Substance Abuse & Suicide of a Soldier

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“Addiction is a complex, chronic and malignant brain disease characterized by a maladaptive pattern of substance use leading to significant impairment and an uncontrollable compulsion to use despite associated recurrent consequences,” states Yates and Graham, a coordinator and a combat veterans’ counselor (Yates & Graham, n.d.). For many soldiers and veterans, alcohol and drugs have been the answers to many of the issues that arise during and after a soldier’s tour in combat. With men and women risking their lives to protect the United States, it is important that upon each soldier’s return that proper health care and financial aid is given and received. According to SAMHSA, the Substance Abuse and Mental Health Services Administration, there are approximately 23.4 million veterans in the U.S. including 2.2 million active military service members with 3.1 million immediate family members ("Veterans and Military Families," 2014). The Department of Veterans Affairs, or the VA, must reorganize codes and policies in order to help a more significant number of veterans and current soldiers in combat dealing with addiction and mental health issues. With, “approximately 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder (PTSD) or depression, and 19.5% report experiencing a traumatic brain injury (TBI) during deployment,” it is no surprise that military personnel are resulting to prescription drug overuse and abuse, alcoholism, and other illegal drugs to help them cope with the issues they each face in civilian life ("Veterans and Military Families," 2014). The Department of Veterans Affairs must figure out a way to help veterans with substance abuse and misuse without the excessive expenses that therapy and rehab may cost. Alcohol is amongst the most popular coping mechanism for active duty members as well as veterans upon returning home.

Substance abuse for men in the military and women in the military may have different causes and different patterns as a result from the personal experiences while he or she was fighting for the U.S. overseas. Approximately 8% of males in the military aged eighteen or older have admitted to being dependent on or abusive of alcohol or illicit drugs. The many reasons males in the military use and abuse drugs or alcohol are caused by the stress, trauma, and depression war may have been a cause of. Women, on the other hand, have other causes that lead them to drink and use drugs. For example, women in the military who have been sexually assaulted or raped are five times more likely to abuse prescription drugs, three times more likely to use marijuana, six times more likely to use cocaine, and ten times more likely to use “hard drugs” (Yates & Graham, n.d.). It is important that the different dynamics of the military dealing with gender and diversity are accounted for in the data as well as how the VA will handle these specific issues per patient. Another group of people associated with the military are those veterans who have come home and are unable to reintegrate into society and therefore end up homeless. Of all the homeless veterans, 70% are diagnosed to have a substance use disorder ("Veterans and Military Families," 2014). Of all of the misuse and abuse, alcohol is the most common amongst all veterans and current soldiers of the U.S.

It has been reported that approximately half of the active duty service members in 2008 admitted to binge drinking, which is significantly higher than the 35 percent in 1998. Along with these statistics, it was found that in 2008, “20 percent of military personnel reported binge drinking every week in the past month; the rate was considerably higher—27 percent—among those with high combat exposure” ([“DrugFacts: Substance Abuse in the Military," 2013](http://www.drugabuse.gov/publications/drugfacts/substance-abuse-in-military) ). Alcohol does not only affect the individual who decides to involve themselves in the activities of binge drinking. It also affects the family in which they live with, the loved ones who surround this active duty member, as well as the government, its’ healthcare, and the U.S. as an entire nation.

It has been proven that alcohol use and abuse has led to significant productivity and financial loss for the nation: “Data from 2006 revealed that excessive alcohol consumption cost the U.S. military $1.12 billion per year”. The specific statistics of these losses are as follows: “Regarding medical expenditures, studies have found that excessive alcohol use by military members results in an annual cost of $425 million,” as well as, “a loss of 320,000 work days and 34,400 arrests per year, half of which are for driving under the influence”. These studies connected exponential losses specifically to the military and were applied directly to the losses in the U.S. military as resulting in 10,400 active-duty military being unable to deploy and 2,200 being separated from service duty. One may wonder why alcohol is the answer to such a great number of veterans or active duty members. Studies have led to results showing that, “engaging in killing during combat was related to PTSD symptoms but also was independently linked to problematic alcohol use as well as the overall quantity and frequency of alcohol use among these soldiers,” and, “killing within the context of combat may be a distinctive risk factor for heavy drinking and problematic alcohol use following combat among members of the military” (Chard & Schumm, n.d.). With this, the VA must offer more support for those who return from their service suffering from PTSD as well as TBI and other mental and psychosocial disorders. With the self-medication of alcohol, productivity, finances, and the health of military personnel all deplete. For example, “military veterans with PTSD reported using alcohol to specifically cope with re-experiencing and hyper arousal symptoms, and given the powerful, short-term negative reinforcement effects of alcohol”. This, “theory postulates that people may begin to use alcohol frequently and excessively, resulting in the development of an alcohol use disorder,” which will only prove to reduce the structure, importance, and reputation of the United States Military (Chard & Schumm, n.d.).

“One in eight troops returning from Iraq and Afghanistan from 2006 to 2008 were referred for counseling for alcohol problems after their post-deployment health assessments, according to data from the Armed Forces Health Surveillance Center” ("Veterans and Alcohol," n.d.). This is not counting those who returned home and did not apply to the VA for health care services or apply to other health care providers for the proper help that was, and may still be, necessary. Alcohol can negatively affect the brain and therefore increase the issues associated with PTSD such as impeding the recovery and worsen the symptoms of posttraumatic mental health disorders. It has been found that, “substance-dependent individuals with co-occurring PTSD relapsed more quickly than those without PTSD: veterans were misusing alcohol as a means of coping with symptoms of PTSD and depression” (Chard & Schumm, n.d.). Alcohol is not the only substance abuse that occurs during an active duty or once returning home. Abuse of prescription drugs and other illicit drugs also pose an issue to the U.S. military active duty members as well as veterans in the nation. NCADD organization stated that, “the Army’s substance abuse budget in 2004 was $38 million; in 2008 was $51 million, and in 2007, a Freedom of Information Act request had forced the US government to disclose that more than 33% of troops who were convicted of criminal acts in Afghanistan and Iraq had committed offenses while under the influence of alcohol or other drugs” ("Veterans and Alcohol," n.d.).

Between 2002 and 2005, prescription drug abuse had doubled amongst the U.S. military personnel and almost tripled between 2005 and 2008 ("Veterans and Alcohol," n.d.). Upon receiving aid for traumatic mental health disorders as well as physical injuries, soldiers and veterans were and still are being prescribed pain medications, mostly opioids, some resulting in overusing and abusing these medications. A *USA Today* article stated that, “an internal Army investigation report released Tuesday [March 16] revealed that 25% to 35% of about 10,000 soldiers assigned to special units for the wounded, ill or injured are addicted to or dependent on drugs, according to their nurses and case managers” ("Veterans and Alcohol," n.d.). The numbers have only grown over the past few years and this issue is becoming more serious than before. In 2008, 11 percent of service members reported misusing prescriptions they, or family members, were prescribed, which was significantly higher than the 2 percent in 2002 and 4 percent in 2005 ("DrugFacts: Substance Abuse in the Military," 2013). Some veterans are resorting to cocaine, marijuana, heroin, and ecstasy such as veterans from the Vietnam War, yet, more soldiers from OIF/OEF are turning over and misusing the prescribed medications for the pain and suffering they feel emotionally, mentally, and physically. With substance abuse and a quality of life that is not so enjoyable, some veterans and active duty members attempt another route which is far more devastating; suicide.

It is not uncommon for active duty soldiers and veterans to have a negative outlook on life after returning home. This outlook may conclude in acts of suicide. It is important that the Department of Veterans Affairs review statistics seriously and act on everything possible to help those who seek aid and desire to be treated or helped with depression, PTSD, TBI, and other psychosocial disadvantages and injuries. Over a span of five years, between 2005 to 2009, more than 1,100 Armed Forces members committed suicide. It became known that there was approximated one military associated suicide every thirty-six hours ("Veterans and Military Families," 2014). Between 2009 and 2011, there was a large difference in the percentage of veterans and active duty members and suicide rates: “The number of male veterans under the age of 30 who commit suicide jumped by 44 percent between 2009 and 2011, the most recent year for which data was available, according to numbers released by the Department of Veterans Affairs. Roughly two young veterans a day commit suicide” (Nicks, 2014). As time went on, these statistics got larger in numbers and more serious for the government and the VA to deal with. Data shows that suicide has become more prominent in those affiliated with the military with suicide rates surpassing those of civilians in the U.S. With the increasing severity and seriousness of these attempts and successes, the VA has determined possible factors and reasons for these occurrences. High-risk individuals were found to include, “being male, having access to guns, and living in a rural area,” for certain demographics (Haiken, 2013). While it was also found that, “Concussions also are a chronic risk factor leading to suicidal thoughts because head trauma makes people more vulnerable to suicidal thoughts” (Hargarten, Burnson, Campo, & Cook, 2014). Numbers of suicidal incidences continue to rise and are at the all-time high currently with the war OIF/OEF. It was found that there are an estimated 1,000 suicides per month and approximately four or five suicides daily dealing with military affiliations (Yates & Graham, n.d.). Something must be done to help those who help the country remain safe, strong, and free. Actions must be taken by the government, society, and healthcare departments that can make a difference in the way veterans and active duty members are treated within society with disadvantages, injuries, and illnesses.

It cannot be assumed that upon arriving home that all military personnel have PTSD, TBI, or dependency on alcohol and drugs, but there are many theories as to why this is a common behavioral pattern. It is hard for a soldier to return home and automatically be able to act and react as a typical citizen in the U.S. Many, “officials searching for reasons point to post-traumatic stress disorder, combat injuries and the difficulties young veterans face in re-entering civilian life,” as a cause to the use and abuse of drugs and alcohol as well as suicide (Nicks, 2014). With these individuals putting their lives at risk in order to protect our nation, the least that could be done as a whole is have respect for those who have served as well as a minimal education to the life that a veteran or currently combatant individual does currently or would have lived. The support of the citizens, government, healthcare, and financial companies are all important factors in helping our soldiers return home and live a life they wish to live with the help, care, and support that is necessary.

Compared to civilians, veterans are two to three times more likely to commit suicide, have a 14.4 percent higher rate of alcoholism, and a rising percentage of illicit and prescription drug use and abuse (Chard & Schumm, n.d.). In a *USA Today* article, former Army member, Frank L. Greenagel Jr. stated, “On each soldier, we spend a lot of money training people, housing them, feeding them, equipping them. So even if you take out the human element, which I hate doing, and we just break it down to how much money we're spending to recruit these men and women and to keep them, it makes a lot more sense to get someone mental health and addiction treatment”. On October 24 this year, “Greenagel report for duty with the Pennsylvania National Guard, where he will serve as a behavioral health officer counseling soldiers with substance abuse problems and post traumatic stress disorder,” which should act as a prime example for the healthcare and well-being for veterans (Racioppi, 2014). It is important for the nation to become more educated on these types of chronic illnesses and help veterans or active duty members get the care that they truly need. The United States and its’ civilians must realize a day when soldiers and veterans who are considering suicide and/or abusing drugs and alcohol can openly, without shame or guilt, ask for and receive the necessary help and support. In order to do this, the first step starts with the military Armed Forces and the education for the soldiers before any group may enter into an area for inevitable trauma to occur. A 2012 report by the Department of Defense by the Institute of Medicine recommended that, “increasing the use of evidence-based prevention and treatment interventions and expanding access to care,” would be the first step to lessening the negative effects of war once a soldier returns home. The same report also encouraged the broadening of insurance coverage to include a significant number of outpatient care treatments and equipping healthcare providers to notice and screen or test individuals for substance abuse problems to refer these individuals to an appropriate treatment or healthcare plan ("DrugFacts: Substance Abuse in the Military," 2013).

The Department of Veterans Affairs’ mental health care professionals and budget have grown nearly forty percent over the past six years and it has been documented that more veterans and current combat soldiers are voicing the need and desire for help upon returning home from the past tour (Hargarten, Burnson, Campo, & Cook, 2014). In order to continue the uprising of budget as well as involvement of veterans in their own healthcare, emotional and mental support as well as financial support must continue throughout the nation. For example, SAMHSA supports the, “behavioral health needs of America’s service men and women—active duty, National Guard, Reserve, and veterans—along with their families, by leading efforts to ensure that community-based services are accessible, culturally competent, and trauma-informed” ("Veterans and Military Families," 2014). It is crucial to the militia of the United States of America that the soldiers returning from combat who are wounded, sore, injured, and in need of rehab are able to obtain the care they so deserve.

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