group' as opposed to 'others' (Bacon, 1962). Such pleasurable occasions restore or enhance unity because at such times 'ambitions, frustrations, and resentments are irrelevant' and 'purely rewarding pursuits are at hand' (Bacon, 1962).

In NSW police sometimes socialise also with other emergency services personnel such as firefighters and ambulance staff, with whom they share regular 'Triple 0' social occasions. (The name 'Triple 0' derives, fairly obviously, from the emergency telephone number 000.) Some indication of the exclusivity, nature and significance of these occasions, and the fact that alcohol features strongly in them, can be gleaned from the following reproduction of an advertisement carried in NSW Police News, May, 1995, page 27:

*Sydney's Premier Nightspot*

**Studebakers**

33 Bayswater Road Kings Cross

is declaring a state of emergency on

Thursday 1st June from 7pm till stumps

exclusively for Triple 0
you are cordially invited to the
"CRITICAL ZONE"
the ultimate  000  Party
For this special night only we have dropped the
cover charge, the line, the drink prices
and the dress code.
There’ll be an abundance of give aways, copious
amounts of nibbles and special mini cocktails.
For your own safety all sharp objects will be
removed and plastic knives, forks,
glasses made available.

STUDEBAKER’S
Thursday 1st June
"a real code blue"

The fact that police often work in conjunction with other
emergency personnel at accidents, rescues and disasters, and
so share with them some tasks and some intense and challenging
experiences, makes it easy to see how they might socialise
more easily with them than with ‘civilians’.

Some degree of isolation from the general community, combined
with other factors such as the predominance of males and the
glorification of ‘toughness’, may result in the development
among police of group drinking norms which differ markedly
from those of the wider population. Additionally, police work
constantly exposes officers to the problem drinkers in the
community. For example, in 1972 the offence of drunkenness
accounted for 146,000, or about one-third of all arrests in
Australia (Vinson, 1977 p282), and although drunkenness in
itself is no longer a ‘crime’, police are still called to deal
with drunken drivers, pub brawls and alcohol related domestic
violence. Fenlon et al., (1997), suggest that this may cause
police to ‘become desensitised’ to what the general community
regard as normal and acceptable drinking behaviour. Officers
would consequently measure their own consumption levels and
drinking behaviours against the most extreme excesses in
society, and thus regard their own high-risk drinking as
moderate or normal. We all measure our own performance
against our experience and perception of others.

Some examples from my own experience may serve to illustrate how much the norms for drinking among NSW police do indeed differ from those of the general population. Firstly, one police officer told me that at his police station the night shift consumed an average of nineteen cans of beer per person per night during one week in 1991, and that this was not an unusual occurrence. Secondly, in a NSW country police station I have visited, the afternoon shift would regularly ‘put on a keg’. The morning shift remained late and the night shift arrived early to help them drink it. As the shift rotated so did responsibility for ‘putting on the keg’. Thus all staff at this station were involved in regular episodes of abusive drinking. The keg was ‘put on’ late in the afternoon shift after the Patrol Commander left, allowing him to maintain a pretence of ignorance about the level of alcohol abuse in his Patrol. And lastly, prior to 1996, I have personally observed, in the staff rooms of several NSW Police stations, soft drink machines which dispensed four different brands of canned beer but no soft drink.

The 1991 Christopher Commission in Los Angeles concluded that the social isolation of police can be exacerbated to the point where a ‘siege mentality’ develops, if aggressive crime control, rather than crime prevention, is emphasised, and this is particularly so if local commanders encourage a confrontational style (Skolnick and Fyfe, 1993). James and Warren, (1995), summarise Skolnick’s current view on this:

The solidarity engendered by shared perceptions of danger and social isolation leads police to adopt something of a ‘siege mentality’ reflected in beliefs by police that they are misunderstood and unappreciated by the community at large (and in many cases by their own department). In turn, a code of silence operates to protect even malpracticing police from external (and internal) scrutiny and criticism.
If the extreme of a siege mentality seems implausible in NSW, I would suggest that the three metre high wire fencing around the police compound at Wilcannia indicates otherwise.

Internal solidarity arises not only from social isolation, but also from the shared sense of mission, and from the reliance of police on their colleagues to assist or save them in difficult or dangerous situations. The organisational structure of policing, which demands that officers function as a team and often engage in group operations is also a factor. In threatening or distressing situations police depend on mutual support and comfort. The 'thin blue line' is an insular brotherhood (Skolnick, Fyfe 1993), whose solidarity also serves as a 'protective armour shielding the force as a whole from public knowledge of infractions' (Reiner, 1985). The presence of strong social support networks within an occupation has been found to be 'significantly correlated with more drinking and drinking problems, even when work was intrinsically rewarding' (Sonnenstuhl, Trice, 1991, citing the work of Seeman and Anderson, 1983).

Never trust a cop who doesn't drink
Corelli (1994) reports being told by a Canadian police officer that police who do not drink are not to be trusted. McConville and Shepherd (1992) tell of an interview with a London officer who said that he had never been accepted because he did not acquiesce to the group norms for drinking. The officer is reported as saying:

The relief go drinking of a morning! They go out after night shift to market pubs in the early hours. To me, well, I can't handle it at six o'clock in the morning.

From my experience in counselling police drinkers, I am aware that this lack of acceptance of non-drinkers is common. In Australia, a police officer who does not drink is viewed with deep suspicion and mistrust by his peers. This was conveyed by the frequent admonition 'Never trust a cop who doesn't
drink’, repeated to me on numerous occasions by officers across ranks in the NSW Police Service during 1991-92. McNeill (1996), confirms this when she states:

... drinking plays a key role in police culture. The prevailing attitude which existed among respondents was that for feelings of team unity, trust, and camaraderie to be enhanced, officers had to socialise and drink together. It was further believed that one is not accepted in the team to the same extent if one does not socialise, and in particular, drink with the team.

This may be partly because in Western culture drinking together ‘ordinarily signifies the status parity of the drinkers’ as Stone (1962) has observed in the USA, and Bales (1962) has observed in Ireland. Indeed, in a study of drinking styles and status arrangements, Stone (1962), concludes that ‘the most salient feature’ of drinking is its bearing ‘on the social status of the drinker’. Individuals who try to break out of the drinking cycle in the police service may find themselves suspect and unsupported. The following quote is from the personal story of ‘Lisa’ (Appendix 5, story No.4), a NSW policewoman who stopped drinking after realising that she was alcohol dependent, and who subsequently wrote down her experiences for use in this study:

I transferred out of the section I was in. I didn’t get the support that I needed. I got it from ‘the boys’ but not ‘the bosses’. I think they felt threatened by what had happened. You know the old saying ‘never trust someone who doesn’t drink’. Well it seems to go tenfold for one who used to drink. I think there may have been some ‘well, if she’s one, what’s that make me?’ The answer; ‘Very uncomfortable.

Cosper (1979), in a wide-ranging review of occupational drinking, conceives of it as ‘conformity’, and claims there is evidence to support the suggestion that one reason ‘why men in occupational communities drink heavily is that the opinions of one’s fellows become more important than those of outsiders’, and that ‘the demands of one’s fellows for companionship become stronger and harder to resist than those of the
worker’s family’. Within policing in NSW, it appears that failure to conform to the drinking norms of the group makes an officer’s loyalty to the group suspect. This phenomenon has historic and cultural links with Irish drinking custom as reported by Bales (1962), and with the tradition of Australian mateship (Price, 1989), wherein drinking is a symbolic manifestation of solidarity and equality, and refusal to drink with an associate is a deadly insult tantamount to a refusal of friendship. In any of these settings, refusal to drink is even more difficult for individuals who have participated in the drinking subculture than for those who have never subscribed to it, making rehabilitation an especially difficult process for those problem drinkers who attempt it.

The code of silence
'The police code of silence', Skolnick and Fyfe (1993) argue, is not something unique, it ‘is an extreme version of a phenomenon that exists in all human groups’, and there is no need for it to be enforced with any threat of violence. From an early age people learn that they risk losing the trust of their peers if they report on the misdemeanors of a member of any group to which they belong. Most people are reluctant to be a 'tattletale' or a 'squealer'. Even with the most admirable of motives, becoming a 'whistle-blower' is a dangerous venture which irrevocably changes one’s status in the group, and even one’s entire life from then on. Doctors, for example, rarely expose the medical incompetence of their colleagues, though they must at times be acutely aware of it. Ames and Janes (1992) cite a study of US railroad workers which reported that although workers were afraid drinkers may cause accidents, the drinkers were not reported 'because of a companywide belief that 'squealers' should be ostracised'. The result of this was that 'some employees felt free to come to work severely hung over or drunk', and a high rate of problem drinking existed (Ames and Janes, 1992).

In institutions, particularly 'closed' institutions with which
the individual is closely identified, the unspoken pressure to remain loyal is enormous. This is especially true for police, because their identity is often subsumed into their occupation, department or unit, to the extent that it would be destroyed if they did anything seen to be a betrayal (Skolnick and Fyfe, 1993). Added to this, the practices of shunning and of exposing the faults of the whistle-blower are powerful disincentives to violating the code of silence (Skolnick and Fyfe, 1993). The unofficial sanctions imposed for breaking the unwritten codes of the culture may be more devastating than any officially imposed penalty. A police officer who is perceived to have ‘dodged’ on another is labelled a ‘coachroach’, (in NSW) and will carry this brand throughout his/her career. It would be impossible to live down this reputation, for, as one NSW officer told me ‘If I did anything (about alcohol-related behaviours) it would follow me till I die then they would come to my funeral to spit on my grave’.

The offences about which police remain silent are not necessarily major episodes of misconduct or malpractice to be hidden from external investigations, but are more often minor violations which the rank-and-file wish to prevent from coming to the attention of supervisors (Reiner, 1985). In my own experience, this code of silence operates as naturally and effectively in regard to officers who have drinking problems as it does in any other matter. My work with police has demonstrated that officers will often go to enormous lengths to protect a problem-drinking colleague from attracting the disapproving attention of supervisors or the public, as I will discuss in some detail in Chapter Seven of this thesis.

Machismo men of action: police as warriors
Regardless of the mundane and tedious nature of most of their occupational tasks, police see real police work as active, aggressive, exciting, adventurous, risky, and a male group endeavour. Manning and Van Maanen (1978) describe police as
having an 'ethic of masculinity' which values swearing, boasting, sexual prowess, courage, and strength, and prefers physical force over persuasion through discourse. Indeed, the evidence reveals that police culture throughout the English-speaking world is based on 'machismo' images such as that depicted by Reiman (1983):

A law enforcement officer is a pillar of society's standards, a bulwark day and night against the ravages of those who are weaker. Small wonder that a new recruit sets unswerving strength as his goal. Many call it the Titanic Syndrome (Reiman, 1983).

According to Sutton (1992), police have traditionally embraced a warrior mode of masculinity, and some of their most important values include:—remaining dominant in any encounter and not losing face; masculine solidarity; physical courage; and a glamorous view of violence. Brown (1992) describes policing as hedonistic, tough and adventuresome; an occupation in which male dominance and its association with aggression and strength is affirmed by jokes and banter (Brown, 1992).

Police in the USA, the UK and Australia are disproportionately represented by white Anglo-Celtic males with a modest education and working class background. Despite their espousal of middle class decency and right-wing values, police have a 'decidedly non-puritanical ethos about heterosexual behaviour, drinking and gambling' (Reiner, 1985). Both individually and collectively they tend to display some sexist and racist behaviours (Brown 1992; Skolnick and Fyfe 1993; Sutton, 1992; Finnane, 1995; Reiner, 1985). Police share a definition of masculinity which fosters their solidarity, mythologises the dangerous nature of police work, and reinforces the 'Natural Order' of male dominance (Sutton, 1992). Policing is an example of the ways in which, as Connell (1995) proposes, the organizational structure of the workplace enters 'into the making of masculinity at the most intimate level'. Hegemony, Connell (1995) contends, is 'likely to be established only if there is some correspondence between cultural ideal and
institutional power’. It is difficult to imagine any more
cogent and obvious examples of this than policing and the
military.

McNeill (1996) reports that the work of Gwinner (1976),
demonstrates the similarity between policing and the military
in regard to the conditions which may encourage problem
drinking. The hierarchical structure, uniformed conformity,
relative absence of females, pressure to be ‘one of the boys’,
environmental tolerance of alcohol, and the protection of
problem drinking personnel from the consequences of their
alcohol-related behaviours, were considered to be features of
the military which promoted excessive drinking. The
similarity between police and soldiers does not end there. It
is no great surprise that police think of themselves as
warriors, when we consider how often politicians speak of
police as being involved in ‘wars’ against crime and drugs.
Police use firearms, physical force and a great deal of
military jargon. They train at an academy where they engage
in military style parades; their ‘chain of command’ includes
‘sergeants’ and ‘commanders’; they belong to ‘divisions’,
’units’ and ‘squad’; they perform ‘drills’ and engage in
‘operations’. Connell (1995) claims the military has been
the most important arena for the definition of hegemonic
masculinity in European and American culture. Thus, the
conception of police as a paramilitary force has shaped
cultural notions, both inside and outside policing, of what
kind of man a police officer should be.

Australian police forces in both the 19th and the 20th century
have regarded the military as an excellent training ground for
police work; have in some instances required a military
background; and at various periods had large numbers of ex-war
service soldiers in their ranks (Finnane, 1995). Skolnick and
Fyfe (1993) devote twelve pages of their book to a discussion
of ‘cops as soldiers’, and Finnane (1994) writes at length
about the relevance of military models in historic and current
policing. From a police perspective, the war against crime is continual. Wars have always been essentially a machismo male activity, and the figure of the warrior or hero is central to the Western cultural imagery of the masculine (Connell, 1995).

The historical development of police culture occurred largely in the absence of women, and this partly explains the predominance of 'macho' values within it (Sutton, 1992). Noting that police culture has a 'machismo quality', Skolnick and Fyfe observe:

The typical police recruit is chronologically and temperamentally young, male, and athletic. Recruits often lift weights - like football players - so as to offer a more formidable appearance on the street. They are trained in self defense. They are trained to handle a variety of offensive weapons, including deadly ones. They are taught how to disable and kill people with their bare hands. No matter how many warnings may be issued by superiors about limitations on the use of force, no matter how much talk about policing as a profession, police training continually reminds recruits that coercive power is a central feature of police life.

For most of its history, the NSW Police Service has had a preoccupation with physical training, and a minimum height and weight was a qualification for entry until the 1970's, largely because policing was seen as a matter of physical force. It was not until 1981 that a significant change in this perspective was signalled in NSW by the publication of John Avery's (1981) research thesis Police: Force or Service? which demonstrated that the everyday tasks of police are largely community rather than crime work. Nevertheless, Finnane (1995) claims that even in 1990's Australia 'some police continue to insist that physique is critical to the capacity for the job'.

The machismo style is a display of authority and power which, in the case of police, can be backed up by legitimate force. Importantly though, the more convincing the display, the less
actual force is required. Skolnick and Pyfe (1993) contend that, whether or not they are conscious of it, everyone, including police, understands the paradox noted by William Ker Muir '... the stronger one’s reputation for being mean, tough, and aggressive, the less iron-handed one actually has to be'. Acting tough often eliminates the need for police to use physical force. Australian officers told McNeill (1996), that police have to 'put up a macho front'; 'be rude to people'; 'slag off at women'; 'talk about sex'; and if they are policewomen, 'talk like a bloke, act like a bloke'; if they want to survive and be regarded by their colleagues as good police. Not behaving in this way could result in males being regarded as effeminate, and females not being taken seriously.

This 'acting tough' is seen to have some particular advantages. As long as they appear authoritative and powerful, police who are less aggressive in practice are less likely to provoke a threatening response from those they encounter, and the less danger they perceive for themselves, the more they operate within the rules of law (Skolnick and Fyfe 1993; James and Warren 1992). Conversely, the more police perceive themselves to be threatened with actual danger, the more brutal they are likely to be (Skolnick and Fyfe 1993).

Part of the display of machismo strength and toughness, particularly for some Australian police, is the demonstration of the capacity to 'drink like a man', for, as an Australian officer told McNeill (1996), 'the more they can drink, the more manly the copper they can be'. This is further illustrated by the following quote from Meyers and Perrine (1996) in the USA:

Fellow policemen send the officer unmistakable signs that his acceptance as a member in the fraternity depends on how tough he can show he is, and one way of showing his toughness is his willingness to drink.
Another Australian officer told McNeil (1996) that police consider it 'bad form' to take a sickie 'just because you had a hangover' after becoming 'blind stinking drunk' the night before. McNeil (1996) comments:

This attitude appears to be perpetuated by the 'macho' image. If you are able to 'party hard' and still get to work the next day, you are seen as a hero, and a good team person.

Police officers, including those from NSW, when interviewed in an earlier study by McNeill and Wilson (1993), said that they 'lost count after the first ten', or drank 'enough to get me under the table'. Hagen et al., (1992) report that in their interviews with representatives of Victorian police they found a general consensus that alcohol use was encouraged and expected among officers. They quote one officer as having said that 'for all officers, the culture is such that it can be hard not to join in with drinking'.

As mentioned earlier, The People and the Police in London: the PSI Report (1985, cited in McNeill, 1996), describes police socialising as occasions of drinking and machismo storytelling. Similarly, Dunstall (1994), describes the drinking rituals of New Zealand Police as uncouth, 'redolent of a masculine culture' and with an 'ambience of physicality and sexual innuendo'. For police women who want to be accepted by their colleagues as part of the blue brotherhood, this presents a dilemma.

**Gendered culture: the 'defeminisation' of women police**

Police have largely resisted the recent shift in Western democracies toward community-based policing, which emphasises social (and therefore what are traditionally defined as 'feminine') rather than physical (and therefore traditionally defined 'masculine') skills, as Brown (1992) illustrates:

Asking street-hardened coppers, whose self-respect is defined by the approval of their peers, to take on the morality and ethics of
community policing is like expecting them to police in drag.

McNeil (1996) observes that policing is a 'masculine' occupation in which not only men, but women also must be socialised into the 'cult of masculinity'.

Masculine occupations are generally associated with high levels of competency, assertiveness, competition, managerial skills, and technological proficiency. In contrast, feminine occupations are associated with care giving, emotionality, clerical skills, and subservience. In accordance with these classifications, the traditional policing environment falls in the domain of a masculine occupation and both men and women who enter it are socialised as such.

Our conception of police as an authoritative, military style 'force' of 'crime fighters' rather than a community-oriented service has influenced the construction of a machismo police identity. This makes the police defence of their machismo cult against the intrusion of 'the feminine' more comprehensible. For male police, the 'feminising' of their occupation threatens the disintegration of both their conceptions of authority and the institution through which they define their masculine identity. Alternative notions of masculinity are strongly resisted. (This remains so despite the officially approved inclusion of a small number of uniformed NSW police in the most recent Sydney Gay and Lesbian Mardi Gras parade.)

The survival of the maschismo culture of police into the present day, and the pressures on policewomen to become 'one of the boys', can be understood in the context of the history of women in policing. While the sight of policewomen 'on the beat' or in patrol cars is now a familiar one, the occupation began as an all-male endeavour, and has effectively remained so until the last decade. Women have had little time or opportunity to influence the culture of policing in NSW or elsewhere. Despite being sworn officers, women did not attain full status as members of the force in NSW until 1965, but
even then they remained a separate entity with a separate rank structure, and were excluded from operational duties. They were not fully integrated into the service until as recently as 1982, at which time they represented only 3.3% of the total police force in NSW (Sutton, 1992). Indeed, since the first two (and only two!) policewomen were employed in 1915 from a total of 400 applicants, women have had only a token presence in the service until the last few years. In 1955 there were a total of 38 policewomen, in 1972 there were 130 (1.5% of all officers), in 1986 there were 883 (8.9%), and in 1991 there were 1,475, representing only 11.2% of the total force of 13,195 (Sutton, 1992).

As late as 1978 there was still a 'quota' limiting the number of women police to 145. Police administrators maintained this quota, ignoring the NSW Anti-Discrimination Act (1977), until, as a result of a legal challenge, they were forced by the court to abolish it (Sutton, 1992). This under-representation of women was not, however, peculiar to NSW. The same source reveals that the highest percentage of women in any Australian police jurisdiction in 1990-91 was 16.8% in the Federal Police. In the UK the story was quite similar. There was little progress in the realm of equal opportunity for women in policing until the 1975 Sex Discrimination Act forced fundamental change (Brown 1992). The gender ratio in the UK police force was one woman to thirty-one men in 1960, and one woman to ten men in 1984 (Brewer et al., 1988). The USA has followed a similar pattern, recruiting larger numbers of women police only after gender discrimination cases were brought against police organisations in the Supreme Court (Brewer et al., 1988). Police women represented only 2% of US officers in the 1960's, increasing to 2.6% in 1972, and 9.2% in 1983 (Brewer et al., 1988). However, as Sutton (1992) reports:

A National Survey of police agencies and case studies of the five largest police departments in the US by the Police Foundation has shown that although women doubled their numbers in policing in the decade of the eighties, they still represent less than 10% of all
police officers

This reluctance to redress the gender balance may be due, at least in part, to what appears to be police men's concerted resistance to any 'feminisation' of their machismo culture. This resistance is manifest in the frequent denigration of women, and police women in particular, and in a high level of sexual harassment. Sutton (1992), and also Brown (1992), discuss the fact that male officers have demonstrated almost uniformly negative attitudes to police women, generally on the grounds that they are not physically strong or aggressive enough to cope with violent situations, and that their presence is prejudicial to discipline and cohesion. However, police rarely encounter dangerous situations; often fail to maintain their own levels of physical fitness; do not perform any better than women when evaluated on the job; and in any case it has never been shown that physical strength is related to police functioning.

Nevertheless, policemen fear that policewomen, who do not share their attitudes and values, and cannot share their masculine identity, may undermine their highly prized solidarity. Sutton (1992) reports that researchers have observed:

... in many instances the attitudes and talk of men, ideas and expressions about the limitations of women specifically as police officers merge imperceptibly into general issues about the inferiority of women which again merge into sexual boasting and bantering.

Women are placed in a no-win situation in the field of police sexual politics. If they engage in sexual activity they lose the respect of male peers, if they do not they are suspected as lesbians. Sutton (1992) discusses evidence that women with 'token status' in policing often cope by adopting strategies which they believe will gain them the acceptance and trust of the dominant males. The extremes of this approach are: emulating males and so becoming 'defeminised', which may in
fact result in their being negatively regarded by men; and, alternatively, colluding with men's stereotypical views and working in subordinate roles, so becoming depprofessionalised, which makes them non-threatening to men.

One way in which police women commonly emulate policemen is in high levels of alcohol consumption. McNeill and Wilson (1993) in a nation-wide study of nearly 900 Australian police, reported that 32% of the female officers and 16% of the male officers indulged in heavy or 'binge' drinking sessions. This 'shift' in female drinking patterns was particularly noticeable, the researchers concluded, where women were pressured into 'drinking as quickly, and as much, as their male colleagues'. Richmond et al., (1996), and O'Brien and Reznik (1988) also reported that policewomen drink at much higher levels than their counterparts in the general community. Studies such as that by Hagen et al., (1992) also demonstrate that policewomen consume far more alcohol than women in 'feminine' occupations such as nursing.

That considerable pressure is placed on women police in the form of sexual discrimination by their male colleagues is demonstrated by research. In 1990 the NSW Police Service conducted an EEO survey which revealed that 44.6% of policewomen had experienced sexual harrassment in the workplace, usually in the form of offensive sexual or sexist jokes, suggestions, or displays. The same survey showed that in contrast, only 16.4% of female public servants in the Police Service, and only 6.4% of female ministerial employees, reported experiencing any form of sexual harrassment (Sutton, 1992).

So while there are policemen who treat policewomen as equals and with respect, and there are individual policewomen who have come to be regarded even by male peers as good police, women have so far made little impact on the machismo nature of policing. Typical police drinking patterns, for males and
females alike, are modelled on the Western cultural image of the hard-drinking, tough man of action.

**A light hearted attitude**

McNeill & Wilson (1993) reveal that they consistently found, in interviews with Australian police, that officers, including those in supervisory positions, displayed a 'light-hearted attitude' toward their alcohol use, and found it amusing to be questioned about their levels of alcohol consumption. On occasions these researchers found that an officer-in-charge, apparently tongue-in-cheek, would ask whether he should nominate an officer suffering a hangover to participate in the study. In her later study McNeil (1996) reports more on this theme, to the effect that both heavy and light drinkers 'treated hangovers in a casual manner and displayed an apparent ignorance of the residual effects of alcohol'. McNeil (1996) illustrates this 'light hearted attitude' as follows:

Furthermore, the issue of being hungover was seen to be treated as a joke. As one officer said, 'Most of them would happen on Sundays, with Sunday being a quiet day ... It's a bit of a joke though, you'd have a contest to see who could blow the lowest to drive'. Another officer said 'You can tell someone's been drinking and you give them an alco-test and they blow something like 0.15 or something like that, it's a big laugh'.

My observations of the attitudes toward drinking among NSW police have left me with much the same impression. For example, the following is an anecdote from my personal experience:

One Patrol Commander proudly displayed a round burn mark on the carpet of the second floor of the local Police Station. He boasted that he caused it by riding a police motorcycle up the stairs and doing a 'burn out' whilst drunk. Despite a regulation stating that drunkenness is an absolute bar to promotion (pre 1992), this officer was promoted four ranks without any change in his drinking behaviour.

That this 'light hearted attitude' is likely to exist in relation to drinking in police culture generally, and not just
in NSW, is indicated by the fact that Dunstall (1994), in
describing police drinking in New Zealand, uses exactly the
same turn of phrase as McNeill (1996). Dunstall (1994),
reports:

'Juggling', a drinking ritual learned at Police College and carried
over to the police canteens, has been a light-hearted way in which
errant members of sections are penalized at the end of a shift. It's
a time, according to one observer, for merriment and mirth.

Drinking could be said to be an activity in which many police
engage delightedly and uninhibitedly, to borrow Reiner's (1985)
description of police involvement in the more risky aspects of
their work. The hedonistic values of police, and their
perception of extreme drunkenness as highly amusing and
entertaining behaviour, is not unusual, deviant, nor unique to
police. It is characteristic of flamboyantly male drinking
groups, not only in NSW or Australia, as described in Chapter
Two, but also internationally, as, for example, among the
Swiss (Jellinek, 1962b), the Finns (Babor, 1986), the Irish
(Arensberg, cited in Bales, 1962); and the British (Canaan,
1996). The light-hearted attitude police drinkers display can
be largely attributed to the fact that much of their risky
drinking is a celebratory affirmation of their traditional
style of masculinity.

In summary
Problems of excessive alcohol use are often alluded to but
rarely elaborated on or quantified in descriptions of police
culture. Studies of police alcohol consumption in most
nations appear to be both rare and sometimes difficult to
locate. Nevertheless, evidence has been presented here to
support the contention that heavy drinking is an integral part
of police culture in Western, English-speaking countries, and
specifically in NSW. Further investigation, assuming
relevant information could be obtained, would most likely
reveal a similar picture in police organisations in all
countries where alcohol is legal, widely used, promoted and
valued as a means of enhancing group cohesiveness, strongly associated with images of hegemonic masculinity, and where no effective organisational means of constraining use have been implemented.

Both the structural and cultural elements of policing, as they exist at present, form a synthesis of all the factors which contribute to a high incidence of heavy drinking. Policing is male dominated, demands conformity and solidarity, and promotes and values ideals of machismo masculinity which, in Western cultures, have been traditionally and historically expressed through a range of 'tough' and risky behaviours including heavy drinking. The social isolation and insularity of police, together with occupational drinking lore, plus structural and cultural features which provide considerable opportunity for drinking, contribute to the development among police of drinking norms which differ considerably from those of the wider society. In turn, these accepted norms of high risk drinking, combined with the cohesiveness of the police occupational community, and a lack of effective regulatory constraints, leads to collusive behaviours which facilitate continued harmful drinking by hiding and to some extent compensating for its problematic consequences.

Police culture is dynamic, adaptive and resilient, and police respond to the introduction of new rules and regulations by assessing and interpreting them in the light of shared knowledge, beliefs, values and traditional practices. The nature of the police workplace and work role allow rank and file police considerable scope for the creative implementation of new directives to which they are ideologically or otherwise opposed, or for which they see no practical value. Although throughout its history the members of the NSW Police Force, as it was first known, and the NSW Police Service, as it is now known, have been directed to be sober in the exercise of their duties, heavy drinking has always been the practice of a large
proportion of NSW police. The concept of sobriety, as held officially by police administrators, has apparently not been the same as that held by operational police, and in addition, rank and file police have seen no particular value in sobriety, and no particular harm in excessive drinking. Indeed, the reverse is true, as indicated by the jovial hero status ascribed to heavy drinkers, and the light-hearted attitude displayed toward drunkenness and many of its consequences.

The release of a clear and explicit corporate policy on drug and alcohol use is, therefore, while absolutely necessary, not sufficient to have any significant impact on police levels of alcohol consumption, even if such policy includes significant punitive disciplinary action for non-compliance. A variety of other strategies must be implemented if the rates of hazardous and harmful drinking among police in NSW are to be reduced. To have any chance of significant success, such strategies must take into account the fact that alcohol use among police is enmeshed with group identity, and valued for its perceived promotion of group cohesiveness and unity, whether in dealing with stress or for other reasons. Chapter Five revealed that police commonly nominate stress as the reason for their excessive drinking, but there is good evidence, I would suggest, to support the contention that this is an example of the application of what the PSI Report (1983), cited by Reiner (1985), termed ‘presentational rules’, or what Bacon (1991) calls ‘charter’ reasons. Presentational rules and charter rationales provide culturally acceptable explanations for behaviours, but do not necessarily divulge the motivations or processes fundamental to the behaviour.

If police tend to engage in high risk drinking because their cultural values and beliefs encourage this practice, how do they cope with the resulting ‘problem drinkers’ in their ranks? As I will attempt to demonstrate in Chapter Seven, they use much the same mechanisms that are seen in families
when one or more family members is drinking at hazardous or harmful levels.
CHAPTER SEVEN
ENABLING SELF-DESTRUCTION: THE ROLE OF INCOGNIZANCE, CULTURAL VALUES AND SOCIAL SUPPORT IN MAINTAINING PROBLEM DRINKING

Even your best friend won't tell you
The drinking of alcohol is very much a social activity, and there is enormous support for 'social' alcohol use in our society. Although alcohol is a potent drug, it is everywhere available, in supermarkets and restaurants, on passenger aircraft and some trains, at sporting and entertainment venues, and even in workplaces such as our parliament houses and company boardrooms. Drinking in groups is culturally legitimised for almost any occasion or time, and a very wide range of drinking patterns and individual differences in intoxicated behaviour is tolerated, expected, and regarded as 'normal'. One of the results of all this is that many individuals who are developing a dependence on alcohol remain 'camouflaged' to some extent, because much of their behaviour is thought commonplace or only a slight exaggeration of normal.

In addition to this, neither medicine nor the cumulative efforts of multi-disciplinary research has been able to provide a precise definition of the difference between normal and problem drinking. There have been no massive media campaigns to ensure that everyone is as fully aware of the safe, hazardous and harmful levels of alcohol consumption as they are of the need to use condoms and practice 'safe' sex. So there is considerable uncertainty, especially for the layman, about how much drinking is too much, and about what patterns and frequencies of drinking are abnormal or inappropriate. It is rare for a person with a drinking problem to be positively identified as alcohol dependent much before they reach the point of being almost in extremis. The stereotype of the alcoholic as a derelict or near-derelict person remains the predominant and archetypal image of the problem drinker in the community at large, and even among some health professionals and researchers. For example, Roman (1991) appears to argue for a return to the 'skid row bum'
definition of problem drinking. He contends that drinkers who are socially integrated cannot be problem drinkers, and there are therefore no 'hidden alcoholics' (problem drinkers who have not been officially identified) in the community. This ignores the issue of how well or how poorly individuals with developing dependence are socially integrated, and at what level of impairment they are functioning, not to mention the chronic physical damage they are sustaining. Cirrhosis of the liver, for example, is often not detected until the condition of the individual is terminal.

So most people do not realise that anyone who drinks regularly may be putting themselves at risk of becoming dependent, nor do they easily recognise the early signs of alcohol dependence. They continue to support relatives, friends and co-workers who begin drinking often and to excess, and they have great difficulty knowing where, when, and how to impose limits or 'draw the line'. Rather than consider that a chemical addiction is developing, they tend to look for other reasons for the increased alcohol consumption. Typically they will look for some source of justifying 'stress' in the drinker's life, whether in relationships, financial or health affairs, or at work. They make small allowances and excuses for the excessive drinking and the drinker's behaviour. They compensate or cover both for the minor responsibilities the drinker neglects, and for his/her impaired functioning; they take care of him when he is occasionally too drunk to take care of himself; and they modify their behaviour to accommodate his subsequent 'hungover', impaired, or irritable condition. To do otherwise would usually be seen as unreasonably harsh, inconsiderate, uncaring, or 'wowserish'. One is likely to be told so quite emphatically by the drinker if one is brave enough to suggest s/he might be drinking a bit too much. After all, everyone is entitled to enjoy a couple of drinks, or so the cultural reasoning goes.

As an example of the way in which these small allowances are
made, many people have, at one time or another, gone out of their way to drive home a friend or acquaintance who was too drunk to make their own way home safely. In this situation the 'helping' sober driver does not consider themselves as contributing to the development of a drinking problem in the person they help. They may see themselves as being responsible and caring, in that they will not leave the drinker stranded and prone to misadventure. They are, nevertheless, colluding with the drinker, allowing him to drink beyond safe levels and escape the consequences, (such as possibly waking up in the gutter or somewhere unfamiliar next morning) especially if they do not confront him about his drinking when he is later sober. They protect the excessive drinker from himself. Our society as a whole engages perpetually in this type of collusion.

Public health promotions, for instance, suggest that groups appoint someone to act as the sober driver when attending drinking venues, so allowing the majority to drink beyond a blood alcohol level of 0.5%. This is not conducive to safe or responsible drinking. Some clubs and pubs provide transport in the form of mini-buses or taxis for patrons so that they can get drunk without breaking the law by driving home with a Blood Alcohol Level in excess of 0.05%. The liquor industry has an obvious vested interest in doing this, but the practice has been readily accepted as beneficial by our community. Such socially approved measures may be perceived by many as socially responsible, or as a means of 'harm reduction', but in fact they make it easy for people to drink to hazardous levels, and may actually result in considerable harm, avoiding only the harm related specifically to drink-driving. This practice, because it facilitates heavy drinking, undoubtedly results in both acute and chronic alcohol-related health consequences for some drinkers, and may also contribute to domestic conflict and impaired work-performance.
Sliding past the point of no return

On an individual level, the small allowances people make initially for a heavy drinker, who may be their partner or workmate, become larger over time. The little compensations they make for the drinker’s impaired functioning and inappropriate behaviour eventually become extensive, and the shift of responsibility from drinker to others becomes burdensome. But because this happens gradually, those supporting the drinker lose perspective, and for this and other reasons they may never reach the point where they ‘draw the line’. They keep adjusting to the slowly deteriorating situation, until they eventually find themselves in an intolerable position, yet often they remain. They remain because they feel somehow to blame for the drinker’s behaviour, and/or because the only alternative they see is to ‘selfishly’ abandon the drinker, who, they may fear, could not manage competently alone. If this scenario was not frequently the case, many problem drinkers would find themselves without money, possessions, employment, spouse, or accommodation very early, rather than very late, in their drinking careers, and they would perhaps be prompted to re-assess their priorities and their focus on alcohol before their addiction became profound. So problem drinking, as Edgar (1988) and others have observed, ‘is heavily dependent upon the individual’s social supports and restraints’.

Although the role of peer influence receives prominent attention in studies of adolescent drinking, the role of group processes in adult drinking have received little attention (Roman et al., 1992; Heath, 1991). However, in adolescents and adults alike, group associations and close interpersonal relationships are especially important in the development of excessive drinking, for as Doweiko (1993) reports, investigators have found that around a problem drinker ‘there are those who, while sickened by the addict’s behaviour, actually behave in ways that enable the individual to continue to abuse drugs’.
Helping the drinker to self-destruct: the dark side of social responsibility

Enabling is a term which has very different connotations in the drug and alcohol field from those it has in other social sciences and helping professions. Although to enable retains the meaning, as defined in the Macquarie Dictionary (1996) 'to make able; give power, means or ability to', or 'to make possible or easy', enabling is a negative and destructive act in relation to alcohol or other drug abuse. Enabling constitutes the actions of the person or persons, whether relatives, friends, workmates, supervisors, employers, health professionals, politicians, or entire organisations, 'who make it possible or easy for a chemically dependent person to continue' their drug use (Dixon, 1985).

For example, co-workers and supervisors may excuse another employees' regular heavy drinking by regarding it as 'just having a good time', or as a legitimate way of coping with 'stress'. They may also accept the drinker's sometimes less than optimal work performance as an inevitable result of this, and, because of friendship, loyalty or fear, fail to confront him about it, even when it endangers the safety of the workplace. This type of response to excessive drinking effectively, if unintentionally, condones the behaviour and colludes with the drinker.

Bunn (1990) illustrates this with an anecdote about an alcoholic airline pilot, whose colleagues viewed his excessive drinking as 'a reaction to emotional upheaval', but who did nothing to intervene because they were 'fearful of hurting his career', and unsure of what the 'real' problem was. The pilot was eventually reported, anonymously, to his company's Employee Assistance Program, after which he underwent intensive counselling, and ceased drinking. When he returned to work, grateful for his recovery, he discussed openly with his colleagues the fact that their behaviour had for so long 'enabled', or made it easy for him to continue drinking.
Although he had been given ‘several warnings regarding his drinking habits’, no one had imposed any limits, expressed the objections or concern they felt, confronted him about the consequences of his hazardous drinking, or suggested he seek professional help. Instead, everyone around the pilot had ‘minimized the alcohol issue’ (Bunn, 1990). Like anyone else, problem drinkers are part of a social network which supports and sustains them. This network, in supporting them as it supports all of its members, sometimes unintentionally sustains their alcohol abuse as well, and so delays identification of their drinking problem, even in the presence of florid symptoms (Roman et al., 1992).

So in drug and alcohol parlance, enabling is not something one does to empower the individual or facilitate the development of their autonomy or well-being. It is any behaviour which makes it easy for the problem drinker/drug user to continue their drug abuse, and which therefore will lead inevitably to serious health and other consequences, including alcohol/drug-related death. Potter-Effron et al., (1986), state that the term refers ‘not to the positive role of a helper’, in the usual constructive sense, ‘but to behaviours that overprotect and infantilize the dependent individual’, and this ‘often unintentionally rewards the developing irresponsible pattern’ of behaviour in the drinker. (I think it would be more correct to say, rather, the developing dependence). Doweiko (1993) defines this form of enabling as follows:

In the context of chemical dependency, to enable someone means to knowingly do something that makes it possible for that person to continue to use chemicals without having to suffer the natural consequences of substance abuse. In a very real sense, one who enables an addict protects that person from the consequences of his or her behaviour. Armed with the best of intentions, the enabler becomes part of the problem, not the solution. The enabler prevents the addict from taking advantage of the many opportunities to discover first-hand the cost of his or her addiction.

Enabling in the drug and alcohol field is therefore something
one must become aware of and STOP doing in order to achieve several inter-related aims: to make the alcohol/drug abuser fully aware that their drug use is causing serious problems for themselves and others; to restore the alcohol/drug abuser's personal accountability and responsibility; and to create opportunities for intervention and rehabilitation. If a drinker or other drug user rarely or never has to fully confront the negative consequences of their drug use, they are unlikely to see any urgent need for altering their drug use.

How almost everyone enables, and why they should stop

The basic premise of the educational workshops for police supervisors, reported in Chapter Eight of this thesis, is that if people in the workplace are taught to recognise their enabling behaviours, and are provided with acceptable, pro-active alternatives, all of the above aims can be achieved to some degree. If this were to occur, many problem drinkers would be referred, or would self-present, for assessment and counselling at an earlier stage than is usual (Barber and Crisp, 1994; Potter-Effron et al., 1986; Crosby and Bissell, 1991). This would result in a considerable reduction of the negative consequences of problem drinking for individual workers, the workforce as a whole, and the employing organisation.

Thomas et al., (1996), in a study of techniques for reducing the enabling behaviours of drinkers' spouses, remark that in their experience, 'all spouses living with an alcohol abuser enable their partner's alcohol use one way or another'. Potter-Effron et al., (1986) reporting a programme for teaching families of adolescent chemical abusers to reduce enabling, state that 'everyone in the family' (of a chemical abuser) 'is an enabler'. In the course of my own work I have observed significant differences in the extent of the enabling done by different individuals, because, as might be expected, some individuals are far less tolerant and forbearing than others. Crosby and Bissell, (1991) contend that work groups
function in some respects as family systems, and that enabling
behaviours develop within them as naturally, and for the same
reasons, as in a family. This view is confirmed by my own
experience in counselling the families and workmates of
problem drinkers.

Lennane (1992) discusses enabling, and considers that
relatives, friends and workmates of problem drinkers are
‘extremely important in determining what happens’ to the
drinker, and for this reason ‘the most important thing to get
clear, as early as possible’ is the distinction between
helping the drinker ‘and helping them to keep on drinking
known as enabling’. Constructive helping consists, not of
taking on the drinker’s responsibilities or protecting him
from himself, but of seeking professional help or attending
self-help groups where support and the knowledge required to
stop enabling and become pro-active can be gained. The
behaviours which, by contrast, are destructive in that they
help someone to keep drinking, Lennane (1992), explains, are,
for example:

if you cover up for them, make excuses for them, pay their drink-
related fines and court costs, supply money that you know they will
drink (or will pay the rent with, having drunk the rent money), agree
with them when they deny their problem, stay with them if their
drinking is causing you serious difficulty, or if there is violence
or verbal abuse.

Enabling, though often arising from compassionate and
altruistic motives, assists a problem drinker to maintain a
pattern of destructive behaviour. It involves hiding specific
incidents of alcohol abuse, denying that a problem exists,
repeatedly giving the offender ‘one more chance’, minimising
the problem, or blaming a third party, in an attempt to
mitigate the negative consequences of the drinker’s alcohol-
related behaviour, and avoid labelling the drinker as abnormal
or ‘alcoholic’.
Probably most people enable problem drinkers at some time, because we are all culturally conditioned to assist those who are in distress or trouble, especially if they are close to us. Social survival demands co-operativeness and mutual support. Crosby and Bissell (1991) describe how easily and innocently the enabling of drinkers can begin:

These helping behaviours may be as subtle as repeating explanations and filling in for co-workers when they’re late or absent, accepting their mistakes when they’re preoccupied, forgetful, angry, disorganised, or depressed. Often we share their personal problems and concerns and find it easy to understand why they’re acting the way they are. Most of them have done similar favours for us over the years, and we’ve appreciated their acceptance and help when we weren’t at our best. So we dismiss their unusual or inappropriate behaviour as simply responses to a temporary crisis or problem at home. This is easy to do when the chemically dependent person tells us he or she is having personal problems or doesn’t feel well. Of course, what we may miss is that the progressive behavioural changes causing these problems often are a direct result of increasing alcohol or other drug use.

Most of us may not be brave or generous enough to pick up a drunk lying in the gutter, though we may admire the altruistic helping behaviour of the Sydney City Mission, which does. Most of us would, however, readily come to the aid of a partner, relative, or work-mate who drank a bit more than normal, a bit more often than normal, and eventually, almost inevitably, had an accident while ‘under the influence’. We would not necessarily know how to use the situation, successfully, as leverage to pressure them to seek help for their drinking problem, even if we were prepared to acknowledge drinking as the main reason for the accident. Most people would be more likely to attribute the accident to bad luck, road conditions, another motorist, some ‘underlying cause’ of the drinking, or someone or something else, and so miss an opportunity for intervention. They would probably not consider that the drunk in the gutter began his decline in much the same way.
Those around the excessive drinker tend to persist in seeing him/her as normal, at least initially. Wolfe (1982) suggests that the effects of chronic alcohol abuse on performance and behaviour are so gradual in onset as to be unnoticed by co-workers and supervisors until the drinker is quite severely effected, as there is no clearly identifiable point at which drinking becomes alcoholism. Often people perpetually expect that the drinker will spontaneously see for him/herself that his drinking is becoming a problem, and simply stop, cut down, or 'do something' about it. Some problem drinkers will of course do exactly this after one or a number of critical events, but many will not.

Roman (1991) has argued that enabling and co-dependency are not valid entities, but are rather 'socially constructed' by those with a vested interest in providing treatment to an expanded group of individuals around problem drinkers. I would agree that the notion of 'co-dependency' is highly questionable, and undoubtedly the centre of a new, growing, and lucrative industry, to judge by current popular publications. Enabling, however, is another matter altogether, and it would appear that Paul Roman changed his opinion on the matter between 1991 and 1992, when he conducted a study of workplace enabling (Roman et al., 1992), as I will discuss a little later in this chapter.

Studies which have explored the spontaneous remission of alcohol problems have, according to Roman et al., (1992), highlighted the roles of 'non-deviant others' and informal group processes in bringing about remission and 'curbing the 'natural course' of alcoholic development specified by the Jellinek progressive-disease assumptions'. In this regard they cite a study by Tuchfield (1981), and a longitudinal survey by Calahan and Room (1974), which found 'patterns of remission among as many as one-third of problem drinkers' could be at least partly accounted for by the influence of others. If group processes and the influence of others can
'curb' the development of alcohol-dependence in such a significant number of problem drinkers, this phenomenon deserves far greater attention than it has so far received.

Raising awareness of the indicators of problem drinking, the nature of enabling and its role in facilitating problem drinking, and the constructive alternatives available, has the potential to have considerable impact in a heavy drinking population. Conversely, there is no pressing reason for an individual to stop drinking excessively while those around him/her make it relatively easy to continue, and fail to impose any consistent limits.

An illustration of enabling by police supervisors
To illustrate enabling and it's consequences, the following anecdote is drawn from my experience with police. This example should be read in the awareness that most people, including workplace supervisors and managers, act in what they see as a socially responsible and co-operative manner, taking care not to inflict 'unnecessary' harm, such as job loss, on friends or colleagues. They are uncertain of what constitutes a drinking problem; reluctant, because of the stigma attached, to label even the heaviest drinker among their workmates as an 'alcoholic'; and completely at a loss about how to constructively confront or deal with a person who has a persistent drinking problem.

When a police computer database (COPS) was introduced in NSW, into which all police activity had to be entered, there were many older police who were so cognitively impaired by chronic alcohol abuse that they were unable to learn to use the system. To avoid fouling the system with inaccurate information and incompetent users, and at the same time protect these police (and their families) from loss of employment, supervisors allocated younger officers to sit with impaired police at the computer and enter their daily data for them. Thus the problem drinking officers were protected from
any necessity of fully confronting the consequences of their alcohol abuse. They were 'saved' from paying the real cost of their addiction, instead of being prompted by harsh reality to seek help to cease or modify their drinking. The supervisors acted out of a need to get the work done effectively; out of compassion for drinking colleagues and their families; and out of a wish to avoid disciplinary action against the problem drinkers and possible negative repercussions for themselves. It was not their intention to make it easy for the drinkers to avoid confronting their problem and continue drinking, but this was the unwitting result of their actions.

I say 'unwitting', because I do not entirely agree with Doweiko (1993) that such enabling is done knowingly, in the sense that this implies intention. There is no intention on the part of the enablers to assist the drinker to continue abusing alcohol. There is only intention to mitigate, avoid, or repair the consequences of the errant drinker's behaviour. Sometimes people are aware that in providing assistance to the drinker in certain instances, they are facilitating further drinking. They may be reluctant to do this, but even more reluctant to withdraw support or refuse a plea for assistance, because they know that the drinker will castigate them and accuse them of being unkind, unfeeling, unreasonable, or disloyal. They also know they are likely to be accused, by other friends or co-workers, of 'victimising' the drinker without due cause.

Most people have no idea of how to withdraw support selectively so as to help someone curtail their drinking, yet not abandon them. In addition they may believe they cannot or should not interfere by telling the drinker how to behave or how much to drink. Individual liberty to behave as one wishes, as long as one remains within the law, is perhaps one of the highest values of Western society. Alternatively, those around the drinker may mistakenly believe that the drinking is not the primary problem, but the result of some other problem,
and therefore cannot be addressed directly. It is the drinker’s private affair. Interfering in what is seen as someone else’s private affair is a very strong taboo in our society, a taboo often observed even when the ‘private’ drinking problem becomes very public.

Solidarity in drinking sub-cultures
Generally speaking the only individuals who intentionally enable problem drinkers are other problem drinkers. The drinking sub-cultures which exist in our community are many and varied, and while I have no particular knowledge of, and therefore cannot make detailed comment on the majority of these, I have in the past had an intimate association with what might be termed the working class, pub-centred heavy drinkers. The characteristics of this substantially male, predominantly beer-drinking group are in many ways similar to those of the heavy drinking group within the NSW Police Service. These drinkers are not immediately apparent as ‘different’ in the community. The vast majority of them have jobs, homes, and families, and are not distinguishable from other members of the community on any measure other than their alcohol consumption, which may be well hidden.

Such heavy drinkers become well acquainted with others who drink in a similar style, especially if they regularly attend the same drinking venues, such as the local pub or club, or if they are associated through their employment or recreational pursuits. Enabling amongst these drinkers consists of helping each other to ensure a supply of alcohol, to ensure the provision of recreational activities and venues where excessive drinking is facilitated, and to defend and support each other against the concerned opposition of, and attempted control by, exasperated employers or relatives (particularly wives).

For example, those who have money will buy drinks, or loan money to pay fines, for those who are ‘broke’, and expect the
favour to be reciprocated when the situation is reversed. In preference to attending non-drinking or moderate drinking events, they hold parties, backyard barbecues, or picnics, to which either everyone brings a case of beer, or a keg is 'put on' at shared expense. These drinking fests are given the appearance of 'normal' social events by the obligatory presence of wives and sometimes children, and indeed they are normal within the subculture. Sometimes these drinkers also form loosely organised fishing or other 'clubs', which provide socially acceptable but thinly disguised occasions for male group excessive drinking. They may insist, and even believe, that the fishing or other activity is the focus, but they will readily admit they would not attend if no alcohol was permitted. Drinkers 'cover' for each other in order to deceive spouses, other relatives, and employers about the extent of their drinking and its consequences. This is all commonplace behaviour in the drinking sub-cultures centred on pubs and clubs in Sydney.

My own early and considerable experiences with pub society in NSW led to the observation that heavy drinkers commonly aggregate in social groups in which their levels of consumption, expenditure on alcohol, and consequent impairment match those of their fellows and so do not raise negative comparison nor critical comment. In such groups heavy drinkers can alternately commiserate or joke about the alcohol-related disasters that befall them without running any risk of being prompted to modify their drinking or seek help for their dependency. Mutual enabling by excessive drinkers has the obvious advantage, for the drinkers, of facilitating their common desire to comfortably maintain their levels and patterns of drinking with a minimum of interference from what they perceive as 'narks' or 'wowsers'. This is nothing more than a normal process of social exchange, though directed to the hazardous and destructive aim of promoting excessive drinking. There is nothing remarkable in the fact that habitual heavy drinkers provide support for each other.
Motivation for enabling: no pathology necessary

The question which requires explanation, however, is, why do those 'normal' drinkers and non-drinkers around the 'problem' individual enable destructive drinking? Roman, Blum, and Martin, (1992), in a study of enabling in male work groups, seem puzzled at finding evidence that enabling of problem-drinking workers does occur, 'given the common-sense (and theoretical) logic that deviants elicit social rejection from non-deviants'. The criticism I would make of this perspective is that individuals who have regular employment and conventional social relationships, and who drink alcohol heavily, are not seen as deviant by their peers, nor indeed by most members of the general community. Such individuals may be regarded as being 'too fond of the grog' (or booze), but they belong to the mainstream, conservative culture. Only some researchers see them as deviant and wonder that they receive natural social support.

A number of researchers attempt to explain enabling itself by resort to labelling the enablers also as deviant. For example, Potter-Effron et al., (1986) see a need to 'examine the entire family for signs of disturbance', and refer to enabling as 'co-dependence'. So does Doweiko (1997), who quotes a definition which describes co-dependency as 'a pathological condition', and then incredibly, asks, 'are co-dependents born or made?' If enablers are 'pathological', then it could be argued that our entire society must be pathological, because as a community we cater to the desires of excessive drinkers. For example, people who are not to some degree dependent on alcohol would have no great difficulty enjoying the cricket at the SCG, or a journey on a passenger plane, in the absence of alcohol. Alcohol is readily available in numerous places before and after such events for those who want it. Yet despite persistent alcohol-related disturbances among spectators at the sportsground, and occasionally on aircraft (usually with travelling rock groups or sportsmen), we seem unable to
countenance the total withdrawal of alcohol from such places. Any suggestion to this effect is strongly resisted, and the focus is placed on the ‘anti-social’ rather than the drinking behaviour. This is the complete opposite of our collective response to the problems associated with the use of other psycho-active drugs. It is presented as a protection of the ‘rights’ of the majority, but it obviously serves to maintain the problem.

However, Roman et al., (1992) note that although clinicians describe enabling behaviour as being ‘indicative of psychopathology on the parts of the co-dependents’, this view is ‘clearly challenged’ by a sociological study conducted by Denzin, (1987), who proposed that alcohol-dependent individuals manipulate those around them into enabling. To further support the concept of enabling as social support, Roman et al., (1992) cite the work of Dentler and Erikson (1962), who studied the dynamics of military and Quaker groups which included schizophrenic members. Dentler and Erikson (1962, cited in Roman et al., 1992), proposed that ‘normal’ members of a group make functional adaptations to sustain and protect ‘deviant’ members and resist their alienation from the group. So even when problem drinkers reach the point where they are seen as deviant, there is no reason to suppose that the ‘normal’ people around them would automatically respond with rejection, or that not to do so is somehow abnormal or deviant.

A man who can ‘hold his grog’ is admired, or at the very least tolerated, not regarded as deviant and shunned. Most people with drinking problems are the very same individuals who can ‘hold their grog’, because these are the people who have developed a physiological tolerance for alcohol. They can drink far more than most people before they begin to appear very drunk, although their cognitive and motor functioning is nevertheless impaired. The development of tolerance is a symptom of dependence, but it masks the level of inebriety,
and can deceive the observer.

Thus the highest blood alcohol level (BAL) recorded in a breathalysed motor vehicle driver in Australia so far is 0.49%. This Queensland drinker was driving (though not very skilfully) at a level of intoxication which would be fatal for the average person. Most people succumb to profound unconsciousness at a BAL of approximately 0.3%, and are unlikely to be able to drive at all at a BAL of 0.15%. Most people, therefore, have no conception of the enormous amount a heavy or dependent drinker can consume and still continue to function (however badly). They are more likely to categorise drink-driving at high BAL's as the behaviour of an irresponsible person, than as that of a problem-drinker.

Clifford and Maddocks (1988), of the University of Melbourne Department of Psychology, report on how 'remarkably normal' even a measurably brain damaged drinker can appear 'on the surface'. Some individuals 'manage to sustain an apparently normal lifestyle whilst abusing alcohol at a high level over a sustained period', despite having neuropsychological deficits resulting from alcohol induced structural brain damage. The inherent danger in this situation is, as Clifford and Maddocks (1988) remark, that because such alcohol abusers appear normal, they may not be prompted by others to seek alcohol counselling, while at the same time, because they are 'intellectually blunted' and 'lacking in cognitive flexibility at a time when change is highly desirable', they are unlikely to seek treatment by themselves. Relatives and others may attribute the drinker's mental deterioration not to alcohol abuse, but to 'ageing' (Clifford and Maddocks, 1988). This is fairly clear support for the argument that many problem drinkers are not seen as deviant or abnormal by the 'normal' people around them. So it seems strange, to say the least, that these normal people should be labelled 'deviant' because they provide social support to the drinkers.
Key personnel in the workplace, such as supervisors and managers, play a critical role in enabling the development and maintenance of alcohol-related problems. Coogan (1984) lists five motivations for the enabling behaviours of supervisors. All of these are consistent not only with the behaviour and attitudes of supervisors, but also of rank and file officers in the NSW Police Service. They are: fear of confronting the offender; common misinformation about alcohol abuse; apprehension about the perceived lack of personal skills to deal with the situation; negative attitudes regarding the possibility of positive change in heavy drinkers; nihilism.

Hawthorne (1983) sees the supervisor as a victim in the cycle of alcohol dependence. Concerning supervisors in general, he states:

The supervisor's feelings of loyalty may prompt him to act as an enabler. He then becomes increasingly irritable, moody, threatened depressed and anxious. Management may have bombarded him with regulations and guidelines which only confuse him about his role.

Although an enabler actively and sometimes knowingly protects the drinker, this is done mainly in the normal course of social support for someone who may be seen as troublesome, but not unacceptably deviant. When the drinker becomes a source of frequent and persistent difficulties, his significant others continue this social support for immediate and pressing reasons such as avoiding conflict, violence, embarrassment, accident, loss of relationship with the drinker, or some other distressing situation. The enabler generally does not recognise that such avoidance has the longer-term effect of facilitating the problem drinking, which is usually the last thing they desire.

For example, the reluctance of hospital operating room staff to confront a mildly, but obviously inebriated surgeon may result from a number of motives, including 'denial, fear of reprisal, or a wish not to become involved' (Doweiko, 1993),
but it is almost certain that these staff would hope that the surgeon did not continue to come to work impaired. Dixon, (1985), an EAP consultant in California, claims that ‘Enablers act out of love, devotion and fear, but most importantly out of total ignorance’ of the process of chemical dependency.

Thomas, Yoshioka, and Ager (1996), report on a family therapy programme which taught spouses to recognise and alter their enabling behaviours. (The premises underlying this approach are identical with those which motivated my use of education workshops for police supervisors, ie, to use ‘significant others’ to influence problem drinkers to modify their drinking and/or enter counselling). Thomas et al., (1996), describe enabling as ‘social influence’, ‘one aspect of how the spouse copes with the drinking’, and ‘an accommodation that may help stabilize and maintain the equilibrium of the marital/family system’. Similar accommodations and coping behaviours occur in the workplace. Our fundamental ways of relating to others are substantially the same at work as at home. Hawthorne and Davidson (1983) argue that:

Many supervisors have personal relationships with their employees. They may have worked together as equals in the past, and they and their families may socialize together, especially during company-sponsored events... The supervisor’s feelings of loyalty may prompt him initially to act as an ‘enabler’.

It cannot be overlooked that the supervisor is human and, at least at first, cares. Not only must he do part of the alcoholic’s work, he must spend extra time justifying the alcoholic’s failings to his own supervisor and to the alcoholics’ co-workers. He also may attempt to ‘treat’ his increasingly debilitated employee.

That enablers do not intend to facilitate problem drinking is strongly implied in the genuine and sometimes strenuous efforts they make to persuade the drinker to change. Enablers usually actively engage in a range of behaviours which attempt to persuade or force the problem drinker to reduce their alcohol consumption, but these measures are usually inept, and
are most often ineffective or at best only temporarily effective. For example, they may repeatedly threaten, plead, reward, scold, set ultimatums, or use logical argument to try to persuade the drinker to change, or they may try to outsmart the drinker by manipulating the environment, or by attempting to control the drinker’s levels of consumption. These measures rarely work (Thomas et al., 1996; Crosby, Bissell, 1991), because the enablers do not understand dependence, and because concern which is perceived by the drinker as judgmental, punitive, accusational, or resentful, serves only to alienate him/her and strengthen his/her defences and resistance to change.

When these measures have little or no impact, those around the problem drinker begin compensating for the drinker’s impaired functioning and lapses of responsibility, so as to maintain either the family unit and its structure, or the status quo in the workplace. They see that if they do not do so, disaster will ensue sooner or later. What they do not see is that only a disaster is likely to convince the problem drinker that his/her drinking has increasingly destructive consequences. Neither do they see that despite their enabling, and no matter how much they ‘prop up’ the drinker, disaster is inevitable in the long run.

So enabling is not ‘an implicit conspiracy to sustain the alcoholic behaviour’, but is an adaptation by an individual or group ‘to the inability to muster adequate leverage to motivate the alcoholic to alter his/her drinking behaviour’ (Roman, Blum, Martin, 1992). In my view, while some enablers may well have psychological difficulties of their own, enablers per se are not ‘deviant’, ‘sick’, or ‘co-dependent’, and there is no reason to suppose that they enable because of some underlying psychopathology. Their behaviour may consist of increasingly extreme and bizarre variants of social support as their efforts to keep the deteriorating drinker functioning become more desperate, but such behaviour looks far more
distorted to a detached observer than it does to someone who is emotionally involved. In the main, enablers simply make normal responses to an increasingly abnormal situation, and so their behaviour is at worst inappropriate, ineffective, and based in ignorance.

Enabling as lack of knowledge and awareness
Enablers do not in any way cause or create someone else’s drinking problem, but they do assist the drinker to maintain it, and, by cushioning the impact of its consequences, they delay the onset of any pressing motivation for change in the drinker. Enabling is unwitting collusion, but it is not deviance, pathology, or something peculiar to the families of alcoholics. It is misguided social support and inappropriate coping which occurs in the absence of knowledge of satisfactory alternatives.

Barber and Crisp (1994), of Flinders University, Adelaide, School of Social Administration and Social Work, report on the impressive success of ‘unilateral partner interventions’ in bringing alcohol-abusers who have been resistant to change into treatment. These interventions teach partners of alcohol-abusers to reduce their enabling behaviours and apply non-hostile, incremental pressure for change. These researchers comment that ‘It is surprisingly common for partners unwittingly to respond to the drinker in ways that act to reinforce the drinking behaviour’ (my emphasis). The educative approach used with partners led to ‘almost two-thirds of previously resistant drinkers either volunteering for treatment or giving up alcohol within about one month, compared with none in a group waiting list of control clients’ (Barber, Crisp, 1994).

There is every reason to suppose that this educative approach would also be effective in the workplace. Indeed, when used by myself with police supervisors in 1992, it met with significant success (see Chapter Eight). ‘Education is
absolutely necessary’ in eliminating enabling, and in order for employees ‘to act knowledgeably and effectively in dealing with alcohol and other drug related problems’ (Johnson Institute, 1991). Potter-Effron et al., (1986), who report the techniques they employ with the families of chemically dependent adolescents, assert that programmes designed to modify enabling behaviours should address cognitive, affective, and behavioural reorganization. This is equally true in the workplace. Supervisors in particular, if provided with relevant information, given the opportunity to re-examine their feelings and attitudes, shown acceptable alternative behaviours, and supported in making changes, can alter the rate of identification and referral of problem-drinkers.

Enablers are often characterised by researchers as deviant, neurotic, dysfunctional, or in the latest popular jargon, 'co-dependent', for example, in Doweiko (1993). This appears to be an attempt to draw everyone connected with problem drinkers into the 'diseased' category, and make them eligible for 'treatment'. The work reported by Barber and Crisp (1994), and my own experience with the police workplace, suggests strongly that this perspective is faulty. The police supervisors who allocated junior, computer-literate officers to take responsibility for the data entry tasks of older, alcohol impaired officers were not deviants engaging in pathological behaviour, nor were they engaging wilfully in improper conduct. They simply saw no acceptable, humane alternative for dealing with their serious dilemma.

In my view, enablers endeavour to keep the peace, avoid conflict or damage to their primary relationships, and keep the family or workplace functioning. Enablers usually lack the knowledge, confidence and support to envisage and use options other than offering the normal modes of social support as a situation gradually becomes increasingly abnormal. They function in a cultural setting which continually re-inforces the perspective that heavy alcohol use is normal, that
hangovers and 'tipsy' behaviour are something to take lightly and joke about, and that 'drunk' equates to comatose or at least stuporous.

For example, media reports in late 1998 revealed an episode in the NSW Parliament in which the Speaker of the House was inebriated to the extent that he was unable to function in his designated role. Although his behaviour was criticised and condemned by some MPs, it was also regarded with considerable levity by many members of parliament, who laughed and made jokes on the film clip of the incident shown on ABC Television. Both journalists and MPs euphemised that the Speaker was 'tired', though the cause of his condition was apparent and recognised by everyone. If the Speaker’s condition had been perceived to be due to diabetic hypoglycaemia an ambulance would have been called amidst considerable concern and drama. His condition may well be far more serious than that, but it is easy to imagine that he was probably driven home to 'sleep it off'. Drunkenness is not something we are accustomed to seeing as serious or needing skilled intervention.

The view that enabling is unintentional and unconscious, or at least without considered awareness of it’s consequences, is supported in the literature, not only by Barber and Crisp, (1994), but also, for example, by Thomas, Yoshioka, and Ager (1996), Roman et al., (1992), Potter-Effron and Potter-Effron (1986), Crosby and Bissell (1991), and the Johnson Institute (1991). Even Doweiko (1993), having defined enabling as something done knowingly, later states that helping an enabler to 'see the difference between love and enabling is often a difficult task'. Enabling is an act usually intended to be helpful, caring, compensatory or just plain practical, and often arises from the fact that the enabler feels responsible for the alcohol/drug abuser.

Regardless of intention, enabling results from ignorance of
what constitutes a drinking problem, and of how to deal effectively with a person whose drinking is causing problems. This is the view of many drug and alcohol workers, and it is also presented in a booklet entitled *Enabling in the Workplace*, published by the Johnson Institute (1991), an alcohol treatment centre in Minneapolis (USA), as follows:

Enabling is almost always instinctive, unwitting, and well-intentioned. Much of our enabling is unconscious: our actions or reactions are based on ideas, feelings, attitudes, and behaviours that lie beneath our awareness. Enabling usually reflects an inadequate or inaccurate understanding of ... chemical dependence and a lack of knowledge about the consequences of enabling behaviours.

That most people, including police, are poorly informed about what constitutes alcohol abuse is revealed in Australian studies by Hagen et al., (1992) and by McNeill (1996); in US studies cited by Edgar (1988); and in the observations of experienced drug and alcohol workers such as Lennane (1992). This ignorance combined with the permissiveness associated with alcohol use in Australia leads to confusion about 'what is acceptable, when, where and for whom' (Edgar, 1988), and makes it difficult for those around the problem drinker to apply any consistent or authoritatively derived limits.

Crosby and Bissell (1991), remark that 'why and how' enabling occurs is a complex matter, but they give the following definition of enabling:

In the field of chemical dependence, 'enabling' refers to those reactions or behaviours of family members, friends, or co-workers of chemical dependents that shield them from experiencing the harmful consequences of their alcohol or other drug use. Enablers encourage chemically dependent persons to continue their drinking or using by taking care of their responsibilities and assuming responsibility for their actions. Enablers are the most frequent roadblocks to intervention.

This last comment is one with which I take issue, because
undoubtedly problem drinkers are themselves 'the most frequent roadblocks to intervention'. Enablers come a very poor second to drinkers in establishing roadblocks to intervention.

Denial and enabling go hand-in-hand
In our society alcohol is deeply enmeshed with notions of 'the good life' - pleasure, recreation, relaxation, celebration, camaraderie, and ritual. The negative aspects of alcohol use - accidents, health problems, personal/social conflicts and difficulties, alcohol-related crimes such as assaults, impaired work performance and absenteeism, are frequently ignored or attributed to other causes, because it is difficult to reconcile these two sides of the same coin. Bell (1989) contends that many people deal with this ambivalence by taking the view that 'alcohol is good when used by us, or people like us, but terribly bad when used by people with a constitutional weakness, an inability to drink responsibly - alcoholics'. In this way people can ease their anxiety about the drinking habits of themselves or their relatives and friends, and fail to acknowledge the existence of a problem. No one wants to see themselves nor those close to them as 'weak' or 'irresponsible', particularly if they are male (and this is especially true for police).

Further, in individuals as well as groups, the experience of numerous positive encounters with alcohol can make it difficult to see, when problems start to occur, that they are a direct consequence of alcohol use, not of some other factor. The classic examples of this are the drinker who feels unwell or develops gastritis and blames the take-away food he ate instead of the ten schooners he washed it down with, and the people who sagely agree that a man is drinking because his wife left, ignoring the fact that he drank heavily, if less conspicuously, before she left, and his drinking may well be her reason for going.

This failure to acknowledge that a drinking problem exists is
often categorised as 'denial'. Such 'denial' is a defence mechanism which distorts, falsifies, or fails to acknowledge reality in order to protect the ego from unacceptable thoughts and emotions. It is an unintentional and automatic shield, an unconscious response to perceived threat. A host of other defence mechanisms, such as rationalisation and projection, come into play to maintain this denial, whether used by individual drinkers, their close associates, their group, or even the society at large. While I do not dispute that considerable levels of denial occur in problem drinkers and their 'significant others', I would nevertheless suggest that much of the behaviour and attitudes labelled 'denial' are in fact ignorance of what constitutes a drinking problem, and of how to effectively intervene. At the very least ignorance and denial each compound the effects of the other, and both are complicated by the permissive attitude toward alcohol use in Western countries.

Manifestations of enabling in the NSW Police Service

Enabling can take various forms, all of which I have observed in the NSW Police Service. The following are specific types of enabling behaviours, with examples drawn from my experience as a Drug and Alcohol Counsellor to police:

* denial - That is, refusal to accept, in the face of the evidence, that a problem exists. It can often be difficult to distinguish between denial, lack of knowledge, and an extremely permissive attitude toward alcohol abuse, but all of these give rise to enabling and have much the same result. To illustrate: - when police were asked, during the workshops conducted as part of the present study, 'Do you think there is a problem with alcohol in the NSW Police Service?' 24% (108) of the male Sergeants attending totally denied that any problem of alcohol abuse existed within the NSW Police Service. 9.6% (44) were adamant that in more than 20 years of employment they had seen only one alcohol dependent police officer. Only fourteen Sergeants thought that there was a
serious problem of alcohol abuse within the Service. Ten percent of 1st Class Constables and Constables stated that they thought there was possibly a small problem. Some felt that there had been a problem in the past, when drinking through an entire shift was considered the norm, but that this was no longer a problem. In contrast, 67% of the female Sergeants and 50% of the female Constables said there was definitely a problem, and stated that the quantity of alcohol consumed by their colleagues caused them to feel unsafe while on duty.

* inappropriate provision of alcohol - For example, I am aware of an occasion on which, after a particularly harrowing operation, a NSW Police Service Regional Commander conducted a debriefing session for his 'troops' on a riverbank, where he supplied them with two 18 gallon kegs of beer.

Despite the existence of the Commissioner’s Instruction that police should be sober, the Police Commissioner’s offices always in the past included a bar, up to and including the tenure of Commissioner Lauer. I am unsure of the present situation, but obviously a bar in the offices of the Commissioner is incongruous with the policy of a sober workplace and workforce. It aids police who wish to justify, if only to themselves, the practice of having alcohol available to staff in police stations. The same principle applies to the provision of alcohol in company boardrooms and in Parliament House.

* minimising alcohol abuse and the consequences of excessive drinking. For example, police with alcohol-related problems have frequently been described to me by their colleagues with statements such as:

He’s mad when he drinks, but he doesn’t get drunk that often, and he only drinks as much as everybody else.
Yes, he gets drunk every day and comes to work with a hangover but it doesn’t effect his work so I can’t do anything.

* rationalisation - That is, justifying or excusing a person’s excessive drinking, and/or the failure of supervisors to intervene. Some typical examples are:

You know his wife and family. What are they to do if he gets sacked?

He does drink a lot but he has a lot of problems at home with his family.

He drinks to cope with the stress of the job.

* covering up - For example, re-rostering a police officer who reports for duty intoxicated, so as to ‘hide’ him/her from the public and the administration; giving ‘low visibility’ and non-operational tasks to a chronic and impaired drinker; lying by workmates to cover for a drinker’s absences. ‘Covering up’ usually includes compensating for the drinker’s impairment and/or failure to meet his occupational responsibilities by helping him to do his work, doing his work for him, or allocating others to do tasks for him.

* attempts at control - When a problem drinker becomes increasingly unreliable, troublesome, impaired, and unresponsive to pleas or threats, enablers often feel compelled to take control of the situation in order to limit the impact of alcohol abuse on themselves, the workplace, and the drinker. This involves taking responsibility for the problem drinker’s rate of consumption by trying to manipulate the environment in such a way as to restrict opportunities for drinking. For example, a supervisor may attempt to place an officer under strict surveillance while at work by giving him a ‘minder’; or he may alter the officer’s roster, placing him on those shifts and tasks least conducive to drinking. Another method involves transferring a problem drinker from
section to section, from station to station, and from one type of duty to another, in the vain hope that 'a new start', a different environment, or a particular type of duty will induce him to modify his drinking. These measures are usually taken in conjunction with giving warnings, making threats, 'parading' the drinker before managers and commanders, and repeatedly giving him 'one last chance'.

* exclusion - A chronic, intractable problem drinker may be allocated a non-operational, low visibility job with little or no responsibility (in police language, an 'officer in charge of corridors'), where they can continue to drink with minimal impact on others, the work, and the workplace. They are then largely ignored and excluded from most communication and activity. The following anecdote is perhaps the most extreme example of this which I have encountered, and it occurred before I began my employment with the Service:

One officer who had become unable to perform his normal duties because of his chronic excessive drinking was 'put out of harm's way' by being given the job of permanent night guard of a police vehicle compound. Every evening a police car would be sent to pick him up from his home and deliver him to his work site. On the way he would insist they stop at a hotel and pick up a carton of beer for him to consume during the night. I am uncertain why they complied with this, but it may have been to ensure that he did not go into the DT's, or simply because of his seniority to the driver. In the morning another police car would deliver him home. This continued for several years until the officer died. So in an attempt to 'help' their colleague, rid themselves of a refractory problem, and avoid 'making waves' in the service, the police involved unintentionally contributed to the maintainence of his alcoholism and perhaps indirectly to his early death.

* expulsion - When the problem-drinking officer becomes too difficult to manage, a mandatory transfer to another posting may be arranged to 'dispose' of the problem. It is common practice to suddenly transfer a police officer who has a drinking problem to another station or section, giving no direct reason. The staff at the transferring Police Station
frequently send a Sympathy card to the staff at the receiving Police Station. This shows clearly that the officers involved at this stage recognise that a problem exists, but are unable and/or unwilling to address it themselves, and so pass it on to somebody else.

Total expulsion from the force is the next step. When the alcohol-related problems of an individual become so great that colleagues can no longer cover-up without significant risk to themselves, enabling behaviours are abandoned in favour of scape-goating. The problem drinking officer is purposely ‘set up’ for dismissal, which is often accomplished by legal means, such as official charges of drink-driving or assault. This may occur when, for example, the drinking or dysfunctional behaviour has come to the notice of the senior administration, internal affairs, the public, or the press. The two following case histories illustrate scape-goating:

1. A Sergeant was rostered on permanent morning shift where he could be ‘neutralised’ by being given a non-operational role while sufficient operational staff were on duty. This was deemed necessary because the Sergeant arrived at work intoxicated on a daily basis, and he could not be trusted on evening or night shift when there were less staff available to perform the necessary work. All of his colleagues complained among themselves about him and some refused to ride in police cars with him. The local police had been called on numerous occasions to incidents of domestic violence at his home. However, no rehabilitative assistance was offered to him, nor was any official action taken. Finally a member of the public wrote a letter to an Assistant Commissioner complaining of a drunken Sergeant who served her at the enquiry counter. This triggered the scape-goating solution. Police colleagues twice laid an ambush for the Sergeant on his way to work, breathalysed him and charged him with driving under the influence of alcohol. There was also a change of attitude to incidents of domestic violence involving the Sergeant. When again called to his home, police charged him with aggravated assault. He was subsequently convicted and dismissed as medically unfit.

2. A 24 year old Constable was also rostered on permanent day shift because on evening or night shift he would simply go to the hotel across the street from the Police Station and get drunk, then
disappear. Rostering him on morning shift merely enabled him to drink a larger amount when he was off duty. This man experienced violent personality changes when he was drinking, and this caused consternation to other police officers within the Station. He had been in a city night club and done several thousand dollars worth of damage. His workmates spoke to the owner of the club, who agreed to forget the incident if the damage was paid for. So the officers took up a collection from amongst themselves and paid for the damage. The next incident occurred when the Constable, after drinking at a city hotel, literally danced on top of a privately owned, luxury motor vehicle and caused extensive damage. The owner of the vehicle refused to cover up and accept payment for the damage. The officers involved felt they had no option but to charge the Constable with malicious damage. After this the Constable was returned to a full roster where he again had the opportunity to disappear and drink on duty during night and evening shifts. He was consequently apprehended several nights later, drinking in uniform, and was immediately charged with one charge of neglect of duty and two charges of omission of duty.

There is, as these examples demonstrate, a point at which groups will cease to provide support for troublesome members. They will then take measures to rid themselves of the problem individual, but they may tolerate extreme provocation before this occurs. Unfortunately, even at this stage, they do not recognise that constructive intervention is possible, probably because they do not understand chemical dependence.

Problem drinkers muster support by ‘recruiting’ enablers

Normally people stop doing things that cause unnecessary distress for themselves or others, but those who are alcohol dependent will continue to drink excessively despite significant adverse consequences (Maclaine, 1989). Like any chemically dependent person, they become expert at manipulating others so as to protect and preserve their drug use patterns. They will go to great lengths to preserve their drinking, and even recruit supporters. The ‘addicted person’, Doweiko (1993), asserts, ‘will actively try to manipulate the interpersonal environment to force others to continue to enable his or her continued chemical use’. This may be done with considerable arrogance, in my experience, for commonly
'the alcoholic will treat enablers as if they should be grateful for being granted the privilege', as Doweiko (1993) observes. Roman et al., (1992), cite an 'intensive qualitative sociological study of the development of alcoholism' by Denzin, 1987, which makes the 'intriguingly complex suggestion that developing alcoholics create their enablers', and in doing so shift responsibility to, and promote guilt in, the enabler.

Clifford and Maddocks (1988) propose that at least some of the impetus for enabling originates with the problem drinker. They contend that, even when they appear to be functioning normally, problem drinkers become adept at inducing those around them to cover up for their difficulties, and at enticing others to learn the skills of enabling. Families, friends and colleagues are encouraged to compensate for them, and even to exclude them from activities and challenges in which they are unlikely to be successful. This view is supported by many rehabilitated problem drinkers (and other drug users) who acknowledge that they engaged in such manipulation when they were drinking. Some such clients have told me, in lighthearted reference to this, that they didn't so much marry as take hostages.

To illustrate the recruitment of enablers with a not-too-subtle example, I return to the subject of driving. I have known a considerable number of men with drinking problems, who have been convicted of drink-driving and lost their licences, and who have subsequently recruited their wives, under pressure, to act as regular 'chauffeurs', so that they can continue to drink to excess at their usual favourite haunts without running the risk of again being 'caught' and charged. Such men use intense emotional manipulation of their wives to gain this support, and sometimes resort to verbal and even physical aggression. The wives, by complying, enable their husbands to avoid the natural consequences of their alcohol abuse, and make it easy for them to keep on drinking. These
men can still get to the pub and drink as before despite having lost their licence for drink-driving. It does not take much imagination, however, to understand how difficult these wives may find it to refuse, although they may resent doing so, and although they would much prefer that their husbands drank considerably less.

Another illustration of enabling by providing transport for an inebriated person can be drawn from the NSW Police Service. I know of officers who, after an off-duty night out drinking, will call into the nearest police station and request to be driven home by the officers on duty because they are too drunk to drive themselves. I have not heard of anyone being refused. This use of police time and vehicles might be seen, from the outside, as a form of corruption or cronyism, but from the perspective of the officers concurring with the request, it is a caring and responsible, if resented, duty. Officers cannot easily risk the consequences of refusing and leaving a seriously impaired police colleague exposed to possible accident and injury. They know they would feel guilty and responsible, and they could be blamed by other colleagues, if they refused and the inebriated officer was injured as a result.

**Gender differences in enabling**

There may be significant differences in the enabling of men and women with drinking problems. Heavy drinking, as noted earlier in this work, is strongly associated with a machismo image of masculinity. As a corollary to this, heavy drinking and drunkenness in women, in public or private, has traditionally been regarded as totally unacceptable and even objectionable. It is therefore highly probable that women problem drinkers are not enabled, or socially supported to continue drinking, as readily as are men. I have found no reference to this in the literature, apart from a comment by Roman et al., (1992). They state that because 'a large body of work indicates that there are distinctive gender
differences in drinking behaviours, reaction to maladaptive drinking, and job-based influences on drinking’, the enabling behaviours they observed in a male workforce cannot be generalised to include women.

Blocking intervention: shifting the blame and refusing to name the demon
When challenged the problem drinker can always nominate someone who drinks more than himself in order to maintain the pretense that his own drinking is ‘normal’ by comparison, regardless of the amount of social, health, or other troubles it is causing. Problem drinkers tend to blame all of their alcohol-related problems, not on their alcohol abuse, but on anything convenient:

"them" - the wife, who doesn’t understand; the kids, who are out of control; the job, that expects too much of him; the law, that’s out to get him; the world situation; the dog; even the day of the week - any excuse to avoid taking responsibility.

as Dixon (1985) succinctly describes. It is far easier to look for someone or something else to blame than to admit that one cannot drink ‘normally’, and suffer the humiliation this entails (particularly for men) in some sections of our society. Many men who drink heavily tend to conduct their social life almost exclusively in places where alcohol is available, and mainly with other drinkers. From their perspective, to stop drinking, or even to significantly reduce their consumption, threatens the loss of their entire social and recreational life, along with ‘losing face’ and perhaps a large chunk of their identity. This is not something anyone is readily prepared to risk, despite the significant personal costs of continuing to drink.

Relatives and friends, reluctant to consider that someone close to them could be an ‘alcoholic’ or a problem drinker, often respond with the refrain ‘Oh, but he doesn’t drink that much’, if it is suggested that the drinking may be the cause,
rather than the result, of the trouble the drinker is in. They are never able to say exactly how much 'that much', or too much, drinking is, and often do not realise that the consequences, not the amount, of consumption is the issue. Many people still believe that someone cannot be an alcoholic unless they drink daily, or unless they drink in the morning, or unless they drink a certain amount, or if they can stop drinking for short periods of time. Our community is generally unaware of the simple, but useful rule of thumb, that if drinking is costing the drinker more than money (ie it has health or social consequences), then the drinker has alcohol-related problems, and it is the drinking, not the other problems, which need to be addressed first. Only when the drinking problem has been resolved is it possible to assess what other problems exist. Many of the problems heavy drinkers have either evaporate, or become more manageable, once drinking no longer exacerbates them.

In our society, the label 'alcoholic' or 'problem drinker' is regarded by most people more as an accusation than as an evidence-based description or diagnosis of a condition. Despite the long-standing 'medicalisation' of problem drinking, there is still a significant stigma attached to the concept of alcoholism or drinking problems. This stigma makes the problem 'label' as abhorrent to those around the drinker as it does to the drinker themselves. Hetzel (1980), in a work originating from his 1971 Boyer Lectures, claims that 'There is evidence that many people with drinking problems are carefully shielded by their families because of the social stigma involved'. Professor Ian Webster, Director of the South Western Sydney Area Health Drug and Alcohol Services, confirms that there is still 'the stigma of alcoholism and addiction, which create disadvantage and foster discrimination' (Webster, 1991). For the layman at least, the shift in status from 'sin' to 'disease' has not altered the perception of drunkenness as fundamentally a matter of personal responsibility. While drunkenness is seen entirely
as a matter of personal choice, it cannot be struck off the list of seven deadly sins, and the stigma will remain.

The tragic reality is that probably drinking is only a matter of choice, initially, to the extent that the individual's environment presents other options, and subsequently, until a certain threshold of cognitive damage has been done. Thereafter a true state of diminished responsibility may exist. Individuals at this stage of dependence simply continue habitual patterns of drinking behaviour, with ever-decreasing ability to contemplate or initiate change (Clifford and Maddocks, 1988). This makes it vitally important for those around a problem drinker to learn to stop enabling and to exploit opportunities which may motivate the drinker to seek or accept intervention.

In a culture where drinking is an important and almost sacrosanct social activity, no one wants to see themselves, anyone they know personally, or even anyone at all, as a 'deviant' who cannot drink, like everyone else, without suffering and/or inflicting serious harm. To be an alcoholic is to join the ranks of the lowest of the low. Strangely, however, abstinence is regarded with almost the same level of abhorrence. Perhaps one of the most interesting expressions of this is seen in the fact that many medical professionals, and some professional drug and alcohol workers, are loath to suggest that a problem drinker abstain from alcohol, even on a trial, experimental basis. Instead they advise 'cutting down', or suggest that the drinker attend a programme to learn 'controlled drinking'. This is equivalent to telling them to 'pull their socks up' and conform, and may represent the interests of the culture more than those of the individual. This advice is given, after all, to people who are already in trouble with the drug or they would not need to be advised to cut down or 'control' their drinking.

This attitude may reflect the pessimistic view that suggesting
abstinence is futile, but surely the safer option (for the individual) of abstinence should be an equally considered and recommended alternative. Those who offer programmes teaching controlled drinking have not, to my knowledge, so far offered as well the option of programmes teaching how to happily manage abstinence. This is something we unreasonably expect alcohol-abusers to manage by themselves. Yet it is something which is initially quite difficult for many individuals to achieve in our cultural environment. Alcoholics Anonymous is sometimes perceived as extremist because it insists that abstinence is the only successful and enduring solution for some individuals, and it is the only organisation which constructively teaches abstinence.

Is drinking so important that someone who has a drinking problem should risk further personal and social damage, including possible death, in order to be seen as a ‘normal’ drinker? No one suggests that we run programmes teaching controlled smoking, controlled tranquilliser or illicit drug use, or controlled petrol sniffing. (Controlled supply of heroin is of course advocated in some quarters, and methadone maintenance is a sort of proxy version of this.) The attitude that it is better or more acceptable for someone to ‘cut down’ or learn ‘controlled drinking’, results not only from pessimism about the potential success of abstinence, but also, I would argue, from the existence of a powerful and pervasive cultural belief that abstinence is deviant. In Australia at least, and probably in other Western countries, it is more often the sober, rehabilitated problem drinker, not the excessive drinker, who is shunned and alienated as ‘deviant’. It is not uncommon for such individuals to find that, where they were tolerated as the ‘town drunk’, abstinence suddenly renders them socially unacceptable. They are immediately treated like the lepers of old and given a wide berth. The many ex-drinkers who have told me of this experience were not guilty of preaching temperance or any similar behaviour which may have given rise to this rejection.
For example, a NSW police sergeant who was referred to me in 1990 for counselling regarding his alcohol dependence, and who subsequently achieved sobriety, was met with the deprecating comment ‘Oh, you’re the one who doesn’t drink or smoke’, when he was transferred to a new work location in 1992. His new reputation as a non-drinker was so notable and suspect it had preceeded him, and was not well regarded. Another example occurs in a section of a letter from Dave of Randwick, in the January 1999 issue of the AA magazine the Reviver, page 7. This is representative of the occasionally published comments of some AA members in relation to community attitudes to their sobriety:

I’m a sober alcoholic in Sydney, Australia. I’m pitied, misunderstood, avoided, shunned, dismissed and categorised. And sometimes I’m just tolerated.

The context of the letter makes it clear that this is not an expression of self-pity. Neither AA nor its individual members preach temperance or prohibition, but instead abide by the motto ‘live and let live’. They have no objection to drinking per se. The organisation, and certainly its members, tend to keep a low, non-contentious profile, and in general the organisation has a good reputation, whether or not one agrees with its philosophy and methods. Abstinent people are not a source of social problems. So there is no apparent justification for this common social ‘shunning’ of sober alcoholics. I would propose two possible explanations: firstly, that there is such profound misinformation, ignorance, and stigma surrounding alcohol dependence in our community, that people react to the word ‘alcoholic’ as though it were contagion. They believe there is something inherently ‘bad’ in the alcoholic, and they do not believe that an alcoholic can become permanently sober. Secondly, there is an extreme unwillingness in our community to acknowledge that the drug we love so much has harmful effects, and that sometimes the only way to avoid them is to become
abstinent.

General acknowledgement of this last point would raise the unwelcome spectre of the 'demon alcohol' of historic temperance and prohibition movements. Demonising alcohol in the sensational and irrational way that our community demonises illicit drugs would not be helpful, but perhaps we have forgotten that in the ancient practice of magic, the ability to name a demon gave one power over it. Popular imagery of addiction still has elements of the demonic, yet collectively and individually we are afraid to name the 'demon' alcoholism. It brings discomforting comparisons between alcohol and the other 'demons', heroin, cocaine, and the host of illegal drugs we spend so much of our community resources warring against. Our answer to the harm they cause is total prohibition. The prohibition of alcohol, however, is something the majority do not want even to contemplate, for alcohol, as Huxley (1994) observes, is the only 'Artificial Paradise' or 'chemical Door in the Wall' which Western cultures permit for relatively unrestricted use. An abstainer, and especially a sober alcoholic, who obviously cannot be dismissed as a moral fanatic, is dangerous and threatening, because he is successful alcohol prohibition personified. He has abandoned the popular god Bacchus, and he represents, in microcosm, a solution our society does not wish to entertain.

In order to protect our collective access to our only remaining legal chemical paradise, we need to assure ourselves that everyone is able to drink normally. Because being able to drink normally is of such paramount importance, it is far easier to blame a nagging wife, a difficult boss, a stressful job, or a traumatic incident, for excessive drinking, than to admit to being unable or unwilling to exercise restraint. Admitting to a drinking problem is tantamount to admitting a failure to be 'normal', and it is not just a personal failing, it is 'letting the side down'. It is almost equally difficult
for those significant others around the problem drinker to admit that a drinking problem exists, and that their relative, colleague or friend is unable to drink normally. So the problem drinker’s protectors rush in with support whenever things go wrong, often resorting to elaborate cover ups to save the 'victim' from himself or from those perceived as his persecutors (eg, his wife or employer). This 'support' unfortunately lends approval for continuing alcohol abuse, even though the enabler may voice strong and genuine disapproval of irresponsible drinking. Actions always speak louder than words, and our communal, covert agenda of pretending that alcohol is a safe drug is a powerful influence on our actions.

The role of enabling in the development of drinking problems in the workplace
Excessive drinking and alcohol dependence cannot readily develop nor be maintained in any environment unless that environment somehow colludes with the drinker to allow continued alcohol abuse. Such collusion generally occurs when individuals fail to recognise that drinking is the primary problem of a problematic relative or colleague, and then make well-intentioned but unwise attempts to 'help' or 'rescue' the strife-ridden drinker, in this process of enabling. Perch (1979) states that 'a person cannot become addicted unless others continue to enable and cover up for him'. This is stretching the point a little, for while ever alcohol or a substitute are available, a few individuals would probably become addicted regardless of the other factors in their environment. However, I would agree with Crosby and Bissell (1991), when they contend that people who are dependent or developing a dependence on alcohol or other drugs 'can't survive long and continue to drink or use' without enablers.

No one is responsible for another person's drinking, but those around a drinker are able to influence the drinking behaviour. 'All members of a household affect each other's behaviour all
the time; it is never a question of whether partners influence the drinker, but how. This should be an uncontroversial assertion’ (Barber and Crisp, 1994). The existence of such influence should be just as uncontroversial in relation to members of a workforce. Those around a drinker, whether relatives or co-workers, not only influence drinking behaviour, they have a right to purposefully exercise their influence by setting some limits on the problem drinker’s behaviour, for as Barber and Crisp (1994) contend, ‘life would be impossible if it were otherwise’. Unfortunately, especially for the welfare of the problem drinkers, it seems this rarely happens. An extreme and obvious example of a missed opportunity to exercise such influence and limits occurred fairly early in my experience with the NSW Police Service:

A senior Commander was observed by the Police Medical Officer to be exhibiting the symptoms of acute alcohol withdrawal at 8am while on duty. The Commander was responsible for daily decisions effecting the working conditions and safety of several hundred police and thousands of members of the general public. His condition was reported to me in my role as Drug and Alcohol Counsellor. Because of his high rank it was necessary for me to seek support from senior management before confronting the Commander directly about his drinking. I was instructed not to take action, on the understanding that the matter would be handled by the Commander’s superiors. However, senior management took no action other than to transfer the Commander and refuse to renew his contract which was due to expire in eighteen months. I argued that this response was gross enabling and was clinically inappropriate and damaging to the Commander. This advice went unheeded, presumably because the proposed action seemed easier than confronting the Commander. He was transferred to a non-operational role, and when his contract expired in 1992 he was dismissed. He died in 1994 from cirrhosis of the liver, without ever knowing why he was transferred or dismissed.

There may have been many motivations for the administrative response outlined above. One of the common fears people have in such situations is that if they send the problem drinker for treatment, his alcohol dependence will become public knowledge and embarrass the organisation. The total
irrationality of this is, of course, that alcohol dependency of the severity described above could hardly be a secret, and should logically be a far greater embarrassment and risk while the Commander continued drinking. This 'cover up' of an already overt problem is, however, a common response, both in families and in the workplace. It demonstrates the enormous reluctance in our community to openly identifying anyone as having a drinking problem.

Leipman and Neremberg (1989) report that 'many social supports including employers act as enablers who facilitate the continuance of alcoholism and have undermined attempts to enhance the alcoholic's motivation to change'. Even the best intervention programmes cannot work if administrators, supervisors, and workmates subtly and unwittingly undermine the intervention programmes through their daily behaviour. Without the support of well-meaning enablers, people with alcohol/drug-related problems would have to face the consequences of their actions long before their recreational use becomes full-blown addiction (Dixon, 1985). Roman et al., (1992) report that a 1988 study of 112 Employee Assistance Programmes in the USA showed that high proportions of those persons referred for intervention in alcohol-related problems were 'late stage', and only a small number of clients were referred with 'early stage' alcohol problems. These researchers comment:

EAP practitioners tend to view these delays in referral as reflecting inadequate diffusion of information about the EAP or other shortcomings in providing routes for referral for assistance. It may be, however, that group processes within the workplace are 'stalling' these referrals. Practitioners have hypothesised that supervisors dealing with subordinates with alcohol problems develop ambivalences that block action ...  

This ambivalence and 'blocking', Roman et al., (1992) found, was largely accounted for by 'a workplace enabling effect of increased co-worker and supervisory support in getting one's job done'. They conclude that enabling of problem drinking
workers was not a universal process as measured by their study. However, their measurement of enabling behaviours was very limited and biased as it consisted only of the problem drinkers’ perceptions of the assistance that was offered by co-workers and supervisors. If supervisors and co-workers had been asked to describe and quantify the assistance they had given, their enabling behaviours may well have been found to be universal. For a number of reasons problem drinkers would not always be aware of, and would not always readily acknowledge, the support given them in completing their work. Some such assistance is given covertly and without comment. Full acknowledgment that even the assistance given overtly was necessitated by their alcohol-related impairment would be very confronting for the problem drinkers, and would imply the unwelcome need to modify their drinking. It is more likely the drinkers would rationalise at least some of this assistance as being given for some other reason.

Enabling by institutions and organisations
Institutions enable the development and continuance of drinking problems when they ignore the existence of alcohol abuse in the work-place or the work-force. If there are no policies which define the role of alcohol in the work-place, and no procedures which outline specific measures for dealing with breaches of policy, or if such policies exist but are neither publicised nor enforced, some individuals may drink in the work place or come to work impaired, and their colleagues and supervisors will have no guidelines nor support for dealing effectively with the situation. Trevor Housley, in introducing the November 1989 Sydney symposium on Alcohol Dependence (and Drugs) in the Workplace, commented:

One of the difficulties that we face in Australia is that our 'OCKER' way of life venerates drinking and that a man who can hold his grog is well thought of. This applies at all levels of business and society and, as a result, people are reluctant to acknowledge that we have a real problem with alcoholism and drug dependence in the workplace.
Instead politicians and the community at large concentrate enormous attention and resources on the problem of illegal drugs, which though not insignificant, is minor by comparison. Webster (1991) reports that, when asked by University of Newcastle researchers which were the most important problem drugs, politicians and people in the general community nominated illicit drugs, while health workers nominated alcohol and tobacco. Hirshman (1969) ‘wonders if the present preoccupation with other drugs is not an escape from facing the alcohol problem squarely’. Webster (1991) contends:

The reasons are plain: doctors and nurses see 25% of their patients with diseases caused by tobacco and alcohol and 10% with the side effects of medicines. The community see on TV, and in the press, the old shibboleths of the loathsome addict. While almost everyone is blind to the predicaments of their friends and relatives, and project the issues on to distant and alien others.

Organisations which have no broad based employee education, no screening programmes for the identification of problem-drinking individuals, and no resources for referring affected employees for assessment, contribute by default to the maintainence of this skewed perspective, and thus to the maintenance of workplace drinking problems. They are effectively enabling by doing nothing, and any problem drinkers in their workforce are unlikely to be identified until a very late stage when enormous damage has been done. Educating managers and employees about enabling, so that they become aware of its‘ unintended and negative effects, is proactive and likely to result in early identification and intervention. To cite another example of enabling from my knowledge of the NSW Police Service:

In several cases where police officers, due to chronic drunkenness, were no longer able to function competently in their normal duties, supervisors allocated them the necessary, but mundane and routine clerical task of checking that all documents relating to court procedures were accounted for. This task, normally a small portion of an officer’s daily duties, became their entire occupation. At that (pre 1992) time, alcohol/drug rehabilitation had only just
become available in the service. Supervisors still believed that only disciplinary action or dismissal would result from any official identification of a serious drinking problem in an officer. So, supervisors acted to keep the service functioning, and to protect the drinker, his colleagues, the public, and themselves by 'side-lining' these officers. However, their solution to the problem also allowed these officers to continue drinking and avoid what should have been the natural occupational and other social consequences. Opportunities for intervention were missed, with the tragic result that one of the affected officers was accidentally killed by a motorist who drove over him after he fell, drunk and unconscious, on the road while returning to the police station from the pub.

If there had been in place clear, comprehensive, widely understood policies and procedures for identifying and dealing with workplace drinking problems, and these policies offered the option of non-punitive rehabilitation, this fatality may have been avoided. Supervisors would have had the acceptable option of referring their alcohol-dependent colleagues for workplace rehabilitation, instead of taking on responsibility for them and the 'headache' of their impairment. Hagen et al., (1992) interviewed a Victorian Police Association representative who provided support for this perspective:

The Police Association representative suggested that in many parts of the force a cover up mentality exists. Officers will hide co-workers with a drinking problem from senior officers to prevent colleagues being disciplined. If a more enlightened, less confrontational policy was in place such action would not be necessary. Within the service, alcohol and drug problems are not treated as an OHS issue. Responses tend to be punitive rather than offering a rehabilitative approach. If an officer comes to work under the influence of alcohol they are likely to be charged, demoted, fined, or sacked rather than offered help.

Sometimes institutional policies and practices unintentionally and actively enable. For perhaps the broadest possible example of this, the Australian government allows 'alcoholism' as a condition for which the invalid pension may be granted. Lennane (1992), finds this 'strange', and comments:

In what other country would someone be given a regular supply of
money with no strings attached, so they can and do continue using most of it to buy and consume the substance that has led to their becoming an invalid? This odd Australian custom, still in place, and presented as 'caring', is in fact a form of institutionalized enabling, and exacts a large toll in increased illness, disability, health costs and early death.

A similar example of institutional enabling occurs in the NSW Police Service. It is possible for a police officer to obtain a medical discharge for alcoholism and receive a pension of up to 72% of their former gross salary depending on how many years service they have accrued. The pension is not conditional on the officer undertaking any treatment or rehabilitation. If we are to retain this 'odd Australian custom', it would make far more sense, surely, if receiving the pension on the grounds of alcoholism was contingent upon undertaking comprehensive treatment and rehabilitation.

The high risks of ceasing to enable
Roman et al., (1992), make a number of soundly based speculations about the basis of enabling by co-workers. They propose, for example, that it may be motivated by 'the ambiguity of alternatives for dealing with the 'deviant' member, coupled with fear as to what a referral for assistance might lead to in terms of harm to the co-worker'. They suggest that social exchange in the form of reciprocal favours may provide part of the explanation. They also suggest that co-workers and supervisors may continue to support and protect the problem drinkers in the workplace out of self-interest, because once they realise the extent of the drinker's problem they become afraid. They fear that if a colleagues' drinking problem is officially identified, they may be blamed for not having reported it earlier, and they would then be implicated in having colluded in its development.

Police and police supervisors have confided very similar fears and motives to me during the course of my work. Police organisations have historically taken a punitive approach to identified of alcohol abuse, and the option of non-punitive
rehabilitative measures is new and not yet trusted. So there is considerable fear attached to a decision to refer a fellow officer for alcohol counselling. Also, those officers who have compensated and covered for a colleague with a drinking problem feel trapped by their own past behaviour when finally the drinker becomes unmanageable or too great a risk in the workplace. If supervisors or workmates then report the now seriously damaged drinker, they fear administrative disapproval for not having taken action earlier.

There is also reluctance among police to refer those who have drinking problems because officers realise that at any time they may themselves be in trouble of some kind, and need colleagues to ‘cover’ for them. Any officer who ‘dobs in a mate’ risks a severe informal penalty of ostracism and distrust, for ‘dobbing’ is an action universally frowned upon. Being branded a ‘dobber’ is seen by police to have more serious consequences in their own ranks than in other workforces, because they are an insular collective, and because of their need to be able to rely totally on each other in times of emergency or danger.

To openly identify a drinking problem in a colleague or relative, in any setting, involves various and considerable social risks. It may jeopardise one’s relationship with the drinker, who might be one’s boss, valued employee, feared associate, good friend, or loved partner. It may invite a truculent, resentful, hostile, or even violent reaction from the drinker, depending on how it is handled, and it will certainly result in vehement defensiveness and denial from the drinker on most occasions. It may also jeopardise one’s standing, or even one’s membership, in the work or family group, because it involves ‘rocking the boat’, ‘making waves’, or being a ‘whistle blower’. Most people are fearful of doing this, and with good reason. Even if the identification is made with tact and skill, and with the offer of constructive assistance, it may be seen as unjust and pejorative by the
entire group, not just the drinker, and so result in a rallying of support for the drinker, with concomitant loss of support for the 'whistle blower'. We are all aware that sometimes 'whistle blowers' are socially destroyed while the situation they reported continues unchanged. It is only when people have a clear understanding that there are acceptable, constructive, and safe alternatives available to them, and when they feel assured of support from others, that they become confident in refusing to engage in counter-productive social support or 'enabling'.

The alternative to enabling
The pattern of enabling can only be broken where there is knowledge of the effects of hazardous/harmful alcohol use and the nature of alcohol dependency, and an awareness of the behaviours which encourage, condone, or facilitate continuing problem drinking. It requires a willingness, on the part of individuals and organisations, to constructively confront the inappropriate behaviour and impaired functioning which result from excessive alcohol use. It requires the confidence to stop taking responsibility for the problem drinker’s actions. 'This is not easy, but what appears to be harsh and uncaring behaviour is really helpful to the chemical dependent' (Johnson Institute, 1991), in that it brings about opportunities for the drinker to experience the unpleasant consequences of his drinking behaviour, and may initiate change.

Allowing a problem drinker or other drug abuser to be held fully accountable for their actions is sometimes referred to as 'tough love', because it means relinquishing 'rescuing' behaviours and watching the user sink or swim on their own, while continuing to care, express concern to/for them, and suggesting they seek assistance to recover from their dependence. Barber and Crisp (1994), report that in their training programme Pressures to Change, which teaches partners of alcohol abusers to take this type of approach, 'The drinker
is held fully accountable for all his actions and the fewest possible concessions are made for his state'. They stress that 'pressure does not mean nagging or controlling behaviour', and that the first stage of the programme provides clients 'with education about how drinkers change, especially that pressure from the environment is required'.

Barber and Crisp (1994) 'found it distressingly common' to hear of partners of problem drinkers being refused assistance from mainstream drug treatment agencies because of a belief in the profession 'that no change is possible without the active participation of the drinker'. This, as they assert, is not consistent with the evidence. By way of illustrating this, suppose the police supervisors who protected their impaired colleagues by allocating other officers to do their computer entries for them, had instead documented their unsatisfactory performance and referred them for alcohol assessment and counselling. Some of the impaired officers may have refused the option of rehabilitation and found themselves at risk of disciplinary action or dismissal. However, they would have been made aware that their drinking had the potential to cost them their employment, and this is powerful pressure for change. Others, recognising the implications of their assessment results, may have agreed to comply with counselling, and stopped or considerably reduced their drinking. These officers would then have had the very real potential to recover some of their former cognitive abilities, learn to use computers competently, and become fully functional employees again, not to mention gaining a substantially improved social and health prognosis.

Similarly, the police who are asked to drive their intoxicated colleagues home could, for example, politely decline, offer their colleague a seat and a cup of coffee, and contact the on-call police welfare officer to deal with the matter of getting him safely home. This would result in a health/drug use assessment of the inebriated officer, and appropriate
counselling or other intervention. Another alternative would be to inform the officer, tactfully and with expressions of genuine concern for his well-being, that he would be driven home on the first occasion, but if he presented a second time in similar condition, he would be referred to the police drug and alcohol counsellor or driven to the nearest detoxification unit for admission.

It is only under such pressures that the majority of problem drinkers will consider seeking assistance to change. There is nothing unreasonable or unethical in applying such pressure. It is, I believe, far more caring and responsible than watching the drinker continue to destroy himself. This constructive, pro-active approach would, however, be a radical and threatening departure from normal responses to such a situation, not only for police, but in any industrial context where workers have not been prepared for such change by the introduction of comprehensive alcohol policies, guidelines, and education. Unless the problem drinker who was dealt with in this way was an end-stage alcoholic who had become a constant headache to everyone, the sense of such an approach would not be appreciated by many people. It would generally be viewed as harsh, excessive, unfeeling, disloyal, and perhaps moralistic, and would result almost certainly in the social condemnation and exclusion of the person who took such action. The person who stops enabling can often become a social pariah.

Therefore, in order to reduce the amount of enabling behaviour which occurs in a workplace, and make early referral of problem drinkers more likely, it is necessary to devise strategies based on an understanding of the workplace culture and the meanings of drinking, enabling, and other behaviours within it. Only through such an approach can a meaningful explanation of the problem and potential solutions be presented to workers, with the aim of enlisting their willing co-operation in a process of positive change. This is what I
attempted to do in the trial of intervention strategies described in Chapter Seven.

In summary
The drinking of alcohol is a commonplace practice in Western society. The vast majority of problem drinkers are integrated members of the community, and alcohol dependence is not readily identified or even, for the layman, identifiable. In addition there is a general belief that alcohol is innocuous and that everyone should be able to drink in accordance with accepted community norms. When some individuals experience alcohol-related problems, these beliefs tend to lead to a search for something other than alcohol use itself as the chief cause of the problem. As a result, social support networks unwittingly become agents colluding to maintain the drinking problem as well as the drinker. Significant others, organisations, and the community as a whole enable continued problem drinking, both knowingly and/or unintentionally, while attempting to maintain some semblence of normality by manipulating other elements in the environment and/or the drinker.

My clinical experiences and observations of practices in the NSW Police Service led me to conclude that enabling is a critical factor contributing to the high levels of hazardous and harmful drinking among police. For this reason enabling became the focus of one of the intervention strategies designed for the study presented in Chapter Eight.
CHAPTER EIGHT
EVALUATING STRATEGIES FOR PROMOTING REFERRAL OF PROBLEM DRINKERS: A CASE STUDY OF THE NSW POLICE SERVICE

The NSW Police Service is a large organisation with numerous staff (approximately 16,000) spread over a wide geographic area encompassing the entire state of NSW (See Appendix 3). As Chapter One revealed, recent studies have shown this workforce has a high incidence of hazardous and harmful drinking, with significant negative consequences for individual police officers, the Service itself, and the community it polices. At the beginning of my employment as a drug and alcohol counsellor with the Service, my immediate aim was to develop a programme for identifying and rehabilitating high-risk and alcohol-dependent officers. During the first six months of my employment it became apparent, however, that a much broader aim, that of influencing the police drinking culture in the direction of safer drinking practices, was the only long-term solution to the high rate of hazardous and harmful drinking within the Service. The enormity of the problem to be addressed, and my own sense of urgency to begin some practical, effective intervention, led me to implement certain strategies and evaluate and modify them 'on the run', so to speak. This study is in effect a record of some of my initial attempts to influence police to re-evaluate their drinking, and, where necessary, seek help to modify it.

Ethical considerations
The fundamental ethical issue in the present study is perhaps that which underlies the rationale for conducting it, and for the existence of my role as a workplace drug and alcohol counsellor. There are diverse opinions about whether the workplace is an appropriate arena for the identification and rehabilitation of problem drinkers. Some police, for instance, have expressed concerns and suspicions to me about the motives and intent of their employer taking an active interest in this area. Drinking is sometimes seen as a personal behaviour which is entirely outside the realm of an
employer's legitimate concern. In addition to this 'the profound discomfort many people feel with the subject of alcohol and other drugs (has) been responsible for many of the difficulties associated with workplace programmes' (Buon, 1989). Yet there is a complex interaction between work and alcohol use. Even drinking outside of work hours impinges on the health and safety of those in the workplace, and some work environments appear to escalate drinking outside of work hours. It can be argued that ethics demands the negative social consequences of this interaction be addressed, particularly in those organisations in which the workplace is associated with high levels of excessive alcohol use and therefore with significant alcohol-related health and safety issues. My own position in this is similar to that espoused by Edgar (1988), who contends:

... given what we know about the harmful effects of drugs, we have every right to insist that misuse (by which I mean use leading to harmful effects both on others and on self) be addressed in public policy. Liberal assertions of the right to use our bodies as we choose are valid only insofar as that use does not damage others and it is a matter of political and social legitimation, not an inalienable human right, that defines appropriate limits for any time and any society.

I would differ only in suggesting that rather than simply exercising a right, we have a responsibility to promote safe alcohol use in a workplace, and especially so when the work encompasses the use of firearms and motor vehicles, and is inextricably bound to the safety and welfare of the general public. The issue of rights is raised, nevertheless, in the matter of supervisor-initiated referrals which occur in the specific case of the NSW Police Service, because these are semi-mandatory referrals which can place an officer in a situation in which his/her employment is at risk. It should be noted in relation to this, firstly that the Code of Conduct and Ethics of the NSW Police Service (1997) includes an explicitly stated injunction that police must not perform their work when impaired by alcohol, and secondly that any
officer directed to undertake alcohol assessment and counselling can refuse to do so and instead opt to accept the possibility of disciplinary action. Police are thus aware when they take up employment with the Service that they are expected to be unimpaired by alcohol during the course of their work. They enter into an agreement with their employer on this basis. This limitation of personal freedom is justified on the grounds that it is a reasonable constraint on the actions of individuals, necessary to protect the rights and welfare of the group. No society or organisation can function to the optimum benefit of its members without some constraints on personal behaviour.

A number of more narrow and specific ethical issues relate directly to the study itself. The Guidelines for Responsible Practices in Research and Dealing with Problems of Research Misconduct, 1990, produced by the Australian Vice-Chancellors Committee, (Sarantakos, 1998) outline the general issues which need consideration in the conduct of any research. Those which were most salient in the present study are addressed below.

_Free and informed consent._ All personnel who participated in the collaborative project of Phase Four were volunteers who were aware of my role as Drug and Alcohol Counsellor to the NSW Police Service, and were fully informed about the nature and goals of the study and their respective contributions to the project. My position and role in the Service was fully explained also to the Phase Three workshop participants, who were actively encouraged to express their opinions and debate the issues raised in the workshops. The participants in the workshops were not aware that the numbers of referrals generated from the workshops would form part of the data for this study, but it was considered that to inform them might bias the outcome by influencing it in some way, and that as they would not be in any way affected by the collection of the data nor its inclusion in this thesis, it was unnecessary to
inform them. The value of the workshops would have been evaluated in the same manner if I had not been engaged in preparing the thesis.

Anonymity and Confidentiality.
These issues are always paramount in the relationship between client/respondent and professional, but work in the fields both of drug/alcohol counselling and policing each lend an acutely heightened sense of their importance. The drug/alcohol user's fear of being identified as somehow defective, and the police scepticism and mistrust of administrative systems and anyone not 'in the job', requires constant and conscientious attention to strict observance of confidentiality, and frequently also to anonymity. The anonymity of all those participating in or affected by the research was protected in that no statistical data collected was related to names or other forms of identification. Confidentiality of stored records of research data and interviews/case reports of referred clients is assured by computer security systems allowing access only to myself and my clerical assistant by means of a seven digit serial number and a nine letter password.

Copyright. Permission for use of all copyrighted material such as the Parley International articles, the CEIDA pamphlets and other materials used in the workshops, was obtained from the authors or relevant agencies, and all such material was duly and overtly credited to the copyright owners.

Objectives and Methodology
My approach to the problem which confronted me was influenced by my conviction that individuals only alter their drinking practices after undergoing an attitudinal change in response to situational factors; my interest in the concept of 'action research' in relation to the latter; and by my purely pragmatic view that as a counsellor, I could only offer substantial rehabilitative measures to those police adversely
affected by drinking if and when they presented for assessment and assistance. The main objective of the research thus became: to design/discover a strategy which would generate an increase in both voluntary and supervisor-directed referrals to the drug and alcohol counselling unit, so that the number of referrals would be more commensurate with the observed incidence of problem drinking. In addition, it was envisaged that this strategy would, ideally, have the potential for a 'flow on effect', by changing the behaviour of key personnel who would then become exemplars of an alternative, more satisfactory approach to handling drinking problems than that previously employed by most officers.

Being aware of the difficulties of attempting to change long standing attitudes and practices in such a large and well established organisation, I felt it absolutely necessary 'to address traditional and strongly held views by the general working community' (Marshall, 1981), and that this could best be done through access to the knowledge of 'insiders'. Thus I considered that as far as possible a collaborative method should be employed. The benefits of consultation and collaboration with the targeted clients are described in the literature as: giving the clients a sense of control and commitment; eliminating suspicion and distrust; and achieving effective policies and programmes. (Hodson & Fallon, 1989; Ferguson, 1991; Dietrich & Smith, 1986). From my point of view, however, the important factor in this was to discover, and begin from, the place the clients were at, so to speak.

The significance of this last comment cannot be overstressed. Hugh Mackay, an Australian social scientist who has spent much of his working life studying and writing about communication, persuasion, and behavioural change, tells us that unless our message has a specific relevance to the needs, interests, or situation of our audience, they are unlikely to listen to it. In answer to the question 'How do we change people's behaviour?' Mackay (1994) states:
Any pattern of human behaviour - from driving a car to making love - is a result of the interaction between a person and the total environment in which that person is functioning: other people, the place, the situation, the circumstances. .........
If we want to change the way someone behaves, therefore, we will have to change the nature of that interaction.

Obviously an understanding of the 'total environment' is fundamental to attempts to make any deliberate, directed changes in the interactions which occur within it. My direct observations of and enquiries about police culture, and my literature review of the evidence relating to it, therefore formed the foundation of my approach to my work and the study described here.

The history of administrative attempts to discourage excessive drinking among police in Australia generally and NSW specifically has not been one of much success, as the material presented in Chapter Five shows. Many of the probable reasons for this, such as police disdain of what they perceive as impractical rules devised by those distant from the 'frontline', plus the strong association between police ideals of masculinity and drinking, are also revealed in the review of police culture in Chapter Four. My understanding of the drinking culture of rank-and-file operational police convinced me that an active process of change from the bottom, as well as from the top of the Service, was absolutely necessary to making any significant and sustained shift toward low risk drinking. Thus some level of collaborative research seemed to me to be essential to success.

In some respects all research, as Wadsworth (1984) observes, is action research, but the term is usually reserved 'for research that recognises explicitly its action and change-inducing component'. It is 'essentially participatory' in that those being researched perceive the research to be both in their own interests, and capable of being influenced by them, (Wadsworth, 1984), and in that some members of the group
under study are encouraged to actively participate in the research process (Sarantakos, 1998). Sarantakos (1998) quoting Burns (1990) defines action research as:

> the application of fact finding to practical problem solving in a social situation with a view to improving the quality of action within it, involving the collaboration and co-operation of researchers, practitioners and laymen.

This perspective seemed especially appropriate to my project and its objectives. My work is fundamentally about facilitating positive, conscious, and sustained change, particularly in individuals but also in groups who are typically reluctant or fearful of changing the targeted behaviour, and without whose collaboration and co-operation I can achieve very little, if anything. Another aspect of action research which made it especially relevant to my approach is that 'it challenges a scientific method of inquiry based on the authority of the "outside" observer and the "independent" experimenter' (Sarantakos, 1998). Experience and knowledge of the field informs me that outside observers have not so far made substantial contributions to our understanding nor to the solution of high risk drinking in occupational groups.

It would of course be a massive and almost impossible undertaking to voluntarily involve all the members of the Police Service, or even a substantial number of them, in a single piece of participatory research, and this study did not even contemplate doing so. For many reasons of logistics, economics, politics, and time available, the potential for truly participatory research was extremely limited. However, throughout the study the opinions and suggestions of police of all ranks were actively sought and utilised, and in Phase Four a small number of serving police officers collaborated on the design and implementation of an intervention strategy.
Method: the phases of the study

This is a case study of a distinct occupational group, and in that respect all sworn officers of the NSW Police Service were the subjects of the study. The study consisted of a four phase programme, conducted over four consecutive six month periods. Each phase was to be evaluated in terms of the number and type of referrals generated. The four phases were:

(1) a baseline phase, included retrospectively; 
(2) a general alcohol education campaign, consisting of a series of articles prepared by professional public educators, to be published in the Service print media; 
(3) a one day workshop for police supervisors, to be run sequentially in every police district in NSW, and focussed on changing enabling behaviours into constructive intervention. 
(4) the formation of a consultative group of police officers to engage in an action research project with the aim of formulating further strategies.

In order to provide a control group, the scattered and difficult to access ‘Fifth Region’ of police specialist units (see Appendix 3), although unavoidably included in the print media education campaign, were not targetted in any participatory phase of the study. The North West Region unexpectedly became an additional control group for the participatory workshops (Phase Three) when the Regional Commander refused permission for the counsellors to conduct workshops there because, he asserted, there were no officers in the North West Region who had drinking problems.

Phase One: the baseline

This was the initial six month period of the D&A Counsellors’ employment, when no programmes were conducted, and the counsellors, while familiarising themselves with the organisation, simply publicised their availability as widely as possible, and responded to individual cases and crises as referred. It was proposed, in retrospect, that this period would provide a baseline against which the later phases could
be evaluated.

Phase Two: mass education about alcohol
This phase was implemented with some urgency and without the benefit of comprehensive and detailed planning. The haste was a result of a perceived need to 'do something' whilst giving the counsellors time to devote attention to learning more about the workforce and to designing and developing a more complex and better targeted strategy. General principles of preventive health education, combined with a lack of resources, partly determined the approach to be taken. That is, it seemed both wise and expedient to begin by using prepackaged and readily available material in a widely disseminated education campaign, with the aim of raising levels of knowledge and awareness about the effects of alcohol.

This alcohol education was carried in the Service newsletter Police Weekly, which is mailed to every police station in NSW. The articles chosen for publication were those which formed the alcohol component of a pre-packaged health education programme prepared and marketed by Parley International. This package was chosen largely because of economic restraints, the lack of other material resources, and the short lead-time available. The Parley International package had already been purchased by the Health and Fitness Unit of the NSW Police Service, along with rights of reproduction, so allowing the counsellors to begin a programme without incurring expense, and without significant delay. Four articles were published over a six month period. Their vocabulary was first modified to reflect Australian police jargon, and to remove American slang.

During this phase the D&A Counsellors designed and developed a one day workshop for supervisors, which was to be trialled in Phase Three. A decision was made to target supervisors and managers for such workshops firstly because they are, in a
very real sense, the 'lynch pins' of operational policing, and secondly because any change in their responses to officers with drinking problems might be expected to have a 'ripple' effect, generating change in a larger number of individuals than the direct workshop participants.

Phase Three: targeting key personnel
The counsellors had noted, during the information gathering of their first months with the Service, that supervisors and managers were key personnel in two important ways, (a) they were significant role models in that, while they were senior staff responsible for the day to day running of patrols, they maintained an operational function 'at the coalface' in close working contact with their staff, and (b) their position in the hierarchy gave them the greatest potential to influence referral rates. Police supervisors were frequently heard to complain that they constantly received circulars, relating to various issues, which stated that 'The supervisor will take the appropriate action', but, they said, 'nobody ever says what the appropriate action is, and (the circulars) are used to crucify you when something goes wrong'. For this reason it was felt that training in the handling of problem employees might be well received, despite indications in the literature that supervisors across industries are frequently resistant to such training (for example, Toro, 1983; Morse, 1989).

Considerable support for the decision to target supervisors was also located in the literature. Kenneth Hebb (1990) urges training and support of the supervisor, and reports that industrial alcohol intervention programmes have significantly greater success than clinical programmes, (60-70% compared with 30-40%). This contention is supported by Marshall (1981), who claims that the unique opportunity in industry to offer, concurrently, rehabilitative assistance and a threat of disciplinary action, results in a 60% to 80% success rate of rehabilitation schemes, and that this cannot be matched by community programmes. Freudenberger (1982) and Morse (1989)
regard the supervisor as the key to a successful employee assistance scheme. Roman (1981) supports this concept. Hore (1987) contends that early identification of alcohol problems arises from observed deterioration in work performance, and that it is the role of 'line management' to detect such deterioration and refer the individual in question to an appropriate agency for evaluation.

Tether and Robinson (1985) propose that although it is not the supervisors role to 'diagnose a drinking problem', supervisors and line managers should be equipped to document lowered or fluctuating work performance, and to refer the affected staff to some designated person for assessment and, if necessary, assistance. Hocking (1984) supports this view, and states that 'the crux of this approach is to train supervisors to recognise poor work performance since this is one of the earliest signs of an alcohol problem'. As Morse (1989) argues, supervisors often ignore alcohol impairment in members of their workforce because they know very little about alcohol problems, and sometimes a supervisor's own alcohol use causes them to enable impaired drinkers and fail to intervene. Like Tether and Robinson (1985), Morse (1989) recommends that supervisors be trained, not to diagnose drinking problems, but rather to appraise work performance and use relevant evidence of deterioration as a means of making the 'soft' intervention of suggesting the employee seek assessment. Morse (1989) contends that 'the success of an employee assistance program often lies in supervisory intervention and referral', and gives some guidelines for the training of supervisors.

In the present study it was therefore decided to specifically target supervisors with in-depth workshops covering identification of alcohol-related deterioration in work performance, techniques for confronting and referring affected staff, and awareness of the positive, non-punitive interventions that would be offered by the D&A counsellors. Unlike some of the studies noted above, (for example Hocking
(1984)), the main intent here was not to provide the tools and processes for documenting work appraisal. Police supervisors are not simply clerical staff or 'desk jockeys', but are closely involved in the operational duties they supervise. Many of them rotate through operational and supervisory tasks on a day by day basis, and many of them socialise with their operational staff out of working hours. These factors, and my interactions with a number of supervisors, gave me the strong impression that supervisors would in many cases be well aware of which of the officers in their station were drinking in a manner which overtly impaired their work performance. This awareness would not depend on any sophisticated work-performance appraisal nor any skilled assessment of alcohol-dependence. It would, nevertheless, sometimes place the supervisor in the position of having to re-allocate duties or otherwise compensate for the impaired officer. For example, an officer who arrived on duty either obviously intoxicated or severely hungover would be of some concern if involved in a critical incident or required to drive a vehicle. Similarly, an officer who drank heavily on a daily basis, and had memory disturbances or difficulty coping with tasks such as computing, would present a management problem.

For these reasons, the content of the workshops was designed to focus, not on the detailed measurement of work-performance, nor on 'diagnosis' of alcohol problems, but on the personal and cultural dynamics which frequently create difficulties and obstacles for police supervisors attempting to confront and refer staff with alcohol-related work problems. I proposed to directly confront the resistance to 'dobbing', the consequent practice of 'covering up', and the rationale behind it (that is, 'mateship', misplaced compassion, and fear of both administrative action against the drinker and peer retribution against the supervisor). I considered that supervisors would benefit from the acquisition of special skills and insights into the nature of their relationships with problem-drinking staff, and from discussion of the relative values of
'covering-up' as opposed to constructive intervention. My intention was chiefly to assist them to understand and avoid the traps of enabling drinkers (see Chapter Seven), and to defuse their fears about the consequences of referral to the drug and alcohol counsellors. To increase supervisors knowledge and awareness of these issues, some basic alcohol education was also to be included in the workshops.

The only options previously available to supervisors dealing with alcohol-related staff problems had been (a) to cover up and hide the problem, (ie, denial and/or enabling) or (b) to take disciplinary action which could result in the employee being dismissed. This placed them in the dilemma of having to make a choice between duty and loyalty. Because the only official course traditionally available had been disciplinary measures, supervisors were understandably suspicious of the consequences of identifying problem staff to the new counsellors, and reluctant to make referrals. One aim of the workshops was to make the supervisors aware that they now had a 'third option' (referral for assessment/counselling), and show them how they could use this. The workshops would also attempt to demonstrate that this option could genuinely help troubled workers, negate the need for cover-ups, and in many cases avert the threat of harsh discipline or dismissal.

During the workshops there was considerable emphasis on understanding the personal dynamics involved in relating to staff with workplace alcohol problems, but it was also stressed to supervisors that they were not expected to play 'catch the drunk', and diagnose alcohol dependency. Heavy drinkers are notoriously adept at sabotaging attempts at intervention, so the focus on denial and enabling was intended to provide the supervisors with the skills to successfully negotiate the process of confrontation and referral. The counsellors attempted to balance this with the message that supervisors have the role of evaluating work performance, and of ensuring the occupational health and safety of their staff,
while assessments of whether deteriorating work-performance was alcohol-related, and to what extent, were to be conducted only by the counsellors.

The workshop was conducted on 67 occasions over the third six month period. This one day workshop was presented in all Districts of three Regions, ie, North Region, South Region, and South West Region. The North West Regional Commander refused to allow the workshops to be conducted in his Region because he did not believe that any police within his Region had a problem with alcohol. The North West Region therefore became an unintended control group. The 'Fifth Region' (multitudinous small, specialised units spread over 880,000 square kms) was deliberately used as a control because it was logistically and economically impossible to cover it with the resources available.

For several reasons, the workshops were taken to the locations where supervisors were working, rather than have supervisors travel to a central location. The Police Service is obliged to pay travelling allowance of $109.50 per day to employees required to stay overnight away from home, so it was far more frugal to have two counsellors travel across the State than to bring literally hundreds of supervisors to Sydney from State-wide locations. It was felt also that by travelling to remote areas, as they are often required to do in the course of their work, the counsellors could demonstrate that accessible assistance is available to country police. This demonstration was considered important because country police regularly complain that where assistance is called for, NSW stands for Newcastle, Sydney and Wollongong.

Eight hundred and sixty seven police officers attended the workshops. The breakdown of these for sex and rank was as shown below.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sergeant</td>
<td>454 (52.3%)</td>
<td>3 (0.3%)</td>
</tr>
<tr>
<td>Senior Constable</td>
<td>235 (27.1%)</td>
<td>12 (1.4%)</td>
</tr>
<tr>
<td>Constable 1st Class</td>
<td>73 (8.4%)</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Constable</td>
<td>49 (5.6%)</td>
<td>24 (2.8%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>811 (93%)</td>
<td>56 (7%)</td>
</tr>
</tbody>
</table>

This was fairly representative of the gender balance prevailing at the time in the Service. Some eleven per cent of sworn officers were at that time female, though there was of course a lower percentage of females than males with the seniority to be supervisors.

**Phase Four: consulting representatives of the occupation**

It was originally envisaged that an action research team of between six and eight police officers would be formed, with the aim of developing strategies which might break down the enabling behaviours evident within the Service. I considered that an active contribution of knowledge and ideas from within the workforce would be likely to prove invaluable in the design of successful interventions. The criteria for selection of the team members were:

1) They should be in a supervisory position, so that they would be conversant with the practices of enabling and covering up, and with the pressures placed on supervisors to refrain from taking action in regard to alcohol affected staff

2) They should have had a wide work experience within the NSW Police Service
3) They should have an understanding of the consequences of chronic alcohol abuse, perhaps from personal experience, though recovery from addiction was not a requirement. Personal experience was, however, considered important, because researchers need to listen to those labelled as well as those doing the labelling (Shipman, 1985).

4) They should be prepared to commit themselves to attending a minimum of six meetings over a period of three months.

Unfortunately the logistics of forming a group even of this modest size proved too difficult. The difficulties included the large geographic area involved, the costs of transport, and the impossibility of arranging a time when all six or eight shiftworkers would be off-duty at once. Funding was not available, and the participation of officers in the project was regarded by the Service as voluntary and unofficial, so permission was not given for police to be released from their duties to attend meetings during work hours. The action research team eventually, therefore, consisted of three serving police officers and myself. The three officers will be referred to by the initial of their first name only, for reasons of confidentiality. They were:

**Sergeant M:** a Detective Sergeant with 20 years experience in the NSW Police Service. Most of his service had been in 'plain clothes', and he had worked in numerous specialised units as a detective. When the research team was formed he had been abstinent from alcohol for eighteen months as a result of having recognised that he had developed chronic alcohol dependency.

**Sergeant R:** a supervising sergeant in an outer metropolitan police station. He had worked in the inner city and had extensive experience in country police stations. When he joined the research team he was attending AA and had been
abstinent from alcohol for 8 months, after many years of chronic alcohol-dependence.

Sergeant T: also a supervising sergeant in outer Sydney. He had worked as an administrator in various sections of the NSW Police Service, and had experience of country as well as inner city policing. He had been totally abstinent from alcohol for many years after having realised that he was alcohol-dependent.

(It is amusing to note the irony of the fact that these three senior officers, who were all recovering from chronic alcohol dependency, were ALL attached to the North West Region, whose Commander had refused permission for workshops to be given because there were 'no alcohol problems in his Region'.)

I was given informed consent from these team members to report and publish the results of their meetings in this thesis. They were aware that there were two purposes for this research project - i) to develop means of improving the health and safety of their fellow officers by lowering the level of acceptance of harmful/hazardous drinking in the Service, and ii) to form a component of my Research Masters degree. The question posed to this action research team was: What strategies would you propose for reducing the amount of enabling of problem drinking within the NSW Police Service? Each of the team members had, from personal experience, a good understanding of enabling and the significance of its consequences. The team held several meetings and as a result suggested that they write their personal stories of alcohol dependence and recovery, to be published anonymously in the Police News. This project was not a solution to the question posed, but was considered to have the potential to have some impact on alcohol-abusing officers by way of personal identification, and (hopefully) the subsequent acceptance by them of personal responsibility for initiating constructive change in their drinking practices. This measure was also
considered to have the potential to have an impact on supervisors and others caught in the enabling role, by graphically illustrating the negative consequences of their behaviour. The team members each wrote of their personal experiences, and publication of these stories became the strategy for Phase Four. The three stories were published, under pseudonyms, at monthly intervals in the Police News. Before publication each story was checked by all team members to ensure that it contained no information which might inadvertently identify its author or any colleagues mentioned.

The team also suggested that alcohol education pamphlets and posters be made available to officers in all police locations. Sergeant M had been leaving AA pamphlets in the meal room of the Police Station where he worked, and found that they would mysteriously disappear for a few days and then unexpectedly reappear. He suggested that people were sneaking them off, reading them in private then returning them. He believed it was highly significant that these pamphlets were not disappearing completely nor being defaced with crude comments. This implied that many officers were concerned about their drinking, and willing to examine their drinking patterns, but only covertly. The group decided that placing alcohol education pamphlets in Police Stations would be a good strategy because, as pamphlets are much easier to conceal than a journal, 'the blokes could sneak a look without anybody knowing'.

Funding was made available by the Service for the printing of posters, but unfortunately, conflict between various branches within the Service regarding the content and layout of the posters resulted in the poster project being abandoned. Alcohol education pamphlets produced by CEIDA (Centre for Education and Information on Drugs and Alcohol, located at Rozelle) were obtained, however, and, instead of being placed in stations, were mailed to all police officers homes during November 1992.
A further suggestion from the action research team was that an Emergency Services ('000') Alcoholics Anonymous group should be formed. This group was established in March 1992, and was open to police, fire, ambulance and prison officers. The name '000' was highly significant and amusingly ironic, because '000' nights are regular events in the police and emergency services social calendar, when personnel from that range of occupations gather for heavy drinking parties.

RESULTS

Phase One
During the baseline period, when no strategies other than the publicising of the counsellors availability were implemented, nineteen referrals were received. All of these were male, with a mean age of 43yrs. These consisted of the following:

1) A supervisor approached the D&A counsellors for advice on dealing with an alcohol dependent staff member.

2) Eight male officers were directed by their superiors to consult the D&A counsellors and accept direction for alcohol rehabilitation.

3) Ten male officers voluntarily contacted the D&A counsellors because their excessive drinking was causing them serious problems.

The Regional distribution of referrals was:

<table>
<thead>
<tr>
<th>Region</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>5</td>
</tr>
<tr>
<td>South</td>
<td>4</td>
</tr>
<tr>
<td>South West</td>
<td>7</td>
</tr>
<tr>
<td>North West</td>
<td>3</td>
</tr>
<tr>
<td>Fifth</td>
<td>0</td>
</tr>
</tbody>
</table>

It was disturbing to note that all of the referrals received during this phase were men with chronic stage alcoholism, all of whom had severe physical and psychological damage.
Phase Two
Twenty referrals were received during the six month period following the publication of the Parley International educational articles. Of these nineteen were male and one was female. The mean age of the males was 42 yrs, and the female was aged 36. These referrals consisted of:

1) One supervisor approached the D&A counsellors seeking advice for management of a staff member who was abusing alcohol.

2) Nine officers were directed by their superiors to present themselves to the D&A counsellors and undertake whatever therapy was deemed necessary.

3) Ten officers voluntarily referred themselves for treatment of alcohol dependency.

The Regional distribution of referrals was

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>6</td>
</tr>
<tr>
<td>South</td>
<td>5</td>
</tr>
<tr>
<td>South West</td>
<td>6</td>
</tr>
<tr>
<td>North West</td>
<td>3</td>
</tr>
<tr>
<td>Fifth</td>
<td>0</td>
</tr>
</tbody>
</table>

As the number of referrals during this phase was not significantly more than the number received during the baseline period, and the nature of the referrals was almost identical to those of the baseline period, the print media alcohol education campaign was deemed to have had no effect on referral rates.

Phase Three
There were seventy six referrals received by the D&A counsellors in the six months following the presentation of the supervisors workshops. These included 54 males with a mean age of 36 yrs, and 22 females with a mean age of 32 yrs. These consisted of:
1) Forty six referrals initiated by supervisors using the Guidelines given in the workshops.

2) Another twelve supervisors, using an alternative strategy suggested in the workshops, first consulted the D&A counsellors and then initiated a further twelve referrals.

3) Seventeen self-referrals. Significantly, these included the voluntary self-referral of seven supervisors who had attended the workshops.

4) One officer recognised that his wife was alcohol dependent and he requested and received assistance for her.

The Regional distribution of referrals was:

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>27</td>
</tr>
<tr>
<td>South</td>
<td>24</td>
</tr>
<tr>
<td>South West</td>
<td>22</td>
</tr>
<tr>
<td>North West</td>
<td>3</td>
</tr>
<tr>
<td>Fifth</td>
<td>0</td>
</tr>
</tbody>
</table>

The referral rate for the North, South and South West Regions increased by four hundred percent (400%). The number of voluntary self-referrals increased from ten to seventeen, with all of the increase a direct result of the workshops. The mean age of males referred dropped from 42 years to 36 years, and for the first time a significant number of females were referred. Yet the referral rate for the North West and Fifth regions, which were control groups where no workshops were presented, remained static at 3 and 0 respectively. Thus, the entire increase in referrals came from the Regions where the workshops were presented. To my knowledge (and I investigated this carefully) there were no other variables which could have produced nor influenced this result.

Phase Four
There were one hundred and twenty seven referrals received by the D&A counsellors in the six month period following the
publication of the personal stories. These referrals consisted of ninety three males with a mean age of 32yrs, and thirty two females with a mean age of 27yrs. They were as follows:

1) Fifty seven referrals initiated by supervisors.

2) Another twenty three supervisors contacted the D&A counsellors for assistance in managing alcohol abusing staff.

3) Thirty four officers self-referred.

4) Thirteen female spouses of alcohol dependent male police officers sought assistance to improve their domestic situation.

The Regional distribution of referrals was:

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>39</td>
</tr>
<tr>
<td>South</td>
<td>29</td>
</tr>
<tr>
<td>South West</td>
<td>31</td>
</tr>
<tr>
<td>North West</td>
<td>17</td>
</tr>
<tr>
<td>Fifth</td>
<td>11</td>
</tr>
</tbody>
</table>

Of these, the thirteen spouses contacted the D&A counsellors in direct response to the publication of one or more of the personal stories. The number of voluntary self-referrals increased further, from ten in Phases One and Two, and seventeen in Phase Three, to forty seven (including the 13 spouses who became clients) in Phase Four. The increase in the number of supervisor initiated referrals achieved in Phase Three was maintained in Phase Four. The increase in female referrals was maintained with a further small increment, and the mean age of both males and females referred dropped yet again.
DISCUSSION OF RESULTS

Phase One: refuge of last resort
As noted earlier, all of the 19 referrals received during the Phase One baseline period were middle-aged men, already profoundly alcohol-dependent and severely damaged by their chronic alcohol abuse. The existing pattern of D&A referral in the Service was thus one of 'last resort'. Supervisors were either not identifying, or not referring, officers with alcohol related problems, nor those with early or even mid-stage alcohol dependence, despite the fact that some of these officers were undoubtedly creating serious management and administrative problems for some supervisors. Similarly, those who self-referred were not doing so until they perceived themselves to be in dire straits.

Phase Two: no discernable difference
There was no discernable difference between the numbers and nature of referrals received in the Phase One baseline period and the Phase Two mass general education period. Referral rate was the only measure used to evaluate the impact of the Parley International educational articles, so it was not possible to assess their effects on other areas, for example, the level of factual knowledge about alcohol among police. In retrospect, it obviously would have been useful to have some method of determining whether this general education component raised awareness or knowledge which may have contributed indirectly to the results gained in later phases of the project, or whether it had any other effects, for example, on attitudes to alcohol use. Some assessment of this could have been achieved by conducting pre- and post-testing, in a randomly selected group of officers, of the knowledge content of these articles, and of self-reported alcohol consumption and perceptions of hazardous/harmful drinking. This would have been a useful exercise in any case, to determine the value of the articles themselves as educational tools in this environment.
Some distinct disadvantages of this phase were the small number of articles published (there were only four), and the fact that their content was not targeted specifically to the particular population. A culturally appropriate, purpose designed set of articles encouraging an active response may have been more effective, if time and resources had allowed. It must be acknowledged that this amount of educational material is miniscule, and probably is given little credibility by the audience, in contrast to the opposing messages from folklore, cultural practice, and the mass advertising of liquor manufacturers and distributors. It could not reasonably be expected to have any significant impact on beliefs or, more especially, on behaviours, though it may have introduced new information and the possibility of a different perspective on alcohol to some individuals, as well as confirmation, for others, of knowledge that alcohol has some negative qualities.

Another possibly significant factor in the failure of these articles to generate any response was discovered later, during the development of Phase Four, in discussion with the police officers who were members of the action research team. The Parley articles were published in the NSW Police Weekly, which is delivered to work sites and was normally read in Police Stations. The other police journal, the NSW Police News, is delivered to police officers' homes. The strong opinion of the action research team officers was that any material relating to alcohol use and abuse would be unlikely to be read publicly, but highly likely to be read in the privacy and security of the home environment.

Later however, several police officers attending the workshops conducted in Phase Three mentioned reading the Parley articles. It can only be hoped that the widely held belief in the value of the mass dissemination of public health information is justified, and that Phase Two had some positive though silent effects. Reports that some police officers
believe alcohol improves their cognitive functioning (McNeil, 1996), and most workers overestimate the level of consumption which is safe (Hagen et al., 1992), imply that large-scale, effective education might influence beliefs and consumption levels. Certainly public health information campaigns relating to alcohol, if comparative in quality, quantity and frequency with the cultural and marketing promotion of alcohol, could be expected to generate a shift in attitudes and drinking practices. Precedents which support this view have been established in other public health promotions such as those relating to smoking and to HIV/AIDS prevention.

Phase Three: referral as a viable option
The presentation of the workshops generated a number of encouraging results. Firstly, the concept of a 'third alternative' (ie, referral as a constructive alternative to enabling and 'covering up', or disciplinary action and the threat of dismissal) was well received by supervisors attending the workshops. At the commencement of the workshops some supervisors voiced their suspicions that evaluation of work performance was a device for getting more work from a staff member rather than a method of helping them. This negative perception altered in the light of an explanation of the work of Hebb (1990), and others who have reported a 60-80% success rate of intervention following confrontation on work issues, with the implied threat to employment, as compared with 20-30% success for voluntary community clients. Despite various doubts expressed initially by some supervisors, the obstacle of 'supervisor resistance' to training and the implementation of a new option for dealing with alcohol affected employees was not encountered in this study, though that phenomenon has been documented in other studies, for example Hocking (1984). On the contrary, police supervisors were pleased to be offered a practical solution to their previous dilemma of feeling forced to make a choice between duty and group/personal loyalties.
Secondly, and more significantly, there was a 400% increase in referrals in response to the workshops. All of this increase emanated from the three Regions targeted, while referrals from the two control Regions remained static, indicating that the workshops alone were responsible for the increase. Further, there was a decrease in the mean age of referrals. This indicated that individuals were being identified, by themselves or others, as having alcohol-related problems at an earlier stage of their drinking history, when they had less severe physical and psychological sequelae. Apparently referral was no longer seen simply as a course of last resort for end-stage alcoholics, at least by those who had attended the workshops. The chief message of the workshops, that referral is a constructive alternative to enabling, appears to have been responsible for this change.

An unexpected but welcome result was that seven police supervisors, after attending the workshops, identified their own destructive drinking patterns, referred themselves to the D&A counsellors, and accepted counselling and rehabilitative interventions. As well as this, informal ‘feedback’ alerted the counsellors to the fact that, also in response to the workshops, a further number of police supervisors modified their own drinking habits, without seeking professional assistance. When the counsellors visited police stations, for many months after the workshop phase was completed, supervisors frequently and spontaneously volunteered the information that they had ‘cut down’ on their drinking. Feedback from Police Training Officers provided some interesting illustrations of this modification of drinking habits, as the following example shows:

Among the police supervisors attending one workshop were three Sergeants nicknamed ‘Le Blur’ (he saw life through an alcohol haze), ‘Pissy’ (for obvious reasons), and ‘The Shonk’ (he was always shonking off to drink). The normal routine for these Sergeants was to pressurise other police officers into drinking bouts at the end of training sessions. This usually led to a three or four hour drinking binge. At the completion of the supervisors workshop the three
Sergeants immediately went home and NO police officers attended the hotel that day.

It is unlikely that a single workshop would effect long term change in the drinking behaviour of these Sergeants, but their reaction implies some contemplation of their habits, and could be a precursor to permanent change in their drinking patterns.

Another interesting facet of the results of Phase Three was the unexpected and disproportionate number of referrals of female officers. No females were referred in Phase One, and only one female was referred in Phase Two. So women were, effectively, not referred at all before the alternative of the 'third option' was presented and explained in the workshops. The moment an acceptable alternative was offered, women were referred at a proportionally much higher rate than men. At the time when the workshops were conducted, only 11% of sworn NSW police officers were women, but more than one third of referrals in this phase were police women. There are two possible explanations for this over-representation of women. Firstly, women in the Service are apparently drawn into the male drinking culture in an attempt to be accepted and regarded as 'one of the boys', and this process of defeminisation involves 'keeping up' with male rates of drinking. However, the adverse effects of alcohol occur at a lower level of consumption in women than in men, for metabolic and physiological reasons. Therefore, the large number of police women who drink at hazardous or harmful levels develop overt alcohol-related problems after a shorter drinking career than would be usual in men. This interpretation also offers an explanation for the lower average age of women referred to the D&A counsellors.

Secondly, the consequences of alcohol abuse in females are not as readily accepted as they are in males in the Police Service, despite the fact that females are subject to the same cultural pressures to drink. This disapproval of female drunkenness is consistent with attitudes in the general
community, and to a large extent the disproportionate referral rate may express the conservative, stereotyped ideals of appropriate gender behaviours held by police. A heavy drinking female officer, it seems, does not easily qualify as 'one of the boys', whose alcohol-related behaviours are accepted or tolerated. There is anecdotal evidence to support this interpretation. One example can be found in a second series of personal stories published in 1996, in which a female Constable told the following story:

While inebriated after a drinking session with police colleagues, the female Constable slept with a male colleague who was also drunk. Later the male 'was admired as a stud', she said, while she was 'condemned as a slut'. This female Provisional Constable was referred to the D&A counsellors after being found to be intoxicated twice while on duty.

In contrast, many male police officers have regularly reported for duty intoxicated on numerous occasions over several years before any action has been taken to intervene. I suggest that the strikingly disproportionate referral rates found in this study for male and female officers is compelling, if indirect, evidence for my contention that heavy drinking is one of the means by which male police construct their masculine identity. Female officers inevitably fail the 'drinking test' of manhood, for both biological and cultural reasons. Biological gender differences render most women unable to 'hold their drink' like a man, and this is no doubt one reason why heavy drinking has long been regarded as a 'proof' of manhood. Cultural determinations of appropriate gender behaviour probably made supervisors much more open to the identification and referral of problem-drinking female officers.

**Phase Four: identifying with alternative role models**

In the six months following the publication of the personal recovery stories of three alcohol-dependent serving police officers, a total of one hundred and twenty seven referrals were received by the D&A counsellors. Both the number of
voluntary self-referrals, and the number of referrals originating from supervisors increased. This result is thus partly attributable to the workshops, and partly to the personal stories, in the three Regions where both phases were conducted. The personal stories alone generated a significant increase in referrals in the North West and Fifth Regions, where no workshops had been presented. The referrals from North West Region rose from 3 to 17, an increase of more than 500%, and those from the Fifth Region, which had generated no referrals in any of the three previous phases, rose from zero to 11. The thirteen referrals from wives of male officers were all a direct result of the personal stories. This was an unexpected feature. Thirteen civilian wives who had read the stories contacted the D&A counsellors requesting assistance in dealing with their alcohol-abusing police spouses. The majority of these women responded favourably and constructively to counselling, and were therefore able to work actively to improve their domestic situations.

There was also a further decrease in the mean age of persons referred. The mean age for male officers fell to 32yrs, and for females to 27yrs. Thus officers were being referred at an average age ten years younger than in Phases One and Two. This has enormous implications for the success of interventions, the prevention of irreversible alcohol-related damage to individual drinkers, and the reduction of accidents and alcohol-impaired work performance. Female officers were still over-represented, but less so, with one quarter of all referrals in Phase Four being female as opposed to one third in Phase Three. The increased proportion of male referrals may have been due to the fact that all of the personal stories were about male officers, and they prompted an increase in the number of self-referrals. The outcome of Phase Four, in as much as it is attributable to the personal stories, dramatically emphasised the value of the occupational knowledge offered by the police officer members of the action research team, both in their suggested strategy, and in their
insistance that the Police News, which is delivered to officers' homes, was a better vehicle for our purposes than the NSW Police Weekly, which is delivered to the worksite.

A further result of Phase Four was the success of the '000' Alcoholics Anonymous group. This AA group began with the three police officers who had suggested it as the founding members. As at September 1997 there were twenty three police officers who were members of this group (ie, regular attenders), and whose length of sobriety varied from five and a half years to several weeks. The number of police officers attending any given weekly meeting varies, with the vagaries of shift work, from eight to fifteen. The group has evolved over time and members now regard themselves as having a valuable support role for fellow officers. New members are encouraged to attend the '000' group until they feel confident enough to attend general AA meetings in their own local area, though many police never feel comfortable outside their own circle. (*Note - new members of AA, who are experiencing difficulty in adjusting to their self-diagnosis of alcoholism, and to a terror of being stigmatised, almost always have an irrational and sometimes crippling fear of being recognised or 'found out' by others, despite the fact that everyone at a meeting is there for the same reason. Initially, for drinkers who become abstinent, the fear of being subjected to humiliation or condemnation by their drinking peers seems to obliterate any awareness that the remainder of the community would applaud their attempts to stop drinking destructively).

Phase Four, then, had a number of unforeseen but valuable outcomes, the last mentioned of which continues to have a positive effect long after the end of the study. Phase Three continued to generate the desired outcome throughout Phase Four, and may have had more lasting benefits if the capacity of the counsellors to reinforce and foster its impact had not been curtailed by the interruption to their role described in the following section.
Another possible validation of results
At the end of 1993, as a result of some departmental re-
structuring and a shift in emphasis in Employee Assistance
within the Service, the Drug and Alcohol counsellors were
transferred to general welfare duties. Though it was still
expected that they would act as consultants and counsellors in
D&A matters, they were instructed to take on caseloads which
consisted primarily of persons with other, unrelated health
and social problems. As a result of this the counsellors were
again placed in a position where they could do no more than ad
hoc crisis counselling for drug and alcohol problems, and were
unable to conduct any intervention programmes, unable to
reinforce the lessons of the workshops, and unable to continue
promoting the availability of their services through
networking and other means. In addition, their involvement in
a general welfare case load made them less visible and less
accessible as drug and alcohol counsellors.

The number of referrals received subsequently fell steadily
over the next two years until in the six months of July 1995
to December 1995, the total referrals received were again 20
officers who had chronic and severe alcohol problems. Then in
1996 the situation changed again. Partly as a result of the
interim report of the Royal Commission into the NSW Police
Service, and partly because of the personal interest of the
NSW Police Service’s Executive Director of Human Resources,
the D&A counsellors were directed back to full time D&A
counselling and education.

They were faced with the task of rebuilding a viable drug and
alcohol service, but required at the same time to assist in
writing a comprehensive drug and alcohol policy for the
Service; serve on the Ministerial Committee examining the
introduction of random alcohol/drug testing; and develop an
effective alcohol rehabilitation programme for the Service.
Thus there was little time to design any new early
intervention strategies or to run a further series of
workshops. So it was decided to publish another sequence of personal stories of police recovering from alcohol dependency.

Only two police officers willing to write their stories for publication were found on this occasion (because the fear of losing anonymity proved too great for most). These two stories were published in the Police News in March and August of 1996. The referral rate again rose - 43 were received in the first half of 1996, and 44 in the second half. Each of the two stories increased the referral rate by more than 100%. The impact of this strategy was diminished somewhat on this second occasion, probably because only two stories were published at an interval of five months, whereas three stories had been published in three consecutive months on the first occasion. Nevertheless, this represents a replication of the results of Phase Four, and appears to confirm that the results originally achieved during Phase Four of the study were a direct result of the strategies implemented, and were not generated by any other variables.

Other results of the study: revelations of the association between referral rates and perceived sanctity of confidentiality

In relation to confidentiality the study revealed a number of issues that raise important considerations for the success or failure of interventions. During the period of the study, for example, the police Sergeants on the action research team explained that officers regarded Welfare as an official unit, and that this was one of the reasons why both individual officers and supervisors had been reluctant to make referrals. This is brought out clearly in the comments of Sergeant M:

The blokes are frightened to approach the alcohol counsellors because the Welfare Section keeps records, which may be available to Internal Affairs or promotion boards. Police are scared that by needing help they will be seen as weak and may be discriminated against in future promotion applications.
Although unfounded, this opinion that the Welfare Unit's records might be perused by Internal Affairs or other departments was also expressed by supervisors during the presentation of the workshops. This anecdotal evidence supports the hypothesis that supervisors 'tested' the integrity of the D&A counsellors by initially directing only the most chronic alcoholic police officers into treatment as 'sacrificial lambs', then waiting to see what happened before referring less severely affected staff. In districts where one severely dysfunctional officer was referred, and it was seen that no disciplinary or punitive action was taken, two or three more referrals, usually of staff in relatively early stages of dependency, were made after several months. This trend has continued up to 1997.

The above hypothesis fits well with the practice of scapegoating, as described in Chapter Seven. Scapegoating is an action of last resort, carried out when supervisors and colleagues of a problematic officer find that his alcohol-related troubles continue to escalate despite their persistent attempts to support and protect him. When the situation deteriorates to such an extent that the problem drinking officer is viewed as inevitably bound to bring not only himself, but also the members of his patrol into disrepute or under threat of significant disciplinary measures, action is taken to avert disaster for the group. This requires the 'sacrifice' or scapegoating of the problem drinker. It consists usually of some legal or official procedural action which overtly identifies the individual officer as a problem of some kind, and exposes him to due process of law or regulation in order to expel or distance him from the group. That such individuals were being used to 'test' the new system of referral to the drug and alcohol counsellors became apparent in the course of the workshops.

The counsellors were confronted with a great deal of scepticism at the beginning of each workshop. The supervisors
they did not, while the personal stories did, is confirmation of the fact that the essence of effective communication is shared meaning. Unless both sides are on common ground, persuasion, and therefore successful intervention were suspicious that the programme was a ploy to detect those requiring discipline and impinge on their private lives. Initial discussion usually centred around the fact that most police officers do not trust the administrative levels of the Service. The counsellors were open to the expression of any concerns and uneasiness, including this scepticism. They endeavoured to establish a rapport with the participants, and to strengthen this in social interactions during lunch and other breaks. However, it became obvious that although individual staff may come to trust the counsellors, and despite the existence of the Police Commissioner’s Instruction 21.04 (1990) that ‘any information coming to the notice of officers of the Police Welfare Section in the execution of their duty is to be divulged to no other person’, assurances from senior management of the sanctity of confidentiality are essential to the broad success of any intervention programme. On numerous occasions the supervisors participating in workshops expressed the belief that counsellors might be overruled and their files used to support punitive disciplinary actions. There was evidence that these suspicions are strongly held and resistant to persuasion even in the face of the evidence to the contrary.

This issue has now been addressed, at least in official policy, by the Service. In April 1997 a new Drug & Alcohol Policy was released by the present Police Commissioner, Peter Ryan. The policy includes confidentiality as a necessary element of the prescribed ‘Code of Practice’ for Drug and Alcohol counsellors, and also states that the Service will not initiate any action against an employee as a result of information given in a counselling session. This is effectively a guarantee of confidentiality from the Police Commissioner. Despite this a level of suspicion persists, and
it will likely take some time before there is any widespread appreciation of the reality of confidentiality among the employees of the Service. The D&A counsellors have developed and maintained a close liaison with supervisors and managers in many districts, but further work needs to be done in other areas.

Conclusions of the study
Overall, the study provides some empirical support for the cultural approach to dealing with alcohol related problems in the workplace. It also demonstrates the effectiveness of two different, culturally based strategies, in selectively influencing the rates of voluntary and supervisor-directed referrals. The workshops of Phase Three concentrated on offering police supervisors a constructive alternative to 'covering up' and enabling the destructive drinking of some officers. It confronted the negative perception of referral as dobbing in a mate, and attempted to demonstrate that rather than being a betrayal, referral is a genuine helping behaviour, while collusion and enabling is, in the long term, inevitably destructive to a work-mate or colleague, and also to the welfare of the group. This approach resulted in a significant increase in supervisor-directed referrals to the drug and alcohol counsellors.

The publication of the personal recovery stories of police officers in Phase Four presented an opportunity for individuals to identify with culturally specific role models who successfully dealt with their drinking problems while maintaining their status as police officers. This strategy resulted in a significant increase in voluntary self-referrals to the drug and alcohol counsellors. All of the referrals received as a result of the study proved, on clinical assessment and objective measures, to be appropriate and amenable to interventions ranging from a single counselling session to long-term in-patient rehabilitation.
The results of the use of 'off the shelf' material for the Phase Two education campaign highlighted the ineffectiveness of general alcohol education as opposed to very specifically targeted and personalised material. This general education provoked no response in terms of referrals, but may have had some unmeasured influence on levels of factual knowledge about alcohol among those police who read the articles.

Critique of strategies and approaches

Phase One
This phase was an orientation period for myself and my colleague, as newly employed drug and alcohol counsellors, to our newly created positions. During this time we widely publicised the availability of our services as counsellors and consultants to police at all levels. We also began the enormous task of learning about the organisation of which we had become a part, and the extent and nature of the workplace alcohol problems it presented. This phase was a valuable part of the study, both in respect of the informal research of police culture which informed the strategies implemented in later phases, and in respect of its usefulness as a baseline with which to compare the results of later phases.

Phase Two
The strategy of Phase Two of the study, ie the publication of the Parley International articles, was not well targeted and was conducted in the interests of expedience, without adequate or appropriate evaluation of its effects. Dissemination of general factual information about alcohol is, I consider, an essential step in changing beliefs and eventually practices in relation to alcohol use. However, factual information which is not consistent with the beliefs and perceptions of the audience, or which does not have the persuasiveness to debunk the messages of slick advertising or traditional beliefs, is likely to be dismissed, ignored, or lost in the mass of misinformation. General alcohol education such as the Parley International articles probably fall into this category. New
information has the potential to be far more influential when made very specific to the audience, and personalised for them by the provision of 'real life' examples involving individuals with whom they may readily identify, or by items which invite participation, such as self-evaluation questionnaires in magazines.

Although Mattick and Jarvis (1994) report that when 'used as a treatment intervention per se, there is little evidence to indicate that alcohol education has any impact on drinking behaviour', it must be remembered that this is probably because everything in the drinker’s social environment is likely to counteract the messages of such education. Unless alcohol education programmes directly and successfully challenge the values attached to alcohol use in particular contexts, the information they impart will have little effect. For example, alcohol education for police might be more effective if it made subtle but persuasive reference to the ways in which drinking to excess disintegrates masculine identity, by impairing physical and intellectual performance, even to the point of impotence, in the 'critical incidents' of police work, as well as sporting and sexual exploits.

While police officers remain unaware of empirically demonstrated 'safe' levels of consumption, and while their considerations of responsible drinking come second anyway to demonstrating masculine toughness and daring, they are unlikely to modify their drinking practices. If resources were to become available to the police Drug and Alcohol counsellors for the design and implementation of a large scale multi-media alcohol education programme, considerable impetus for change could be generated. Facets of the campaign could be carried on the police computer network, in police magazines, in training videos and workshops. Information about alcohol and the consequences of various Blood Alcohol Levels could be related to the specific tasks and skills of policing (for example, accuracy in use of firearms; accident
risk in high-speed vehicle chases; reaction-times in crisis situations). The effects of such a campaign could be evaluated by means of pre-testing and then periodic testing of alcohol related knowledge, attitudes and behaviours in a large, randomly sampled group (or groups) of officers. If a sustained alcohol education campaign of this type were to address, frequently and in culturally appropriate and personalised terms, issues such as the physical and mental consequences of 'binges' and other styles of hazardous/harmful drinking, the significance of hangovers, and the impact of these on safety, health, social relationships, work performance, and career prospects, it might cause some dampening of the 'lighthearted' attitude so far observed in police regarding these matters. Whether such a campaign might be expected to have some worthwhile effects in modifying the drinking behaviours of a large number of officers is debatable, but in my opinion this could occur if the information was presented in a manner which successfully challenged existing values pertaining to manliness and alcohol use.

Phase Three
The workshop component of this study proved very successful in terms of stimulating referrals from supervisory staff. This may have been due to the cumulative effects of a number of factors operating in the workshops, such as the establishment of personal contact and a rapport between supervisors and the counsellors, and the direct assurances given by the counsellors about the inviolability of confidential client information, as well as the content of the workshops. Some evidence that the specific nature and content of these workshops was responsible for the results achieved may be gleaned from a comparison with other, similar studies.

The only study which could be located that was in any sense comparable to the present one was conducted for Telecom Australia by Hocking (1984). This was a large, well designed
study which included the running of supervisor workshops and staff education in different areas, and which was developed in consultation with ADPAQ (Alcohol & Drug Problems Association of Queensland) and Telecom management. Outcome was evaluated in terms of numbers of referrals, numbers rehabilitated, and the impact on absenteeism and accidents. Hocking’s results led him to conclude that the Telecom study had no significant impact, and there was no appreciable difference in the number of referrals from control and trial areas. He subsequently questioned the value of industrial alcohol programmes. Hocking (1984) summarises his program as follows:

A control group of 1639 staff had an alcohol policy only, a second group of 1416 had the policy plus a 1 day training course for supervisors and a third group of 1541 had the policy plus a 1 day training course for supervisors plus a 2 hour education session for all staff. After nearly 2 years there were 3, 7, and 4 referrals respectively and no substantial differences in absenteeism or accident rates between the three areas.

This compares very poorly with the results of the present study, even if the incidence of harmful/hazardous drinking among Telecom staff occurred only at the 6-7% harmful and 15% hazardous level conservatively estimated to exist in the general workforce (Smith, 1989). Hocking’s (1984) study determined that 6% of male and 1% of female Telecom staff were consuming more than 80G of alcohol per day, which places them in the highest risk (harmful) category. This would translate to at least 321 Telecom staff with serious alcohol related impairment. It could reasonably be expected that a further significant number of staff (a minimum of another 400 persons) would be drinking in the hazardous and moderate range, and would display varying levels of impairment. Hocking (1984) himself dismisses as ‘unlikely’ the suggestion that the low number of referrals indicates that ‘there wasn’t a problem in the first place or that education has led to its reduction’.

The 14 referrals Hocking (1984) received over a two year
period were male, and not all were successfully rehabilitated. Five retired medically or resigned, three showed no improvement, and six had 'varying degrees of improvement'. This outcome implies that many of these employees may have been chronically alcohol dependent when referred, and therefore less likely to respond to intervention. Unfortunately Hocking (1984) does not supply any data on the ages of those referred.

Hocking (1984) reports that supervisors displayed negative attitudes to the workshops and later had trouble recalling them and their purpose. In his conclusion he attributes the failure of the workshops chiefly to 'difficulty in defining diminished work performance'. While this is a valid problem experienced across all industries trialling such programmes, it does not explain the significant difference in impact between Hocking's study and the present one, in which the same difficulties exist.

There is no mention made in Hocking's (1984) study of any measures taken to address the Telecom workplace culture in relation to alcohol use. Indeed, the group studied, although all employees of one organisation, were not at all similar in respect of occupation. There is mention, for example, of 'labourer', 'lineman', 'technical officer', and 'clerical assistant', among others, making it obvious that this was not, in terms of occupational culture, a heterogenous group. Drinking practices and rates of problem drinking could therefore have varied significantly from one occupation to another within the organisation. There is no mention either of the gender balance in the organisation, or the group studied, though it might be fairly safely assumed that labourers and linesmen would be chiefly if not exclusively male, while clerks and clerical assistants would be more probably female. There is, then, no implication that Hocking (1984) considered occupational culture in the planning stages of his study.
Similarly, there does not appear to be any consideration of cultural issues in the content of the programmes. Hocking (1984) does not refer at all to the pre-existing attitudes, beliefs and practices of Telecom employees in relation to their alcohol use. His education programme relied heavily on generic alcohol education films, for example Drinking, Driving and Surviving, and his supervisor workshops aimed to 'assist supervisors to identify diminished work performance and to take appropriate referral action', and to 'assist supervisors to encourage staff with alcohol and drug related problems to seek referral for treatment on their own initiative' (Hocking, 1984). (This last ignores the reality that even experienced D&A workers have great difficulty 'encouraging' persons with alcohol-related problems to voluntarily seek treatment.) There do not appear to have been any specialist drug and alcohol counsellors involved in the actual running of the programmes.

Hocking (1984) reports that after the workshops the reasons for poor referral rates were discussed with supervisors, who said they felt there was 'no reward, only a hassle' involved in referring a case, and that they lacked a clear understanding of how to make a referral. This implies that the workshops did not provide supervisors with any solutions they perceived as acceptable for dealing with alcohol related problems. Other reasons Hocking (1984) reports were suggested for the lack of success in stimulating referrals include: 'scepticism about honesty of management in this matter (the program is "for the Indians but not the Chiefs"); 'areas like to keep their problems to themselves and not refer to Welfare'; 'aversion to dobbing in a mate'; and 'ambivalence about the widespread nature of alcohol problems'. These sentiments are remarkably similar to those expressed by many police in my own study, but do not seem to have been addressed in Hocking's (1984) workshops.

The reasons suggested by Hocking's (1984) supervisors for the
poor response to his workshops are issues which were directly confronted in the programme I ran for police. The existence of similar attitudes among supervisors in both organisations reveals that there are some equivalent beliefs and values in relation to alcohol use and intervention in both groups, but this does not mean that their occupational cultures are the same, nor that the programme run for police would be effective, without modification, for use with Telecom workers. The existence of these similar attitudes, and the vast difference in response to the respective programmes conducted does, I would suggest, infer that workplace cultural issues are critical in the success of alcohol intervention strategies.

The workshops which formed part of my own study of police would need to be run at regular intervals to achieve maximum and ongoing effect. If this could be done there would also be opportunities for the workshops to evolve and improve, refining content and incorporating more comprehensive evaluation procedures, and perhaps even training some supervisors to run workshops for their peers. So far this has not happened, as many other changes are taking place, but it may become possible in the future.

Phase Four
The success of the personal stories in significantly increasing the number of voluntary referrals was most encouraging, and, in my view, confirmed the value of the collaborative approach. The importance of the fact that all of the stories were written by serving police officers cannot be stressed too greatly. They provided members of the target group with an opportunity for identification, at a very personal level, with peers who modelled a means of resolving a drinking problem in a constructive and safe manner. Although it is difficult to obtain enough stories from serving police officers to continue to run this strategy at short intervals, the temptation to use available stories from other sources has
been resisted, because I consider that sacrificing specificity for the targeted group would result in reduced effect, and possibly even some alienation of the audience. Police are an insular group who do not readily identify with members of other occupations, excepting only some emergency services workers in some respects.

I will continue to collect the personal stories of police who have successfully dealt with a drinking problem, and run these stories in police publications at intervals. There is also the prospect of running some of the already published stories a second time at some later date. There is at present little risk of being overwhelmed with stories for publication, due to the reluctance of rehabilitated officers to risk their anonymity. However, it is also considered necessary to avoid too frequent exposure of such personal case histories, so that they do not become too familiar and perhaps, as a consequence, more easily dismissed.

Although both the aim and the measure of success of the present study was an increase in the number of referrals, it would, in hindsight, have added value to the study if I had, like Hocking (1984), included data on the outcome of each of the referrals received in all four phases of the study. Unfortunately, by the time this idea arose, it would have placed too great a pressure on my work schedule to search through the records and collate details of the various interventions and outcomes applying to the large number of referrals. It would in effect have constituted a further study with the aim of evaluating the various intervention strategies employed. Briefly, however, interventions ranged from minimal education and counselling about safe drinking levels, to medium term, intensive inpatient rehabilitation, depending on the results of clinical assessment and consultation with the client. Follow-up programmes necessarily varied from minimal to intensive. There cannot, in my view, be any one measure of success in evaluating the
outcomes of the range of strategies employed in interventions with problem drinkers, whether in this study or other situations. Rather, a relative scale of success appears to be the best guide to which strategies 'work' in certain circumstances, and which do not. Thus in my own work, any long-term shift toward safer levels of alcohol consumption, and any long-term reduction of alcohol-related problems in a client, is rated as one of many levels of success, particularly if this change is reflected in the client functioning, objectively, at a higher level in one or more respects, and in addition subjectively experiencing an improved quality of life. Many of the police officers referred during the course of this study, including some who were profoundly alcohol-dependent, were successfully rehabilitated to a high level of functioning and remain productive members of the Service today.

The Changing Attitude of the NSW Police Service: the beginnings of a 'culture shift' away from binge drinking?
In a study which sampled 455 of Australia's top 600 companies, Richmond, Heather and Holt (1996), report that while three quarters of the sampled companies encouraged an alcohol-free workplace, most had an 'unspoken' alcohol policy, and only 24% had programmes for problem drinkers, whereas 43% had programmes for smokers. The NSW Police Service was in the same position as the majority of large organisations, prior to 1992, when it had no definitive policy or programme addressing alcohol in the workplace. Significant change has occurred since then, and various influences have come to bear in the development and implementation of policy and practice which address the unique issues surrounding alcohol and policing. This section critically explores some of this change, its strengths and limitations, and considers whether a 'culture shift' in attitudes toward alcohol consumption has begun.
The beginnings of new policy directions

Police officers convicted of alcohol related offences are, in addition to any sentence handed down by the civil court, disciplined under NSW Police Service procedures. The penalty to be imposed is decided by the Assistant Commissioner, Internal Affairs. Prior to May 1992, this discipline often took the form of dismissal, even for relatively minor offences. Then in March - April 1992 two internal reports concerning police and alcohol were submitted to the NSW Police Service. One of these, Alcohol and Policing, by Steve Ireland (1992), was prompted by changes to the liquor licensing laws and an increasing focus on the policing of alcohol-related crime. This report recommended that if police were to have credibility and achieve success in these areas, the Service would have to 'put its own house in order first' (Ireland, 1992). Ireland (1992) estimated that employee alcohol abuse was costing the Service $30 million per annum. At about the same time, I prepared a report which estimated the economic costs of alcohol abuse in the Service at approximately $37 million per annum. This report described the success of Phase Three (the workshop programme for supervisors) of my study, and went on to detail some of the consequences of long term hazardous and harmful alcohol use among police. As the NSW Police Service is a very large organisation with multiple units, departments, and lines of communication, I have no doubt there were also other events and influences at administrative levels, relating to the same issues, of which I am unaware.

Although there was no publicly stated, official policy change, from May 1992 officers convicted of minor alcohol-related offences were offered a choice; those who pleaded guilty and accepted the court decision could undertake a Service bond to be of good behaviour, provided they also accepted the supervision of the Drug and Alcohol counsellor and complied with whatever treatment was advised. During the term of the bond, and with the convicted officer's consent, progress
reports must be forwarded from the D&A counsellor to the Assistant Commissioner, Internal Affairs. This is a condition of which officers are completely aware when they accept the option of counselling as an alternative to disciplinary action. It is necessary in order to properly monitor compliance, so that agreeing to counselling but failing to attend does not become simply a ruse for evading the consequences of an offence. (This is the only circumstance in which reports are forwarded to Internal Affairs, and the reports relate only to issues of compliance, and not to personal, confidential information disclosed during counselling. No information of any kind is passed on in relation to voluntary or supervisor related referrals.) In the case of offences considered by the Assistant Commissioner to be too severe for a simple bond involving counselling, the penalties invoked are now often far less than those applied before May 1992, and may consist of loss of rank rather than dismissal, on condition that the officer also accepts and complies with D&A counselling.

In 1996 a new Police Commissioner, Peter Ryan, was employed and the NSW Police Service embarked on a programme of reform. There had been a revealing Royal Commission into the NSW Police Service from 1994 to 1996, and this provided dramatic demonstrations of the extent of the interplay between alcohol abuse and police corruption in NSW. One of the interim recommendations of this Royal Commission was that random alcohol and other drug testing of all NSW Police Officers, whilst on duty, should be instigated. A Ministerial Committee was formed to examine the recommendation and plan its implementation. Random and Targeted Breath Testing of NSW Police officers began in 1997, and I will describe this in more detail in the following section.

Also in January 1997, the NSW Police Service released its official Code of Conduct and Ethics, with which every employee was required to comply. In relation to drugs and alcohol, the
code states, on page 12:

You must not perform your job, remain at work or undertake any Police Service related activity if you are impaired by alcohol or other drugs including those prescribed by your doctor. This includes training functions and seminars. If you are off duty and impaired, you are not allowed to visit the workplace.

On 7th April 1997 a new and comprehensive NSW Police Service policy on alcohol and drug use was announced. This included the proposed introduction of both random and targeted testing for alcohol and other drugs. At the same time new legislation, Police Service Amendment (Testing for Alcohol and Prohibited Drugs) Regulation 1997, under the Police Service Act 1990, was proclaimed. For the first time the Service officially adopted a rehabilitative approach to employee alcohol offences, to be undertaken in conjunction with disciplinary procedures. This new policy allows that:

* any officer may voluntarily consult the D&A counsellor about their alcohol/drug use with a guarantee of complete confidentiality (and therefore no punitive consequences)

* any officer detected, on random testing, to have a blood alcohol level (BAL) of 0.02% or above while on duty, will not be disciplined on the first occasion (in most cases), if the alcohol was consumed while the police officer was off duty, and if the officer consents to assessment and counselling with the Service D&A counsellor

* a Patrol Commander or Branch Manager may direct that a police officer be tested if there is reasonable cause to believe that the officer may be under the influence of alcohol or prohibited drugs (ie, targeted testing)

* the NSW Police Service D&A counsellor has the discretion to refer Service clients to private rehabilitation clinics at the expense of the Service.
The random breath testing is carried out by a small team of civilians specifically employed and trained for this task. The new policy is a radical change from past administrative attitudes, both in concept and in practice. It makes definitive statements of the official position on the use of alcohol, and of illegal and prescribed drugs. It proposes to ensure behavioural change through the implementation of testing, first for alcohol, by means of random and targeted breath testing, and later for illegal drugs, by means of random and targeted urine and/or hair testing. There is at present no intention to test for prescribed drugs, though the policy makes clear that employees have a responsibility to consult their medical practitioner and their work supervisor if there is any question of such drugs impairing their functioning.

The Policy Statement makes reference to the traditional cultural role of alcohol within the Service, as can be seen from the following quote:

No officer of the Police Service is permitted to use any prohibited drug.

In addition, those officers who consume alcohol are expected to avoid its misuse, both in terms of intoxication and of longer term drinking at levels which are hazardous to medical fitness and health. Practices and customs which advocate, glamorise or popularise its use are to be discouraged. (my emphasis)

This statement, together with the implementation of Random and Targeted Breath Testing, conveys the clear and precise message that a cultural shift in relation to alcohol use has occurred in the upper administrative levels of the NSW Police Service, and that an equivalent shift is not only required of the rank and file, but will be driven by the new policy as it is put into practice. Although this is change being imposed from the top, the policy encompasses strategies which make it unlikely to be ignored or subverted in the way police have ignored or subverted regulations about alcohol and other
matters in the past. The policy, including the consequences of non-compliance, has been clearly and precisely enunciated, without ambiguity, and effectively communicated to all levels of staff. The manner in which breath testing is being implemented is likely to ensure, over time, a significant reduction in the number of officers either drinking on duty or presenting for work alcohol-impaired, because breath testing is an inescapable, constant possibility for all officers, and a positive breath test carries the risk of loss of promotion or employment.

In addition, the shift from an entirely punitive approach to an emphasis on rehabilitative measures, because it provides a constructive and acceptable solution to a difficult dilemma, has the potential to reduce the levels of alcohol consumption among police. This potential exists because the option of rehabilitation eliminates much of the perceived need for covering-up and enabling the problem drinking of workmates, and thus undermines the behaviour which has previously contributed to the maintenance of a high incidence of hazardous drinking. The option of rehabilitation gives the drinker 'a fair go', and demonstrates a constructive, helpful attitude on the part of the Service toward its employees. For this reason I consider it is not likely to be generally regarded with cynical disdain as a pointless or unrealistic administrative exercise.

**Phased Introduction of Random Breath Testing**

This began with an intensive education campaign which aimed to provide further alcohol/drug education, and to inform police about the advent of RBT and the consequences to any staff who tested positive. The D&A counsellors presented one hundred, four-hour workshops, to 1500 police officers of all ranks from January to June 1997. The education component was similar to that in the 1991 programme for supervisors, though greatly reduced from seven hours to two and one half hours. Ninety minutes of the four hour programme was devoted to the new
breath testing policy, which was phased in with an initial six month amnesty period during which staff could come forward for help without penalty.

The combination of this workshop programme and the amnesty period resulted in another increase in the rate of referrals to the D&A Counsellors. The rate rose from 44 in the last half of 1996 to 73 in the first half of 1997. The fact that this was not as impressive as the 1991 result could reasonably be expected to be chiefly due to the severely truncated version of the workshops presented in 1997. In addition, other factors which had not been present in 1991 may have had some influence. For example, many police felt a great sense of shame at the revelations of the Royal Commission into the NSW Police Service, and some stated that they felt physically sick as the Commission daily revealed instances of police corruption, and demonstrated the link between alcohol use and that corruption. One can only speculate that such a complex issue may have had both positive and negative influences on the referral rate. However, the 1997 workshops did increase the referral rate. They gave those who wished to seek assistance a contact point, and provided an opportunity for a further personal building of trust between Service employees and the Drug and Alcohol counsellors.

Into the future: prospects and challenges
The present study was a small aspect of the major reforms which are beginning to have an impact on the NSW Police Service. I fully expect that the continuing schedule of random breath testing for on-duty police, and the accompanying mandatory assessment and treatment of offenders, will significantly alter the drinking patterns of police over time. This may initially involve only a shift in the times and places where drinking occurs, but should eventually result in a decrease in alcohol consumption when it becomes obvious that heavy drinking will no longer go officially undetected, and neither will it be tolerated. Both the threat and the
process of constant random breath testing, and the consequent mandatory assessment and counselling for those who test positive, can reasonably be expected to motivate behavioural and eventually attitudinal change.

There is some support for this contention in the report by Hagen et al. (1992), that the levels of alcohol consumption in the Fire Service have reduced in recent years in response to the stricter application by police of drink driving legislation to Fire Service employees, whether on or off-duty. Hagen et al., (1992) records an interview with Fire Service personnel which reveals that in the past police did not always charge fire fighters caught drink-driving, much as they did not charge their own colleagues. The reduction in alcohol consumption among Fire Service personnel is also in response to the refusal of the Firefighters Union, in recent years, to support those officers subject to disciplinary action for drinking at work (Hagen et al., 1992).

Any observer of drinking behaviours would be aware that the random breath testing (RBT) of drivers in the general community in NSW appears to provide support for the notion that such external controls alter drinking-related behaviours. Before the introduction of RBT, drink-driving was a widely tolerated behaviour. The average member of the community may have taken more care when driving after drinking, but driving when alcohol-impaired was not considered criminal, and most individuals rarely contemplated either NOT driving, or making alternative arrangements when they drank. When first introduced, RBT was regarded by some, especially the more dedicated drinkers, as an invasion of civil liberty. Many, particularly men, held the false belief that their driving improved when they were ‘under the influence’, and strenuously and vocally defended this belief. There was a certain bravado displayed by members of the pub drinking culture in the area where I lived at the time, (Windsor, NSW). For example, those who registered a high BAL, and were subsequently named in the
local papers in a misguided journalistic attempt at humiliation, were instead given something of a hero status among their peers. There was even an element of competitiveness among drinkers in comparing their published BAL's.

I would contend that over the years there has been a 'sea-change' in community attitudes toward drink-driving, and that this is a direct result of RBT. It would be difficult now, after years of RBT and the associated education campaigns, to find large sections of the public who continue to hold the belief that their driving improves when they have been drinking, or that drink-driving is acceptable behaviour. The law ceased to tolerate drink-driving, and now the community no longer tolerates drink-driving. Those who are caught with a high BAL are regarded as reprehensible by the general public, and at best unlucky rather than heroic by heavy drinkers. I have no doubt that education alone, without the legal sanctions, could not have brought about this change. External pressure is necessary, in conjunction with education, to bring about meaningful change in long-established and tolerated behaviours. It is highly improbable, for example, that we would now have so many smoke-free workplaces and restaurants if smoking bans had not been introduced to supplement anti-smoking public education campaigns.

If, as Hugh Mackay (1994) contends, behavioural change precedes and determines attitudinal change, the culture of the NSW Police Service may eventually alter dramatically in relation to alcohol use, as a direct response to post 1996 alcohol policy and internal RBT. There may even come a time in the future when the culture will develop an intolerance of inappropriate and hazardous alcohol use, much as a similar intolerance of smoking behaviour is currently evolving in the wider community in response to imposed proscriptions against smoking in public places.
Another factor which may modify police drinking behaviours increasingly in the future is the commitment of the Service to the employment of greater numbers of women. It could reasonably be speculated that as eventually a gender balance is achieved, there will be a shift away from the prevailing extremes of the 'cult of masculinity', and some of the values of police occupational culture will undergo significant change. Female officers, no longer constituting a small and powerless minority, would have a base of female social support, and would have their own, female, role models within the Service. They would then be far less susceptible to pressure to behave like 'one of the boys', and emulate male patterns of drinking. Such pressure could become irrelevant. Police women's drinking habits may then shift to more closely resemble those of women in the wider society, and subsequently modify the drinking patterns of police men.

Conclusion

It has been argued in this thesis that a high incidence of hazardous and harmful alcohol use is a long established and entrenched feature of the occupational culture of policing in NSW. I dispute the popular notion that the variation in alcohol consumption levels between different occupations is a consequence of 'stress', (regardless of how stressful policing or certain other occupations may be) and suggest that it is instead chiefly a result of complex historic and sociocultural influences. Alcohol is a mind-altering drug, the use of which is embedded in a pervasive, misleading folklore which has survived largely unchanged for some centuries in Western cultures. In this folklore alcohol is strongly associated with myths about masculine strength, virility and prowess. Policing, as historically and presently conceptualised, is an occupation with a vested interest in promoting a strong, tough, and heroic masculine image. One of the ways in which the promotion of this image has traditionally been achieved, and through which membership of the police group has been acknowledged, is the demonstration of the ability to 'drink
like a man'. Only a man who has proved himself can be entrusted with a man's job, and this is why police *never trust a cop who doesn't drink*.

In the wider community individuals who do not wish to drink to excess can migrate from one social group to another until they find one which conforms to their preferred level of drinking. In a relatively closed, male dominated group such as the NSW Police Service, this is not possible, except for those few individuals who are prepared to sacrifice their chosen career rather than have 'a couple of drinks' with their colleagues. Power relationships such as those between new recruits and more senior officers, or between female and male officers, increase the pressures to comply with the established drinking patterns. The pressures which can be exerted by heavy drinkers to establish and maintain a drinking culture incorporating the wider group should not be underestimated. Wisman (1990) reports on a study of the employees of seven major US railroads, in which it was demonstrated that the minority of problem drinkers and drug users 'were controlling the atmosphere in the workplace with respect to alcohol and drug use on the job', even though these problem drinkers/users constituted only 19% of the workforce. Those who manage to maintain their membership in a closed group such as the Police Service although they do not drink, or at least do not drink to excess, are likely to exacerbate the situation by unwittingly enabling problem drinkers, unless they become aware of some constructive alternative, and perceive that in pursuing it they will be supported by others.

In this thesis I have attempted to demonstrate that even the entrenched and protected position of problem drinkers in the NSW Police Service can be successfully assailed when culturally sensitive and appropriate strategies are employed. Indeed, as Palmer (1992) remarks, 'The police culture, or perhaps more appropriately, the esprit de corps of policing, is one of the strongest and probably most under-utilised
positives of police organisations', and significant change can be brought about by drawing on the 'supportive, nurturing qualities' of this 'phenomenon'. I believe this was demonstrated convincingly by the number of referrals generated in this study by persuading supervisors that referral is a constructive and helpful option, and not a case of 'dobbing' on mates or colleagues. For researchers and health professionals, the importance of understanding the cultural and sub-cultural settings they study, or within which they work, has been emphasised by this present study and the results it achieved. Without reference to social and cultural contexts, the information we obtain and the messages we send become meaningless or corrupted, or are simply ignored.

If 'communication' was merely a matter of establishing contact and providing information, the Parley International educational articles published in Phase Two of this study should have had a measurable effect in terms of referrals. That in problem-drinking occupational groups, is not likely or even possible.
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APPENDICES

1. National Health and Medical Research Council
   Recommended Guidelines for Low Risk Drinking .......... 385

2. DSM-IV Definitions of Substance Abuse and Dependence .. 386

3. The Organisational Structure and Ranking Hierarchy of
   the NSW Police Service at the time of the study ..... 388

4. Outline of the One Day Workshops for Supervisors ...... 390

5. The Five Personal Stories .................................. 392
   Sergeant M .................................................. 392
   Sergeant R .................................................. 399
   Sergeant T .................................................. 402
   Lisa ......................................................... 407
   Matt ......................................................... 410
APPENDIX 1

National Health and Medical Research Council Recommended Levels for Low Risk Drinking

Low risk or responsible use

Female
Not more than 2 standard drinks per day on a regular basis

Male
Not more than 4 standard drinks per day on a regular basis

Hazardous drinking

Female
3-4 standard drinks per day on average

Male
5-6 standard drinks per day on average

Harmful drinking

Female
More than 4 standard drinks per day

Male
More than 6 standard drinks per day

Binge drinking
Drinking heavily on a single occasion (five or more standard drinks in one drinking session, or, heavy and continuous drinking over a number of days or weeks)

Remember!
* All people should have at least 2 alcohol free days per week
* Abstinence is desirable during pregnancy
* People who drive, operate machinery or undertake activities in dangerous or potentially dangerous situations should not consume alcohol
* People who are taking other medication should not consume alcohol

An easy-to-remember version
Not more than two or three drinks, two to three times a week for a non-pregnant woman and not more than three to four drinks three to four times a week for a man.
APPENDIX 2: DSM-IV Definitions

Full definitions of 'alcohol dependence' and 'alcohol abuse' (or misuse) as given in the 1994 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) under 'substance dependence' and 'substance abuse' are reproduced below:-

DSM-IV Criteria for Substance abuse

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (eg repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

2) recurrent substance use in situations in which it is physically hazardous (eg driving an automobile or operating a machine when impaired by substance use)

3) recurrent substance-related legal problems (eg arrests for substance-related disorderly conduct)

4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (eg arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for substance dependence for this class of substance.

DSM-IV Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

1) tolerance, as defined by either of the following:

   a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect

   b) markedly diminished effect with continued use of the same amount of the substance

2) withdrawal, as manifested by either of the following:

   a) the characteristic withdrawal syndrome for the substance (see 'criteria for alcohol withdrawal' below)
B) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

3) the substance is often taken in larger amounts or over a longer period than was intended

4) there is a persistent desire or unsuccessful efforts to cut down or control substance use

5) a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects

6) important social, occupational, or recreational activities are given up or reduced because of substance use

7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., drinking despite recognition that an ulcer was made worse by alcohol consumption)

Criteria for determining severity of substance dependence
(National Drug Strategy, 1993)

Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships.

Moderate: Symptoms or functional impairment between 'mild' and 'severe'.

Severe: Many symptoms in excess of those required to make the diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships.
APPENDIX 3: Organisational Structure and Ranking Hierarchy of the NSW Police Service

The NSW Police Service is the second largest police organisation in the world, employing 16,000 personnel. This includes approximately 12,936 sworn Police Officers, (of whom only about 12% are female), plus 3,067 Administrative, Ministerial and other employees (NSW Police Service Annual Report 1995-1996). In 1992 the Service was divided into four geographic and organisational regions - North, North-West, South, and South-West. These regions were sub-divided into twenty six districts, and districts were divided into patrols. There are also a number of personnel who are not attached to any region, for example, the air arm (Polair) and police divers. They are unofficially, collectively known as the Fifth Region.

*NSW POLICE SERVICE ORGANISATIONAL CHART 1992 -1996*

POLICE BOARD ------- MINISTER FOR POLICE ------- MINISTRY FOR POLICE

POLICE COMMISSIONER

| PROFESSIONAL ------ DEPUTY COMMISSIONER ------- SOLICITOR TO THE |
| RESPONSIBILITY |
| Internal Affairs |

<table>
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<th>STATE COMMANDER</th>
<th>STRATEGY &amp; REVIEW</th>
<th>EDUCATION &amp; HUMAN RESOURCES</th>
<th>CORPORATE SERVICES</th>
<th>FINANCE</th>
</tr>
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</table>

<table>
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<tr>
<th>NORTH REGION</th>
<th>NORTH WEST REGION</th>
<th>SOUTH REGION</th>
<th>SOUTH WEST REGION</th>
<th>SPECIAL AGENCIES</th>
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<tr>
<td>Patrols</td>
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<td></td>
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<td>AGENCIES</td>
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<tr>
<td>39</td>
<td>39</td>
<td>40</td>
<td>45</td>
<td>Drug squad</td>
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<td>95</td>
<td>104</td>
<td>145</td>
<td>Fraud squad</td>
</tr>
<tr>
<td>1.45 mil.</td>
<td>1.2 million</td>
<td>1.5 mil.</td>
<td>1.6 million</td>
<td>Gaming etc</td>
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<td>Area in sq. kms</td>
<td>270,198</td>
<td>104,700</td>
<td>345,481</td>
<td>etc</td>
</tr>
<tr>
<td>1.45 mil.</td>
<td>1.2 million</td>
<td>1.5 mil.</td>
<td>1.6 million</td>
<td>etc</td>
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</table>

THE RANKING HIERARCHY OF THE NSW POLICE SERVICE

This brief summary list of the relative ranking of police officers is given to illustrate the varied positions held by those officers who were targeted with Supervisors workshops in the study presented in this thesis. Ranks so targeted are denoted by the asterisk *.

<table>
<thead>
<tr>
<th>TITLE</th>
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<tr>
<td>Commissioner</td>
<td>District Commanders</td>
</tr>
<tr>
<td>Deputy Commissioner</td>
<td>District Commanders</td>
</tr>
<tr>
<td>Assistant Commissioners</td>
<td>Patrol Commanders</td>
</tr>
<tr>
<td>Chief Superintendent</td>
<td>Patrol Commanders (small Patrols)</td>
</tr>
<tr>
<td>Superintendent</td>
<td>Station Controller or Patrol Tactician</td>
</tr>
<tr>
<td>Chief Inspector</td>
<td>Shift Supervisors</td>
</tr>
<tr>
<td>Inspector*</td>
<td>Patrol duties and relief Supervisors</td>
</tr>
<tr>
<td>Senior Sergeant</td>
<td>Patrol duties and rare supervisory role</td>
</tr>
<tr>
<td>Sergeant*</td>
<td>Patrol duties</td>
</tr>
<tr>
<td>Senior Constable*</td>
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</tr>
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<td>Constable 1st Class</td>
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</tr>
<tr>
<td>Constable</td>
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</tr>
<tr>
<td>Probationary Constable</td>
<td>Patrol duties</td>
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APPENDIX 4

OUTLINE OF THE ONE DAY WORKSHOPS FOR SUPERVISORS

Session 1. 0900 hours

i) Introduction of counsellors

ii) Explanation and discussion of the concepts

   a) confidentiality,  b) professional ethics,  c) trust

   as these apply in relation to referrals made to the D&A counsellors.

iii) Participatory Exercise using optical illusions to illustrate the way in which perceptual sets shape attitudes relating to alcohol abuse

Session 2. 0920 hrs

Participatory Exercise using 'cartoon of best fit' as a tool for examining the practical difficulties and feelings involved in confronting a workmate or friend about their alcohol abuse.

Session 3. 0950 hrs

i) An overview of theories of the aetiology of alcoholism, including the various biological, social, and psychological perspectives, and taking an eclectic viewpoint.

ii) Explanation of the diagnostic criteria for alcohol dependence, with strong emphasis on the fact that supervisors are NOT expected to diagnose the condition nor act as counsellors, but need to be informed about the nature of the problem.

iii) Explanation and examples of the defence mechanisms commonly used by people who are alcohol dependent or who frequently abuse alcohol.

iv) Discussion of the physical, psychological, occupational and social complications of alcohol abuse and dependence.

v) Discussion of the dynamics and consequences of enabling, and the alternative of positive intervention.

      Morning Tea Break

Session 4. 1100 hrs

i) Video entitled 'Life, Death and Recovery of an Alcoholic', by Joe Perch (1979). The video deals largely with the enabling syndrome its damaging effects.
Session 5  
1300 hrs

i) Small group activity directed at reframing the concept of responsibility in relation to a problem drinker and his family and colleagues. The session aimed to demonstrate that when well-intentioned persons take up the responsibilities that the drinker has abandoned, they maintain and exacerbate the problem, causing damage to the drinker, themselves and others.

Session 6.  
1400 hrs

i) Video 'It Happened One Morning' (British Telecom, 1990), which shows a supervisor effectively confronting an alcohol abusing employee, and the positive outcome of the employee's referral to the Employee Assistance Scheme.

ii) Group discussion on the elements of a successful work performance interview, and strategies for avoiding the pitfalls inherent in such interviews.

Session 7.  
1520 hrs

i) The structure and dynamics of the Karpman Drama Triangle, sometimes known as the power triangle, ie

```
        persecutor
           /
          /
         /
rescuer/enabler perpetrator/victim
```

ii) Avoiding entrapment in the drama triangle by using an effective and constructive interviewing technique when confronting alcohol abusing staff members.

iii) Handout of a paper by William Powers (1988) 'Work Performance Counselling with the Alcoholic Officer', which contains guidelines for work-performance interviews and for directing staff to attend counselling. (Permission for use obtained from the author, Sergeant Powers of Chicago Police)

Session 8.  
1550 hrs

i) Pooling Wisdom - role play in which the group members practiced the techniques of constructive confrontation.

ii) Conclusion and debrief
APPENDIX 5

FIVE PERSONAL RECOVERY STORIES

The following stories, written by serving police officers (whose names have been changed for obvious reasons) were published in 'Police News', the official magazine of the NSW Police Association. The first three constituted the content of Phase Four of the study, while the last two were run at a later date and replicated the original results.

1. Sergeant M's Story

My name is Mark, I am a Police Officer and I am an alcoholic. I am glad to be able to use the term alcoholic today as I know what my problem is, although I am still not keen, with the social stigma attached to the perception of what an alcoholic is. I am addicted to alcohol and have a body make up and mental outlook that does not allow me to touch even a drop of the stuff. I did not know that before. Because I could not stop drinking and also had to drink just to feel 'normal', I thought I was weak willed, crazy, mad, bad, and whatever else I could call myself. It was not grog that used to hurt me, it was grog that was helping me, it was the stuff that allowed me to get through life. It helped me to cope with the nagging wife, it helped me to cope with this bastard of a job, it allowed me to relax, it allowed me to feel normal. It allowed me to get out with the boys and 'enjoy' myself. I now know that if I take that first drink it will be part time again and back to being sick as a dog, both inside and out, ie physically and mentally.

I had my first drink of alcohol at the age of 14 and as with most alcoholics it made me feel how I should have felt. It gave me a warm rosy glow in the gut and that surge of confidence that I always lacked inside. I felt good and I kept chasing that effect. When I was a kid it was one night a week. I look back and I could not afford any more then. As I grew older I was also into football and night school and this kept me away from it during the week. I then graduated to Friday, Saturday and Sunday nights and sometimes during the week after training.

About twenty years of age I joined this job and I found that there was drinking 24 hours a day, 7 days a week. Most of the other fellows at work were a little older and most were using alcohol reasonably heavily on a regular basis. At times it was at work. How could I say no? I could not. I went along with the crowd. I wanted to be accepted. So I did the only thing I know how to; I drank with the rest.

At this time I believe that my value system also became very confused. In relation to the job I was told, 'Forget what you
learned at the academy, this is how it works in real life.’ Also I saw the ‘pinnacle of honest men’, the policeman, at times act in technically less than forthright ways, and it was the ‘norm’ and accepted way of working. Alcohol helped me to dull and remove my inner questioning of these conflicts. It helped me go along with the status quo. Due to the shift work I found that the job slowly isolated me from my regular friends, associates and sports. This, in turn, led to me only associating with the guys at work. Sometimes we would go and play golf or snooker before work and have a few drinks. Most times we would go to the club or pub after work and have a few to relax. We would team up on the days off and do the same thing. Soon it was a full on daily occurrence.

I later found uniform work boring for me and went into plain-clothes. There I found that I was still a bit insecure and found it hard to converse with the ‘Ds’, but what I did find was that when we all went to the pub after work that I could match them schooner for schooner.

This again made me one of the boys. At that stage I recall the general feeling amongst police being ‘Never trust a bloke that doesn’t drink’. They had no problem with me in that department. By the time I was 23 or so, I was well into blackouts. I would wake up in the morning and not recall how I got home. I would walk out and look at the car, looking for dents, scratches or blood, fearing that I might have had an accident. This became an accepted part of the drinking. About this time I also had my first panic attack. I was laying on the floor at home with a hangover and I was thinking of death (because of certain accidents at work) and the finality of it all and I could not accept it. I had this almighty rush of fear and panic and I felt that I went mad. I subsequently spent about ten days in a private hospital suffering from acute anxiety. I managed to do this on holidays without anyone from work finding out, and from there I was introduced to Serepax tablets. These and alcohol were the only things that stopped the panic attacks coming back and took away the constant anxiety. I recall about this time and for a few years after that I could have about six schooners of beer and this was when I felt relaxed.

The knots in the gut would go and the head racing would slow down. A lot of the time it did not stop at six, it was more like sixty six. Sometimes I woke up in places other than home. It was not a good feeling asking myself ‘how did I get here, what happened?’ But at that time it was all part of the game. A lot of the other fellows at work were doing the same. Stories were swapped by some of the blokes at work and it was the normal thing. It seemed like the bigger the grog story the more admired the person was. It was all laughed and joked about.

At this stage I was still coping at work very well. Everyone knew I was a drinker but I could not let anyone know about the tablets. To me they were a sign of some sort of mental
illness. Anxiety my doctor said. Crazy I thought to myself. I cannot let anyone else know this. I’m tough, not weak. I recall one of the bosses asking me at work when I had about 13 years in the job, if I had a problem with alcohol. I thought, How dare he? Why single me out? I informed him that I did not drink half as much as some of the other blokes in the office (and I did not).

They didn’t have any problems I thought, how could I. No, I did not have any problems with it, I told him. But I knew, deep inside that something was wrong. I was not going to admit to that. I was not weak. I was in a section at that time where all the fellows drank heavily. To me it was the accepted thing to do. I look back and I was not strong enough to say no. I had no self esteem at all. At that stage I also thought my problem was the tablets, it was not the grog.

About this time I was also running into a few unfounded internal affairs inquiries (not from the grog) because of the nature of the work I was involved in. This added to my stress and was a reason to use even more alcohol. It certainly took the stress away for a while, until the next day, when it would all be on again. Further down the track I remember going overseas for a short holiday. I remember thinking that this would be good. I was getting away from this rotten job, my wife, all my hassles and then I would not have to drink or take the tablets. But when I got there I found out that I had taken me with me.

I still had to drink and take the pills. Shortly after returning, and after more I.A. inquiries, I entered hospital for a week with ‘anxiety’. I was going to get off these tablets as well, they were the cause of my problems I thought. I did this and lasted two months with the help of doctors. Funnily I also stayed away from the booze. I then thought everything was going reasonably alright and I tried some light beers for a week or so. I then gradually got onto the super, and then back into the tablets. It was all on again. I don’t know how many times I tried to stop drinking and pilling myself, but the longest I lasted was three weeks. During the times I tried to stop I was like a bear with a sore head. I snapped at everything, I was like a wound up rubber band inside. My head was going at 100 miles an hour and I was not. I always went back to the only thing I knew - the grog. All the time it was getting worse. I was getting physically sick with gastric, diarrhoea, nausea, flu, anxiety, gastric reflux etc, and etc. I was obese and bloated. I was full of inner unknown fears, everything to me was a major catastrophe. I made Mt Everest out of molehills. But I could not let you see that.

I couldn’t let you see I was weak. I was tough, I was strong. After all I was a cop and a good one at that. I could handle all this. Everybody else was, I thought. So could I.

It came to a stage where I was waking up in the middle of the
night and not breathing. This lasted for 30 seconds to about
two minutes, my wife tells me. It was sheer panic. I did not
want to die. I was under 40, I was young, I had two young
kids, I wanted to see them grow up. I went to the doctor and
it was found that I had sleep apnoea. The doctor told me the
cause was overweight, alcohol and sedatives. I had them all.
He asked me if I could give up grog myself. I somehow was
honest for the first time in my life when it came to grog. I
said I couldn’t. As a result I ended up in Northside Clinic.
I lasted one day. I saw that I was supposed to stay for a
month and I also was not aware that it entailed going to
Alcoholics Anonymous meetings nightly as part of the
treatment. Not me, I was not any alcoholic. I just couldn’t
stop drinking.

To me an alcoholic was one of those old grey bearded warbs in
greatcoats and sandshoes, sleeping on the park benches, that
we used to pick up in Belmore Park and at Welling’s rocket
range when I was in 21 Division. The ones at AA were the same
with a bible under their arm. None of that religious crap for
me. Not me mate, I was alright. I could be out investigating
a murder if I was at work, I was not that bad. I should not
be there. I walked out, drove back to the pub near where I
worked and got on the turps. However, prior to leaving the
hospital, I took some AA pamphlets with me and read them over
the next six months along with a book I bought called ‘I’ll
Quit Tomorrow’.

I slowly got worse and the sleep apnoea got worse. I had read
that the average dying age of alcoholics was 45. I had
previously seen my father die at 47 of what I knew were
alcohol related illnesses, leaving behind a very young family.
I also knew I was drinking just to feel normal and was in the
addicted stage. Towards the end of my drinking it was
insanity.

I would get that sick that I actually thought I was going to
die. I remember sitting on the toilet in sheer panic and
saying, If there is a God, please don’t let me die. I won’t
do it again (get back on the grog). Twenty four hours later I
was back into it. I couldn’t stand the pain of not having it.
I equate the insanity of it with this analogy: If a person
puts their hand on a hot stove and it burns like hell, they
don’t put it back there. If they do, then that’s insanity.
That’s what was happening with the grog.

I eventually got that sick that I couldn’t take it any longer.
I was sick and tired of being sick and tired. I threw my
hands up, I gave in, I admitted defeat. I went to my doctor
and was prepared to do anything, even if it meant going back
to hospital and going through with those AA meetings. I went
off sick from work with ‘acute anxiety’ and fortunately the
doctor recommended the St John of God Hospital at North
Richmond. I eventually got up the courage and went out there.
I was full of fear, not really knowing what to expect.
On the second day there I went to my first AA meeting. It was an open meeting at the hospital. There I saw all these normal looking people ranging in age from 18 to 70, all cleanly dressed and nothing different about them that I could see. The first fellow got up and spoke and told his drinking story, 'What it was like, what happened and what it is like now'. I sat there in total amazement. He, and subsequently others, talked about all the things that I had been hiding from other people for most of my drinking life. He spoke about the panic attacks, the fears, insecurities, the guilt and remorse he felt in his life whilst drinking. The perplexity of telling your wife at 5.00pm that you'll be home at 6.00pm after two beers, and well and truly meaning it, then being swept out with the bumpers at the end of the night.

The feeling different as a kid, the over reactions of the alcoholic, the lack of self esteem, the fear of authority figures, the phobic fears of not being able to drive long distances, catch trains, planes or buses, go to the movies, got to restaurants or parties, or line up in queues, without a drink or a pill to quell the fear of having a panic attack, and a host of other feelings and actions that I identified with. He stated that it was all part of the disease of alcoholism. I remember immediately thinking, Holy Christ, that's all that's wrong with me, I'm an alcoholic. What a relief, at last I knew what was wrong with me. Prior to this, over the years, I had been to psychiatrists, psychologists and hypnotherapists and a number of doctors in a search to find out what was wrong with me - why was I 'mad'? Now I had found out, I had an answer. I was not mad, I was an alcoholic. And all I had to do was not pick up a drink of alcohol and be a bit honest with myself.

I spent the next three weeks at the hospital and was to find out that putting down the drink was only the start. Now I had to learn how to live without it. It was not easy as all my life had revolved around alcohol - after work, at home, at barbecues, parties, relatives, friends, golf, fishing, football, movies, restaurants, holidays, good times, bad times, happy times, sad times, you name it.

I have found that the fellowship of AA has helped me immensely to cope with life without drinking or pilling. All it means is going to AA meetings a few nights or days a week for an hour and a half at a time and putting my bum on a seat and listening to other alcoholics tell their stories. From this I find ways to help me cope. I also draw hope from seeing other fellows that have been sober for many years. I see how calm and peaceful they are. I hear of their successes and also their failures and how they coped. I look and want what they have. I know that I can get it if I do what they have done.

That is, not to take the first drink, and to attend a few AA meetings on a regular basis. I also see people come in to the meetings that are shaking and shivering wrecks. This takes me back to where I was and it makes me realise that I don't want
that life back.

I had an initial fear of attending AA meetings in the area where I worked and lived, as I thought I might run across crooks that I have locked up, but this was not the case. I found that most of the people in AA are good people trying to get well. If they have been in trouble with the law before, most of them are not now. I find that the AA philosophy and manner of living calls for honesty and a way of living life that does not promote trouble with the law.

I look back and feel very sorry for my wife at times. She put up with a lot of abuse from me during my drinking years. I tried to never upset the blokes at work or my drinking buddies. I had the ‘wading duck’ syndrome as one of the fellows calls it. I was calm and peaceful on the surface, but underneath I was paddling like hell.

When I got home, I was on my own territory and I could be myself, which was an angry, annoyed, scared, anxious, frustrated person. The people closest to me felt it most. My wife copped the lot, mainly in verbal abuse, put-downs, and jealous rages. I think now that I could not stand her being able to cope when I couldn’t and I tried to mentally bring her down. I also thought a lot of it was her fault; for being so distant, physically and emotionally from me. This was my excuse to stay out drinking and socializing. I totally and utterly believed this and it was not until I stopped drinking that I realised that she was only that way because of my abusive attitude toward her. When I stopped this and showed her some caring, it was returned. I am very grateful that she is still with me today. She left me on a number of occasions but I went crawling to her on hands and knees promising the world, promising that I would change, promising that things would be different. She always came back. Things were different for a short while and then it was all on again.

My eldest child grew up in the midst of all this insanity and I think today she has been greatly affected by this. To me she appears to be a highly strung person of a nervous disposition. A person who, if she uses any chemicals to relax, could become, I think, addicted quite easily. That was me as a kid. Today all I can do is make her aware. I wish I could have it all over again to do differently, but I cannot. This I just have to accept. The past is over. We only have today.

Today, my wife is not a bastard (although sometimes she’s hard to get along with). I am finding out that she is a very nice person. Today, the job, I don’t know. At least now I am looking for the good parts, wherever they are. I don’t need tablets to get me through Court and other anxious times. Everything is not catastrophic anymore, I don’t have that fear of impending doom over my head all the time. I can walk into the boss’s office most times without that uneasy fearful feeling inside like I have done something wrong when I have
not.

I have been sober for 18 months now and I am feeling reasonably good within myself. I am grateful now to be able to do things that I couldn’t do when I was on the grog, like relax. Recently, I recall going up to a park at the local river with my wife and youngest kid and just sitting in the sun. It was so great to sit there and feel calm and at peace. I always searched for that feeling in the bottle and with pills and could never find it. I would not swap that for quids. I looked at the other blokes chasing their kids around in the sun and I thought that they don’t know how good it is just to feel normal. If I got anything from my addiction to alcohol, it is the ability to experience normal peace and calm as such a great feeling.

Life is not a bed of roses all the time, I still get angry, annoyed and frustrated but I don’t need to run to the pub to find instant relief. I have learnt that I cannot afford to carry resentments for long periods, although at times I would like to. I know that in the long run I am the one who benefits because I stay relatively calm. I keep it in perspective most of the time and I know it will pass, just as the good times do.

From the start of my sobriety I had the good fortune of being able to take advantage of the assistance of the Police Welfare Branch. First with Ken McCarthy, now deceased, and then Rod McDonald. Both were of tremendous help and Rod still is today. I can only recommend him highly to anyone suffering with alcohol related problems. He is a good listener and certainly helped steer me in the right direction. I think those of you who have been to Rod’s workshops can see the type of bloke he is. It is totally confidential. I can vouch for that. I owe a lot to the AA programme and the people in it. I feel that the AA 12 step programme has given me a different way to interpret life. It keeps my mind in today most of the time. It has also enabled me to get away from the total self-centredness that I had when drinking. AA has also allowed me the privilege of meeting some members that I class as very wise. I seek out their knowledge and guidance. Today I can ask for help at times. I know I don’t have to be able to do it all on my own. I couldn’t have done it myself. No way. I’ve been there, done that. It did not work that way, I always got back on the grog when it got too hard. I am finding that this way it does work.

So I am going to keep doing it. If it works don’t fix it, they say.

In sobriety I have also had the opportunity of being able to read a lot of books and to attend other recovery groups as well. For myself, I have come to the conclusion that I was born and alcoholic. By that I mean I inherited a body that is predisposed to becoming addicted to any mood altering substances. I am also now fully aware of the part played by
growing up in a dysfunctional family system. First in a single parent family and then with an alcoholic step-father. This learned behaviour programmed me to act and think in self defeating ways that made me feel uncomfortable. Then when grog came along, WOW, didn’t I feel comfortable, first off.

I am still fascinated by some of the paradoxes of life that I have encountered in sobriety. I have found that I had to give in to win. In admitting defeat I found strength, and you have to give it away to get it. I also found a little saying very handy in relation to not drinking, it’s called mind over matter. Those that mind don’t matter, and those that matter don’t mind.

Today I am starting to realise that the world does not revolve around me, that I am just a small cog in the very big wheel of life and it is great to just be part of it. I look back, my life had become like a living hell inside. I don’t want to go back to that.

I never thought I could do it. Without grog I thought I would go crazy or die. Today I have a new freedom. I have a choice. I did not have that before. I can choose to drink or choose not to drink. I choose the latter. Thank God, (I used to feel embarrassed when I said that word), wherever, whatever and whoever He is.

2. Sergeant R’s Story

I have been a member of the Police Service for about 20 years and I am an alcoholic.

I was born in country NSW, a normal child I suppose by anyone’s standard, except that I had the typical temperament then, that I have since found to exist in an alcoholic. To the observer I was not different from other children, but now that I have had the chance to reflect I know that I was different. I had no reason to question anything at the time and life went on.

As long as I can remember, my father was arbiter in our household and I think that it was the case in every home. I had a healthy respect for him and I do not know to this day whether it was out of fear or love. I know that any decision I made as a child was only after I had searched my conscience, and if I was satisfied that my father would not kill me for what I was about to do, then I would go about doing it. I guess not wanting to get into trouble does not make anyone an alcoholic, but the bottom line is that I wanted to make my parents proud, especially my father.

I remember wishing like hell that I could go with him on the many fishing trips that he went on only to be told that I was too little or too young, ‘Wait until you’re bigger, then you
can go’. This never happened though. When I was old enough, Dad had something else to do and that seemed to be the general pattern through my life. It appeared to me that whatever I did to impress went without notice. That alone was not the influencing factor in my disease, but unknown to me I was harbouring resentment. I have discovered that I could easily lose the sobriety I now cherish if I was to become resentful and remain resentful for a long period.

My first job was as an indentured apprentice with an engine reconditioning firm. I started there when I left school at 15 years old and I cannot remember anything too dramatic occurring in the beginning, but drama was on the way. I was suffering with teenagers change of life - puberty. That alone is hard enough to handle, but my hidden temperament was starting to surface in dribs and drabs. A tantrum here, a tantrum there, but not too bad I have been told.

I was about 17 years old, 2 years in the trade, and in that time I had festered a dislike or possibly a hate for the third year apprentice. He was the only one among us allowed to use the crankshaft grinding machine. He had become hospitalised due to a car accident and he was to be absent for the next two years as it turned out.

I was overjoyed because he was absent and I was the next in line to the ‘throne’ - the big shot apprentice. I may be totally wrong, but I believe that with my temperament, what happened then was the catalyst that directed my life from there onward. The Jolly Green Giant had come into my life. Jealousy had surfaced. I will never forget the change that came over me. I have since learnt another lesson since becoming sober. It is not good for an alcoholic’s rationalising mind to take over because I was soon sat on my backside. You see the foreman did not have the same thoughts I was having. He did that which was beneficial to the business and not that which was beneficial to me, which is correct. I’m afraid though that my very tender ego was shattered. I was unable to think straight.

‘Everyone’ was turning against me, but I’ll show them, I’ll get even. Life went on. I had become increasingly difficult to reason with. I had alienated myself from anyone who was close to me, parents, girlfriend, sisters, mates. I think that I had a subconscious desire to commit suicide. I drank heavily. I formed associations at the drinking holes with other alcoholics, although I did not have a clue at that stage that was the case. I had formed a friendship with a girl in my home town who eventually became my wife. In the years that followed both pre and post marriage, I put that girl through mental torture, although I must remind the reader, only through self pity and not from a premeditated desire to hurt her. You see I loved her and I still love her. She stuck with me over the years, trying to get me to see the error of my ways, but it was hopeless on her part. You cannot tell any person they are alcoholic unless they can identify. At this
point I will tell you why I couldn't see. In 1978 I went to AA. My wife had left me and I needed her back. I will not disclose why she left me, for personal reasons and possible legal repercussions.

I was aware that I had a drinking problem but like the true alcoholic I misconstrued everything. I went to meetings and only listened to the differences, not the similarities. I heard people saying that they drank every day on benders, lost their licences, lost jobs, lost everything. I heard one person share that he had laid under motor vehicles and drank brake fluid in an attempt to get alcohol. Another drank after-shave. I never experienced any of that, so how the hell could I be an alcoholic? I went under sufferance to meetings for 18 months. I was ashamed. After all I was a policeman in a country town and everyone knew me and I thought they were pointing the finger at me. I couldn't bring discredit on the Department.

I was not thinking of the Department, I was thinking of me. I did not want AA. Just to prove how poisonous alcohol can be to persons with similar dispositions as me, I went without alcohol for the next 7½ years, or thereabouts, but I might as well have been drinking. I was dry, but I had not learnt to live without alcohol.

I was resentful, I was bitter, I was everything a practicing alcoholic was. It was inevitable and I have since learnt, that for an alcoholic to remain sober, not dry drinking, he has to associate with other alcoholics and attend AA meetings. But that was not for me. I was not an alcoholic!, and I eventually started to drink again. The effect was immediate. It was as though I had not stopped drinking at all. The chemical imbalance in my system had continued along in those years.

See, what I have since learned is that it is entirely up to the individual, no one else. It is not how much you drink, it is what it does to you when you do drink. I can remember every single drunk that I have had in my life, I was very remorseful and guilty about it. I tried in vain to be a social drinker. But I know that I couldn't. I had blackouts at every drunk.

I rationalised time after time that the next drink I had would be the beginning of a successful career of drinking as a social drinker. It was never ever the alcohol which caused problems in my life. It was my father, my mother, my boss, my wife, my transfer. If everyone would leave me alone then I would be alright. But through the alcohol infected tunnel vision I could not see the problem. My wife had enough. She took the kids and departed. My whole life fell apart. Getting off the booze and having an honest evaluation of one's past is very therapeutic. I have had the time to analyse and I now know that it is my life that is important. I was ashamed once if it was known that I was a member of AA. I
don't intend to stand on the townhall steps and voice to the world that I am an alcoholic, but if anyone knows, who cares? I am positive that anyone who cares would rather see me behaving as a human being should, and not a drunken policeman.

If sharing my life with any person can help please understand - there is a way to happiness and contentment without alcohol.

3. Sergeant T's Story

I grew up in the country in a non-drinking family. When I was about 12 or 13 years old I was introduced to scotch and claret by a school mate with alcoholic parents who always had an abundant supply in their home. When we drank I always felt a tremendous guilt feeling and this continued until I was 17 and started work. At home there was a flagon of cooking sherry under the kitchen cupboard, even though I did not like the taste, I commenced to drink it, topping up the bottle with water until even I could not drink it. I finally settled for good old Tooheys draught beer at 15 in the back of the Metropolitan Hotel.

When I started work my peers were seasoned daily drinkers or social drinkers to use today's terminology. It was an accepted thing to go to the pub every day after work and that suited me fine. You see my father was a work-aholic and only now have I come to realise the symptoms are the same as an alcoholic.

Our family life had become unbearable due to his constant mood changes, continually arguing with my mother, never showing love or affection. I hated being home, I felt like an outcast, different. So wherever the party was on, the trip away, the snooker game in the pub or the club, I was there, the later the better. I became a night person. I was very cautious with my drinking, never wanting to get caught by the police and I regularly slept in my car until the early hours of the morning before venturing home.

At 23 I had enough of home. I had my trade and joined the NSW Police Force at 24. My first station was inner west suburban. The first week was a real eye-opener, everyone seemed to drink to excess either on or off duty. I had my principles and refused to drink on duty except in certain circumstances. Peer pressure or not.

Covering up for others was the order of the day. I did not like it but did so anyway just to keep the shift afloat. Phone calls from wives were the worst, crying and begging you to find their husband and send him home. I remember one who rang about 2am one morning when I had just come back from leave. Sounding very sweet she asked for detective so-and-so. Now this guy was an alcoholic and also had a bird up the road. I quickly asked around and was told 'Tell her he's out on a
job on overtime'. When told this the nice lady turned into a vicious dragon and told me in no uncertain terms that she was his wife and that he had been on a course for the past 4 weeks. You live and learn.

I was the only single guy on my shift and when I left the rest were separated, divorcing or divorced. Being a single guy who liked a drink anytime day or night had its drawbacks and my name was hated among a lot of police wives as the guys would use me as an excuse for their drunkenness. I have been accused of keeping fellows out all night for weeks on end and had never seen a lot of them socially for months. One wife remarked that the place would be a lot better when I left. They had their troubles and little did I know I was getting mine.

Looking back now it is sad to reflect on the number of police I have seen asked to resign, sacked or charged for numerous reasons that have all been alcohol-related. The shame it must have brought that particular member and his long suffering family - if he had one left.

I have seen alcoholism effect all ages, all ranks from the top to the bottom and look at them all and say 'There but for the Grace of God go I'.

To work places like Redfern, Newtown, Green Valley, Liverpool, Blacktown, Mt Druitt, is to see the degradation of human life by alcohol. Violent domestics, pub brawls, street bashings, serious and fatal car accidents and too many times looking at broken and battered bodies and saying to myself, If I ever got to that stage I would give it away. Why do they do it?

To see the painful pleading faces of battered wives and children begging for help and there is not a damn thing you can do for them. Alcoholics coming up to you in the street begging to be locked up to keep them away from the grog.

Then after an 8 hour shift of sifting through this bottomless sewer pit of alcoholism, going to the pub or club with your workmates and drinking on for hours on end to laugh away the horrors of human misery we have just worked through caused by alcohol. We thought it was justified to keep our own sanity. I remember the night shifts when you got stuck into your morning relief for being late because you could not get a seat in the early opener after 06.40am.

Only a few months ago I was at an AA meeting down south and listened to a 27 year old former Victorian policeman share the same experiences, and all that has happened to him in the past 4 years. For me it was over 20 years ago. I was stunned by the similarities.

There is a saying in AA 'Look for the similarities and not the differences'. How often in our drinking careers have we been confronted by a girlfriend or wife who says 'You drink too
much’, an what do we do? We think of Tom, Dick or Harry and say he drinks more than me. Maybe so, but we don’t know what he is doing to his family at home and in most cases we know little of our drinking.

The cunning was always there as I never wrecked my home or bashed my wife and kids, there was heaps of verbal though, always accusing and abusing, but a nice guy sober they said. I have been to police homes while on duty where they have bashed their wife and kids, smashed up the house and car, thrown the pet budgie and his cage in the pool to drown in front of the kids, attacked and threatened other police with a length of timber and felt extremely embarrassed for that family and felt nothing but loathing for my fellow police officer whether I knew him or not, and to work in the same police station as a man like that is to feel nothing but complete revulsion.

There is a fear that travels with every alcoholic and only alcohol can take that away. Today it is great to be able to look at life’s problems without that fear whether real or imagined. To make good clear sober decisions that effect my life and those of others is worthy of a pat on the back at the end of every day. That is what I do now, live one day at a time. For I know that if I don’t pick up a drink today I can look forward to another happy sober day tomorrow without that dreaded hangover, the fear of what I did or said yesterday, the fear that the ‘Super’ will ring and get up me over something I did or did not do, opening departmental mail addressed to me and the fear of what may be inside. Someone says you are wanted on the phone and the fear of what that may bring. Today I don’t have to live that way as long as I don’t have that first drink.

You know for years I was dying of stomach cancer, bowel cancer, you name it, and every time I went to the doctor and had all the tests, and nothing.

In AA we learn that some of us reach a ‘rock bottom’, a point where we admit we are powerless over alcohol and that our lives have become unmanageable. We want to live and for the first time we seek help.

My rock bottom came when my 14 year old daughter brought home a foul mouthed hoodlum and convicted thief. (A pretty common occurrence in police families I’ve found out). Can you imagine the havoc that caused within the family, and the revulsion I felt at having someone like that in our home? The family that I loved were destroying me by accepting this low life into our lives and home. There was no reasoning with my wife and daughter for all they saw was a ranting and raving alcoholic. The light had been turned on and the skeletons in the cupboard were being exposed.

Part 2 of the rock bottom came when my Chief Superintendent gave me a Constable who had been charged by IA with theft and
I had him for 8 hours a day under house arrest and he was deliberately destroying our job. How do you think that felt?

I had to go down. At work, at home, the pain in the gut, they all just kept getting worse. No sleep, wife and daughter turned against me, no job satisfaction as I could never get in front. And they said 1990 was the new decade. I hated every minute of it, my life had become unmanageable.

In June I decided to give up drinking. My liver levels were 5 times normal and I gave up overnight.

I was sober for 3 months. I felt great. The mood changes stopped, the gut pain was gone, getting plenty of walking exercise, sleeping better, job satisfaction and productivity were up (the problem was suspended). Home life was still in tatters and I couldn’t understand why. I felt I needed something more in my life but did not know what it was. I started to wonder if the beer still tasted as good. Then along came the old mate that I had not seen for sometime and next thing we are standing in a pub and there is a beer in front of me. Why not? Just one won’t hurt and no one will ever know.

Eight weeks later I was fearful andterrified of myself like never before, for it is at this point we learn that what ever level we stopped drinking that is where we start again and go on down until another rock bottom is reached or death. I rang the Police Welfare Branch to help me with how to separate from my family and got assistance in the form of Rod McDonald, our Drug and Alcohol Counsellor. He came to my home and made arrangements for me to meet another recovering police alcoholic who took me to my first AA meeting at St John of God Hospital at North Richmond. I identified with all the speakers at that meeting but still sat there like a typical police observer thinking these people do have a problem, but I am different to them, I am a policeman. I went home and continued to drink 1 or 2 a day.

One the 22 November 1990, I had 6 beers and abused my wife like never before, it was like being Jekyll and Hyde all at once. I felt like I was outside my body watching this maniac abusing the woman I loved and couldn’t understand why.

My wife said something and I shouted ‘Because I am an alcoholic’. With that admission the most amazing calm came over me, it was like a 20 tonne weight that I had carried around on my back had suddenly been lifted and taken all the fears away. I felt strange, a new person, it was over and I knew deep within me that my life had changed forever. I have not had a drink since that day, now over one year ago.

At this point I would like to point out to spouses of alcoholics that we love you dearly, however, this disease suppresses our love as it takes over our lives until we are no longer able to show our love and affection for you. I used to
PLEASE NOTE

The greatest amount of care has been taken while scanning the following pages. The best possible results have been obtained.
think this is only a passing phase, it will end soon and everything will be alright and in our saner moments we hang onto this hope. It is only in recovery that we realise the permanent damage that has been done.

The greatest hurt of all in recovery was the loss of my wife, whom I still love, to understand and accept how the many years of hurt have caused untold damage. I saw her turn from a beautiful loving woman into one of obvious pain, anger and resentments. Some come back, a lot don’t, as they carry the scars of this disease for many years to come. I said to my wife one night when she was in a rage over kid stuff, ‘why are you like that? She said ‘Because you made me like this’. I was stunned, I was looking at a mirror of myself.

In recovery we learn that our spouses have developed our alcoholic mannerisms to cope with daily living. When we stop drinking they are still left floating around up there not knowing how to cope with this new person in their life. That is where Al Anon comes into play to help the spouse recover and accept this new change by learning from other members.

The working party on domestic violence recently wrote on their findings - that while they agreed alcohol played some part in domestic violence, the major cause was a power struggle between husband and wife for control of the family. What crap.

As alcoholism takes our loved ones from us first, the further they remove themselves from us the more bitter we become with the loss of our sex life and respect of the children. Then follows the domestic violence either verbal or physical or both.

I read an article some time ago stating while millions of dollars are being spent on heart and cancer research, billions of people all over the world are being destroyed by alcoholism and little is being done about it. Dr. James Wright in his latest book describes alcoholism as a disease governments don’t want to know about due to the huge revenue they make from liquor sales, and poker machine taxes etc. which come from the liquor trade. Our government wants to restrict tobacco advertising, places to smoke etc, which really only effects the smoker. What about the alcoholic bus driver or pilot who can kill from 30 to 300 people through poor judgement in one foul swoop? Surely one day the huge cost in human life and suffering must come through as this disease can in some way effect every member of the community.

I ask every working member of the Police Service to look at the number of people going through the charge room of any police station in this State and see how many you charge who are not there through alcohol or drug dependency. Probably less than 20%.

In recovery we are amazed at the people around us in various
stages of alcoholism and it is sad that unless they want the help to make that first step to recovery we cannot help them. Remember this is a disease of denial, there was nothing wrong with me even though my life, my family, my friends were being destroyed around me. It is a family disease and every member needs help to recover.

Ted Pickering may have adopted the 'user pays' scheme for the Police Service, but no one pays more dearly for alcohol than those of us who pay with our lives directly or indirectly.

Now over 12 months sober I can sincerely recommend to anyone whose life is unmanageable through alcohol or drug dependence to seek urgent help through the Welfare Branch. The rewards are great and it gets better every day. Life is too short to put up with all that insidious pain and suffering. Do it for yourself and you will do it right for your family and friends.

I had a great surprise the other day. My son who always scored C’s and D’s on his report card with comments such as 'Colin can do better', now after I have been sober one year his report card was all A’s and B’s.

4. Lisa’s Story
May 1996

My name is Lisa and I am an alcoholic. I am also a policewoman. Today I’m a recovering alcoholic. I’ve been sober for just over 16 months. I started drinking when I was about 14. I got very drunk the first time I drank, and I got very drunk the last time I drank, 16 years later.

During those 16 years here are some of the things that I didn’t do. I didn’t drink at home. I didn’t drink alone. I didn’t lose my home, my car or my job. So just how did I end up being an alcoholic?

I’ve been in the job for over 10 years now. When I joined I went to an inner city station and soon found that I fitted in better after a drink. This suited me just fine. I look back now and realise that I had already crossed the thin red line of social/problem drinking. We would finish day shift and go to the pub for just a few drinks. The afternoon shift would sometimes turn up when they finished shift, and I would still be there with the others like me. I felt I had to stay and be social with them. About 3am, I would toddle off home and be up to start work at 7am. The next day the same story. I was much younger then.

Then I progressed to plain clothes work. However, my behaviour did not change. I was ‘one of the boys’ and that was what I’d always wanted to be.

But things weren’t always equal for me, because I wasn’t a boy. This became glaringly obvious when after another one of those long drinks, one thing led to another. The next day,
the chap involved got pats on the back and was considered a real stud. Whilst I was looked on as, well you know what the other ‘s’ word is. We had both done the same thing, why the different responses? That’s what happens when you are female and you drink. Even that experience wasn’t enough to slow me down. If anything, it added fuel to the fire. I felt less of a person, I had lost my self respect, so disgusted with myself, I drank more to cover the pain. At no stage did I realise what was going on.

The confusing thing about all this is, that there were days I could go to the pub and just have a couple of drinks. But I could never guarantee which day would be a couple and which would be a couple of hundred. It just wasn’t up to me anymore.

The last couple of years were pretty unbearable, especially the last 12 months. I would get home very drunk and sleep for a few hours. Then I would wake up with the shakes/shivers and sweats. The vomiting would start. I couldn’t stand up in the shower and it would take several goes to clean my teeth. all the time I would be repeating over and over again, ‘Why did I do it?’ and the classic ‘Never again’. This had become normal life for me.

Another thing that had become normal for me was wanting to die. When I was lying in my bed shaking and shivering I felt so alone. I felt worthless and trapped. I just wanted it all to end. I don’t know whether it was really suicide I thought of. It was just that I wanted the pain to end. The pain inside of me. I didn’t know how to separate these two things; my pain and my life.

To overcome these symptoms and feelings, I stopped going home to sleep and would drink right through till morning. I would walk out of the pub and go home to have a shower and go to work. I would still be drunk, and the shakes and shivers wouldn’t start until about 10am. Sometimes I could get a coke and pie down to help ward them off. I never learned that a couple of drinks would have calmed the symptoms - perhaps that’s the reason why I didn’t become a morning drinker. If I had known that a couple of drinks would have stopped that horrible feeling, I would have done it. I just suffered through those many, many days.

My last drink was a good one. I’d been having an argument with myself all day. I said to myself; ‘You’re not going out tonight. You’re going home.’ The end of the shift came around and I had organised to go to the pub and have dinner with a friend. I got to the pub early and had had several drinks before my company even arrived. I had this panicky feeling all day, I didn’t know what it was bu it felt like a huge knot in my stomach. I felt edgy and scared. So I downed a few drinks in quick succession and I remember the panic leaving me. I started to feel normal again. My company arrived and we had a meal, but by the time the food came
around I wasn’t interested in it any more. I ate a small amount and pushed it away. I was only interested in the wine on the table.

After dinner, we went back to the bar and had a few more drinks, then went to another pub, then another. I was happy now. I was having a good time. But I didn’t seem to be able to get enough of the stuff. I wanted more and I wanted top shelf. We were drinking shooters by this stage. This was serious fun. The rest is a blur of more and more drinks. My company went home, but I hadn’t had enough so I stayed on by myself.

Later I found myself in the toilets, I remember feeling very drunk, but not drunk enough, and being sick to make room for more. I looked in the mirror. I had started off the evening all dressed nice; hair done, make-up on. Now I barely recognised the creature that stared back at me in the mirror. It was the first time that I really saw myself and what I had become.

The make-up was gone, my hair was all over the place and I looked like shit. But what really scared me was my eyes. I just didn’t recognise the person looking back. I didn’t know who she was anymore. It certainly wasn’t who I wanted or dreamed I would become. Then I left the toilet and went upstairs and drank some more - but it wasn’t the same, something had happened.

I left there as normal, when it was light and went home. I sat down in the shower again. But when I got to work I knew something was very, very wrong. I went and spoke to someone I could trust. I remember saying, ‘I can’t do this shit anymore.’ I felt like I was on a roller-coaster and wanted to get off. Other people became involved after that and tried to smooth it over for today, But luckily for me this person that I had trusted saw it was more than just a today problem. He saw that I was in trouble and needed help.

With much resistance from above, he took me to the Welfare Branch and that’s where I came to meet Rod McDonald, my second life line. I had a conversation with him and two shots in the bum from the PMO to help with the vomiting which had started by this stage. Rod listened to me, he offered a solution but he also identified my problem. I’d gone there thinking that they would tell me to come in twice a week for an hour or so for counselling. I thought I had all these problems I was going crazy. I wasn’t crazy, all I was was an alcoholic.

The next day I went to St John of God Hospital, they have a Drug & Alcohol Programme there. What an eye-opener that was! I had gone there thinking maybe I was a little bit alcoholic. I’ve come to learn that’s like being a little bit pregnant. You may not be showing at the moment but give it time and it’s larger than life.
That’s how my drinking was progressing, it had been steady for lots of years but it had started the downhill run and boy was it starting to show. The three weeks at St John of God introduced me to Alcoholics Anonymous. I left the hospital and started going to AA on a regular basis. This is where my life has started.

I transferred out of the section I was in. I didn’t get the support that I needed. I got it from ‘the boys’ but not ‘the bosses’. I think they felt threatened by what had happened. You know the old saying, ‘never trust someone who doesn’t drink’. Well it seems to go tenfold for one who used to drink. I think there may have been some ‘well if she’s one, what’s that make me?’ The answer; ‘Very uncomfortable’. So I left and I am glad for it today.

I have been lucky, blessed you could say. I have been able to start my whole life over again. Sober. The best thing in all this was AA. I’ve met some really wonderful people in AA. People that today I call friends, real friends not the fairweather kind. Not just drinking buddies. People who have really been there when I needed help. I’m glad today to know that I’m an alcoholic. I’m not saying I’m glad to be one, just glad to know what was wrong.

I’m not mad-crazy-stupid-bad-worthless. I’m just an alcoholic who for a long time was very sick. Today, I’m on the road to recovery. The person I was talking about in the mirror before, I recognise her today.

Her eyes are alive - she has things to live for - she has learnt to love herself and others. She has learnt she is a nice person, she has learnt she has a place on this earth. And she is grateful for the people who helped her and pointed her in the right direction. The direction of Alcoholics Anonymous.

5. Matt’s Story
April, 1996

My name is Matt, I am a serving officer with the NSW Police Service and I am an alcoholic; a term and condition which these days I have come to accept. In my own mind I have not always been an alcoholic. It was not for 14 months after I had stopped drinking that I came to fully accept the condition. I then found that I had a choice; I could commence to drink again and deteriorate physically, mentally and spiritually as I had been doing, particularly in the last year of my drinking or I could put the Alcoholics Anonymous programme into my life and live what I consider to be a happy normal life. This to date is what I have done, with the help of other people.

I found that as I began to get well I could compare what life was like and how it had improved and try as I may, I could put this improvement down to nothing other than the removal of
alcohol from my life, my circumstances had not and still have not changed I have the same wife, job and home, the change is in me. I am thankful for that, this is why today I do attend Alcoholics Anonymous so that I may help myself and maybe of some help to others as I have been helped.

There were three distinct phases to my drinking. In the beginning it did not cause me any problems whatsoever and, if anything, could have been described as a source of enjoyment. In the second phase I knew that I was drinking too much, but was able to stop when necessary to get things in order and prepare myself for another bout. The third stage brought me closer to the end, I had lost control, I drank because I had to drink, and I had to because I was an alcoholic. I did not enjoy drinking and after a session when overcome with remorse, guilt and self pity I would wonder why I had done it at all and then make the too familiar promise 'never again'. I would be quite genuine in my resolve at the time until the next time I drank.

To the end I was aware what was happening. I knew that soon if I continued I would lose my job and then after that, most likely my wife and home, but even that did not stop me. I remember I used to try to rationalise and think that when things got bad enough or when I needed to I would do something about it. However, that is not how I came to stop. By myself I could not, because I had lost complete control and no matter how bad things got they would never be bad enough for me to stop on will power alone.

I remember the day I visited the Welfare Branch nearly three years ago. I was totally confused, I was drunk, I did not know what I wanted to do, neither did I know what they would do for me. I can say that certainly it was not a straightforward decision of 'yes, this is the time, things are bad enough'. Within half an hour I was asked if I would be prepared to go into hospital. I agreed, not because it was what was needed, but because I thought a rest would be good, also it would get me out of any trouble I was in at that time and I rarely disagreed with anybody so long as they would leave me alone.

That was the first day I did anything positive about my drinking although I did not realise it for quite some time.

At the hospital I was told I was an alcoholic. I did not believe this and argued while I was there, that I did not feel well because I had a group of people telling me I had a problem, when in actual fact there was nothing wrong with me at all. I never thought that I may be withdrawing from alcohol. As far as I was concerned they were the cause of my confusion. I did not say this to anybody at the time, but did what was expected of me. That is the strange thing about this disease - the denial. Had the doctor told me I had any other illness, I would have eagerly sought his opinion on the best way to treat it, however even in the face of damming evidence
over the previous 17 years I was not prepared to accept that I was an alcoholic. Certainly I drank too much, but I still had a wife, job, house and two cars between us.

At that stage I remember my ability to think and reason logically was gone as was my short term memory. Eventually I decided I would give these people credit for having more knowledge in the matter than I did and would take the advice given and follow the path outlined. That I thought, 'was pretty noble of me', still having a rather large problem with my ego.

Every night while there I attended an AA meeting. I thought there must be something in it. I was told to look for similarities in the stories told. I thought that was a little like reading your stars, if you try hard enough you can apply what is written to any circumstance, like-wise with what people said. I also thought I should be careful, that if I told myself often enough that I was an alcoholic I would come to believe it, be it true or not. However I kept going and sure enough things did begin to improve just as I was told they would. I accepted the spiritual side of the AA programme that there was a power greater than me and that power was God. Eventually I came to believe that God could do for me what I could not do for myself and that is stop me drinking.

I find I go best when I accept without reservation the fact that I am an alcoholic, I know the programme offered by AA works, I have seen it work. I used to think it was normal to be drunk regularly, I thought the majority of people did it, I now know that they do not. I used to wish I could be like other people. I am now happy to be myself. Every day I make a commitment to 'have a go,' and ask God’s help; at the end of each day I look at what I have done and where I have made mistakes I try and rectify them the following day. I do not always achieve what I set out to do, but the point is I am sincere in my efforts. I can honestly say that I am now happy. I still have problems from time to time, but nothing that cannot be overcome and certainly nothing that would make me want to drink. It is very simple, some people can drink, I can't if I want to remain responsible and sane.

From time to time when I feel I would like to drink I now can think it through logically. Sure there are lots of people who can have a drink occasionally without any ill effects, but I know that I can’t. If I attended a function or any social event when I was drinking I was there to get drunk. I had no interest in what was going on around me, I would probably have had a blackout and made a fool of myself. Why then in the past was it necessary for me to live my life either intoxicated or hung over? Why was I unable to face reality without being drugged up on alcohol? I believe because I am an alcoholic. These days I can see the beauty in things. I know that there is more good than bad in the world, every day is a good day, that unknown fear has left me, I know my place and am happy with that.
NEVER TRUST A COP WHO DOESN'T DRINK

A CRITICAL STUDY OF THE CHALLENGES AND OPPORTUNITIES FOR REDUCING HIGH LEVELS OF ALCOHOL CONSUMPTION WITHIN AN OCCUPATIONAL CULTURE

A thesis submitted in partial fulfilment of the requirements for the degree of Master of Science, Honours.

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PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
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ABSTRACT

Generally, police strive to live up to their own police standard of the 'good cop'. They aspire to the 'machismo' heroic image portrayed in the numerous, and perennially popular, fictional police dramas shown almost daily on our TV screens. This aspiration, together with the characteristics inherent in our para-military, confrontational style of policing, has resulted in the development of a unique and dynamic 'machismo' occupational culture among police in the Western world.

Is it only by accident that police culture valorises 'hard' drinking, or that in NSW police label their heavy drinkers 'heroes', and warn the unwary never trust a cop who doesn't drink? Or is there some relationship between occupational culture and drinking style? The ability to 'drink like a man', consuming prodigious amounts of alcohol, has long been one of the traits of popular heroes in the West, whether the fictional James Bond, the real Errol Flynn, or Australian 'icons' such as shearers, cane-cutters, beach Lifesavers, or football and cricket stars.

Historically, the 'machismo' occupational culture of the NSW Police Service has encouraged excessive drinking among police, colluded to hide the consequences, and discouraged any resort to health interventions. Independent research in the 1990's has demonstrated that 40-45% of female, and 45-50% of male NSW Police Officers drink to harmful or hazardous levels. The mortality rate of police officers due to alcohol-related liver failure is twice that of the general population.

In my role as Drug & Alcohol Counsellor to NSW police, I have found that much of the current theorising about the origins and nature of problem drinking, such as psychological theorising about stress, is inadequate to explain and address the extraordinary level of high-risk drinking among police.
Consequently, after reviewing the deficiencies of the most commonly proposed theories in this respect, this thesis explores alternative views, such as critical and feminist perspectives on police culture, constructions of masculinity, and mechanisms of 'enabling', to discover whether these might prove more applicable and more productive.

The thesis also explores the matter of whether a case can be made for taking these alternative ideas and theories into account in designing intervention programmes for specific occupational contexts, and whether they raise any policy and practical implications for addressing problem drinking within the NSW Police Service.

I have placed much emphasis in my work on contextualising the research problem and engaging with important theoretical and practical issues. A chapter outline is given below.

**Chapter One** outlines the problem which confronted me on my employment as a drug and alcohol counsellor with the NSW Police Service, and the rationale for the study undertaken as the basis of this thesis.

**Chapter Two** further contextualises the research problem, including clarifications of key concepts.

**Chapters Three and Four** contain an extensive review of the relevant literature, exploring both the macrocosmic (Chapter 3) and the microcosmic (Chapter 4) realms. They raise some critical issues in relation to the sociological, occupational, and individual factors which may contribute to the development of 'problem' drinking, and the relevance of these to the drinking practices of police.

These two chapters attempt to highlight the comparative adequacy of broad sociological theorising, as opposed to the narrower 'biopsychosocial' focus on the individual, in providing a plausible explanation for the phenomenon of high
risk drinking in certain occupational groups such as police. Theories which focus on factors at the individual level are given considerable critical attention. This is crucial to any serious evaluation of the relevance of these theories in explaining the enormous variance between otherwise similar, but distinct, cohesive groups.

Chapter Five challenges the conventional and popular theory that occupational stress rather than culture is a primary factor in generating the high incidence of hazardous and harmful drinking among police.

Chapter Six explores the evidence for a police culture, and the relationship of this culture to police drinking practices.

Chapter Seven considers the dynamics of enabling, an interaction which, this thesis contends, is crucial to understanding the development and maintenance of drinking problems. Education directed at modifying this behaviour formed the basis of the workshops evaluated as part of my study.

Chapter Eight presents a case study relevant to the research problem. The results of particular interventions are considered, together with policy and other implications. There is also comment on some of the relevant attitudinal change and administrative reform currently occurring in the NSW Police Service in relation to drinking practices and their consequences.
CONTENTS

Acknowledgements .................................................. 1
Abstract .................................................................. 2

CHAPTER ONE
Alcohol consumption and the NSW Police Service: introduction to the research problem
Rationale for the study: research interests and background ............ 9
Investigating alcohol and occupation .................................. 16
Work wasn’t meant to be easy: but is it enough to drive workers to drink? .................................................. 18
Occupational community and drinking subculture: leading workers to drink? .................................................. 22
Leading workers to alcohol doesn’t make all of them drink .......... 25
Some key considerations and issues .................................... 27
Research questions ...................................................... 28
Approach taken to the research problem ................................. 29

CHAPTER TWO
WHAT constitutes 'PROBLEM DRINKING'?: DEFINITIONS, STEREOTYPES AND REALITIES
Clarifying key concepts .................................................. 31
Defining what constitutes a problem in regard to alcohol use ....... 34
The nature of harm associated with alcohol use: why drinking in and out of work hours affects work performance .................... 37
Implications of the distribution of alcohol consumption in populations ............................ 40
Alcohol use and abuse in the industrial setting: the problem of costs and solutions ............................................. 44
Levels of alcohol use and abuse in the NSW Police Service ....... 48
The costs of employee alcohol use & abuse to the NSW Police Service .......................... 50
The costs of police alcohol use and abuse to the Community ....... 52
The costs to individual police officers and their families .......... 53
The pre-1992 attitude of the NSW Police Service to alcohol use and abuse among police officers ..................... 53
Occupational Culture and policing ...................................... 56

CHAPTER THREE
Reviewing the evidence for the origins of problem drinking:
Neglected Prime Suspects: alcohol, history, culture, and gender
Drinking as a social act .................................................. 60
The problem of how to view the drinking problem ................... 63
Neglected prime suspects in the origins of problem drinking: alcohol availability, gender, and national culture ..................... 69
The drink or the drunk .................................................... 69
Drinking, occupation, and the construction of masculine identities .................. 73
The National social context: alcohol and machismo in history, culture and popular culture .......................... 89
Summary ................................................................ 104

CHAPTER FOUR
Reviewing the evidence for the origins of problem drinking:
The Usual Suspects: individual 'biopsychosocial' factors
Evaluating influences on individual drinkers: biological arguments .......... 107
Evaluating influences on individual drinkers: psychological arguments ...... 111
Evaluating influences on individual drinkers: multicausal factors ........... 122
The influences of social class and status ................................ 126
The influences of knowledge and age ................................... 130
Drinking in the industrial context: the characteristics of high and low risk occupations ............................................. 134
The characteristics of high risk occupations ............................ 139
Machismo occupational communities .................................. 142
Different gender-plus-culture effects in the military and the police ........ 143
Esoteric knowledge .................................................... 144
CHAPTER FIVE

Police, Alcohol, and Stress: questioning conventional theory

Stress has a long history........................................... 162
The ubiquitous and elusive nature of stress.................... 164
The positive aspects of stress................................... 166
The tension reduction hypothesis: a brief history............. 171
The tension reduction hypothesis: examples of contemporary research.................................................................... 174
Confounding cause and effect........................................ 179
The problem of non-drinking in response to stress.............. 180
A broader perspective on the tension reduction hypothesis..... 182
Occupational stress and police drinking.......................... 183
The evidence: bad news for the tension reduction hypothesis.................................................................................... 188
Comparative alcohol consumption and stress levels in police and other emergency services occupations......................... 191
The tension accumulation hypothesis................................. 196
Alcohol: does it relieve or increase tension or stress?........ 198
Placebos and symbolism.............................................. 204
The use of non-sedative drugs: a challenge for the tension reduction hypothesis.................................................. 205
The stress hypothesis: superstition.................................. 206
Stress and pseudo-science............................................. 212
Summary.......................................................................... 215

CHAPTER SIX

Police Culture: a profile of men with a mission and a fondness for drinking

The scope of the discussion............................................ 216
Drinking in the context of Western, English-speaking police forces: the best kept secret there is.......................... 218
The historic context of police drinking: a constant worry to the hierarchy................................................................. 227
Contemporary police culture........................................... 233
The nature of ‘The Job’: preparation for it; culture vs education..................................................................................... 239
The language of policing.................................................. 244
Laws, rules and rules of thumb: you can’t play it by the book............................................................................................ 246
Conservative men with a mission...................................... 251
Suspicious, pessimistic cynics.......................................... 254
Solidarity in isolation..................................................... 255
Never trust a cop who doesn’t drink.................................. 260
The code of silence....................................................... 262
Machismo men of action: police as warriors....................... 263
Gendered culture: the ‘defeminisation’ of women police....... 268
A light hearted attitude................................................. 273
Summary.......................................................................... 274

CHAPTER SEVEN

Enabling Self-destruction: the role of incognizance, cultural values, and social support in maintaining problem drinking

Even your best friend won’t tell you.................................. 278
Sliding past the point of no return.................................... 281
Helping the drinker to self-destruct: the dark side of social responsibility................................................................. 282
How almost everyone enables, and why they should stop........ 284
An illustration of enabling by police supervisors ...................... 288
Solidarity in drinking cultures ........................................ 290
Motivation for enabling: no pathology necessary....................... 292
Enabling as lack of knowledge and awareness.......................... 298
Denial and enabling go hand-in-hand .................................. 302
Manifestations of enabling in the NSW Police Service ................ 303
Problem drinkers must support by ‘recruiting’ enablers ............... 308
Gender differences in enabling ......................................... 310
Blocking intervention: shifting the blame and refusing to name the demon ................................................. 311
The role of enabling in the development of drinking problems in the workplace ......................................................... 317
Enabling by institutions and organisations ............................. 320
The high risks of ceasing to enable .................................... 323
The alternative to enabling ............................................... 325
Summary ........................................................................ 328

CHAPTER EIGHT
Evaluating Strategies for Promoting Referral of Problem Drinkers: a case study of the NSW Police Service

Ethical considerations ....................................................... 329
Objectives and methodology .............................................. 332
Method: the phases of the study ......................................... 335
Phase one: the baseline ..................................................... 336
Phase two: mass education about alcohol ............................... 337
Phase three: targeting key personnel ..................................... 338
Phase four: a collaborative approach .................................... 343
Results ........................................................................... 347
Discussion of results ........................................................ 351
Another possible validation of results ..................................... 359
Other results of the study: revelations of the association between referral rates and perceived sanctity of confidentiality ........ 360
Conclusions of the study .................................................... 363
Critique of strategies and approaches .................................... 364
The Changing Attitude of the NSW Police Service: the beginnings of a ‘culture shift’ away from binge drinking? ......................... 372
The beginnings of new policy directions ................................. 372
Phased introduction of random breath testing of police ............. 378
Into the future: prospects and challenges ............................... 380
Conclusion .................................................................... 381

APPENDICES ................................................................. 384
1. National Health and Medical Research Council Recommended Guidelines for Low Risk Drinking ........................................... 385
2. DSM-IV Definitions of substance abuse and dependence .......... 386
3. The organisational structure and ranking hierarchy of the NSW Police Service at the time of the study ......................... 388
4. Outline of the One Day Workshops for Supervisors .................. 390
5. The five personal stories
   Sergeant M ............................................................... 392
   Sergeant R ............................................................... 399
   Sergeant T ............................................................... 402
   Lisa ........................................................................ 407
   Matt ........................................................................ 410

BIBLIOGRAPHY .............................................................. 413