Military Combat Deployments and Substance Use: Review and Future Directions


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Veterans of Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF; Iraq) are returning home with both unhealthy substance use and psychological injuries “invisible wounds” (i.e., posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression).

The Department of Defense (DoD) and Department of Veterans Affairs (VA) have increased their attention to prevention and resilience, outreach and assessment, and counseling of service members, veterans, and families.

Social workers will play a vital role in providing these services.
This review focuses on substance use problems among veterans of Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF; Iraq).

The authors reviewed current knowledge on:

- Prevalence and risk factors for unhealthy substance use
- Co-occurring conditions (i.e., pain, suicide risk)
- Available services to address these problems
- Facilitators and barriers to help seeking

Larson, Wooten, Adams, & Merrick, 2012
Methods

• Literature review of current knowledge on unhealthy substance abuse in the military is consolidated and presented as an overview

• Summarizes findings from five recent population-based studies that examine the association of tobacco or alcohol use with deployment and combat exposure
Findings

Prevalence and Risk Factors for Unhealthy Substance Use:

- **Alcohol**: higher rates of alcohol use among active duty service members is related to deployment and frequency of deployment.

- **Smoking and Tobacco Use**: deployment may increase smoking initiation and recidivism; use of smokeless tobacco has increased.

- **Other Drug Use**: DoD has “zero tolerance” policy for illicit drugs and nonmedical use of prescription drugs; some drug use may be maladaptive coping with combat-acquired wounds, pain, or psychological injury (Dao & Frosch, 2010).

- Identifiable symptoms of unhealthy substance use might be delayed, and multiple deployments can have a cumulative effect.

Larson, Wooten, Adams, & Merrick, 2012
Findings (cont.)

Co-occurring Conditions with Unhealthy Substance Use:

- **Pain**: self-medicating creates problems for effective pain management

- **Suicide Risk**: substance use often precedes suicidal behavior in military members; rates are increasing

- **PTSD**: increased risk of PTSD with multiple deployments, or intensity of deployment; in prior research National Guard and Reservists found more likely to have post-deployment problems than active duty members

Larson, Wooten, Adams, & Merrick, 2012
Findings (cont.)

Behavioral Health Treatment Services:

- **In-theater services**
  - Recommended ratio is 1 behavioral health professional to 700 soldiers, though this ratio not always maintained
  - Only 63% of behavioral health providers felt confident in their ability to evaluate and manage substance abuse or dependence (MHAT–VI, 2006)

- **Military Treatment Programs**
  - Can be voluntary or command-directed
  - Perceived public and self-stigma, and limits to confidentiality may impede voluntary help-seeking

- **Military Health System: TRICARE**
  - Transition benefits cover some substance abuse treatment services

- **Warrior Transition Units**
  - Ill, Injured, and Wounded military personnel receive medical and support services at military treatment facilities and in communities

- **VA Health Care System**
  - Services for discharged active duty service members and combat veterans
  - Barriers include stigma and other barriers to care

Larson, Wooten, Adams, & Merrick, 2012
Findings (cont.)

- Facilitators and Barriers to Help-seeking in Military Context:
  - Facilitators:
    - Clear accountability
    - Services for treatment
    - Strong bonds among military members
  - Barriers:
    - The warrior ethos (i.e., can’t be seen as weak)
    - Negative consequences to career
    - Acknowledging problems may delay return home

Larson, Wooten, Adams, & Merrick, 2012
Implications for Practice

- Social workers can be instrumental in community outreach and the implementation of stigma-reduction programming.

- Practitioners must take a multi-problem approach and acknowledge the complexities of help seeking in the military.

- Social workers can help clients overcome barriers to services and not allow their behaviors to be labeled as non-compliance, denial, or manipulation.

Larson, Wooten, Adams, & Merrick, 2012
Implications for Practice (cont.)

• Practitioners can advocate on behalf of their clients to get the best treatment options within the context of their military obligations

• Social workers must be familiar with DoD and VA policies, programs, and clinical practice guidelines

• Schools of social work and professional education programs should be committed to providing competency-based education for substance abuse disorders, and clinical practices for serving military personnel and veterans

Larson, Wooten, Adams, & Merrick, 2012
