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Executive Summary

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A SHARED BURDEN: THE MILITARY AND CIVILIAN CONSEQUENCES OF ARMY PAIN MANAGEMENT SINCE 2001

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Military and civilian personnel are often viewed as living in separate, but parallel, societies. The Department of Defense has its own housing, stores, and recreational facilities. There is a different code of conduct, and higher expectations are placed upon soldiers and military families than on their civilian counterparts. Yet, these two societies do not exist immune from the activities of the other. This is an inevitable consequence of an all-volunteer force drawn from civilian roots and the ultimate return of Army veterans to their civilian communities after finishing their service.

This symbiotic relationship is particularly evident with the growing numbers of Operation ENDURING FREEDOM (OEF) and Operation IRAQI FREEDOM (OIF)/Operation NEW DAWN veterans who are returning to civilian life with opioid pain medicine dependency, addiction, and misuse issues at the time of their military discharge. These problems result in public health, crime, social, and fiscal burdens for the communities receiving them.

There has been a substantial increase in opioid pain prescriptions[1] in the U.S. Army since 2001, and a consequent dramatic increase in soldier prescription misuse. Opioids include opiates such as morphine, codeine, and opium, which are derived from the opium poppy.[2] Opioids also include synthetic pharmaceuticals prescribed to manage pain; these operate on the central nervous system in the same manner as opiates do to block pain and cause a sense of euphoria and well-being.[3] Common forms of opioids prescribed to soldiers include Percocet (oxycodone and acetaminophen) and Vicodin (hydrocodone and acetaminophen). All opioids can lead to dependency and addiction with ongoing use.[4]

To examine the impact of Army opioid use on the Army and civilian society, two parallel surveys were conducted with leaders who have experience dealing with soldiers and OEF/OIF veterans with opioid-related issues. The first study group comprised Veterans Court judges[5] who preside over civilian criminal courts where former military personnel are facing criminal charges arising from opioid misuse. There are 177 county- and municipal-level Veterans Courts dispersed across the country from California to New England. The second study group comprised 217 senior Army officers in the ranks of colonel and lieutenant colonel attending the U.S. Army War College in the resident Class of 2015. This latter group was chosen because many of these officers have recently been unit commanders with disciplinary responsibility over soldiers with drug problems. They were also chosen because the U.S. Army War College (USAWC) graduates have a high likelihood of being in Army policymaking or policy-influencing positions after graduation, providing a glimpse into future Army leadership attitudes on the opioid issue.

The goal of the survey[6] was to evaluate, compare, and contrast the levels of awareness and attitudes toward opioid use and misuse between these two groups, who exercise leadership and judicial and quasi-judicial[7] authority within their respective societies. With a 31 percent survey response rate, 44.1 percent of the responding Army officers reported direct personal experience with a soldier who misused or was addicted to opioid drugs. Within these experiences, 80.6 percent were as the affected soldier's unit commander; 16.1 percent had another role in the unit chain of command.[8] One respondent noted an opioid pain prescription addiction while in a leadership position, and another noted that his superior commander was suffering from opioid misuse or addiction issues—suggesting this is not an issue impacting merely lower-ranking personnel. The balance of Army respondents were senior staff officers such as judge advocates or medical personnel, and those acting in an investigatory or court-martial/administrative board role.

ENDNOTES

1. Opioids include opiates such as morphine, codeine, and opium, which are products of the opium poppy. But they also include synthetic pharmaceuticals used to manage pain, which operate on the central nervous system to block pain and cause a sense of euphoria in the same manner as opiates. Common forms employed in the Army include Percocet (oxycodone and acetaminophen) and Vicodin (hydrocodone and acetaminophen).

2. Jana Burson, *Pain Pill Addiction: A Prescription for Hope*, Indianapolis, IN: Dog Ear Publishing, 2010, p. 7.

3. *Ibid*., p. 8.

4. *Ibid*., pp. 9-11.

5. Veterans Courts are a new type of court founded in 2008 by Judge Robert Russell of Buffalo, NY. They are criminal courts under the laws of the state in which they sit. Veterans Courts, while protecting society and victims, also seek to ensure that veterans whose misbehavior originates in treatable conditions such as substance abuse or mental health issues receive that assistance. Veterans Courts have a nearly 90 percent success rate in terms of their participants' not committing further crimes after graduation, compared with a 45 percent success rate of traditional criminal courts.

6. A 15-question survey was mailed to the presiding judges of the 177 known Veterans Courts in the United States on January 19, 2015. The survey focused on the experience and opinions of the judges handling the cases of OEF and OIF veterans, many of whom have opioid misuse, dependency, and addiction issues. Veterans Courts were selected for the survey, as opposed to all criminal courts, since defendants in these courts are typically screened as a condition of entry into veteran treatment court programs as having a connection between their military service and their substance abuse and mental health issues. Further, many traditional criminal courts process defendants without ever inquiring or recording if they are veterans. A second survey comprised of 29 questions was sent electronically and in hard copy to 216 U.S. Army branch, resident phase students of the USAWC in Carlisle, PA, on March 3, 2015. This group comprised 169 active duty officers, 24 Army National Guard officers, and 23 U.S. Army Reserve (USAR) officers. The author, who is a USAR member of this class, excluded himself from the survey. The survey sought to gauge the officers' level of knowledge and opinions regarding opioid pain medication use, misuse, and enforcement policies in the Army. Both survey populations were asked the same questions, except when the nature of respective job duties made that impractical. A greater number of their questions were asked of Army personnel to determine the nature of their experiences—i.e., whether it was in a command or other context, in garrison or during deployment—and other military-specific questions.

7. Army commanders exercise adjudicatory and dispositional authority for nonjudicial punishment over soldiers who engage in disciplinary violations, including substance abuse. They also play an active role in deciding whether to initiate and forward charges to court-martial in serious cases. These commanders render the ultimate decision as to whether a soldier should be retained or administratively eliminated from the Army for drug-related misconduct and what level of discharge the soldier should receive if separated. *Army Regulation (AR) 27-10, Military Justice*, Washington, DC: U.S. Department of the Army, October 3, 2011; *AR 635-200, Active Duty Enlisted Administrative Separations*, Washington, DC: U.S. Department of the Army, September 6, 2011; *AR 600-85, The Army Substance Abuse Program*, Washington, DC: U.S. Department of the Army, December 28, 2012.

8. Of the respondents, 43 percent had personal or direct-duty contact with soldiers who had misused or were addicted to opioids since 2001; 46 percent did not have personal contact, and 11 percent did not know if they had.

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