

Addressing Substance Abuse and Comorbidities Among Military Personnel, Veterans, and Their Families: A Research Agenda

U.S. military personnel and their families have endured many challenges since September 11, 2001. In 2006, there were approximately 2.5 million non-civilian military personnel serving our country; of which 1.6 million are or have been deployed in support of the war efforts in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom) (OEF/OIF). These sustained combat operations have resulted in military personnel experiencing increased numbers and lengths of deployments and greater exposure to traumatic stressors. Stress can be a major contributor to both the onset and exacerbation of substance abuse and mental health problems.

Recent epidemiological reports indicate that military personnel returning from OEF/OIF experience difficulties, including traumatic brain injury (TBI), post traumatic stress disorder (PTSD), depression, anxiety, and alcohol abuse. In a population-based longitudinal study of soldiers who had returned from Iraq, those screened several months after their return reported more mental health concerns and were referred at significantly higher rates for treatment than those at the initial post-deployment screening. Alcohol problems were frequently reported, however very few were referred to alcohol treatment (Miliken, Auchterlonie, & Hoge, 2007). Recent Millenium Cohort Study findings (Smith et al, in press) report military deployment is associated with smoking initiation and more strongly with smoking recidivism, particularly among those with prolonged deployments, multiple deployments, or combat exposures. Military operations have been described as particularly difficult for those in the reserve and National Guard. Deployed reserve and National Guard personnel with reported combat exposures are at increased risk of new-onset heavy weekly drinking, binge drinking, and alcohol-related problems (Jacobson et al., 2008). Reserve component soldiers required more mental health treatment upon their return in comparison to active duty soldiers (Miliken, Auchterlonie, & Hoge, 2007).

The sustained combat operations have been difficult for families. Each phase of the deployment cycle is associated with its own set of stressors. Military operations have been described as particularly difficult for reserve and National Guard families who have less access to military support systems and fewer connections to other military families.

This two-day meeting is being sponsored by the National Institute on Drug Abuse (NIDA) in collaboration with the U.S. Army Medical Research and Materiel Command, the Department of Defense Health Affairs, the Army Center for Substance Abuse Programs, the Department of Veteran Affairs, the National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Heart, Lung, and Blood Institute (NHLBI), and the National Cancer Institute (NCI). The goals of the meeting are to: 1) gain an understanding of the intervention needs of military personnel, veterans, and their families regarding substance abuse and associated difficulties; 2) discuss current prevention and treatment approaches being used with these populations and their evidence base; 3) review existing efficacious prevention interventions and drug abuse treatments that may be appropriate for adapting and testing

within military and veteran populations and their families; 4) understand how to successfully conduct research in military and veteran settings; and 5) formulate a research agenda for conducting addictions prevention and treatment research with military and veteran populations and their families.