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'It's a crutch': A qualitative exploration of UK police employees' experiences of at-risk alcohol consumption or abstinence[1]

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Abstract One-third of UK police employees drink to at-risk levels, with both at-risk drinking and abstinence being associated with poor mental health. This research aimed to qualitatively explore police employees' experiences of at-risk alcohol use or abstinence, their motivations for drinking/abstaining, and the organizational culture of drinking. Semi-structured telephone interviews with 16 UK serving police employees (12 at-risk drinkers, four abstainers) were conducted and analysed using thematic analysis. Five themes were identified. Participants described the 'organizational culture of drinking and changes over time', outlining a cultural shift. Motivations for drinking were reflected across two themes, 'alcohol as a coping mechanism' and 'alcohol and socializing', with an additional theme representing 'motivations for abstinence/cutting down'. The final theme highlighted the 'contrasting perceptions of available support'. Though the drinking culture is no longer as prominent, using alcohol socially and to cope, is normalized. The implications and recommendations for practice are outlined.

Introduction

Policing in the United Kingdom (UK) can be a highly stressful occupation (Anshel, 2000), characterized by operational stressors, such as witnessing a traumatic event (Cartwright and Roach, 2020; Syed et al., 2020) and organizational stressors, such

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as insufficient support and leadership changes (Houdmont *et al.*, 2012; Demou *et al.*, 2020; Jackman *et al.*, 2021). These stressors have been exacerbated by unprecedented budget cuts, reducing officer numbers (Home Office, 2019; Allen and Audickas, 2020), and increasing demands (Elliott-Davies, 2019; Houdmont *et al.*, 2019). The negative impact of operational stressors on police mental health is well established (Brewin *et al.*, 2020; Syed *et al.*, 2020). The consequences of organizational stressors have also been evidenced (Purba and Demou, 2019; Houdmont *et al.*, 2020; Charman and Bennett, 2021) and are more commonly reported as sources of strain (Biggam *et al.*, 1997; Shane, 2010).

The wider literature suggests that regularly experiencing strains and stressors can lead to maladaptive coping strategies, such as at-risk alcohol use (hazardous or harmful use) (Khantzian, 1997; Hawn *et al.*, 2020). The relationship between poor mental health and at-risk alcohol use is well known (Debell *et al.*, 2014; Lai *et al.*, 2015), as alcohol is used to alleviate negative affective states (Dixon *et al.*, 2009), but can lead to further mental health decline (Strid *et al.*, 2018). There is also evidence to suggest that poor mental health is associated with abstinence from alcohol (compared to low-risk drinking) (El-Guebaly, 2007; Puddephatt *et al.*, 2021). The 'sick quitter hypothesis' proposes that this may be driven by former drinkers becoming abstinent as a result of poor physical or mental health, or because of problematic alcohol use (Shaper *et al.*, 1988; Ng Fat, 2014).

In a study of 40,000 UK police employees (police officers are crown servants, not employees, but this collective term will be used to refer to officers and staff), one-third met criteria for hazardous alcohol use (one-fifth of the UK general population met the same criteria in a separate study (NHS Digital, 2018)) and 3% for harmful alcohol use, and those with a mental health problem had significantly greater odds of reporting harmful drinking and abstinence (Irizar, Gage, et al., 2021). In comparison to similar occupations, a global review identified the pooled prevalence of hazardous alcohol to be 37% in military personnel and 13% in healthcare professionals (Irizar, Gage, et al., 2021). In policing literature, the evidence regarding the relationship between organizational strains and at-risk alcohol consumption is mixed (Kohan and O'Connor, 2002; Sterud *et al.*, 2007; Houdmont and Jachens, 2021), with a previous study identifying lower odds of at-risk drinking in those reporting high strain, compared to low strain (Irizar, Gage, et al., 2021). Moreover, despite historic accounts of a drinking ('canteen') culture in UK policing, as police stations previously had bars (Waddington, 1999), and alcohol was used to encourage bonding or to 'debrief' after stressful incidents (Richmond *et al.*, 1999; Abdollahi, 2002), there is a dearth of recent literature exploring the organizational culture of drinking.

This study is part of a sequential multi-method project. The previous epidemiological study (Irizar, Gage, et al., 2021) determined the prevalence of at-risk alcohol use and abstinence and their associations, but qualitative data are needed to gain an in-depth understanding of this phenomenon. This study aimed to qualitatively explore UK serving police employees' experiences of at-risk alcohol use or abstinence from alcohol, specifically, (i) motivations for alcohol consumption or abstinence (e.g. relating to mental health) and (ii) the organizational culture of drinking, and attitudes towards those who abstain, within the UK Police Service.

Methods

Eligibility criteria

This study recruited police employees who met criteria for either (i) at-risk drinking or (ii) current abstinence from alcohol (but previously drank alcohol). Participants were eligible if they (i) were currently serving in a UK police force (any rank or any police staff grade), (ii) were aged over 18 years, (iii) had not been diagnosed with or received treatment for an alcohol problem in the past year, and (iv) spoke fluent English. Individuals who were retired or pregnant were not eligible to participate. Ethical approval was received from the University of Liverpool Research Ethics Committee.

Materials

An online Qualtrics screening questionnaire was used to determine eligibility and assignment of

participants to 'at risk drinking' or 'abstinence' groups. The questionnaire included the 10-item Alcohol Use Disorder Identification Test (AUDIT) (Saunders *et al.*, 1993), which determined at-risk drinking (scores between 8 and 14 indicate hazardous use, scores between 15 and 19 indicate harmful use, and these categories were grouped as 'at-risk drinking') and current abstinence (Supplementary Appendix A). The questionnaire also recorded demographic and occupational factors (age, gender, ethnicity, marital status, educational attainment, number of children under 18 years, job role, years in service).

Two topic guides directed the semi-structured telephone interviews, depending on whether the participant met criteria for at-risk drinking or abstinence (Supplementary Appendix B). Both topic guides included questions regarding participants' time in the Police Service; impacts on their personal life and physical/mental health; coping strategies; general attitudes towards drinking; and available support. The remaining questions for at-risk drinkers related to their drinking habits, motivations to drink, and motivations to cut down. The remaining questions for abstainers focused on their previous drinking habits, and motivations to stop. For legal and safeguarding reasons, the interviews did not explore illicit substance use.

Procedure

The study procedure is outlined in Fig. 1. The study was completed between 27 October 2020 and 23 March 2021. Potential participants could access a link to the online Qualtrics questionnaire, containing the information sheet, via the study advertisement. An email address and telephone number were required. Participants were informed that only the research team would have access to their responses to the questionnaire. Participants automatically received a link to a second Qualtrics questionnaire, 24 h after submitting their contact details, containing a consent form and screening questionnaire. Those scoring between 8 and 19 on the AUDIT, or who were currently abstinent, were notified that they were eligible. Those scoring above 8 on the AUDIT also received a link to an online NHS brief

alcohol intervention (https://www.nhs.uk/live-well/alcohol-support/), 2 weeks after completion, as they were drinking to at-risk levels. Those meeting criteria for low-risk drinking (<8 on the AUDIT), possible alcohol dependence (≥20 on the AUDIT), or lifetime abstinence, were notified that they were not eligible.

A Ph.D. researcher (P. I.), who completed a qualitative research workshop prior to conducting the study to develop necessary skills, contacted eligible participants via telephone to arrange the interview. The telephone interview (conducted from P. I.'s home) was audio-recorded, with consent. Interviews lasted between 10 and 60 min. After the interview, participants were debriefed on the telephone and via email. Participants were reimbursed with a £10 shopping e-voucher (this was stated in the information sheet). The interview recordings were transcribed verbatim, removing identifiable information, and the pseudo-anonymized transcripts were sent to participants for approval. The recordings were deleted after the transcripts were approved, ensuring full anonymity.

Participants

Using convenience sampling, participants were recruited nationally via a study advertisement which was distributed on social media (Twitter, Facebook, LinkedIn, Reddit). Members of an established project advisory group (see Acknowledgements for names) for this research also shared the study advertisement via email and social media. The researchers sought to recruit 12 participants for each group, as 12 interviews are generally sufficient to achieve data saturation (Vasileiou *et al.*, 2018).

The screening questionnaire was completed by 36 individuals and 16 were eligible to participate, with 12 meeting criteria for at-risk alcohol use (four women, eight men) and four for abstinence (all men). Participant characteristics are summarized in Table 1. Categories are grouped to prevent identification. Participants interviewed described the wide range of areas that they had worked in, including child criminal exploitation, neighbourhood policing, response policing, traffic policing, and working in criminal investigation departments (CID).
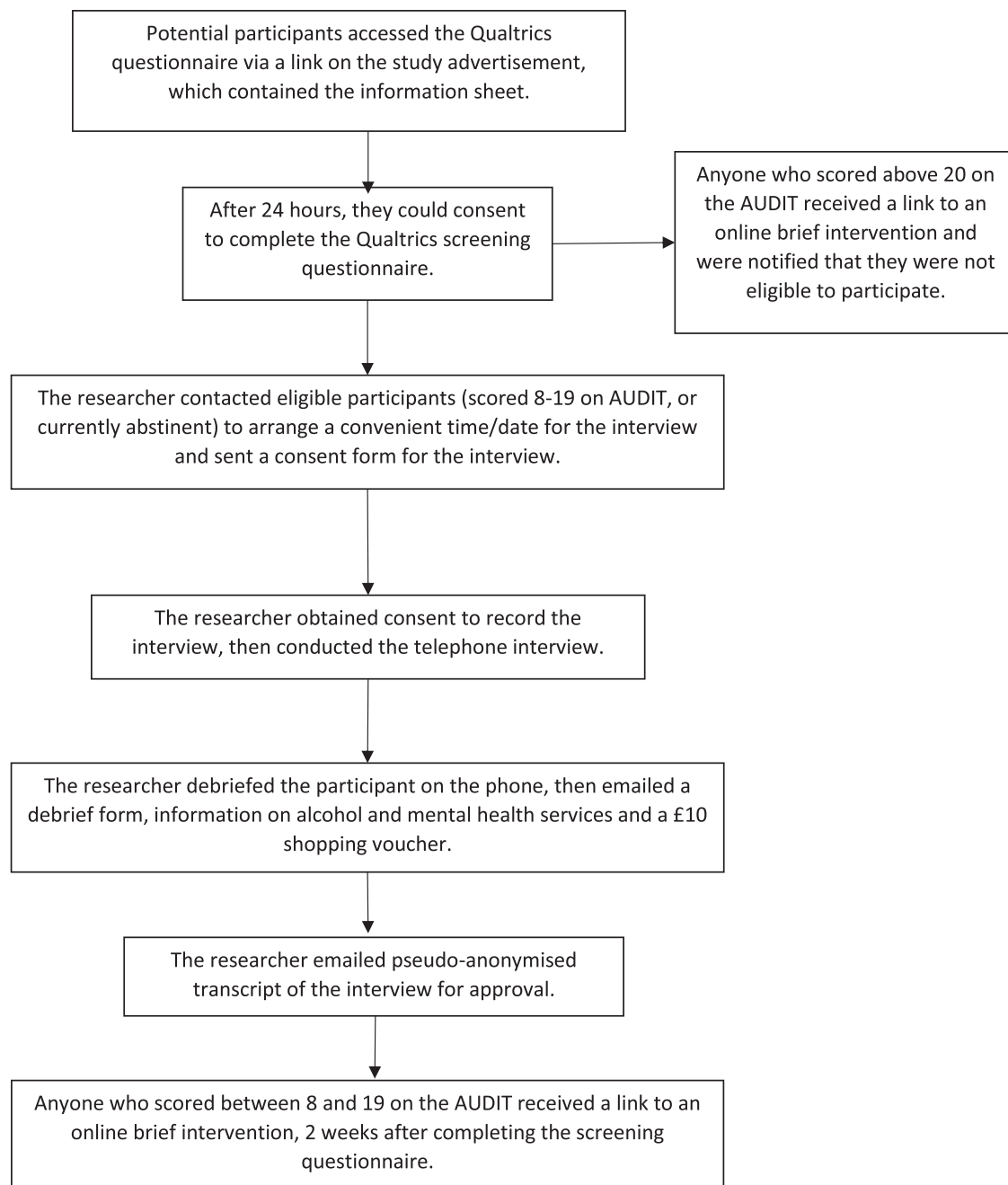
Figure 1: Flow diagram of the study procedure.

Reflexivity

As the researcher was female (most participants were male), with no previous experience working within the Police Service, this may have influenced responses, as participants may have felt more comfortable sharing their experiences with someone with no involvement with the Police Service.

Table 1: Demographic and occupational characteristics of participants for at-risk drinkers (N = 12) and abstainers (N = 4)

	Gender	Age	Ethnicity	Marital status	Educational attainment	Children under 18 years	Police role	Years in service	AUDIT category[a]
1	Female	40–50	White—British	Married	A levels/highers or equivalent	2	Inspector/chief inspector or above	>20	Hazardous
2	Male	30–40	White—British	Married	A levels/highers or equivalent	0	Police constable/sergeant	6–10	Hazardous
3	Male	30–40	White—British	Living with partner	A levels/highers or equivalent	2	Police constable/sergeant	6–10	Hazardous
4	Male	40–50	White—Other	Living with partner	Bachelor/postgraduate degree	3	Police constable/sergeant	11–20	Harmful
5	Male	<30	White—British	Single	Bachelor/postgraduate degree	0	Non-ranked police staff	6–10	Abstainer
6	Female	40–50	White—British	Married	Bachelor/postgraduate degree	0	Police constable/sergeant	11–20	Hazardous
7	Male	40–50	White—British	Married	Vocational qualifications	2	Inspector/chief inspector or above	>20	Abstainer
8	Male	30–40	White—British	Separated/divorced	A levels/highers or equivalent	2	Police constable/sergeant	11–20	Abstainer
9	Male	30–40	White—British	Living with partner	GCSE/O levels or below	0	Police constable/sergeant	6–10	Hazardous
10	Female	40–50	White—British	Married	A levels/highers or equivalent	2	Police constable/sergeant	>20	Hazardous
11	Female	<30	Mixed—Other	Living with partner	Bachelor/postgraduate degree	0	Police constable/sergeant	<5	Hazardous
12	Male	<30	White—British	Single	Bachelor/postgraduate degree	0	Police constable/sergeant	<5	Harmful
13	Male	30–40	White—British	Married	Bachelor/postgraduate degree	2	Special constable	6–10	Abstainer
14	Male	<30	White—British	Single	Bachelor/postgraduate degree	0	Police constable/sergeant	<5	Hazardous
15	Male	>50	White—British	Married	Vocational qualifications	2	Police constable/sergeant	>20	Hazardous
16	Female	<30	White—British	Living with partner	Vocational qualifications	1	Police constable/sergeant	<5	Harmful

[a] AUDIT, Alcohol Use Disorder Identification Test. Scores from 8 to 14 indicate hazardous use and scores of 15 or more indicate harmful use.

However, the researcher could not fully relate to their experiences, which may have influenced the interpretation of the interviews.

Data analysis

The transcripts were analysed using the six-step inductive thematic analysis (familiarization, generating codes, generating themes, reviewing themes, naming themes, writing up), to allow the data to drive the codes and themes (Braun and Clarke, 2006, 2019), in NVivo 12. P. I. first transcribed, read, and re-read the qualitative data. Relevant aspects of the data were coded systematically, creating a codebook to reflect the initial codes and give meaning. Codes were combined to create potential themes and sub-themes that depict the data. A second female Ph.D. researcher (L. J.) coded two transcripts (out of 16) to establish consistency. Memos (records of ideas about codes and their relationships) and meetings with the research team were used to discuss inconsistencies and ensure that the codes and themes supported the data, making changes if needed. The themes were then named and defined, and finally, written up below. The qualified research team, with formal training and experience conducting qualitative research, and discussions with the advisory group, helped to focus the findings and reduce influences from biases.

Results

This research explored UK police employees' experiences of at-risk alcohol use or abstinence from alcohol, reflected across five main themes and sub-themes (Table 2). The themes and sub-themes are presented in the thematic map (Fig. 2), which shows the central theme, 'organizational culture of drinking and changes over time (Theme 1)', linking to all other themes, as participants discussed the drinking culture and/or how it has changed when describing their motivations for drinking or abstaining, and when sharing their views on the availability of support for alcohol problems. Two themes, 'alcohol as a coping mechanism (Theme 2)' and 'alcohol and socializing (Theme 3)', are linked to each other as they both reflect motivations for drinking. Motivations for abstaining are outlined in Theme 4, 'motivations for abstinence/cutting down'. The fifth theme reflected the 'contrasting perceptions of available support for alcohol problems'.

Theme 1: Organizational culture of drinking and changes over time

All participants discussed the culture of drinking within the Police Service, and how this has changed over the years. The latter is reflected in Sub-theme 2, 'cultural shift', whereby participants stated that the drinking culture is no longer prominent and described possible reasons for this. The first sub-theme, 'general attitudes towards drinking', outlines police employees' views on the norms and attitudes towards alcohol, as well as perceptions of what constitutes problematic use.

Table 2: Summary of themes and sub-themes with reference to the relevant research aims and participant group

| Themes	Sub-themes	Relevant group
1. Organizational culture of drinking and changes over time (aims 1 and 2)	1.1. General attitudes towards alcohol 1.2. Cultural shift	At-risk drinkers and abstainers At-risk drinkers and abstainers
2. Alcohol as a coping mechanism (aim 1)	2.1. Trauma exposure 2.2. Job strain	At-risk drinkers only At-risk drinkers only
3. Alcohol and socializing (aims 1 and 2)	3.1. Drinking to socialize with colleagues 3.2. Social consequences of abstaining	At-risk drinkers only Abstainers only
4. Motivations for abstinence/cutting down (aims 1 and 2)	4.1. Abstainers' motivations 4.2. At-risk drinkers' motivations 4.3. Positive consequences of abstaining/cutting down	Abstainers only At-risk drinkers only At-risk drinkers and abstainers
5. Contrasting perceptions of available support for alcohol problems (aim 2)	5.1. Discipline 5.2. Lack of awareness 5.3. Awareness and support available	At-risk drinkers and abstainers At-risk drinkers and abstainers At-risk drinkers and abstainers
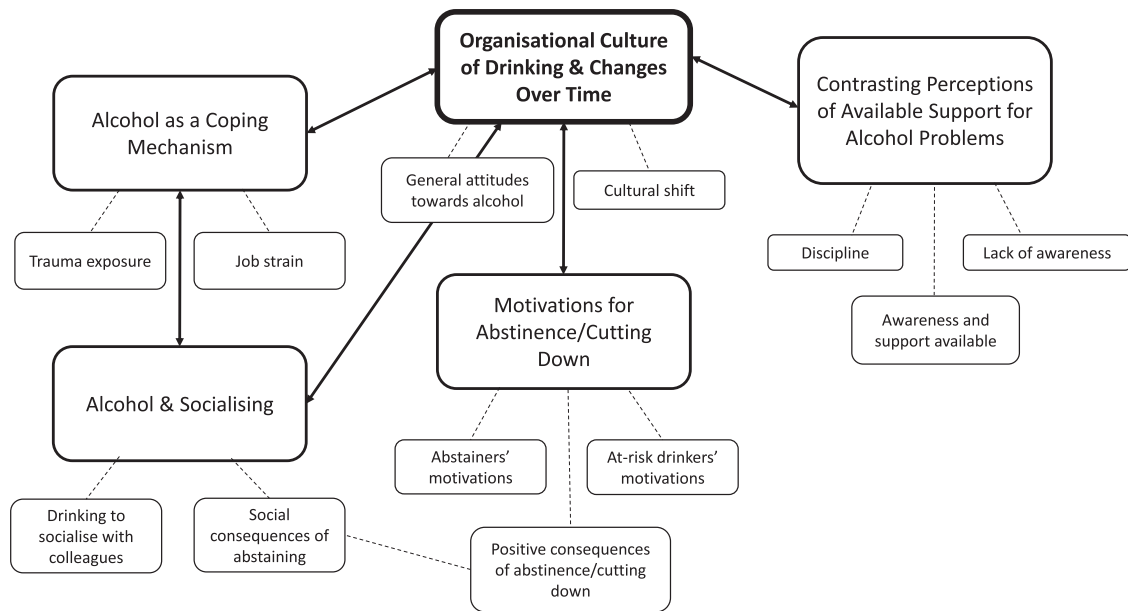
Figure 2: Thematic map showing the five main themes and their sub-themes (connected with dashed lines). The arrows represent the links between the themes, with all themes linking to the central theme (in bold). 'Alcohol as a coping mechanism' and 'alcohol and socializing' are linked as they both reflect motivations for drinking.

Sub-theme 1: General attitudes towards alcohol. Participants shared their own attitudes towards alcohol and their perceptions of how alcohol is viewed, in general, within the Police Service. Most notably, heavy drinking was perceived as normative amongst colleagues and participants suggested that this was understandable and unproblematic. It was apparent that dark humour was commonly used when alcohol was discussed between colleagues, 'an underlying running joke about, you know, drinking too much, not talking to people' (P14, male, at-risk drinker).

> There are things that can be a bit of machismo around policing. It's understandable, it can be a can be a really high stressed job and sometimes there's an expectation that, you know, you'll have to go out and have a drink to sort of relax after that shift... But I think the culture is like any other workplace—or where I said sports team, it reminds me

of sports teams from Uni days. (P13, male, abstainer)

There were contrasting perceptions of the current drinking culture, with those who had served longer (more than 10 years) believing that the drinking culture was still prominent amongst the younger employees, but this was not apparent from the interviews with newer recruits (served less than 5 years), who described a culture that was more accepting of abstinence.

> I think there's a culture, you've got probably a 50/50 culture. You've got the older officers who—it's a socialising way of—not so much coping—but just to get out and talk rubbish, you know, with your colleagues and your friends. But then you've got the younger officers who are, you know, out til 4/5 in the morning. (P15, male, at-risk drinker)
> It's less common nowadays, the drinking culture in the police... It's much

more accepted nowadays that some people don't drink through choice not just because of religion or because they've had a problem in the past, it is a lot more common now than it used to be. (P5, male, abstainer)

Participants appeared to only view alcohol consumption as problematic if extreme, despite all participants in the at-risk drinking group meeting criteria for hazardous or harmful alcohol consumption. These normative beliefs may relate to the stigma surrounding alcohol problems.

> I have spoken to colleagues about it, saying, I'm not dependent on it but I do drink more than the government would probably recommend, but I think it's just being able to be aware of it and I don't think people would own up to that … there's still a stigma around it, like mental health I suppose. (P6, female, at-risk drinker)

Sub-theme 2: Cultural shift. Participants described how the culture of drinking (e.g. regularly drinking to socialize with colleagues) has changed over the years and is now not as apparent as it used to be, with one participant stating, 'years ago, it used to be everyone up the pub, stuff like that, but that's sort of disappeared now' (P10, female, at-risk drinker). The removal of police bars (canteens) was addressed as a major reason for this cultural shift, and those with many years of service recalled the previous drinking norms and their experiences of section houses (accommodation provided for employees).

> When I first started, we all lived in section houses, which was like a big police block. So, there were 50 Old Bill in there, and it was like a big hostel really, for coppers, and that was on the ground that we worked… So, when I first joined the job that was the normal—the done thing—you'd join the late turn, you'd get straight on the piss after, about 10 o'clock, and you'd basically hammer the bar for an hour/2 hours, until they

kicked you out. (P7, male, abstainer)

Although this cultural shift can generally be viewed as positive, as heavy drinking is 'no longer encouraged' (P8, male, abstainer), one participant highlighted the negative aspects of these changes, suggesting that this now makes it more difficult to identify colleagues who may be struggling with problematic alcohol use and intervene:

> In some respects, and I've got nothing to back this up, it was more controlled when you had the canteen and the bars. Whereas now they've closed, it sounds a bit strange, but you notice if one of your friends is drinking to excess, you think is there a problem there, is everything ok? Whereas that used to be picked up on and noticed by your colleagues, but now people just—I know for a fact, because I've seen them—they go home and close the door and drink themselves into a stupor and then obviously hopefully sober up before the morning. (P15, male, at-risk drinker)

Theme 2: Alcohol as a coping mechanism

Discussions surrounding the mental health consequences of the job were strikingly apparent in both at-risk drinkers and abstainers, with one participant stating that their regular mental health screenings often show 'compassion fatigue' and 'obviously levels of PTSD' (P2, male, at-risk drinker). Participants shared their experiences of traumatic incidents, which have impacted their mental health, with some taking time off work due to poor mental health, as demonstrated in the quote below:

> There was a period a couple of years ago when I had to take a bit of time off from it because it was just mentally—mental health wise I wasn't doing very well. (P5, male, abstainer)

Participants also discussed the demands of the job and how this negatively impacts employee well-being, such as the change to mostly single crewing, which has reduced peer support whilst on duty. Given that participants reported using alcohol to

cope with both trauma exposure and job demands, this theme contains two sub-themes: 'trauma exposure' and 'job strain'.

> Because we've got single crewed cars now, officers work predominantly on their own, again, it's changed because when I was there you were almost always double crewed, so there was someone to talk to, someone to share issues. (P15, male, at-risk drinker)

Sub-theme 1: Trauma exposure. In this sub-theme, participants described using alcohol as a crutch, particularly after traumatic incidents. Alcohol was used to cope both alone, and with others, after collective experiences. It was suggested that alcohol could help colleagues to talk through a traumatic incident, 'and the booze helps, it loosens the tongue' (P7, male, abstainer).

> But if the late shift has been particularly busy or there's been some horrible stuff, I do try and fill my time quite a lot. I find it hard if I get home and if I don't have a drink, it's just sometimes harder to unwind. So, I know it's a bit of a crutch in a way, because I use it to relax. (P6, female, at-risk drinker)

> There's certain jobs where you go to— like suicides or, I mean horrible suicides like at train stations or hanging … the first thing you sort of do, is have a drink. Rather than sort of going round and saying oh let's talk about it, let's have a drink first and then talk about it. (P9, male, at-risk drinker)

There was some awareness of the potential to become reliant on alcohol as a coping mechanism, with one participant stating, 'I don't want to get down that slope of always drinking just to forget about what I've been to and what I've seen' (P16, female, at-risk drinker). It was suggested that this is more of a concern since joining the Police Service, 'if do that now [drink to forget], dealing with the traumatic incidents that I'm dealing with, I will always lean on it as a crutch' (P16, female, at-risk drinking).

Sub-theme 2: Job strain. Alcohol was not only used to cope with traumatic incidents but was also used to cope with more general work stressors, such as the intensive workloads. It was apparent that alcohol was used to 'switch off' after work, and to signify the end of the working day, with participants stating that, 'if you've had a drink, you're definitely off duty' (P4, male, at-risk drinker).

> Sometimes the worries and stressors at work are not actually just related to the type of incidents I'm dealing with, sometimes it's just the volume of work I've got on at a particular time… To stop my mind racing, quite often I have a drink because yeh, it just sort of numbs that down a bit and I can relax. (P6, female, at-risk drinker)

Theme 3: Alcohol and socializing

Participants also reported social reasons for drinking, especially with colleagues, which is reflected in the first sub-theme (drinking to socialize with colleagues). Socializing with alcohol was generally viewed positively by at-risk drinkers, but caused some abstainers to feel excluded, as highlighted in Sub-theme 2 (social consequences of abstaining). Across both sub-themes, there were contrasting perceptions between the longer serving employees and newer recruits, and between police officers and staff (however, it should be noted that the sample included only one staff member).

Sub-theme 1: Drinking to socialize with colleagues. Participants shared their experiences of socializing with colleagues, which tended to include drinking for the at-risk drinkers. For example, one participant stated, 'the only time I ever meet colleagues outside of work is to meet up for a beer' (P3, male, at-risk drinker). However, linking with the central theme, 'organizational culture of drinking and the changes over time', it was apparent that the way police employees socialize has shifted over time, with some teams now choosing social activities that do not revolve around drinking.

> I think over the years, what's happened in the police, is I think a lot

of that's changed. I mean sure, again that probably varies across teams, but certainly within the team I'm in now, we don't tend to arrange—any social stuff we tend to do, it tends to not necessarily revolve around drink. So, we might do team building stuff, erm or meet up for a walk… Early on in my career if there was like a social it was always going to be at a pub, certainly now, it's different stuff. (P6, female, at-risk drinker)

The use of alcohol to socialize with colleagues was more apparent in police employees who had served for several years and had stayed in residential police academies.

> When I joined the police, it was—certainly in training school, because we did it residentially, there was quite a big—I don't want to say drinking culture, but it was almost like a social aspect of it… We would go to training school together, we'd come home, we'd have dinner and then we'd go out to the local sort of club to have some drinks together. (P12, male, at-risk drinker)

Sub-theme 2: Social consequences of abstaining.   This sub-theme was relevant to the abstainers only. In the previous sub-theme, participants described using alcohol to socialize with colleagues, and this sub-theme highlights the negative social consequences experienced by police employees who abstain from drinking. Some abstainers described being viewed and treated differently when they made the decision to abstain (particularly after being a previous heavy drinker).

> I'm just not part of that that companionship anymore, certainly now that I don't drink, you tend to get left out a little bit, tend to be, sort of not included in it…. It had a massive impact on work, people just wouldn't speak to me… I wouldn't get invited to drinks, because they didn't see that I could go to a pub… (P7, male, abstainer)

However, there were contrasting experiences amongst the abstainers. One abstainer reported positive social experiences with colleagues, as abstinence was quite prominent in their office. This may highlight differences in the culture and social environment of drinking, between staff and officers, or longer-serving and new employees.

> I'm quite fortunate in my office, there's quite a lot of people that don't drink either. It's quite relatively prominent in my office, either for personal or sort of erm family reasons that they don't like to—so I'm not, I don't tend to feel peer pressured into it, I can just sort of enjoy hanging out with my mates. (P5, male, abstainer)

Theme 4: Motivations for abstinence/cutting down

This theme reflects the motivations for, and benefits of, abstinence or cutting down drinking. This theme is not unique to abstainers, as at-risk drinkers also reported cutting down or periods of abstinence. Therefore, the sub-themes are separated into 'abstainers' motivations' and 'at-risk drinkers' motivations' to show the distinctions. Both groups also shared positive consequences of abstaining or cutting down, outlined in the final sub-theme.

Sub-theme 1: Abstainers' motivations.   Amongst the four abstainers, there were two distinct reasons for abstinence. One reason related to working in the night-time economy and witnessing excessive drinking, and 'the same drunkenness and fights and arguments' (P13, male, abstainer). Regularly dealing with alcohol-related incidents provided an incentive to abstain from drinking, with one participant stating, 'I can see from the outside how all these people are excessive drinking, and I don't want to be like that' (P13, male, abstainer). Others made the decision to abstain because alcohol was creating a problem, for example, by worsening an existing mental health problem or interacting with medication for a mental health problem.

I'd drank a litre of gin on my own or just under a litre I believe, something like that, and as a result of that, that's when I ended up self-harming, I think we'd had an argument or something, ended up self-harming and that's when I tried to kill myself … and it was from that point that I was told that because of the medication I was on, I shouldn't drink on it, and I've just stuck to it really from then. (P8, male, abstainer)

Sub-theme 2: At-risk drinkers' motivations. As with the previous sub-theme, at-risk drinkers' motivations to cut down drinking also related to impact of alcohol on mental health, or on physical health, 'I was starting to put on a little bit of weight' (P10, female, at-risk drinker). Some at-risk drinkers were able to see the benefits of reducing their consumption or having periods of abstinence and used this to self-monitor their own drinking habits.

I think for me psychologically I've noticed a difference by the complete abstinence and not drinking and not feeling tired and not feeling rough and not feeling miserable. I think I've been able to make that connection. I can have a couple of drinks and enjoy it and it doesn't impact on my mental health. Whereas if I was to keep going and drink in the week, it would do. (P1, female, at-risk drinker)

Sub-theme 3: Positive consequences of abstinence/cutting down. The previous two sub-themes highlighted the negative impact of alcohol on mental and physical health and abstaining or cutting down can be beneficial for improving well-being. This sub-theme links to the sub-theme, 'social consequences of abstaining' as it shows the contrasting benefits of not drinking. For example, one abstainer described gaining weight whilst drinking and stated, 'when I stopped drinking the weight dropped off, and I've been running marathons and ultras and iron men' (P7, male, abstainer).

Participants also discussed the mental health benefits of abstaining.

The alcohol I think was just masking problems or even exacerbating it at certain times so, I think it gives you clearer thinking processes and what have you. I mean there's the obvious benefit of not having a hangover or not feeling worse for wear and everything. (P8, male, abstainer)

Theme 5: Contrasting perceptions of available support for alcohol problems

The final theme outlines the contrasting views of the available support for alcohol problems within the Police Service. Across the interviews, participants discussed the availability of support for alcohol problems in comparison to support for mental health problems, and it was apparent that mental health support is now widely accessible. However, there were no consistent perceptions of available support for alcohol problems across participants, highlighting that there may be variations across forces and roles.

Sub-theme 1: Discipline. The first sub-theme worryingly showed that some police employees were unaware of available support for alcohol problems and outlined that misconduct or unsatisfactory performance procedures are sometimes used. The below quote highlights that this may be a result of stigma towards alcohol problems.

I mean one of my colleagues did end up losing her job because she was drinking too much, so I know that there is an issue in certain areas and with people who can't recognise when it becomes a problem, but I don't know whether it is talked about openly and honestly. (P6, female, at-risk drinker)

Nevertheless, it appeared that this has changed over the years, as misconduct or unsatisfactory performance procedures were the previous course of action for alcohol problems and was a 'taboo' topic, whereas now support is offered to those who need it.

It's definitely changed since I joined, when I joined, pretty much if you had a problem in any way shape or form, you hid it, because if you didn't and it came out, you'd either be punished by being disciplined or you'd be put on a unit where you were taken away from the public, so it's very much like a taboo sort of subject, but I think now they're far more understanding. (P8, male, abstainer)

Sub-theme 2: Lack of awareness.   Other participants were aware of support for mental health problems but were not aware of any services specifically relating to alcohol. It was clear that participants were aware of the link between poor mental health and using alcohol to cope, and how that could contribute to problematic use. However, participants were unaware of alcohol services within the Police Service.

I think because suicide is quite a high thing in the police force, they kind of hammer that home, as opposed to having [poor] mental health and then what you what it makes you do. So probably people that have mental health problems probably do drink a lot, or they do a lot of other things because they're not coping. But they don't really address drinking or doing the other things, it's more just about your mental health. (P11, female, at-risk drinker)

Sub-theme 3: Awareness and support available.   In contrast, some participants were aware of available support and knew how to seek support from within their police force, should they need it. The improved emphasis on police employee well-being was apparent. One participant described a range of avenues to seek official internal help for alcohol problems, such as 'internal counselling network' and 'occupational health' (P12, male, at-risk drinker), as well as confidential help which may be off the record.

I think the police in the last—certainly pre—you know, maybe 10 years ago—had a very bad reputation for its officer welfare and that's something that it is trying it improve… It's not great still, but it's better than it was, but there are definitely outlets both confidential and official that an officer that was struggling with alcohol issues could go down. (P12, male, at-risk drinker)

Discussion

Key findings

This is the first study to explore police employees' experiences of at-risk drinking or abstinence. Sixteen participants, from diverse age groups and roles, described a shift in drinking culture, which was partly attributed to the removal of bars in police stations (Theme 1). Although drinking is no longer encouraged, participants regarded heavy drinking as normal. Moreover, using alcohol to cope with the distressing and demanding aspects of policing was common (Theme 2). Contrastingly, alcohol was also used to socialize with colleagues, particularly amongst the longer-serving employees, but again, it was apparent that this is shifting (Theme 3). Abstinence was motivated by observations from working in the night-time economy or because of the negative impacts of alcohol (Theme 4). Finally, the awareness of available support differed across participants, with some being aware of support and how to access it, whereas others were unaware or believed alcohol problems would be met with disciplinary procedures (Theme 5).

Drinking culture

The drinking culture within policing is no longer prominent, but heavy drinking is still perceived as normal, and discussed positively or in relation to dark humour, in line with existing evidence regarding police coping strategies (Brough *et al.*, 2016). This aligns with the social norms theory, whereby misperceptions of others' consumption lead to increases in one's own consumption (Berkowitz, 2003; Perkins, 2003), which often

occurs in workplaces (Barrientos-Gutierrez et al., 2007). Alcohol is still commonly used to socialize within some teams, particularly amongst longer serving employees, and this can cause some abstainers to feel left out, as has been found in studies of the general population (Bartram, Eliott, and Crabb, 2017; Bartram, Eliott, Hanson-Easey, et al., 2017). However, a cultural shift was clear, as young abstainers described more positive experiences of socializing without alcohol, which may relate to the increase in abstinence among young people (Fat et al., 2018). These findings also highlight differences in the organizational culture of drinking between abstaining police officers (feeling left out) and staff (feeling accepted). Linking with epidemiological findings (Irizar, Gage, et al., 2021), staff were more likely to report abstinence than officers, and longer-serving employees were more likely to report at-risk drinking than newer recruits. The removal of police bars appears to have contributed to the cultural shift, but worryingly, there were concerns that this could lead to hidden alcohol problems and reduced peer support, with recent research suggesting that UK police employees feel isolated by the lack of social spaces (Turner and Jenkins, 2019). However, planning alcohol-free team-building activities may help to change the culture whilst encouraging bonding and improving mental health (Wheeler et al., 2020).

Drinking to cope

Participants experienced traumatic incidents and reported poor mental health, with some needing time off work, as a result. Epidemiological data of UK police employees suggest that poor mental health is associated with both abstinence and harmful drinking (Irizar, Gage, et al., 2021). The present findings are harmonious with this, as the at-risk drinkers described using alcohol to cope with distressing incidents or the demands of the job, and a notable motivation for abstaining was the detrimental impact of alcohol on mental health. Taken together, these findings are congruent with the self-medication hypothesis (Khantzian, 1997), indicating that UK police employees suffering from a mental health problem may be more likely to use alcohol as a coping mechanism, which could lead to

harmful use (Holahan et al., 2001; Irizar et al., 2020). This could be driven by the machismo culture, whereby seeking peer support is made easier with alcohol (Edwards and Kotera, 2020). Alternatively, the present findings indicate that some individuals may abstain from alcohol because of declining mental health, supporting the sick quitter hypothesis (Shaper et al., 1988).

Availability of support

The contrasting perceptions of available support for alcohol problems may highlight discrepancies across forces or roles. Some participants knew how to access confidential and official support, internally through occupational health or counselling services. Others were unaware of support for alcohol problems, contrasting the widespread support for mental health problems. Concerningly, some thought disciplinary procedures resulted from problematic alcohol use, which could prevent employees from seeking help (Jones et al., 2020). The availability of support for mental health problems highlights advances in reducing mental health-related stigma, though research shows that it is still prevalent in policing (Bell and Eski, 2015; Edwards and Kotera, 2020). The stigma surrounding problematic alcohol use is apparent and there is a misperception that heavy drinking is not problematic unless extreme (Schomerus et al., 2013; Parke et al., 2018). This binary classification can prevent help-seeking through beliefs that their drinking is not 'bad enough' (Morris et al., 2020), and delayed help-seeking can exacerbate problems (Chapman et al., 2015).

Strengths and limitations

A strength of this research is that both warranted police officers and non-warranted police staff, across a diverse range of roles, were recruited nationally, increasing the generalisability of the findings. However, only one non-warranted police staff met eligibility criteria. Despite recruiting a sufficient number of at-risk drinkers for data saturation, only four abstainers were recruited, though this may be because only 9% of the UK Police Service are abstinent (Irizar, Gage, et al., 2021). The limited

sample size may also be a consequence of using social media as the main method of distributing the study advertisement. A further limitation is the self-selected sample, as these individuals may have strong opinions or negative experiences that they wish to share and may not reflect the views of others (Robinson, 2014). For example, those choosing to abstain because of problems caused by alcohol may be more likely to speak negatively about the drinking culture in the police. Social desirability bias is a concern (Bergen and Labonté, 2020), given that the Police Service is often subject to public scrutiny (Delsol and Shiner, 2006), meaning participants may be more likely to report desirable behaviour. This is particularly paramount in the wake of recent events, such as the murder of Sarah Everard and Black Lives Matter campaigns, as participants may be concerned that reporting a prominent drinking culture could result in further reputational damage.

Implications

Understanding the current drinking culture and availability of support in the UK Police Service is vital for reducing alcohol-related harm. The practical implications of the study findings are threefold. First, the acceptability of heavy drinking and misperceptions of problematic use highlight a need for education, within the workplace, on 'low-risk' levels of drinking and the harms of regularly drinking above government guidelines (Sieck and Heirich, 2010; Ames and Bennett, 2011). Second, these findings provide further support for the integration of mental health and alcohol services, and routine screening for comorbidity (Debell *et al.*, 2014), especially within high-risk occupations, such as policing, where employees may be more likely to use alcohol to cope (Irizar, Puddephatt, *et al.*, 2021). Finally, support for problematic alcohol use should be available and accessible within all forces. Future research should investigate the effectiveness of workplace education and interventions aimed at reducing alcohol use (targeting high-risk individuals, as identified through epidemiological research (Irizar, Gage, *et al.*, 2021)), or strategies to improve well-being and stress management, within the Police Service.

Conclusions

Overall, these findings suggest a shift in the drinking culture within the UK Police Service, coinciding with the removal of police bars. Heavy drinking is no longer encouraged but is still normalized. Police employees appear to be an occupational group at risk of using alcohol to cope, given the frequent trauma exposure and intensive demands, and increased single crewing has reduced social support from colleagues. Alcohol awareness training should be implemented within the workplace; support must be accessible for all police employees; and managers must be aware of how to identify and signpost those needing support.

Supplementary material

Supplementary material is available at *Policing* online.

Funding

Data availability

Due to the sensitive nature of this research, the interview transcripts cannot be made publicly available.

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