

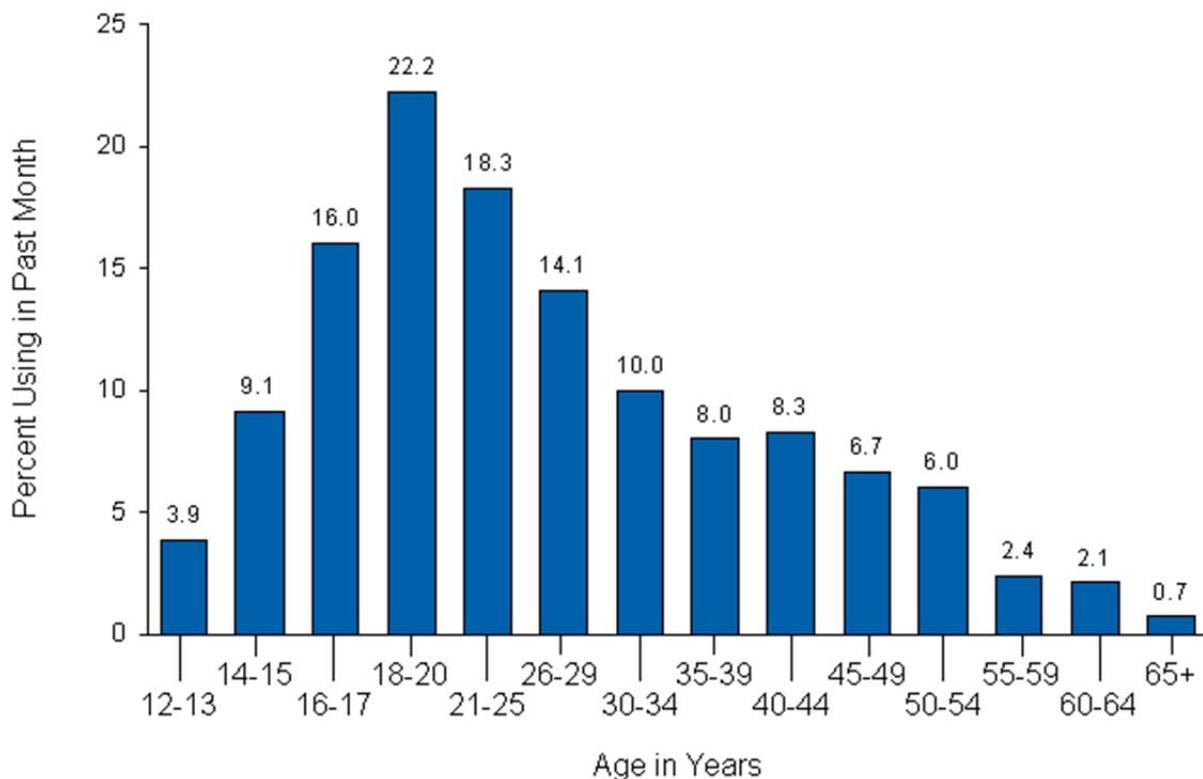
Alcohol and Drug Resources and Interventions for First Responders and Firefighters: Presented to Gainesville Fire and Rescue 11/20/13

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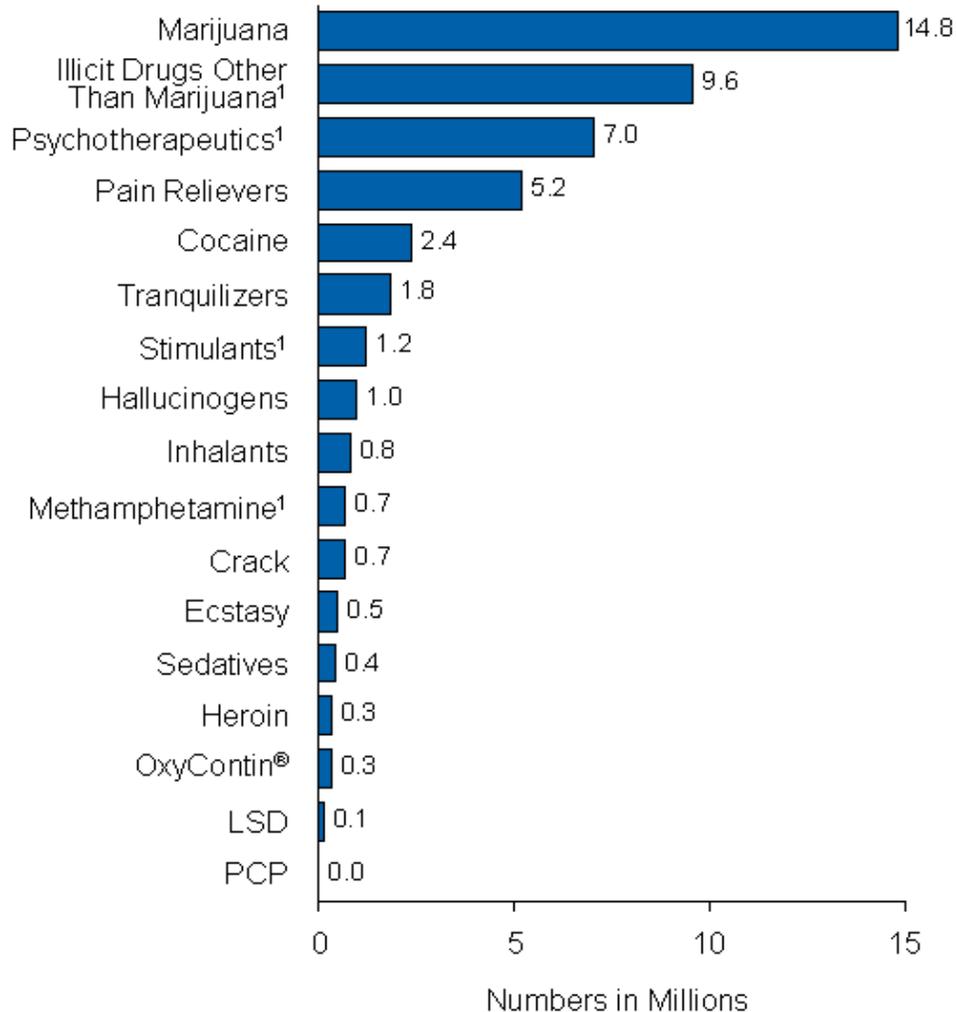
“Even heroes need to talk.” One of the marketing slogans for Project Liberty, New York’s post-9/11 Crisis Counseling Program

General Facts and Discussion about Alcohol and Drug Use in First Responders:

For the first time in 2009 drugs caused more deaths (37,485) than motor vehicle accidents. That was double the rate of drug-related deaths in 1999. A steep rise in deaths from overdoses of prescription narcotics contributes to this ongoing trend. As the following graph (SAMSHA, 2006) demonstrates peak ages of use within the past month ranges involve late adolescence and early adulthood.



As the following graph demonstrates (SAMHSA, 2006), historically the most frequently abused drug is marijuana, with prescription psychiatric medication and pain relievers coming in 3rd and 4th in terms of numbers of people of people abusing within the past month. Given the trend of increased narcotics deaths since 2009, this percentage has likely risen in recent times.



Approximately 75% of illegal drugs are consumed by people that are employed. Ten percent of that drug use is believed to occur in the work-place. Half of that is alcohol-related. On and off duty alcohol and drug abuse impacts on workplace safety. Pilot judgment errors have been shown to persist 14 hours after alcohol abuse. Individuals who abuse alcohol or drugs are 4 times more likely to be injured at work.

Alcohol is typically the substance most abused by public safety workers. Approximately 9.1 percent of workers in a group that includes firefighters reported *heavy* alcohol use in the previous month. The rate of alcohol use in the protective service category was slightly above the national average. Firefighters and law enforcement workers had the lowest rate of illicit drug use of any group of workers, with 1.5 percent reporting drug use in the past month (Source: The Party is Over; Emergency Vehicle Response:

<http://www.emergencyvehicleresponse.com/news/fullstory/newsid/123015>).

The US Firefighters Association (USFA) estimates that as many as 10% of firefighters may be abusing drugs. It estimates the threat of alcohol abuse among firefighters is more than double than that of the general population. Cincinnati's National Institute for Occupational Safety and Health conducted a survey in 1993 surveyed 145 firefighters and reported an estimate that up to 29% of firefighters have had problems with alcohol use and/or abuse.

Thirty-seven percent of approximately fifty respondents to a Virginia Beach Fire Department survey reported their fire department lost one or more firefighters in the past two years due to alcohol abuse. When asked about successful interventions for dealing with alcohol and drug problems in the department the most common successful intervention (33%) was reported to be EAP programs.

There is a general relationship between stress, stressful occupations and substance abuse. Boxer and Wild (1993) found that more than 40% of firefighters were experiencing psychological distress. Almost 30% of them were experiencing problematic alcohol use.

Studies report 30-50% of American men and a little more than 25% of women with PTSD have also had problems with drug abuse or dependence at some point during their lifetime. This was approximately double the rate of those individuals without PTSD (Brady et al 2004, Kessler et al 1995)

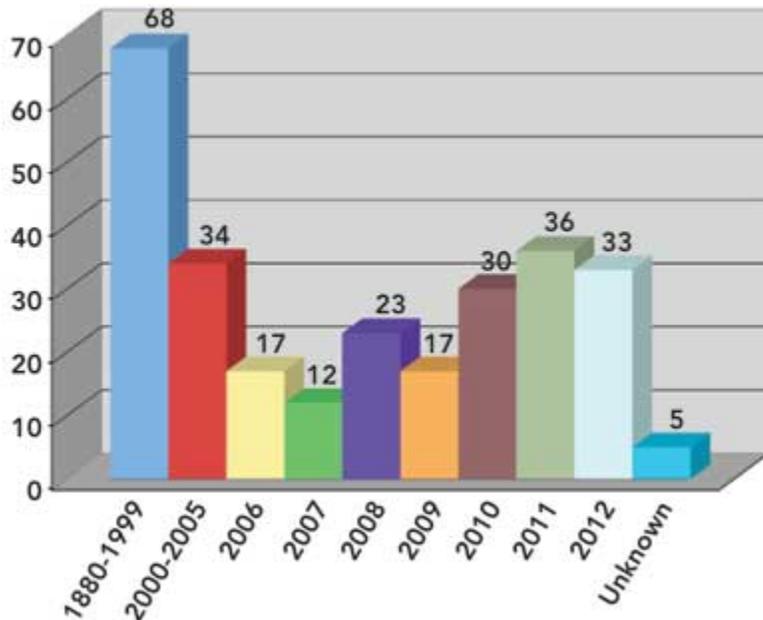
There is an increased risk of PTSD in first responders. Research demonstrated FDNY was at higher risk for Alcohol problems after 9/11 <http://www.firehouse.com/article/10466012/fdny-was-faced-with-alcohol-drug-abuse-problems-following-9-11>. Research indicates that a combination of alcohol use and PTSD produces a tenfold increase in the risk of suicide (Violanti, 2004).

The ProQOL has sub-scales for compassion satisfaction, burnout, and compassion fatigue. It is a commonly used measure of the negative and positive effects of helping others who experience suffering and trauma Stamm, B. H. (2009). *Professional quality of life: Compassion satisfaction and fatigue version 5 (ProQOL)*. http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf [PDF - 106.4 KB]

USFA estimates that fire service loses approximately 1,800 members per year from smoking. Firefighters who smoke have higher level of risk from heart and lung diseases than do firefighters who do not smoke. Source [1].

The number of firefighter fatalities has steadily decreased over the last 25 years, from a high of 171 in 1978 to a low of 75 in 1992. Despite this trend in absolute terms, approximately 100 firefighters are killed in the line of duty each year. In 2000, 102 firefighters died. (Source: USFA, 2000). The United States Fire Administration (USFA) reported 85 on duty firefighter fatalities in the United States as a result of incidents that occurred in 2010, a 6 percent decrease from the 90 fatalities reported for 2009.

Statistics about firefighter suicides are somewhat difficult to accurately obtain and there is variability in rates reported by varying sources. However, when compared to line of duty fatalities, it is clear that this remains a risk factor, as it is for other first responders such as law enforcement. Training in accessing and using preventative services like EAP and counseling needs to be considered as important as any other life-saving training or equipment.



Source: Jeff Dill, director and licensed counselor, *Counseling Services for Fire Fighters*. (2012)

References:

1. Fast Facts from Fire Department Safety Officer, 1st ed., International Fire Service Training Association.

Brady, K.T., Back, S.E., & Coffey, S.F. (2004). Substance abuse and posttraumatic stress disorder. *Current Directions in Psychological Science*, 13, 206-209.

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.

Tull, M.T., Baruch, D., Duplinsky, M., & Lejuez, C.W. (in press).

Violanti, J. M. (2004). Predictors of police suicide ideation. *Suicide and Life-Threatening Behavior*, 34(3), 277-283.

Resources for First Responders and Firefighters

“Even heroes need to talk.” One of the marketing slogans for Project Liberty, New York’s post-9/11 Crisis Counseling Program

Educational Resources about Alcohol, Drugs and Mental Health Issues for Firefighters, First Responders and Fire Departments:

International Association of fire chief’s position statement http://iafc.cms-plus.com/files/1ASSOC/IAFCposition_DrugAlcoholFreeAwareness.pdf Published on Sep 30, 2013. “The use of illegal drugs and the improper use of prescription and over-the-counter drugs have an enormous impact on not just firefighter safety, but the safety of all members of the community” - Matt Tobia, chair of the IAFC Safety, Health and Survival Section.

Alcohol and Drugs in the Fire Station - Dr. Richard B. Gasaway podcast
<http://www.firehouse.com/podcast/10459010/safety-week-2010-alcohol-and-drugs-in-the-fire-station>

Return to the Station. This well-produced film follows the roller coaster ride of a lifetime as a Florida firefighter on top of the world struggles and finally collapses:
<http://youtu.be/sktapIxuJbA>

The Party is Over; Emergency Vehicle Response:
<http://www.emergencyvehicleresponse.com/news/fullstory/newsid/123015>

Alcohol and Drug Abuse in U.S. – Evermore Grave.
http://cpancf.com/articles_files/DrugAlcoholGraveConcerns.asp

Keep the Kids Out of the Cookie Jar (Jul. 1, 2010) Bruce Evans, Fire Chief discusses paramedic access to controlled substances and methods for monitoring and preventing risk of abuse. <http://firechief.com/biometrics/keep-kids-out-cookie-jar>

Firefighter urges parents to be aware of child and adolescent risks of abusing medication:
<https://www.youtube.com/watch?v=WxZMxsUXYUc>

Signs of Prescription Drug Problems: <http://1stresponderstreatment.com/firefighter/>

Alcohol and Substance Abuse PPT Presentation (2008) Presentation to UF Occupational Therapy Department by Kay Hurlock, Ph.D., *Clinical Psychology Associates of North Central Florida* (Available on [CPANCF.COM](http://WWW.CPANCF.COM) website)

HHS, CDC. (2008). *Stress management for emergency responders: What responders can do*

[Audio podcast]. <http://www2c.cdc.gov/podcasts/player.asp?f=10613> Examines sources of stress at each level and what individuals, team leaders, and agency management can do to manage the stress. It gives practical guidance on ways to reduce stress and lessen its negative impacts on staff and the mission."

National Fallen Firefighters Foundation. (2006). *Firefighters' mental health*.

http://media.cygnus.com/files/cygnus/article/FHC/2006/APR/dm0602_10500421.pdf [PDF - 50.6 KB] "The firefighter will demonstrate a general knowledge of the mental health issues affecting the fire service, indicators of potential concerns, and corrective action options."

PTSD and Responders – the Silent Partner: <https://www.atthereadymag.com/site/thesilentpartner>

White paper from National Fallen Firefighters Foundation: Issues of depression and suicide in the firefighter service: http://lifesafetyinitiatives.com/13/depressionsuicide_summary.pdf

Suicide Prevention Resource Center. (2005, May 24). First responders: Emergency medical technicians and firefighters. http://ok.gov/odmhsas/documents/first_responders.pdf [PDF - 90.0 KB] This fact sheet provides resources for disaster responders including information on the role of for responders in preventing suicide, helping suicide attempters and survivors, and ways for disaster responders to help themselves and their fellow responders.

Stress Management in Law Enforcement (Second Edition), by Leonard Territo and James D. Sewell (Carolina Academic Press, 2007)

Emotional Survival for Law Enforcement by Kevin M. Gilmartin (E-S Presss, 2002)

Law Enforcement Suicide Prevention Toolkit

<http://policesuicide.spcollege.edu/toolkitIHW.htm>

From LAPD: Rolling Backup: <http://www.leotrainer.com/suicidelascomplete.pdf>

Online Flashplayer video training by LAPD Rolling Backup:

<http://policesuicide.spcollege.edu/crisisIHW.htm#Rolling>

Alcohol True Stories; Matt Damon

Words Can Work: When Talking about Alcohol (used by Boston and NY F.D.)

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EAP and Treatment Services for Firefighters and First Responders

Most First Responder and Fire Departments have established Employee Assistance Programs (EAP). EAP providers are often very familiar with local resources, provide a limited number of free sessions, and referral services. If you are unsure if your department has an EAP, contact Human Resources or Personnel and they should be able to provide an EAP phone number.

City of Gainesville EAP – www.cpancf.com Clinical Psychology Associates of North Central Florida provides EAP services to Gainesville Fire Department employees and their families (352) 33-2888. The website has educational articles, PowerPoint presentations, FAQs, and other information concerning alcohol, drug and prescription medication abuse and dependence. Many of these can be accessed on the Alcohol and Drug Treatment Service Page: <http://cpancf.com/alcoholanddrugtreatmentservices.asp> and in the CPANCF.COM Articles and Archives Page: http://cpancf.com/Articles_Tips_Archives.asp

Florida Recovery Center – Gainesville, FL program for police officers and first responders: <http://floridarecoverycenter.ufhealth.org/levels-of-care/recovery-tracks/leos/>

Member Assistance Services for members of National Volunteer Fire Council, [National Fire Services Member Assistance Program](#)

First Responders Program - Behavioral Health of Palm Beaches: <http://www.bhpalmbeach.com/programs/professional-programs/first-responders-substance-abuse-treatment>

The First Responders Addiction Treatment Program reaches out to police, firefighters, emergency personnel and combat veterans. Pennsylvania: <http://www.livengrin.org/html/frat.html>

Hotlines

National Suicide Prevention Lifeline (800) 273-TALK (8255)

SAMHSA National Helpline (800) 662-HELP (4357) (English and Español) (800) 487-4889 (T

Workplace Helpline (800) WORKPLACE (967-5752)
www.workplace.samhsa.gov/helpline/helpline.htm

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Possible Alcohol and Substance Abuse Indicators

Has smell of alcohol on breath or marijuana on clothing

Has burned fingers, burns on lips, or needle track marks on arms

Slurs speech or stutters, is incoherent

Has difficulty maintaining eye contact

Has dilated (enlarged) or constricted (pinpoint) pupils

Has tremors (shaking or twitching of hands and eyelids)

Is hyperactive and overly energetic

Appears lethargic or falls asleep easily

Exhibits impaired coordination or unsteady gait (e.g., staggering, off balance)

Speaks very rapidly or very slowly

Experiences wide mood swings (highs and lows)

Appears fearful or anxious;

experiences panic attacks

Appears impatient, agitated, or irritable

Is increasingly angry or defiant

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Tips for First Responders

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Possible Personal Attitude/ Behavior Indicators of Alcohol and Substance Abuse

Talks about getting high, uses vocabulary typical among drug users

Behaves in an impulsive or inappropriate manner

Denies, lies, or covers up

Takes unnecessary risks or acts in a reckless manner

Breaks or bends rules, cheats

Misses interviews, appointments, or meetings or arrives intoxicated

Fails to comply with program requirements without easily verifiable reasons (may be verbally uncooperative to disguise the problem or divert attention)

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Tips for First Responders

Possible Cognitive/Mental Indicators of Alcohol and Substance Abuse

Has difficulty concentrating, focusing, or attending to a task

Appears distracted or disoriented

Makes inappropriate or unreasonable choices

Has difficulty making decisions

Experiences short-term memory loss

Experiences blackout

Needs directions repeated frequently

Has difficulty recalling known details

Needs repeated assistance completing ordinary paperwork (e.g., application forms)

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Prescription drug abuse is a major problem in the fire service as well. The daily job activities of a firefighter cause injury and illness very frequently. Even when a firefighter is prescribed drugs to take as needed, they are very prone to start abusing that medication. Here are some of the signs of abuse:

Continued use of the drug, even after the pain it was prescribed for has ceased

Complaining about vague symptoms to get more medication

Mood and behavior changes, such as becoming hostile, volatile, agitated or anxious

Secretive or deceitful behavior in order to obtain the drug, such as having multiple prescription pills prescribed to others

Physical withdrawal symptoms when doses are missed

Flu-like symptoms such as joint and muscle aches, night sweats and insomnia

Using more than recommended amount of medication

Developing a high tolerance so that more pills are needed for the same desired effect

Withdrawal from friends, family and society, especially if people close to you say you have a problem

Financial problems associated with having to purchase more and more pills

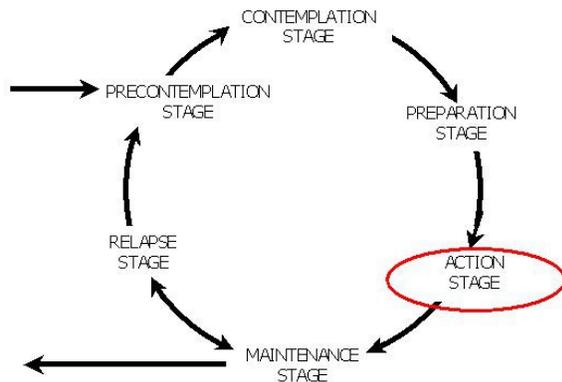
Past history of drug addiction

Source: <http://1strespondertreatment.com/firefighter/>

According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million persons (9.4 percent of the U.S. population) aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2007. Of these individuals, 2.4 million (10.4 percent of those who needed treatment) received treatment at a specialty facility (i.e., hospital, drug or alcohol rehabilitation or mental health center).

Substance abuse treatment refers to a broad range of activities or services, including identification of the problem (and engaging the individual in treatment); brief interventions; assessment of substance abuse and related problems including histories of various types of abuse; diagnosis of the problem(s); and treatment planning, including counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with alcohol or other drug problems (Institute of Medicine, 1990).

Motivational Model of Recovery precontemplation (get off my back!) contemplation (I feel stuck) planning (I will make changes tomorrow) action (here I go!) maintenance (relapse prevention) termination



It is important to note that not all persons in recovery for substance abuse relapse. Nearly one-third achieve permanent abstinence from their first attempt at recovery. An additional one-third have brief periods of substance use but eventually achieve long-term abstinence, and one-third have chronic relapses that result in premature death from chemical addiction and related consequences. These statistics are consistent with the life-long recovery rates of any chronic lifestyle-related illness (HHS/SAMHSA, 1996a).

Drug facts Treatment Approaches to Drug Addiction

<http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

Principles of Effective Treatment - National Institute of Health (NIH) DrugFacts: Treatment Approaches for Drug Addiction Revised September 2009

Scientific research since the mid-1970s shows that treatment can help patients addicted to drugs stop using, avoid relapse, and successfully recover their lives. Key principles have emerged:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- **No single treatment is appropriate for everyone.**
- Treatment needs to be readily available.
- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.**
- **Remaining in treatment for an adequate period of time is critical.**
- **Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.**
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- **Many drug-addicted individuals also have other mental disorders.**
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- **Treatment does not need to be voluntary to be effective.**
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.

Effective Treatment Approaches

Medication and behavioral therapy, especially when combined, are important elements of an overall therapeutic process that often begins with detoxification, followed by treatment and relapse prevention. Easing withdrawal symptoms can be important in the initiation of treatment; preventing relapse is necessary for maintaining its effects. **Sometimes, as with other chronic conditions, episodes of relapse may require a return to prior treatment components. A continuum of care that includes a customized treatment regimen—addressing all aspects of an individual's life, including medical and mental health services—and follow-up options (e.g., community – or family-based recovery support systems) can be crucial to a person's success in achieving and maintaining a drug-free lifestyle).**

City of Gainesville EAP Providers

Substance abuse treatment may be based on one of several traditional approaches: the **Medical Model** which focuses on the recognition of addiction as a bio/psycho/social disease, the need for life-long abstinence, and the use of an ongoing recovery program to maintain abstinence; the **Social Model** which focuses more on the need for long-term abstinence and the need for self-help recovery groups to maintain sobriety; and the **Behavioral Model** which focuses more on diagnosis and treatment of other problems or conditions

Criteria dimensions	Levels of care			
	Level I Outpatient treatment	Level II Intensive outpatient treatment	Level III Medically monitored intensive inpatient treatment	Level IV Medically managed intensive inpatient treatment
1 Acute intoxication and/or withdrawal potential	No withdrawal risk	Minimal withdrawal risk	Severe withdrawal risk but manageable in Level III	Severe withdrawal risk
2 Biomedical conditions and complications	None or very stable	None or nondistracting from addiction treatment and manageable in Level II	Requires medical monitoring but not intensive treatment	Requires 24-hour medical, nursing care
3 Emotional and behavioral conditions and complications	None or very stable	Mild severity with potential to distract from recovery	Moderate severity needing a 24-hour structured setting	Severe problems requiring 24-hour psychiatric care with concomitant addiction treatment
4 Treatment acceptance and resistance	Willing to cooperate but needs motivating and monitoring strategies	Resistance high enough to require structured program, but not so high as to render outpatient treatment ineffective	Resistance high despite negative consequences and needs intensive motivating strategies in 24-hour structure	Problems in this dimension do not qualify patient for Level IV treatment
5 Relapse potential	Able to maintain abstinence and recovery goals with minimal support	Intensification of addiction symptoms and high likelihood of relapse without close monitoring and support	Unable to control use despite active participation in less intensive care and needs 24-hour structure	Problems in this dimension do not qualify patient for Level IV treatment
6 Recovery environment	Supportive recovery environment and/or patient has skills to cope	Environment unsupportive but with structure or support, the patient can cope	Environment dangerous for recovery necessitating removal from the environment; logistical impediments to outpatient treatment	Problems in this dimension do not qualify patient for Level IV treatment

SOURCE:

Center for Substance Abuse Treatment. Intensive Outpatient Treatment for Alcohol and Other Drug Abuse. Treatment Improvement Protocol (TIP) Series, No. 8. DHHS Pub. No. (SMA) 94-2077. Rockville, MD: Center for Substance Abuse Treatment, 1994b.