

PSYCHOACTIVE SUBSTANCE USE IN THE MILITARY

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Abstract

Psychoactive substances alter mood, consciousness and perception. Military activities are most times so stressful that only very few cope without drugs, yet among those that do not on their own resort to drugs, genuine need may arise which calls for medical prescriptions that become eventually abused. Side effects of these substances culminate in reduced efficiency, and indeed may create military/veteran population that may endanger themselves and society. Military psychologists involved in treating service men and veterans with substance use problems may do better if they encourage significant others to offer support to clients.

Key Words: *Psychoactive substances, Military, Drug abuse.*

Introduction

Psycho active substances (drugs) are those substances that cross the brain - blood barrier and significantly alter mood, consciousness, and perception. They include those taken for therapeutic purposes to ameliorate adverse physical and mental conditions, for example; anxiolytics, sedatives, antidepressants, hypnotics, mood stabilizers, and anti-psychotics, which are referred to as prescription drugs, and those taken deliberately to produce altered states of consciousness: cannabis, hallucinogens, amphetamines and opioids.

Most drug abusers confess that they started using drugs to enhance performance, or deal with difficult! painful situations. Indeed, this could be said to be the major reason why the issue of psychotropic drugs use in the Military is topical: a setting that requires optimal alertness, strength, and resilience even in the face of daunting pressures and stress. Active military men, especially during combat often need to deal with extremes of environmental conditions; stay awake and strong for several hours beyond twenty-four, and need to control their emotions amidst traumatizing events; just as war veterans must have to deal with post-traumatic stress and adjustment among civilians. These situations require that soldiers or veterans be assisted through the use of prescription drugs, or be allowed to take common psychotropic substances (caffeine, alcohol, or nicotine). Whether the use of psychotropic substances is avoidable or not in the military remains a subject of robust debate, however, there is evidence of adverse implications.

The Most Commonly Used Drugs in the Armed Forces

Although military personnel like other humans may experiment with several drugs, evidence from military hospitals indicate that some are more patronized (more commonly used) than others. www.druguse.gov/ indicates that these substances include:

Marijuana. Easily the most used drug in the military. Marijuana is a relatively easy for soldiers to obtain. The drug is used to temporarily escape the stressors provided by wartime environment. The following physical effects are usually felt by users: Throat irritation and coughing, increased heat and pulse rate, reddening of the eyes, dizziness and bodily incoordination, sleepiness and decreased physical activity, and craving for food.

The subjective symptoms (psychological effects) are a sense of euphoria or well-being, easy laughter, perceptual distortions, impairment of concentration and short term memory, loss of appreciation of time and space perception.

High doses produce severe distortion of time and space, disturbance of brain wave activity causing impairment of skills, and leading to abnormal behavior, and hallucinations. Adverse effects include anxiety and panic, and prolong usage may cause bronchitis and asthma, brain damage, and liver dysfunction.

Cocaine and other stimulants. Long stretches of duty lead many soldiers to turn to stimulants such as amphetamines or cocaine to stay alert throughout the course of the evening. The subsequent "crash" after using these drugs is dangerous because it leaves soldiers in a weakened state during what could be times of emergency.

Short term effect starts almost immediately after a single dose, and disappear within a few minutes or hours. If taken in small amounts, (about 100mg), it produces a feeling of euphoria, energy, talkativeness, and mental alertness especially to the sensations of sight, sound, and touch. It can also produce temporary anorexia and insomnia. Some users report increased ability to perform simple physical and mental exercises, while some people report the opposite.

Short term physiological effects include constricted blood vessels: dilated pupils, elevation of temperature, heart rate, and blood pressure, and respiratory rate. Higher doses intensifies the users high, could lead to bizarre, erratic and violent behavior. Tremor, vertigo, muscle twitching, and paranoia are other effects of acute high doses. States resembling that produced in amphetamine poisoning has been reported with repeated doses.

Long term effects include: addiction, irritability and mood disturbances, restlessness, paranoia and auditory hallucinations. Use of cocaine in a binge (during which the drug is taken repeatedly and at it increasingly high doses), leads to a state of increasing irritability, restlessness and paranoia. This may' result in full blown 'paranoid psychosis in which the individual loses touch with reality and experiences auditory hallucinations. Some of the most problematic short term side effects of cocaine use are erratic and violent behavior, blurred vision, chest pain, fever, convulsion and death from convulsions, heart failure or brain failure, while those emanating at long term include dependence and depression, feelings of restlessness and mood swings, emotional problems with consequent isolation from family, friends and colleagues, melancholy and eventual psychosis.

Medical conditions include damage and holes on the inside of the nose and inflamed nasal passages, increased risk of Hepatitis Band HIV infections, severe respiratory infections, cardiac arrest and cardiovascular accident.

Opiates. Vicodin and OxyContin are becoming more widespread in the military because of the euphoric effects they provide. Many soldiers who serve abroad in countries where the drugs are not readily available have them drugs shipped in from home, or brought over with incoming military personnel. They provide escape and self-medication against the dreadful war events or situations.

Reasons for Heavy Drug use in the Military

As implied by Omideyi (2010), Findings reported by Michael's house show that heavy drug use in the military may be accounted for under the following:

Stress. Active soldiers at battle, or even on peace keeping missions are usually bombarded by opponent forces, they are constantly under fire from the enemy insurgents, many get physically and/or

psychologically hurt, yet must remain strong and up. Such stress on a day-to-day basis in the field has compelled many to use drugs as a means of self-medication, and coping strategy.

Access. Even though a "zero tolerance" policy has been in place in the military for several years, more soldiers have greater access to drugs than ever before. Family members and friends are sometimes able to ship the drugs overseas via courier, or soldiers returning to duty may bring them back. Indeed, it is plausible that where possible, soldiers take leave just to be able to smuggle in drugs on return.

Inactivity. Recreational use of drugs seem to be rampant in the military. Service in the military is usually represented by short periods of intense action which is followed by long stretches of inactivity and boredom. These long stretches of more or less idle times lure many to recreational drug use.

Alertness. As mentioned above, many soldiers resort to use of stimulants so as to enhance alertness during patrols or nighttime duty, and during combat.

U.S. Experience from Iraq and Afghanistan.

Drugs in the military threaten national security because they lower the readiness of troops. They undermine authority and the strict order that fuels military efficiency. And most importantly, they damage human lives - the lives of the brave men and women who risk their lives to fight for freedoms.

Observations on the US military typify how serious the problem of drug use is. After two decades in which general abuse levels declined across all branches of the U.S. Military, recent numbers indicate that the problem is once again reaching epic proportions. Consider the following statistics:

Since 1999, over 17,000 people have been discharged from the U.S. military because of drug use. The Navy has discharged more individuals because of drug use during that time (3,400) than any of the other branches of the armed services.

Since 1999, failed drug tests have increased in the U.S. Air Force by 82, and in the U.S. Army by 37

In addition, many young people who have a history of drugs may choose the military in an attempt to turn their lives around and "get clean." While this works for some people, others may end up bringing their habits with them into service (www.druguse.gov/publications/drugfact/)

Impact on the Military

There are few places where drug abuse is more dangerous than on the field of battle. Individuals who engage in substance abuse during war time create a number of potential problems, which include:

- Risking one's own personal safety. Drugs can slow reaction times, which on the battlefield can mean the difference between life and death. Taking drugs puts the soldier at greater risk for being wounded or separated from their fellow soldiers during battle or troop movements.
- Putting their comrades in jeopardy. In the military, all you have to rely on at the end of the day are your comrades in arms. If an individual's judgment is impaired because of drug use, it puts the man or woman next to them in peril as well.
- Creating the wrong kind of environment. A military unit functions on order and the chain of command. If conflict arises, or chaos ensues as a result of drug use, the entire unit will cease to function properly.

Effects of drugs on an Individual in the Military.

The armed forces of the United States are not prone to hand-holding when it comes to drug abuse within its ranks. While there are some drug rehabilitation programs available to soldiers on active duty, the more common response to the problem is dishonorable discharge. In these situations, a soldier receives a stigma on his/her record that may remain for many years to come, even in civilian life where it may be difficult to find a job as a result.

Michael's House in the US is a residential drug treatment facility located in Palm Springs, California. The team of addiction recovery experts at Michael's House is well-equipped to help individuals overcome their physical and psychological addiction to drugs and alcohol. In Nigeria, Families of military officers and officers who have drug problems can contact the Gwagwalada Specialist Hospital, any Military hospital, or University Psychological Services Centers if they are reluctant to visit psychiatric hospitals.

Prescription Drug Abuse

The problem of prescription drug abuse seems to have become more formidable in recent year as patterns keep getting more and more complex. Vlahos (2013) notes that many a time, doctors in militare hospitals in the US give a cocktail, which is usually a sleeping pill, anti-anxiety medication, an anti-depressant, and an anti-psychotic-and sometimes even a stimulant like Ritalin or Adderall, for a variety of conditions that may afterall not require the drugs just to reduce pressure on them and probably reduce whatever pain the officer or veteran might be passing through at the moment. He also holds that repeated and higher doses which is often the case without comprehensive appraisal or reappraisal of the health situation leads to dependence, and accounts for rising suicide cases among veterans. This observation is akin to that of Abebayo and Hassan (2010) Who pointed out the lack of facilities in Nigerian Military, and strongly suggested that World Health Organization's standards are not observed in the use of prescription medicines in Nigerian Military facilities, and that these drugs are often prescribed for reasons that are medically not expedient. Psychologists must therefore bear this in mind when dealing with officers and veterans with drug use problems.

Drug policy:

In the US, the Department of Defense (DoD) policy requires all Service branches to conduct random urinalysis testing to detect and deter drug use among all military personnel. If a service member has a positive drug test, the commander should refer him or her for further assessment. Anyone who is directed by the commander to take a urinalysis test must comply, including those DoD civilians that serve in Department of Health and Human Services approved Testing Designated Positions. If a service member refuses to submit a urinalysis sample, it is considered a failure to obey a lawful order and he or she can be referred for disciplinary action.

There are a number of options for urinalysis testing of service members:

- Random urinalysis testing involves drug testing of service members with random selection by a DoD-certified computer program.
- Voluntary consent testing is used prior to a probable cause or command-directed urinalysis test. Commanders should coordinate this test with the Staff Judge Advocate (SJA) office.

- Probable cause testing occurs when a commander has probable cause to believe that the service member has used illegal drugs. Commanders should coordinate this test with the SJAoffice.
- Commander-directed testing is used when the commander suspects drug use but does not have a sufficient basis for probable cause. Commanders should coordinate this test with the SJA office. This test is appropriate if the service member has exhibited drug-related unlawful or atypical behaviors of concern to the commander. Self-identification testing is appropriate when a service member comes to his or her commander and self-identifies as being a drug user prior to being selected to participate in urinalysis testing.
- Rehabilitation testing is directed by the commander on an unannounced basis for persons who are in rehabilitation (including aftercare) to ensure adherence to sobriety. Unit commanders may discontinue this testing if a court-martial or separation action is initiated on a member in rehabilitation.
- Other testing options include urinalysis testing as part of unit inspection (all or part of a unit), during the aftermath of a safety mishap, as part of a command-directed assessment for fitness for duty or the need for treatment, or as part of a medical intervention.
- New members of the military may also be required to submit to testing. (www.militaryonesource)

In Nigeria, The laws are similar (Armed Forces Act). However, Omideyi, (2010) notes that even though the law prohibits possession and/or use, there is no strict monitoring of compliance.

Intervention Services

Service members who abuse alcohol or other drugs may be identified and provided with intervention services in several different ways:

- Assessment and treatment services are available for service members who seek help with alcohol or drug abuse or dependency. Service members may still be subject to potential disciplinary action, when appropriate, and the limits of confidentiality remain in effect (e.g., the commander's "need-to-know" in terms of the service member's treatment progress with regard to fitness for duty and mission readiness).
- A health care provider must refer a service member for an assessment if substance abuse or dependence is suspected.
- Commanding officers who suspect problem drinking or illicit drug use must refer service members for further assessment.
- A service member could be identified as having substance abuse or dependency issues after an alcohol- or drug-related incident, such as driving while intoxicated, underage drinking, or disorderly conduct, if law enforcement or another disciplinary authority is involved. In such instances, commanders are notified and are responsible for making a substance abuse assessment referral.

Assessment

An assessment is often the initial step toward gaining a better understanding of the extent and nature of the service member's substance use, abuse, or dependence. Professionals who have" experience diagnosing substance abuse disorders conduct assessments. An assessment involves a comprehensive bio-psychosocial and substance use history. Upon completion of the assessment, a diagnosis and recommendations are given which may include: no further action, outpatient counseling, intensive

substance abuse/dependence treatment, or inpatient medical treatment for substance dependence and possible physical withdrawal.

Confidentiality

If a service member voluntarily seeks treatment, confidentiality is a part of the treatment process. Confidentiality refers to the protection of the personal and private information shared during a counseling session by the service member with a mental health or substance abuse counselor. However, there are exceptions to confidentiality in counseling, which include the service member's involvement with suspected child abuse, threats of potential harm to self or others (suicidal or homicidal), subpoena under court order, and the commander's need to know. In addition, many treatment programs require spouse involvement in the treatment and support of the service member.

If a service member is ordered for treatment, the command has a right and need to know the progress and outcome of the treatment. Commanders can request information about the service member due to their need to know about the service member's fitness for duty; to assure the safety of the service member, of the command, and the unit; and to protect the integrity of the mission. This includes service members who voluntarily receive treatment at a military facility. Therefore, treatment in a military facility is not likely to remain confidential.

Service members and dependents can seek treatment from a civilian facility at their own expense or through a support group without directly notifying command. It is possible that a military treatment facility (MTF) might learn of the treatment through the filing of insurance claims and requests for retroactive referrals. If MTF staff learned that a member was seeking treatment through a civilian program, they would notify command if the member was receiving inpatient care or if the member was addicted to drugs or alcohol.

It is important to note, however, that command involvement in treatment and aftercare can be supportive and beneficial. In fact, successful transition from treatment often depends on the support of others. Therefore, if command is aware of the service member's treatment needs, the commander may be able to help support the service member's efforts to maintain sobriety.

Counseling services and resources are available in the US through the installation, and are free to service members and DoD civilian personnel designated as Civilian Expeditionary Workforce and their family members. More information on substance abuse treatment and prevention programs within each Service is available online on their respective websites. Nigeria is yet to organize full rehabilitation services exclusively for military personnel, although most psychiatric facilities in the country assist military personnel through the National Health Insurance Scheme.

CONCLUSION

Drug use in the military is becoming problematic as it has been found to hamper efficiency, adversely affect the health of the service personnel, and increase overall costs. Stress, accessibility, inactivity and need for alertness are the main reasons for drug use among both service men and veterans. However, the impact of substance use and abuse is far reaching on the individual, and the military as an organization. It is pertinent to recall that psychoactive substance use in the military is against the law, therefore not all cases are reported. Counseling sessions should be made part of the routine prescriptions for military men. It is also advocated that support of significant others should be enlisted to facilitate prompt recovery from substance related pathologies.

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