

The Hungry Hornets: Checkpoint #1 Write-Up

1. What percentage of officers has at least one drug and alcohol abuse allegation?

Our queries revealed that **1578/24,287** or **6.5%** of police officers in the CPDP database have at least one drug and alcohol abuse allegation. While this appears to be a small percentage, it nevertheless amounts to a large volume of officers with this purported issue. Interestingly, **10.6%** of officers with more than 20 police misconduct allegations have had at least one drug and alcohol abuse allegation. Further, **14.9%** of officers with more than 50 police misconduct allegations have had this history. The increase in prevalence of drug and abuse allegations among officers with higher number of overall allegations could reflect an artifact but could also suggest a concerning association between drug and alcohol abuse and misconduct in general, though it is unclear which triggered which. A recent study has attempted to formulate a biopsychosocial model to rationalize how vulnerability and stress can affect officer health, including substance abuse behavior¹. By exploring data related to mental and other health among CPD officers subjected to trauma in subsequent checkpoints, perhaps we can characterize this relationship quantitatively. Additionally, by conducting additional analyses of the associations between drug and alcohol abuse allegations and other areas, we may be able to determine how best to target this modifiable risk factor among officers.

2. Are drug/alcohol abuse allegations more likely to be made against on or off duty officers?

Our queries demonstrated that **1169/1578** or **74.1%** of drug and alcohol abuse allegations were made against on-duty officers. It is unclear how much of this trend can be attributed to a tendency towards underreporting of off-duty misconduct. At the same time, it is remarkable to consider this high frequency of substance abuse allegations while on duty. If an officer is engaged in this behavior and/or under the influence while in the field, it could impair judgment and contribute to other forms of misconduct. It may also reflect heightened stress or trauma associated with work, which we hope to gauge by examining how drug and alcohol abuse allegations vary among different neighborhoods throughout Chicago.

3. What percentage of officers are involved in medical policy violation allegations?

29/33,671 or **0.09%** of officers are involved in specifically medical policy violation allegations, which include medical roll violations, disability violations, failure to receive approval for travel, refusal of direct order for physical, altering medical documents, working while on medical leave or injury on duty (IOD) status and other miscellaneous medical violations. As this is a small percentage, we will aim to combine medical policy violation allegations with drug and alcohol abuse allegations in subsequent analyses, to obtain a cumulative assessment regarding global officer health. The very low volume of

medical violations among officers is reassuring. However, the fact that it occurs at all suggests that it must be addressed and could potentially be correlated with non-compliance with other protocols that could be associated with misconduct, warranting further investigation.

4. Are there differences in officer salary and/or distribution of awards (1 less honorable mention) among police with and without drug/alcohol abuse allegations and other medical allegations?

On average, officers with drug and alcohol abuse and/or medical allegations earn a salary that is **\$1,012.55 higher** than those without these allegations. In terms of awards, officers with these allegations receive on average **one less** honorable mention than those without. The factors influencing officer salary are not well-described in the existing literature. One question to consider is if it is possible that a higher salary enables greater access to recreational drugs and alcohol. Another possibility is that those officers working a greater number of shifts or in more crime-ridden neighborhoods may receive a higher salary. Simultaneously, these factors increase their propensity towards substance abuse and/or non-compliance with medical care. The lack of a significant difference in honorable mentions received is surprising but could reflect the CPD's administration's neutral attitude about award distribution. Of, note there was not significant variation in total number of major awards received in the database.

5. Among officers with drug/alcohol abuse allegations, what is the average amount of time they have been on the force?

Officers with drug and alcohol abuse allegations have been on the force for an average of **20.29 years**, while those without these allegations have been on for an average of **24.91 years**. The shorter tenure among officers with substance abuse allegations suggests that this behavior may affect their ability to perform their job and satisfy the requirements necessary to remain on staff, and/or lead to adverse health outcomes or behaviors that necessitate their earlier resignation. At the same time, these results may be surprising, as one might expect that a longer tenure on the force may be a risk factor for heightened trauma and stress that could trigger a higher amount of polysubstance abuse. However, these data refute the latter hypothesis.

References:

1. <https://academic.oup.com/policing/article-abstract/15/2/1306/6000428>