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Addiction Messenger

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The Returning Veteran's Journey

Part 2 - Where Trauma and Substance Abuse Intersect

The April 2008 issue of "Research Advances", published by the Veterans Health Administration, noted the following facts about substance abuse in veterans:

> "In fiscal year 2006, more that 354,000 veterans received care in VA for substance-use disorders (SUD) - i.e., alcohol or drug abuse or addiction. more than half of these patients also had a psychiatric disorder. In addition to those treated for SUD, nearly 45,000 veterans received care for nicotine dependence. The overwhelming majority of SUD patients in VA - some 96 percent - are men. The most common drug being used by veterans treated for SUD is cocaine. Overall, the number of veterans being treated for SUD has risen some 22 percent over the past four years."

The recent increase in veteran SUD treatment episodes is an indication that current veterans and their families may be facing multiple post-deployment stress-related challenges. When stress and substance use intersect the result can be problems that the veteran and family members are not prepared to manage. At the same time, those affected may see symptoms of disorders like PTSD as a sign of weakness, or an "emotional problem." They may be reluctant to seek services in the community due to fear of being labeled as having a "mental health" or "substance abuse" problem. They may be concerned that the existence of such problems could be attached to their service records or not be kept confidential. Veterans, and their families should be told that acute stress reactions, PTSD, substance use disorders, depression, and other conditions related to combat are common, given the stressful environment in which they have served. However, some returning veterans may simply not believe it and suffer a sense of shame and isolation.

In Iraq and Afghanistan, additional factors put soldiers at risk of substance abuse and mental health problems. The lack of a front line, for example, means that soldiers can face danger anywhere—even in "safe" zones. The demographics of those currently serving have an unprecedented number of women, and soldiers are likely to be National Guard or reserve personnel, who may have been prepared for combat differently than the regular troops.

Most returning veterans do just fine, emphasized Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment. But for some, war's psychological impact can be serious and long-lasting. And most can benefit from support as they make the transition back to civilian life. "During war, soldiers

"Have you ever been hurt and the place tries to heal a bit, and you just pull the scar off of it over and over again?"

~ Rosa Parks (1913-2005)~

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Next Issue:

The Family, Effective Care, and Resources

may dream of returning home," said Dr. Clark. "When they return, they often find that things aren't as ideal as they remembered." In addition to problems with money, marriages, child-rearing, jobs, housing, and the like, veterans may feel alienated from family, friends, and society.

Mental disorders are one of the top three conditions that lead veterans to seek care from the U.S. Department of Veterans Affairs (VA), explained Antonette Zeiss, Ph.D., Deputy Chief Consultant in the Office of Mental Health Services at the VA Central Office. Within that category, PTSD is by far the most common diagnosis. Veterans also come in complaining of depression, anxiety, mood disorders, sexual dysfunction, and substance abuse.

PTSD is not always related to problems with alcohol and other substance use. However, PTSD and alcohol together can be serious trouble for the trauma survivor and his or her family. Sixty to eighty percent of Vietnam veterans seeking PTSD treatment have alcohol use disorders. Veterans over the age of 65 with PTSD are at increased risk for attempted suicide if they also experience problematic alcohol use or depression. War veterans diagnosed with PTSD and alcohol use tend to be binge drinkers. These binges may be in reaction to memories or reminders of trauma.

PTSD Symptoms and Alcohol Use

Although alcohol can provide a temporary feeling of distraction and relief for a returning veteran, excessive alcohol or other substance use can impair their ability to sleep restfully and cope with traumatic memories and stress. The result could be increased emotional numbing, social isolation, anger and irritability, depression, and hyper-vigilance.

Individuals with a combination of PTSD and alcohol use problems often have additional mental or physical health problems. As many as 10-50% of adults with alcohol use disorders and PTSD also have one or more of the following serious disorders that you should be aware of when assessing and working with your veteran clients:

- Anxiety disorders (panic attacks, phobias, or compulsions),
- Mood disorders (major depression or a dysthymic disorder),
- Disruptive behavior disorders (attention deficit or antisocial personality disorder),
- Addictive disorders (abuse of street or prescription drugs),
- Chronic physical illness (diabetes, heart disease, or liver disease), and
- Chronic pain due to physical injury/illness or having no clear physical cause.

Impact of War-Zone Experiences

The following is a list of some of the stressful war-zone experiences and issues that may be relevant to the returning veteran seeking treatment in your agency:

Preparedness

Veterans may report anger about not being sufficiently prepared or trained. They may not have had needed equipment or supplies, or were ill prepared for what to expect of their role in the deployment and what it would be like in the Iraq/Afghanistan region. Veterans who report feeling angry about these issues may have felt more helplessness in the unpredictability of a war-zone, which could increase their risk for PTSD.

Combat Exposure

Veterans returning from Iraq and Afghanistan have likely had combat experiences, including firing a weapon, being fired on, witnessing injury and death, and going on missions or patrols that involve such experiences. Be mindful not to minimize reports of light or minimal exposure to combat.

Aftermath of Battle

Veterans may have experienced observing or handling remains of civilians, enemy soldiers, US and allied personnel, dealing with prisoners of war, as well as exposure to devastated communities and homeless refugees. These experiences may have been intensely demoralizing or disturbing.

Perceived Threat

Veterans may report feeling acute terror, panic and sustained anxiety about exposure to circumstances reminiscent of combat. Research has shown that perceptions of life-threatening experiences are powerful predictors of post-war mental health problems.

Difficult Living & Working Environment

Stressors, irritations and pressures related to life in the war zone can include: lack of desirable food, lack of privacy, poor living arrangements, uncomfortable climate, cultural difficulties, boredom, and long workdays. Although these circumstances are non-traumatizing they continue to tax an individual's coping resources, and may contribute to post-war adjustment problems.

Concerns About Life and Family Disruptions

Veterans may return having worried about how their deployment might have affected their careers and families (e.g., damaged relationships with spouse/ children and missing significant events such as

birthdays, weddings, and deaths). As with difficult living conditions, concerns about life and family tax coping resources and may have affected their performance in the war-zone.

Sexual or Gender Harassment

Veterans may have experienced unwanted sexual or verbal abuse from other unit members, officers, or civilians that created a hostile working environment. In addition, exposure to non-sexual harassment may occur on the basis of gender, being from an ethnic minority, or social status.

Ethnocultural Stressors

Your client may have been subjected to stressors related to their ethnicity, for instance, individuals who appear to be of Arab background may have experienced racial prejudice/stigmatization, threatening comments or accusations.

Violence Against Women

In addition to the stress and trauma of combat, female veterans also risk being assaulted physically, emotionally or sexually at a much higher rate than their male counterparts. The warrior culture of the military includes language and thinking that encourages aggressive acts toward women. That mentality also makes family members of veterans at higher risk for domestic assault following deployment to a war zone. In a study conducted during the first Gulf War, the probability of severe spousal aggression by US Army soldiers was significantly greater for those returning from deployment than among those not deployed. The suggestion is that exposure to potential or real battles increases the likelihood of a soldier abusing his partner.

Currently, about 15% of all military personnel in Iraq are women. More than 155,000 women have been deployed to Iraq and Afghanistan since 2002. Women have participated in every military conflict in U.S. history but the war in Iraq finds that more of them are in dangerous and life-threatening situations, since front lines don't exist and violence can happen anywhere. Checkpoints, where women are essential to search Iraqi women, due to cultural traditions, can be especially dangerous.

A significant number of women experience sexual or physical trauma before, during and after military service. Among Navy recruits, 46% of women in one study reported being the victim of attempted or completed rape prior to enlisting. In a recent survey of active duty military women, 22% reported physical abuse or sexual assault while in the service. A large study of Vietnam and subsequent era veterans found that 48% of women admitted experiencing interpersonal violence during military service, including rape (30%), physical assault (35%), or both (16%). This is not a small problem and we in the addiction field need to know how to provide effective care for victims of abuse.

For women soldiers PTSD in the military has been described as military sexual trauma (MST), which is defined as any sexual harassment or sexual assault that occurs while on active duty. Among veterans seeking VA disability benefits for PTSD one study found that among men, 6.5% of combat veterans and 16.5% of noncombat veterans reported sexual assault during or following deployment. Among women, 69% of combat veterans and 87% of noncombat veterans reported sexual assault during or post-service. Those women were more likely to report subsequent chronic health problems, lower health-related quality of life, prescription medication use for emotional problems, failure to complete college and annual incomes below $25,000. Typically those women have not received even the most basic medical care for the trauma they experienced in the military. While the VA provides lifetime sexual assault counseling for all veterans, such treatment has been available only after one leaves the service, and most users of the service are men.

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