



**Not me...**

Exposing the Barriers to Getting Help

**THERE IS GROWING EVIDENCE THAT SUBSTANCE USE DISORDERS ARE A MAJOR PROBLEM FOR OIF/OEF VETERANS AND THAT OVER THE NEXT FEW YEARS, THE PROBLEM WILL CONTINUE TO RISE**

**In the most recent Department of Defense anonymous Survey of Health Related Behaviors Among Active Duty Personnel 23% acknowledged a significant alcohol problem**

**In a recent study of returning National Guard, 24% reported alcohol abuse.**

**Alcohol contributed to 65% of the markedly increased incidence of suicidal behavior in the military**

**Alcohol related incidents, such as DUI, drunk and disorderly, reported in the Army Forces Command database increased from 1.73 per 1,000 soldiers in 2005 to 5.71 in 2006**

**40,000 Iraq and Afghanistan veterans have been treated at the VA for substance abuse.**

A blurred image of a soldier in camouflage gear walking in front of an American flag. The soldier is in the center, moving towards the right. The flag is on the left, showing stars and stripes. The overall image is out of focus, creating a sense of motion and depth.

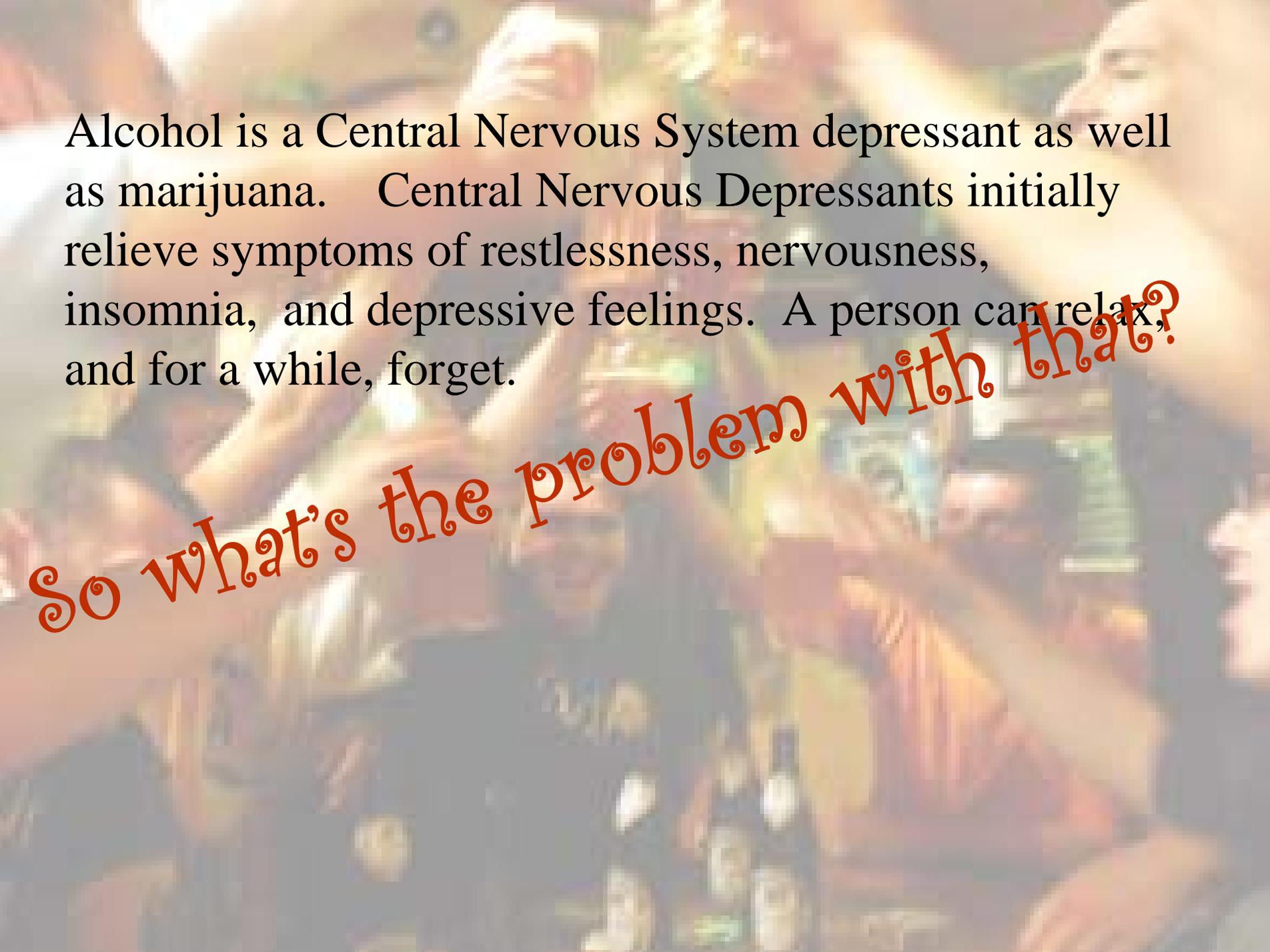
**THE RELATIONSHIP BETWEEN  
ALCOHOL ABUSE AND MISUSE AND  
OTHER MEDICAL AND MENTAL  
CONDITIONS**

**Studies have shown that there are high rates of substance use disorders along with PTSD.**

Among men with PTSD, alcohol abuse or dependence is the most common co-occurring disorder, followed by depression, other anxiety disorders, conduct disorders and other nonalcohol substance abuse or dependence.



Among women, the rates of depression and other anxiety disorders are highest, then followed by alcohol abuse or dependence.



Alcohol is a Central Nervous System depressant as well as marijuana. Central Nervous Depressants initially relieve symptoms of restlessness, nervousness, insomnia, and depressive feelings. A person can relax, and for a while, forget.

*So what's the problem with that?*

## **PTSD Symptoms of Increased Arousal**

**Difficulty falling or staying asleep**

**Irritability or outbursts of anger**

**Difficulty concentrating**

**Hyper vigilance**

**Exaggerated startle response**

## **Symptoms of CNS**

### **Depressant Withdrawal**

**Difficulty falling or staying asleep**

**agitation**

**anxiousness**

**elevated blood pressure or heart rate**

**hand tremor**

**hallucinations**

**nausea or vomiting**

**seizures**



# Return home

Return to work, child rearing, bill paying

Begin to experience insomnia, difficult relaxing, etc Use alcohol to relieve symptoms

Some relief, but also hangovers, agitation, some anxiousness, depression

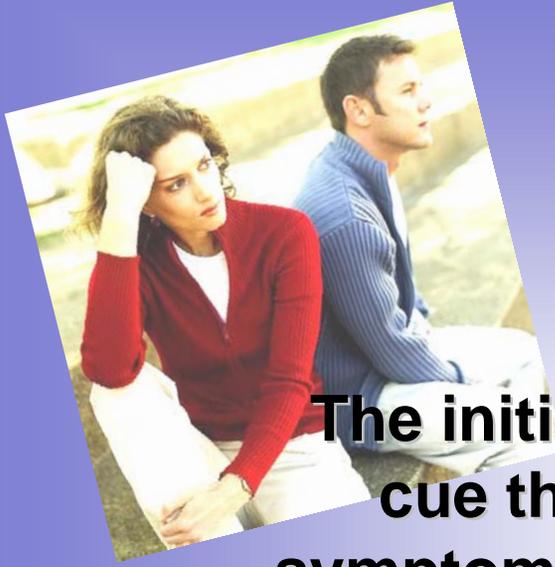
Nightmares, family stress, drink to get relief

Increase in tolerance, hangover, insomnia, nightmares, restlessness

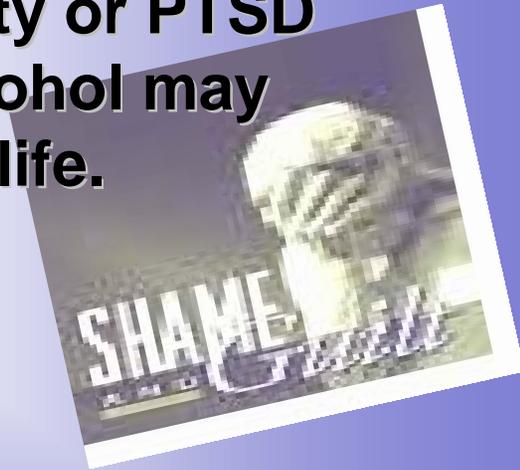
Drinking more to relieve stressors, etc

Argument over drinking, DWI, neglect of some responsibilities

**The cycle continues until a crisis or some sort happens.**



**The initial calming effect from alcohol may cue the veteran to use again when the symptoms of depression, or anxiety or PTSD occurs despite any problems alcohol may have caused in any area of life.**



**ABUSE**  
**VS**  
**DEPENDENCE**

**WHAT'S THE DIFFERENCE?**

- There is a difference and the difference determines what kind of help a person may need.
- The difference isn't always clear to the general public but to the professionals, there are set criteria to distinguish between the two.
- The disease of addiction can develop in people despite their best intentions or strength of character.

# Abuse

- Abuse is diagnosed when, in a 12 month period a person experiences 1 or more of the following:
- Failure to meet obligations, like missing work, school
- Engaging in reckless activities like driving while intoxicated
- Encountering legal problems like getting arrested
- Continued use despite personal problems such as fighting with a significant other

# Dependence

- More severe than abuse. When the pattern of use leads to significant problems in 3 or more of the following in a 12 month period:
- Tolerance, when the amount needed to reach the desired effects becomes more and more or when there is less effects using the same amount.
- Withdrawal, whether mental or physical symptoms and when the same or a close related substance is used to relieve or avoid withdrawals.

- Taking larger amounts over longer periods than intended
- Desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance, using the substance or recover from its effects

- Important social, occupational or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by or made worse by the substance

**What's the resistance?**

# OIF-OEF DEMOGRAPHIC AND LIFE SITUATIONS

- Average age 26
- Out of military 0-5 years
- Never married, hoping to get a date
- Going to school, work AND planning career
- Living with parents or roommates
- Comparatively good health
- First treatment
- parents are big support
- PTSD or comorbid Anxiety and/or Mood Disorders

## **Younger OIF-OEF Vets report:**

- Problematic use prior to military service
- Drugs of choice: Alcohol, marijuana, opiates, cocaine, nicotine
- Heavy, frequent binge use or daily use
- Failed school, lost jobs, parents/friends concerned
- Increased isolation to hide use or avoid trouble
- Increased risk of self harm or harm to others when intoxicated
- Increase in use since returning from war
- Use of marijuana to aid with sleep or to relax
- Use to cope with mood/anxiety/PTSD
- Want to quit or reduce use
- Usually a positive family history of substance abuse or dependence

## **They rarely report:**

Sudden onset of problems related to substance use

Physical health problems related to substance use

Homelessness

Financial devastation

A “need” to use

Optimism about sobriety

Desire to never use again

It was also pointed out that many of our young Veteran's had significantly more adjustment related problems. For example, they are more commonly concerned about marital problems, or employment problems than reducing their substance use.

## IN OUR PROGRAM

Ages: 23-27 and mid 40's

1—Marine

all other National Guard

All male

4 are employed, the rest collect disability

Most came to our program as a result of DWI's, one of them received 2 in 1 week. None had ever had problems with the law before leaving for Iraq or Afghanistan. Others came to save marriages.

3 live with their parents, 3 are divorced, one married with children, 1 living alone and the others with friends

4 sustained injuries as a result of being in the war. 1 suffered from concussion from 3 different occasions. One had physical injuries to his head and body, 2 were in vehicles that sustained direct hits.

1 had substance abuse treatment while in the service and the rest had never been in treatment before.

All are being treated for PTSD along with their substance use.

1 has is preparing to return to Afghanistan

**In a report from the American Psychiatric Association, October 2007, a study was conducted asking a group of returnees from the National Guard what they thought the advantages and disadvantages of seeking treatment were, who would or wouldn't seek treatment, and barriers to seeking treatment.**

**The barriers most mentioned were:**

**#1 Stigma**

**#2 Pride not being able to ask for help or admit to having a problem.**

Age—Socializing at young ages tend to involve alcohol



## **OTHER BARRIERS**

Fun—Again, for the young, much of their fun involves alcohol



Fear—If they are still in the service, they are afraid that their involvement in treatment may lead to discharge from the service.

SUPPORT

**What breaks down the barriers?**

EDUCATE

**Alcohol is not about weakness or a moral issue, it's about an illness**

**There is a difference between abuse and dependence and how they are diagnosed.**

**Some who start out as casual users will stay that way.**

**Treatment for abuse is about learning how to return to normal using.**

**Treatment for dependence works.**

**Using alcohol on top of medications has strong adverse effects**

**There is medicines that can help**

**There is fun without alcohol and life does get better**



**IT TAKES COURAGE**

**TO ASK FOR HELP**

- In our program we have OIF-OEF soldiers and veterans in groups with veterans of other wars or times. The camaraderie of veterans is above all that I have ever witnessed . For each understands the training they've had to go through to become soldiers and the pride that involves and the strength and courage instilled in them, which is so helpful as they recovery—together.

# **TREATMENT PROGRAMS**

## **OMAHA**

**Residential Program**

**Partial Hospitalization**

**Intensive Outpatient**

**Outpatient and Other Interventions**

## **LINCOLN**

**Intensive Outpatient**

**Outpatient**

**Promise House (transitional living)**

**PTSD/SUDP Groups**

**Alcohol Education Classes and other Interventions**

# **TREATMENT PROGRAMS**

**GRAND ISLAND**

**RESIDENTIAL PROGRAM**

**PARTIAL HOSPITALIZATION**

## HANDOUTS

- Brochures on programs offered within our VA's
- What is a Standard Drink?
- Alcohol/%BAC/Body Reaction Chart
- Strategies for Cutting Down
- Myths About Drinking
- Harmful Interactions: Mixing Alcohol with Medicines
- The effects of Alcohol on the Body
- And information about how to take care of someone who is intoxicated