



Fighting Their Own Battle: Families of Veterans with Substance Use Problems: Executive Summary, October 2020

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Study Overview

The aim of the study was to understand the experiences and needs of families of veterans with substance use problems (FVSUs), consider how these differ from the families of non-veterans with substance use problems, and use the findings to develop a new model of support for FVSUs. Such research is needed given the high prevalence of substance use problems (particularly alcohol) among both serving personnel and veterans, and the fact that little is known about how families can be affected by a veteran's substance use. The study collected the following data:

1. A rapid literature review included 21 articles.
2. An online survey completed by 32 FVSUs.
3. A total of 17 interviews: with 9 professionals, 4 FVSUs, and 4 veterans.
4. Four local consultation events which were attended by a total of 42 professionals from a wide range of organisations.

Headline Findings

1. All aspects of individual and family well-being can be profoundly affected by a veteran's problem substance use, both during service and after leaving the UK Armed Forces, and regardless of when the veteran left the Forces.
2. The presence of a number of co-occurring problems, such as mental health, violence/abuse, criminal behaviour, and employment/financial difficulties, often complicates and exacerbates how families are affected.
3. Families are unlikely to seek or be offered help for themselves, even if the veteran engages with services for their substance use.
4. Family members report high levels of isolation and loneliness.
5. Particular elements of the culture seen across the Armed Forces, particularly the fighting mentality, drinking culture, and culture of silence, are often identified as influential, impacting on families and illustrating how their experiences differ from civilian families.
6. A new, flexible, multi-component support model, Family Force, has been developed to support families of veterans with substance use problems.

“It was like living in our own battle to save my son” (FVSU)

“I survive each day rather than live” (FVSU)

“I can't think of any positive effects, it's all draining, futile, and I can't see a positive or happy ending to this situation” (FVSU)

“I am utterly alone” (FVSU)

Recommendations

Practice recommendations

1. There are missed opportunities to engage with FVSUs when serving personnel and veterans access help; evidence-based and targeted support is needed for FVSUs in their own right and for whole families. All support services for veterans should signpost or openly make known the availability of relevant support to families, and staff of such services should receive training in how FVSUs can be affected and in how to increase the numbers of FVSUs who engage with the support that is available.
2. Our findings indicate a need for a range of support specifically targeting FVSUs. Our Family Force model has been developed to address these needs, and there is a need to continue to develop specific support for FVSUs in their own right.
3. Initiatives, such as the Armed Forces Covenant and the Veterans’ Gateway, should consider how they can offer specific guidance on how FVSUs (and the veterans they are concerned about) can access help and support.
4. The national online platform that is recommended as part of our Family Force model should be implemented and evaluated. Further, the implementation of the broader Family Force model should be piloted and evaluated in a number of settings.
5. The findings from this study should be used to raise awareness about the specific ways in which families can be affected by a veteran’s problem use of alcohol or drugs, and of the facilitators and barriers to families accessing help for themselves.
6. There is a need to increase efforts to address the role of alcohol across the UK Armed Forces, given the influence of Forces drinking cultures in so many of the veterans’ problems. This includes facilitating serving personnel feeling more comfortable in talking about their drinking, and the underlying reasons for this behaviour.

7. Recognition is needed across the UK Armed Forces of the very different responses to heavy drinking and illegal drug use, and the need for supportive and more equitable responses that apply regardless of the substance being used, enabling those who are struggling with their substance use to seek help.
8. Substance use policies, and military/veteran policies both need to consider the specific needs of FVSUs and the veterans who they are affected by and concerned about. This includes the need for specific policy attention during the transition and resettlement process.

Research recommendations

1. Specific research is needed to estimate the prevalence of how many families are affected by their loved one's problem substance use both during and after their service with the UK Armed Forces.
2. Larger scale and longitudinal research is needed to further explore the heterogeneity of FVSU experiences and needs within the UK Armed Forces.
3. Given that many problems for FVSUs start while their loved one is serving with the UK Armed Forces, further research is needed to explore the impact of substance use on families during service, and subsequently during and after transition and resettlement.
4. Specific research is needed to understand how children can be affected by a veteran's substance use, and how the ways in which they are affected might be different to children in civilian families.
5. Further research is needed to understand FVSUs' own use of alcohol and drugs, including whether such use is associated with their attempting to cope with the impact of the veteran's substance use, and other related factors.

Findings in more detail

Understanding substance use in veterans

- The research suggests that alcohol is the primary substance use problem for veterans, with small numbers of participants discussing the misuse of illegal drugs. Generally, participants reported that substance use problems commonly develop during or after service, and suggested a range of reasons for the increased use and misuse of substance at these times.
- During service, participants suggested that substance use can be associated with the

availability of alcohol and its regular and heavy use; bonding and fitting in with colleagues; coping and relaxing while on deployment; coping with combat and death; and celebrating downtime between deployments and while on leave. After service, participants suggested that substance use can be associated with feeling lost and struggling to integrate back in to civilian life; ongoing struggles to cope with experiences during service; being unable to break patterns of excessive drinking that were common during service; the loss of the Armed Forces family and culture; not being able to ask for help or acknowledge problems; trying to replicate the adrenaline rush associated with fighting and involvement in combat; and the nature of departure from the Armed Forces (particularly medical or dishonourable discharges).

- The findings show that veterans with substance use problems often have multiple, additional, complex and severe problems, such as mental health (with PTSD frequently mentioned), financial difficulties, finding employment, homelessness, criminal behaviour, and physical health problems. Participants saw associations between the substance use and other problems, and experiences during service, including involvement in war.
- Overall, support for substance use problems during service seemed limited, with unhelpful experiences more commonly reported and the response to drug use particularly criticised. Participants said that veterans accessed a variety of help for their substance use after leaving the Armed Forces, but that there are many barriers which veterans can experience in accessing help. Family involvement can be a facilitator of success, and also beneficial to families, but was rarely mentioned. Overall, there are many challenges to supporting veterans with substance use problems, and many barriers which affect their engagement with support, and these can place a greater burden on families.

“The impact that the problematic substance use has is completely devastating....emotionally, practically, financially...in every possible really, it’s massively damaging” (Professional)

How FVSUs are affected by substance use in veterans

- There was consensus from the study findings that every aspect of individual and family life can be affected when a veteran has a substance use problem. Families often start to feel the effects while their loved one is serving, with the impact on them commonly continuing and worsening in the months and years after service.

- Families are often dealing with the cumulative impact of multiple issues alongside the substance use, and some are living with the constant worry that the veteran will die, or with the grief associated with the veteran’s death which in a number of cases was associated with their substance use. Some FVSUs talked about feeling stigmatised by others or being concerned about how their situation would be viewed by others.

“It did affect everyone...[my parents] were scared to leave him in the house, wouldn’t trust him in the house on his own....so getting that like dread in your stomach, the pit of your stomach, your parents are crying to you or on the phone to you, saying oh [he’s] done this and [he’s] done that. Yeah, it’s horrible, it really pulls the family apart” (FVSU)

“He wet himself in public. People laughed at him. They didn't like him. They didn't like how he was with me. They didn't know he'd saved lives. He was in charge of...field hospitals....He saved women and children that should never have been in that sort of danger in the first place.....He was a good man. An honourable man. He wasn't just a drunk”

(FVSU)

“There was just nobody I could go to, I just had to kind of live that life.... I couldn’t tell people that that was the life I was living” (FVSU)

“We went to the rehab centre and it was just for him. Even after he passed away there was no support” (FVSU)

- While there can be positive outcomes for some families, many participants describe extreme distress, despair,

fear, hopelessness, loneliness and isolation, and feel that there is no way out for either them or the veteran.

“Losing him, our life together and all our future has had a severe impact. I have since been diagnosed with PTSD, the stress and trauma has also affected my body physically.... I have been unable to return to work and this is now having a financial impact. [I] feel very judged because of the way he died...There was my soul mate, my life as I knew it, all our future plans, trying for children, all gone” (FVSU)

- The findings suggest that FVSUs are unlikely to seek help for themselves either while their loved one is with the Armed Forces or after they leave, and can experience a number of barriers to accessing help. Support for families was generally viewed as inadequate and should be more equitable with what is available for veterans, although when help is accessed there were some positive experiences.

“The help was invaluable and I was able to meet non judgmental people in the same

situation as me I could talk without judgement and it was the only time I would talk about my issues and share them with others” (FVSU)

The Armed Forces culture and its influence on FVSU experiences

Participants believed that there are shared elements of the culture that is seen across the Armed Forces that can influence the problem use of substances and how veterans and families can be affected. These cultural components illustrate how the experiences of military families may differ from civilian families.

- Fighting mentality: “They teach them to be machines; how are they supposed to unteach that?” [professional]. Participants talked about the particular mentality that is instilled into serving personnel from the start of their training, and which involves a ‘retraining’ of the brain so that soldiers can dehumanise the enemy, run towards danger rather than away from it, and kill if required. However, participants said that not enough is done to reverse this mentality when individuals leave the Armed Forces and that this can cause problems for some veterans and, therefore, their families.
- Drinking culture: “It was literally a way of life” [veteran]. Participants talked about the use of alcohol, describing it as heavy, frequent, expected, normalised, and endemic across all of the Armed Forces. There is consensus that alcohol lies at the heart of the culture and identity of the Armed Forces, and is used as part of, and in response to, all situations and occasions. Some participants drew parallels between the attitude of the Armed Forces to alcohol and the contrasting approach to illegal drug use. The normalisation, by both veterans and families, of regular and high alcohol use in the Armed Forces, can mean that any problems associated with excessive drinking are not seen as problems.
- Culture of silence: “what happens at war stays at war” (professional). Participants explained that military personnel are trained and expected to be stoical, strong and infallible, and should not expose, or ask for help with, vulnerabilities and problems – including things that have happened as a result of service (such as during war) and problems linked to, for example, the use of substances and mental health. This mindset of not being open about problems, and hence being unwilling to come forward for help, can extend to families.
- Some participants were very critical of the Armed Forces attitude and response to those with substance use problems and their families, both during and after service and no particularly positive views were expressed. Participants focused on how they think the

response of the Armed Forces, and wider society, can be improved. This includes the relationship with, and response to, both alcohol and drugs; retraining and re-humanising individuals who have been conditioned to fight and kill; more openly admitting that serving personnel/veterans have problems; fostering an environment where staff are able to ask questions and uncover problems from a group who for a range of reasons are very adept at hiding their problems; supporting those who are struggling to feel comfortable in opening up about their difficulties; and closing the gulf that is seen to exist between military/veteran and civilian families.

“I think that there needs to be more open communication and that it’s okay to go and seek help from services, you’re not going to lose your job because you go and seek help....it’s a massive culture change, if they want to reduce the amount of alcohol related deaths in veterans then I think it starts at the beginning and the culture” (FVSU)

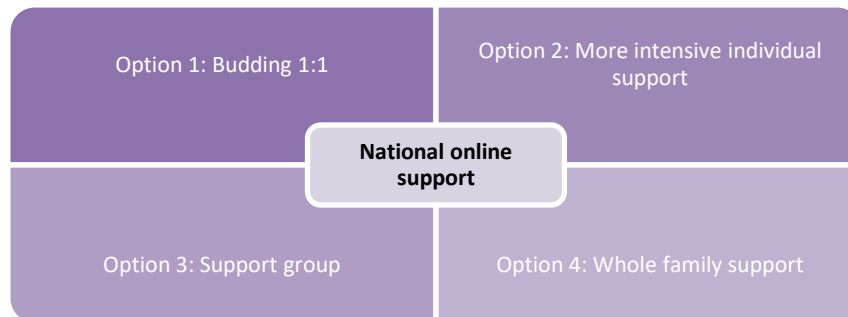
“I would like to see a change in culture where, as in civilian life, if we are struggling it’s okay to talk about it. I would like to see the Forces look to at how their staff spend recreational time and try to encourage different ways of unwinding and down time and stop the drinking culture” (FVSU)

Developing support for FVSUs

- Participants had a wide range of ideas for how best to support FVSUs, and discussed a number of components that they believe are most important for the help that they felt was urgently needed. Overall, there should be a range of support options that are specific to FVSUs, are flexible and accessible, delivered by workers and volunteers who have detailed knowledge and understanding of the Armed Forces and substance misuse (this does not necessarily have to be lived experience), and which can help families with multiple needs. Support is also needed that involves both the veteran and the wider family, and which offers a continuity of care from during service, and extends through the transition period and beyond.
- The study findings have been used to develop a new model of support for FVSUs. The ‘Family Force’ model has five core components and these can be seen in Figure 1. Four of these components involve direct work with FVSUs: individual buddying, intensive individual support, support groups, and whole family support. Services can choose which component(s) they implement. The fifth component is a national online platform, which

has a number of elements to it, including access to information and resources, digital and moderated forms of support, case studies, and videos.

Figure 1: Family Force: a new model of support for FVSUs



Conclusion

- This is the first known UK research study to have focused on the experiences of the families of veterans with substance use problems. It is widely recognised that the majority of serving personnel do not experience serious problems during their time with the UK Armed Forces and, subsequently, have a successful transition out of the Forces and back in to civilian society. Furthermore, many of those who do have problems can be adequately supported to overcome those difficulties with the minimum of disruption to them and their families. However, the findings from this study show that there is a group of veterans who experience serious substance use problems, and that these are problems that develop and escalate during and after their time with the UK Armed Forces. Such substance use problems rarely exist on their own, and the cumulative and longstanding nature of the substance use and other problems can have a significant and sustained impact on their families, yet few families appear to access help for themselves.
- There appear to be clear ways in which the experiences of veterans' families are different to civilian families, with core characteristics of the culture of the UK Armed Forces playing a particularly influential role in how families are affected. These cultural characteristics can create a situation whereby serving personnel and veterans, and by extension their families, do not feel that they can admit to problems and ask for help from the Armed Forces institution because it has trained them to be strong, not show any weakness, keep problems hidden and, in the case of drinking alcohol, normalised a behaviour that in most other settings would be unacceptable.

- A multi-component, targeted and holistic response is needed, both during and after service, to address multiple needs and to prevent these families falling through the net of the UK Armed Forces' and wider society's duty of care and responsibility. Alongside this, there is an urgent need for conversations across the UK Armed Forces about its relationship with response to both alcohol and drugs, and about the barriers to talking about substance use problems within the Forces.