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Guide to Military Addiction Treatment

Introduction

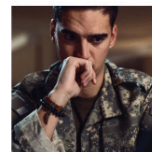
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The wars of today are vastly different than the ones fought 50 years ago. The ongoing war on terror has increased the emotional toll taken on our fighting men and women.

Because of their wartime experiences, many veterans and active-duty military personnel find themselves living with depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health disorders. One recent study published by the American Journal of Public Health found that suicide rates across all U.S. military services rose between 2005 and 2007, particularly for members of the Army and National Guard.

These mental health disorders (as well as various physical ailments) render veterans and active-duty military vulnerable to alcoholism and substance use disorder. After all, diagnoses of substance use disorders have a higher probability to occur in those who have experienced trauma or stress-related issue. And substance abuse is often a person's attempt to self-medicate or deal with the symptoms of their mental health issues or physical injuries.

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Suicide Incidence and Risk Factors in an Active Duty U.S. Military Population, a study of almost 600 veterans returning from Iraq and Afghanistan found that 39 percent of veterans screened positive for probable alcohol abuse. Three percent of this same population tested positive for probable illicit drug use, while 14 percent tested positive for PTSD.

"Given the continuing U.S. military presence in Afghanistan and other parts of the world, and the increasing trend in major mental health conditions reported in the U.S. military," said the researchers in a news release, "it would be important for the Department of Defense to assess whether the current system has adequate resources and manpower to handle the increasing number of active duty personnel who need mental health services."

Alcoholism

Few military service members risk using illicit drugs while serving, since it can result in a dishonorable discharge. Drinking, however, is an ingrained part of military culture, often carrying into civilian life. The chances of this occurring rise significantly when a disorder such as PTSD, depression, or anxiety develops, since the tendency to cope using alcohol is strong.

Binge drinking has long existed in military culture, but deployments to Iraq and Afghanistan have seen a spike in reported rates of consumption and have shown little sign of decreasing.

In 2007, the Journal of the American Medical Association (JAMA) published the results of a longitudinal assessment on mental health problems of more than 88,000 combat veterans taken immediately upon their return home and three to six months afterwards. The assessment showed that between 12 and 15 percent of soldiers tested positive for alcohol problems.

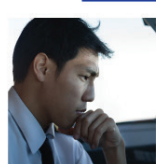
Meanwhile, there was a 56 percent increase of soldiers seeking treatment for alcoholism from 2003 to 2009, according to figures put out by the US Army.

Prescription Drug Abuse

Even though the opioid epidemic has taken hold to a lesser degree among the military than it has in the civilian population, the rise of opioid addiction in the military has been increasing. This is because many veterans are treated with powerful pain medications for their injuries. Over time, an addiction develops.

From 2001 to 2009, the rate of veterans in the Veterans Affairs (VA) healthcare system receiving a prescription for an opioid (oxycodone, hydrocodone, or codeine) increased from 17 percent to 24 percent. Chronic opioid use among young veterans in the VA system increased from 3 percent in 2003 to 4.5 percent in 2007.

Certain mental health diagnoses increase the likelihood of receiving an opioid prescription. Veterans diagnoses with PTSD or some other mental health disorder were found to be more likely to receive an opioid prescription than those not diagnosed. Unfortunately, those diagnosed with a mental health disorder were likelier to develop an addiction.



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The Armed Forces has responded to these and similar findings with the Sole Provider Program and the Controlled Drug Management Analysis and Reporting Tool. These are used to identify and monitor the risks and misuse of opioids.

Other Drugs

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that, in 2014, nearly 7.5 percent of veterans had a diagnosable substance use disorder, compared to about 8.4 percent of all Americans. However, active military personnel's high rates of alcohol and tobacco use may be fueling other substance use issues.

Some veterans addicted to prescriptions for pain and PTSD turn to illicit substances such as heroin, since these drugs offer a "high" similar to many painkillers and are often cheaper and easier to obtain than prescription painkillers.

Marijuana accounts for a large majority of illicit drug use among veterans, with 3.5 percent of veterans reporting that they use marijuana, according to findings from the 2007

National Survey on Drug Use and Health.

Risk Factors of Addiction

The risk factors of substance involve a range of biological, psychological, economic, and sociocultural issues. While these factors interact differently in different people—resulting in different symptoms and experiences—researchers have found broad similarities when it comes to many of the biggest risks for developing a substance use disorder and co-occurring mental health disorders.

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Suicide

According to a Department of Veterans Affairs' report released in June 2018, the suicide rate among veterans exceeds that of the national average, with 20.6 suicides every day. This amounts to 7,519 suicides in a single year.

While there is little evidence addressing the association between substance abuse and suicide among veterans and active military personnel, recent studies demonstrate a link between substance use disorder

and suicide in the general population. One study suggested that veterans with substance use disorders are more than twice as likely to commit suicide, versus veterans without substance issues.

Female veterans with substance use disorders were five times more likely to commit suicide than their non-substance abusing female peers. Women who abused opioids such as oxycodone, hydrocodone, and heroin were found to be at a higher risk for suicide than similarly opioid-abusing men and non-substance abusing females.

Other co-occurring mental health disorders could also play a role in the co-occurrence of substance use disorder and suicidal tendencies.

Domestic Abuse

Alcohol abuse related to domestic violence is an increasing problem in the U.S. Army, according to a new study that also found the suicide rate among active-duty soldiers reached an all-time high in 2018.

The Army study, "Generating Health and Discipline in the Force," found alcohol abuse associated with domestic violence rose more than 50 percent between 2006 and 2011.

Long-term Health Problems

Alcohol and substance abuse can have a variety of long-term health effects, depending on which drug or drugs are involved, how they are taken, the amounts taken, the person's overall physical and mental health, and other factors.

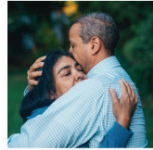
While short-term effects range from changes in heart rate and blood pressure, stroke, psychosis, and overdose, long-term effects can include heart or lung disease, cancer, mental illness, kidney damage, liver damage, HIV/AIDS, hepatitis, and other conditions.

Long-term substance abuse also leads to addiction, which interferes with the person's ability to experience normal pleasures such as food and sex, as well as his or her ability to control stress levels, decision-making, and the ability to learn and remember. Such changes make it extremely difficult to stop using the substance, even when he or she wants to quit.

Family Problems

Like many mental health disorders, substance use disorders can wreak havoc on the family unit. Left untreated, an addiction can progress so much that it damages all family relationships. This can lead to a sense of isolation and resentment on the part of the addict and a sense of confusion and hopelessness among his or her loved ones.

The family members of individuals in the military can experience their own mental health issues as a result of their loved ones' involvement in the service. For example, a mother whose son or daughter is overseas might suffer from severe anxiety due to the fear of what could happen to their child.



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Co-Occurring Disorders

In many cases, substance use disorders and one or more mental health disorders combine to create “co-occurring disorders.” In these cases, both disorders must be treated simultaneously for the individual to fully recover. If the substance abuse is addressed and treated, but other mental health disorders are not, the patient is far more likely to relapse in the future.

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a psychological disorder that can occur in individuals who have experienced, witnessed, or have otherwise been involved in an event where either death or significant physical injury occurred or was about to occur.

When a person encounters stress—anything from a hectic morning at work to the threat of physical harm—the body’s sympathetic response is triggered, releasing cortisol in preparation for a “fight or flight” response. When the threat passes, the parasympathetic system takes over, restoring the body to normal functioning.

In cases of PTSD, however, the threat proves so traumatic that the body never fully returns to the parasympathetic mode. This leaves the person in a constant state of “fight or flight,” which can in turn inspire that person to turn to alcohol or drugs to cope.

In 2014, it was estimated that at least 18.5 percent of veterans returning from Afghanistan or Iraq qualified for a diagnosis of PTSD.

The formal diagnosis of PTSD requires that an individual “present” with a specific number of symptoms as specified by the American Psychiatric Association (APA) in its latest edition of The Diagnostic and statistical manual of mental disorders. In general, the array of symptoms that may occur in individuals with PTSD include:

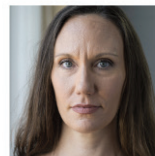
- Re-experiences of the traumatic event that can occur as very strong memories, dreams, or flashbacks
- Avoidance of situations, conditions, people, places, etc., that reminds one of the traumatic event
- Feelings of depression or hopelessness

- Increased hypervigilance
- Issues with suspiciousness, aggression, depressive symptoms, anxiety (including panic attacks), irritability, pessimism, and/or problems with experiencing pleasure from events that were once considered to be enjoyable or pleasurable for the person
- Marked declines in self-esteem and feelings of self-worth
- Numerous changes in thinking, such as issues with attention, issues with concentration, difficulty remembering past events or recent events, and problem-solving issues
- Issues with insomnia, decreased appetite, and/or the development of self-destructive behaviors that can include potential suicidal thoughts or even suicide attempts

For some individuals, significant PTSD symptoms may not occur for months or even years following the traumatic event.

The U.S. Department of Veterans Affairs estimates that as many as two out of ten vets suffering from PTSD also suffer substance abuse problems, and the American Psychological Association reports that nearly 20 percent of veterans with a PTSD diagnosis also develop a substance use disorder.

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suffering from PTSD
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Though most cases of PTSD are caused by combat, veterans may also develop the disorder after sexual abuse. Nearly a quarter of veteran women have reported being sexually assaulted during their time in the military.

Recent studies suggest that rates of PTSD occurring as a result of sexual harassment or sexual abuse among military personnel is higher than PTSD rates as a result of sexual trauma among civilians and those with no history of military service.

Anxiety

There are many different kinds of anxiety disorders, but all combine fear and anxiety with the demonstration of behavioral disturbances. Panic attacks are a feature of many anxiety disorders. Some types of anxiety disorder include:

- Separation anxiety disorder, which consists of excessive anxiety when separated from home or major

attachment figures, such as parents, children, or spouses, beyond what would be expected in one's developmental level. This can occur in children, adolescents, or adults, but is most commonly found in children, separation anxiety disorder can affect adults as well.

- Specific phobia, or the persistent and excessive fear of a specific object or situation (such as flying, heights, or animals). The fear is inspired by the presence or anticipation of the object or situation and results in an immediate fear response or extreme distress.
- Social anxiety disorder, as in the excessive fear of being embarrassed or humiliated in social situations.
- Panic disorder, which reflects the experience of sudden panic symptoms, often out of the blue, in combination with persistent, lingering worry that panic symptoms will return.
- Agoraphobia, or the excessive fear of situations where escape might be difficult or help may not be available if a panic attack should occur.
- Generalized anxiety disorder, characterized by excessive, uncontrollable worry over events and activities that could have potential negative outcomes.

Depression

Depression is one of the most common mental health disorders in the U.S. Sometimes known as major depressive disorder or clinical depression, it causes symptoms that affect how one feels, thinks, and copes with everyday life. Eating, sleeping, working, social interaction—all aspects of life are affected by depression.

The latest research on depression suggests it is caused by a combination of genetic, biological, environmental, and psychological factors. Risk factors include a family history of depression, major life changes like trauma, illness, or stress, and certain physical illnesses. However, even in severe cases, depression can be treated with some combination of medication, psychotherapy, or alternative therapy.

Eating Disorders

Eating disorders are formally recognized psychological disorders characterized by abnormal eating habits: anorexia nervosa, bulimia, and the like.

Eating disorders have the highest mortality rate of any mental illness. Without treatment, up to 20 percent of people diagnosed with a serious ED die. With treatment, the mortality rate falls to 2 to 3 percent.

A 2015 study by the Boston University School of Medicine, "Eating Disorders in Military and Veteran Men and Women," suggests a high prevalence of ED among active duty and veteran women and men. This is partly due to the unique features of military life, including its strict weight and physical fitness requirements. The study further suggested that a history of trauma—both sexual and combat-related—was common among military and ex-military diagnosed with ED.

In a Department of Veterans Affairs-funded report released in 2017, “Trauma Exposure and Disordered Eating,” researchers suggested that disordered eating can provide short-term relief from the negative feelings or emotions related to trauma.

The median age of the study’s subjects was 48, suggesting that the negative feelings associated with trauma—panic, anxiety, fear—do not disappear over time.

Myths and Facts about the Military and Addiction

Misconceptions about substance use disorder as it relates to the military are widespread. These stem from stigma and outdated ideas about both the military and the nature of addiction and mental health. Such myths are especially harmful since they decrease the chances of veterans and military personnel seeking treatment for their disorders. Below are some of the most common myths about the military and substance use disorders, as well as the facts to counter them.

“Those who serve in the military are too well-disciplined to have issues with substances.”

Before recent advances in the study of substance use disorder, addiction to alcohol and drugs was regarded as a “moral failure.” This attitude prevailed until the late 1980s: in 1988, the Supreme Court declared that the Department of Veterans Affairs did not have to pay out health benefits to alcoholics because their drinking was due to “willful misconduct.”

However, as a result of experts’ discovery of the operations of the brain’s reward system, the prevailing view of addiction has changed. We now know that the compulsion to seek and take specific substances is a disease of the brain that affects millions of people from all walks of life. Because addiction is chronic, progressive, and possibly fatal, it meets all criteria used by medical professionals to define it as a disease.

Addiction creates a sense of powerlessness and causes people to use drugs and alcohol against their own will. This creates a perpetual cycle that continues until it is arrested via treatment.

“Alcohol and drugs are the only way for veterans to quiet their demons.”

It’s true that many veterans living with anxiety, depression, or PTSD attempt to numb themselves from their symptoms with alcohol and other drugs.

However, turning to alcohol and drugs does little to address the mental health issues involved. In fact, drugs and alcohol often exacerbate the symptoms of these conditions by interrupting sleep patterns, impairing judgment, and increasing risk-taking behavior, which can lead to unemployment, incarceration, and domestic problems.

The most effective and constructive way to address a mental health condition is to receive professional treatment. In many cases, a clinical treatment team will work with the patient to develop a plan and identify resources and treatment options. Taking this organized approach to mental health treatment helps the patient manage his or her symptoms and maintain both physical and emotional wellness.

“Soldiers work hard and play hard. What might look like alcoholism is just playing hard.”

It's a long maintained stereotype, that of soldiers going on leave to “paint the town red.” And while few service members risk using illicit drugs (since any service member is subject to random urinalysis testing, and a positive result for illicit drugs often results in dishonorable discharge), drinking to excess appears to be an ingrained part of military culture, promoting unit cohesion and camaraderie.

Approximately 20 percent of service members reported binge drinking—defined as five or more drinks at one time for a man, or four or more drinks at one time for a woman—at least once a week. This rate is even higher for those who have been exposed to combat.

However, when extended into civilian life, binge drinking can quickly change from recreational to problematic, having consequences like major depression, physical ailments, unemployment, or incarceration. It should be noted that, between 2003 and 2009, there was a 56 percent increase of soldiers seeking treatment for their alcoholism.

Military-Specific Addiction Recovery

Roughly half of all returning military service individuals who require mental health treatment seek treatment, but only a quarter receive the mental health treatment they need.

Veterans looking for treatment for substance use issues usually have more options than the average civilian. In addition to inpatient and outpatient rehab programs, veterans have the unique option to seek treatment through the Department of Veterans Affairs, which offers:

- Individual and family counseling
- Group therapy
- PTSD-specific treatment
- Inpatient, or residential, and outpatient rehab
- Medications for withdrawal symptoms

However, for some veterans in need of substance abuse and mental health treatment, the VA may not be the best option, for a few reasons. First, the wait periods at certain VA locations can be extensive. Second, with the stigma associated with a substance use disorder, some veterans feel they could receive better treatment and care in the private sector.

In cases when there is not an appropriate VA facility within a reasonable travelling distance, some veterans may be able to receive private sector care that is covered by the government.

Fortunately, immediate treatment that is capable of treating veterans' specific needs is widely available outside the VA. What is certain is that veterans who believe they face serious substance use or mental

health issues should not wait. These problems do not go away by themselves.



only **25%** of all returning military service individuals receive the mental health treatment they need.

How JourneyPure Can Help

Through programs like The Freedom Program, JourneyPure is focused on providing military active duty, veterans, and family members with quality addiction and mental health treatment. When enrolled with JourneyPure, clients are provided with the tools needed to achieve and maintain sobriety and wellness.

JourneyPure's treatment programs are accredited by the Joint Commission and CARF as a rehabilitation facility, providing clients with the assurance that the care they receive is in keeping with the highest treatment standards.

Not only does JourneyPure offer medical detoxification, it also offers residential rehab, partial hospitalization (PHP), intensive outpatient (IOP) programming, outpatient treatment, and medication-assisted therapy (MAT). When a client is brought into the JourneyPure family, he or she is provided with an individualized treatment plan designed to meet his or her unique needs.

Of course, all clients will receive dual diagnosis treatment, if necessary, meaning that not only is the addictive behavior treated but any co-occurring mental health issues as well, along with continued aftercare support to help our clients maintain their sobriety long after treatment has been completed.

Each plan is comprehensive and multidisciplinary, with individual therapy, group therapy, and family therapy—which specifically addresses ways in which the client and his or her loved ones can work through challenges for the purpose of growing even closer— all playing a role.

Resources and Books

The Veterans Alcohol and Drug Dependence Rehabilitation Program (<https://www.benefits.gov/benefit/307>) is a veteran substance abuse treatment and rehab program operated by the Department of Veterans Affairs. The program offers a variety of therapies and support services to eligible veterans who have a substance abuse disorder. Treatment services are provided at numerous VA medical centers and clinics around the country.

Treatment for Alcohol Problems: Finding and Getting Help <https://pubs.niaaa.nih.gov/publications/>

Treatment/treatment.htm) provides information on treatment and what to consider when choosing among them.

Rethinking Drinking (<https://www.rethinkingdrinking.niaaa.nih.gov>) offers research-based information on drinking and how it affects health.

MedlinePlus (<https://medlineplus.gov>) answers health questions by bringing together information from the National Library of Medicine, the National Institutes of Health, and other government agencies and healthcare organizations.

Substance Abuse and Mental Health Services Administration (SAMHSA) (<https://www.samhsa.gov>) has fact sheets, videos, brochures, and more in its Publications section.

The Center for Veterans Issues (<https://recoverymonth.gov/organizations-programs/center-veterans-issues-inc-cvi>) serves men and women of the Armed Forces who find themselves in need from mental and/or substance use disorders after returning to civilian life.

Nonfiction

A Hero's Journey: From Darkness to Light by Richard Kaufman

Healing Suicidal Veterans: Recognizing, Supporting and Answering Their Pleas for Help

by Victor Montgomery III

Film

"22" A film about Veterans, Healthcare and Suicide dir. by Luka Dziubyna

Beer Is Cheaper Than Therapy dir. by Simone de Vries