

Final Briefing Report, March 2021

“Fall Out”: Substance misuse and service leavers: a qualitative investigation into the impact of a Compulsory Drug Test (CDT) discharge.



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1 Introduction

This briefing report presents data from the first UK study that has specifically sought the views and experiences of personnel who have been compulsorily discharged from the UK military for failing mandatory drug testing.

1.1 Background

Approximately 15,000 personnel leave the British Armed Forces every year. In recent years the majority of those leaving the Armed Forces did so voluntarily, exiting before the end of their agreed engagement or commission period (Voluntary Outflow). In 2019, for example, Voluntary Outflow accounted for three-fifths (60.9%) of trained and trade trained personnel leaving the Armed Forces. One-quarter left the Armed Forces for ‘other’ reasons – including medical or compassionate grounds, for misconduct, due to dismissal, or because of death during service. One in seven (13.7%) left having reached the end of their commission or engagement period (MoD, 2019).

The data on outflow include Early Service Leavers (ESLs). Although definitions of this cohort differ between countries and studies, a generally accepted and current UK definition is that ESLs are personnel who are discharged from the military:

- Compulsorily from the trained or untrained strength;
- Or at their own request from the trained or untrained strength before completing the minimum term of their contract (between 3 and 4.5 years depending on Service branch). (Buckman, 2013; Godier et al., 2018).

While official statistics do not routinely provide a detailed breakdown of this specific cohort of leavers, some previous research has suggested that ESLs may account for as much as half (50.5%) of the outflow from the Armed Forces (FiMT, 2013).

Previous studies have shown that ESLs are disproportionately disadvantaged and are at higher risk of unemployment (Ashcroft, 2014; Godier et al., 2018), homelessness (Elbogen, 2018), substance misuse (Woodhead, 2011) and mental health issues (Buckman et al., 2013; Iverson et al., 2007). Historically, ESLs in the UK have had very limited access to transition support. In recognition of emerging research pointing to the greater vulnerability of this group, however, new directives and guidance have been developed to better meet the needs of this group. JSP 534 Tri-Service Resettlement and Employment Support Manual (MoD, 2015), for example, on the recommendations of a report funded by the Forces in Mind Trust (FiMT) (Fossey & Hughes, 2013), for the first time provided ESLs with access to Career Transition Partnership Future Horizons (CTP Future Horizons) support with their resettlement back into the community. The recently published JSP100, Defence Holistic Transition Policy (MoD, 2019b) has further widened access to transition support to all service personnel, “irrespective of reason for discharge”, and seeks to ensure all service leavers are referred to appropriate support services.

As noted above, included in the definition of ESLs are those who are discharged compulsorily. Among this group are a subgroup of ESLs who are discharged for returning a positive result on the Compulsory Drug Testing (CDT) programme. MoD guidance on policy and procedures in relation to substance misuse are provided by JSP 835 (MoD, 2013), which states that:

Substance misuse is incompatible with the demands of service life and poses a significant threat to operational effectiveness....The aim of the CDT programme is to

provide an effective deterrent capability, in the most cost-effective manner, in support of the Armed Forces' wider measures to prevent drug misuse within the services.

Although the exact numbers of CDT failures are not routinely published, data available through Freedom of Information (Fol) requests (MoD Fol Requests, Various) and research papers (Bird, 2007) suggest that between 600 and 770 serving personnel (across the Tri-Service) return a positive CDT result each year.¹ In line with current guidance it is likely that most would be dismissed as a result.

Although several international studies have focused on substance misuse among serving personnel and among veterans, no UK study has investigated the impact of a CDT discharge on subsequent substance misuse, mental health and readjustment to civilian life. The paucity of data on drug misuse among UK military personnel has been highlighted in previous studies, including work commissioned by FiMT (Samele, 2013). This review of the evidence found “no research, per se, on drug use in UK military personnel” and documented “drug misuse and comorbid mental illness in UK serving and ex-service personnel” as a “research gap”. Other work in this field has also pointed to the need “to explore the experiences of ESLs in relation to military life, and their attitudes and expectations regarding transition and future prospects.” (Godier et al., 2018). This research also noted that those discharged for disciplinary reasons (such as a positive CDT) have not been studied.

It is against this backdrop that we present this *Briefing Report* summarising the findings of the research project funded by FiMT entitled: *Fall Out: Substance misuse and leavers: a qualitative investigation into the impact of a Compulsory Drug Test (CDT) discharge (Fall Out)*. It is the first UK-based study of its kind focusing on a specific subgroup of ESLs, i.e. those dismissed from the Armed Forces as a result of a positive drug test. The *Fall Out* study, through qualitative enquiry, seeks to investigate the discharge and transition experience of a cohort of ex-Forces personnel who were discharged as a result of a positive CDT result. Among other issues, the study explores pathways into and out of substance misuse and the impact of a CDT discharge, and provides clear recommendations for the development and delivery of policy and processes to assist CDT leavers in making a successful transition to civilian life.

Post fieldwork, and during the preparation of this report, the MoD published the JSP100 Defence Holistic Transition Policy (MoD, 2019b). We very much welcome the guidance that it provides to Front Line Commands in delivering consistent support to Armed Forces Persons, facilitating smooth transition to civilian life, including those who may have left Armed Forces suddenly or involuntarily. The Policy places necessary emphasis on issues that we have highlighted in this research and pre-emptively addresses some of the recommendations we have made. We hope that by having shared some of our preliminary findings in mid-2019 with Defence Authority for People, we have been able to provide a significant and meaningful contribution to this policy area. We also note that JSP100 is iterative and “will seek to identify gaps and duplication of effort to improve support provision” to Armed Forces personnel. It is our sincere hope that this report will add to the evidence base and will help inform future thinking and policy iterations for the benefit of all Armed Forces persons, veterans and their families.

We should also note that since the completion of the report and its submission for review, an updated version of JSP 534, *The Tri Service Resettlement and Employment Support Manual* (Issue 19) (MOD, 2020) has been published. Issue 19 marks some significant changes in policy in relation to service leavers' entitlements. Of particular relevance to the *Fall Out* study are amendments made to paragraph 110 and paragraphs 202 through to 210. In summary, these amendments state that personnel leaving the services compulsorily (which includes those discharged as a result of a CDT) are afforded

¹ In 2017, 770 individuals from across the three services, approximately 0.6% of Full-time Trained Strength (RN/RM & RAF) and Full-time Trade Trained Strength (Army), returned positive CDT results.

the same resettlement provision as ‘normal’ service leavers. Resettlement support is now based on length of service and no longer penalises those leaving the service as a result of disciplinary discharge. This has significant ramifications for those dismissed as a result of CDT. We welcome these amends to JSP 534.

2 Methods, Sample & Study Limitations



Figure 1. *Fall Out* recruitment post. Facebook

We undertook a comprehensive review of international and UK literature and identified over 130 academic publications and policy reports. A synthesis of this literature helped to inform our research plan.

The primary research was conducted through two methods: in-depth qualitative interviews with service leavers discharged from the UK military for failing CDT (where possible, each participant was interviewed twice)²; and subject-matter experts who are involved in policy, clinical practice and service delivery in the UK.

ESLs were recruited for the study through social (Facebook, Twitter, Instagram) and print (the Sun) media posts and advertising as well as through referrals via existing networks. Participants were offered retail vouchers (£30 per interview) as an incentive.

2.1 Profile of the subjects we interviewed

Eighteen respondents from across England, Wales and Scotland were interviewed during the first phase of the study. Sixteen of these took part in a second follow-up interview. The demographic characteristics of the sample are set out in Table 1.

Table 1 Demographic characteristics, substance misuse histories and mental health of *Fall Out* sample.

	Sample (n=18)
Gender (M/F)	100% / 0%
Ethnicity (White/BAME)	94% / 6% (n=1)
Age (mean/median: range)	29yrs / 28yrs: 18-44yrs
Service Branch (British Army/Royal Navy /Royal Air Force)	83% / 6% (n=1) / 11%
Time since leaving (mean/median: range)	6.7yrs / 4.5yrs: 0.5-23yrs
Rank on Discharge (OR2 / OR3 / OR4) ³	61% / 33% / 6% (n=1)
Substance detected CDT (Cocaine/Cannabis/Body Enhancers/Ecstasy)	56% / 28% / 11% / 6% (n=1)
Pre- Drug Use (Y/N)	66% / 33%
Pre- Alcohol Use (Y/N)	94% / 6% (n=1)

² Repeat interviews offered a range of benefits over single interviews for the *Fall Out* study, these included: keeping interviews to a manageable length, thus reducing participant fatigue; allowing time between interviews for the research subjects and interviewers to reflect; opportunities to validate and explore issues raised in the initial interviews; more time to build trust and confidence between researchers and research subjects, etc. (for further discussion on this topic see Grinyer & Thomas, 2018).

³ Other Ranks (OR) is the Nato Grade Coding system used to classify ranks across the Armed Forces of member countries. OR refer to military personnel who are not Commissioned Officers. For example, in the British Army OR2 refers to Private (or equivalent); OR3 to Lance Corporal; OR4 to Corporal. Comparable ranks across the Tri-Service are available at: <https://www.gov.uk/government/publications/tri-service-pension-codes-april-2019/key-to-rank-codes-april-2019>

2.2 Study Limitations

As a qualitative study, this research does not claim to be representative of all those discharged from the military as a result of a positive CDT, nor was it designed with that aim in mind. It should also be noted that the complexity of accessing and maintaining engagement with this hard-to-reach group may have introduced some sample bias – we were unable, for example, to recruit participants who were currently homeless or detained within the Criminal Justice System. We were also unable to recruit any female participants for the study. No publicly available data exist on the gender composition of military CDT failures, so it is unclear the extent to which female service personnel are affected by CDT discharge. Interviews with participants uncovered no anecdotal evidence of drug use by female service personnel.

We also must consider the possibility that some respondents may have chosen to participate as a way of airing grievances or perceived poor treatment. According to most respondents, however, their primary motivation for participating in the research was the hope that their input might inform the improvement of policy and practice. One or two were, at least initially, motivated by the incentives.

The data collected for this study were elicited through semi-structured interviews with research participants. No screening tools for mental health or substance misuse (e.g. Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) were administered to the participants to assess them formally or validate their self-reports of substance misuse and mental health.

Given the characteristics of the sample and themes extant in the participant narratives, we should also highlight the potential for recall bias. Most participants found receiving the news of their CDT failure a difficult and emotional experience; by their own admission, some struggled to recount specific details of the event when questioned. For those who had been in civilian life for some time (one-quarter of respondents had left the Armed Forces more than 5 years prior to the study), recalling the minutiae of the discharge experience was not always straightforward.

3 Findings & Recommendations

3.1 Findings

3.1.1 Vulnerabilities and risk factors

Overall, findings from qualitative interviews in this study suggest that those failing drug tests during service appear to be a particularly vulnerable subgroup of this ESL cohort. These veterans are more likely to face multiple difficulties, yet, by their own account, they are less likely than other colleagues to be supported as they negotiate the challenging transition back to civilian life. In some ways, the process of discharge appeared to exacerbate further their vulnerability and make their transition more challenging.

Evidence from both the literature and the *Fall Out* study noted a high potential for these ESLs to slip between the cracks of military and public health care services.

In the *Fall Out* study significant knock-on effects of this lack of care were, according to the participants' own accounts, felt among many family members. In a few examples, the difficulties ESLs experienced escalated into crisis before formal and trauma-informed help was made available.

Many of this cohort were young, impulsive risk takers at the time that they tested positive, who *regarded* drug use as relatively normal among their civilian friends and, to some extent, their military peer group (even if, among the latter group, they later found out this not to be accurate). Three of the respondents claimed to have deliberately failed the CDT to facilitate an early discharge from the Armed Forces; these three respondents specifically all reported a disaffection with their personal and/or professional circumstances in the period leading up to their career-terminating CDT and cited this as a contributing factor to their decision to take drugs.

Two-thirds of participants in the *Fall Out* study had, to varying degrees, experience of drug use prior to joining the military. Drug-taking behaviours varied from low frequency ‘experimentation’ with cannabis to regular misuse of multiple substances including: powdered and crack cocaine; LSD; amphetamine; ecstasy; ketamine; steroids, and pro-hormone. Nearly all reported regular exposure to drug misuse prior to joining the military, whether they had used drugs or not. Many respondents were from backgrounds in which drug taking (and in some cases, dealing) among family members and civilian peers was commonplace – something that is noted as a risk factor for in-service substance reliance in academic studies (Elbogen et al., 2018). Parental substance misuse also represents a key childhood adversity known to accompany other adversities, such as maltreatment, and is linked to poorer mental health and other childhood developmental trauma (Barnard, 2002). Many interviewees joined the Armed Forces in part to escape unstable lifestyles, bad influences and restricted opportunities.

All but one of the participants reported at least some alcohol use before entering military service. None, however, assessed themselves as having hazardous patterns of consumption prior to joining the military. Without exception, respondents said that their alcohol consumption increased after joining the Armed Forces. Many were heavy drinkers and often made decisions about using drugs when drinking heavily.

3.1.2 Support access and use

A small number self-sought non-medical support (in the form of the Padre or Welfare officer) while in service, but were not directed to and did not receive follow up community care. A very small minority were linked up with medical support by the CoC, one because of multiple complex needs prior to his career ending CDT and another due an outburst of self-destructive behaviour when told he must leave his unit post CDT. Only one of these veterans described a process of ‘care coordination’ to ensure continuity of support once back in the community. Two interviewees were signposted to Alcoholics Anonymous after leaving the Forces – but neither of these veterans reported taking up this help.

Four respondents reported current and/or previous clinical diagnosis of mental health conditions, including depression and PTSD. A further two were seeking referrals at the time of the interview.⁴ There were accounts of historical mental health conditions, including depression, suicide ideation and reports of post-service attempted suicide – one participant reported overdosing on more than one occasion. Whatever the reason, it would appear concerning that one interviewee, who manifested considerable psychological distress at the news of his discharge and who had been linked by a concerned colleague to in-service support, had no process in place to monitor post-service progress.

⁴ While these figures are broadly in line with those from the general population (in which 1 in 4 experience mental health issues each year - see, for example, statistics from MHFA England <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>) it is important to note that not all of the sample chose to respond to questions seeking information pertaining to their mental health.

In part, low levels of support appeared linked first to the uncertainty about whether they would remain in the Armed Forces after testing, and then to their very rapid departure once decisions on discharge were made, allowing little time for any effective planning or referrals to community services. Interviewees also described a highly punitive response from colleagues to their circumstances, even after it was clear that they were leaving, which fed into their own beliefs that they were not worthy of any help.

3.1.3 Personal impact of CDT discharge on transition

Transition is a challenging time for many leaving the Armed Forces – even under normal circumstances – let alone with the stigma and complexities inherent with a CDT discharge. Interviewees talked of high levels of shame over drug test failures and being discharged from the Armed Forces – feelings that were often long lasting and exacerbated by several factors: what they described as the uncertainty of their status, isolation and ostracization from colleagues while they waited to leave, serial ‘dressing downs’ as they returned equipment, and warnings by unit staff about their bleak and hopeless prospects once back in civilian settings. Given the importance of unit bonds and friendships as protective factors supporting good mental health in military contexts (Sciaraffa et al., 2018; Aldwin et al., 1994), it is of concern that these factors appeared to break down so dramatically for this vulnerable cohort, particularly at what can be for many an already challenging period as they try to make a success of navigating back to civilian life.

Many interviewees spoke of a deterioration in their mental health at several points during their transition: in the period of uncertainty after the positive test, when faced with a rapid discharge after the decision was finally conveyed to them, and as they attempted to re-adjust to civilian life while struggling with feelings of shame and embarrassment at the manner of their discharge. Some confessed to substance-misuse binges to manage these intensifying feelings.

There were also reports that the CDT discharge had a profound impact on family and social relationships; there were examples of marital/relationship breakdowns and enforced restrictions on contact with children. While many described relatively positive relationships with family members at the time of interview, some of these relationships had taken time to repair. Others described reconnecting with family as very much ‘*work in progress*’.

The majority of participants had been able to find some form of civilian employment. There were, however, many reports of temporary or commission-only work, periods of unemployment, and a reliance on work within friend-run or family businesses. Some participants recognised that these employment contexts offered them limited opportunities for career progression, stability or fulfilment.

Most participants accepted culpability for their discharge; they knew that it was their decision to take drugs, they had been caught, and they were now having to live with the consequences. Many, however, felt that the Armed Forces had fallen short in their duty of care and could have done more to optimise their chances of a successful transition. The majority of veterans in this study had a profoundly negative experience of the testing and discharge process. While it may be impossible (and many might argue, undesirable) to make the drug-related discharge process an entirely stress-free and pleasant experience, the findings of this study highlight the need to review some aspects of this process in order to mitigate against the potentially harmful and long lasting effects of the CDT process, but also to encourage greater efforts to support this highly vulnerable group. As one participant explained:

“There is a direct correlation between people taking these recreational drugs and alcohol and things like depression and anxiety and other mental issues. Rather than giving people the support they need; they’re just kicking them to the curb.”

Efforts to support this group should take into account the following:

- Mental health
- Signposting support for substance misuse, future employment, housing, finance and encouraging uptake
- Minimising the stigma of CDT discharge to aid vulnerable individuals to achieve more successful transitions to civilian life
- Promote support of vulnerable individuals from the point of recruitment

Based on the findings of the research and, where applicable, making reference to existing evidence from academic literature, we offer the following summary and recommendations.

3.2 Developing a culture of peak mental fitness

Our study suggests that the Armed Forces may attract many recruits with pre-service vulnerabilities (some linked to exposure to childhood trauma) who join the military hoping for a turning point in their lives and to escape deprived environments. While individuals with pre-service vulnerabilities may possess many of the qualities needed for effective functioning during military activity (e.g. sensation-seeking, fearlessness, reduced empathy) (Iverson et al., 2007; Brodsky et al., 2001; Anestis, 2019), there are correlations between these personality traits and less desirable risk-taking behaviours, including substance misuse (Fox, 2005). The effective management of this cohort, therefore, is fraught with complexity, as evidenced by existing research literature and these participants’ accounts.

“The typical people who join the Army are from that background! [Drug using]. We are risk takers. We like to get messed up and it is part of the culture in the Army, the drinking culture. The drinking culture and doing cocaine and that, they are the same culture. Some people draw a line, some people don’t.”

Furthermore, this propensity for risk-taking and sensation-seeking is disproportionately high during adolescent and young adult years, when functional and structural changes in the brain significantly exacerbate these behaviours (Steinberg, 2012). Participants made frequent references to their age or immaturity when discussing their decisions to take drugs in-service and how that influenced their assessment (if any) of the risks accompanying these behaviours.

Those with pre-service vulnerabilities are at higher risk of a range of costly and impairing health and social difficulties across their lifetime. While there is some evidence that certain aspects of the Armed Forces’ context and culture (e.g. unit bonding, a sense of belonging, promoting problem solving skills and opportunities) provide an environment which is *protective* of those with such pre-service problems (Sciaraffa et al., 2018), there is also some indication in studies that exposure to other aspects of military life (e.g. alcohol-endorsing culture, potential bullying (Takizawa, 2015), anti-help seeking cultural norms, and, in this instance, the process of post-CDT discharge) can worsen mental health and undermine peak mental health fitness and an individual’s ability to thrive.

Evidence from *Fall Out* suggests that there may be scope, organisationally, for the Armed Forces to further its active commitment to developing a whole organisational culture (from leadership down) that promotes peak mental fitness and that minimises processes and practices that do unnecessary harm to good mental health.

- 3.2.1 **RECOMMENDATION:** The Armed Forces should take a more proactive approach to monitoring and identifying when a service person's mental health might be deteriorating, and to provide early support (such as informal conversations on wellbeing; access to talking therapies or counselling, brief assessment, etc.)
- 3.2.2 **RECOMMENDATION:** The Chain of Command (CoC) should build on current mental health promotion efforts that are mindful of, and proactively seek to monitor those with pre-service mental health vulnerabilities (such as substance misuse, hardship, neglect, abandonment, abuse, etc.)
- 3.2.3 **RECOMMENDATION:** The Armed Forces should consistently mobilise protective occupational factors and experiences (such as unit bonding, occupational opportunities, physical fitness regimes and problem-solving skills) which appear associated with optimal physical, mental and professional performance.
- 3.2.4 **RECOMMENDATION:** The CoC should actively seek to minimise avoidable occupational harms (such as bullying, ostracization, excessive drinking, boredom) likely to further exacerbate developmental trauma and military performance.
- 3.2.5 **RECOMMENDATION:** The Armed Forces should provide trauma and mental health awareness training for personnel managers. Education at this level should also include Making Every Contact Count (MECC)⁵ training to ensure that the resilience and mental fitness of serving personnel are optimised.
- 3.2.6 **RECOMMENDATION:** The Armed Forces should provide additional training for staff with 'pastoral' roles (Welfare Officers, Padres, etc.), often the first point of contact for personnel with mental health concerns, to ensure they are able to recognise situations where clinical interventions are required.

3.3 Inconsistent and damaging discharge processes

The *Fall Out* study found widely differing accounts of service personnel's treatment following a CDT positive result. The time between receiving the results of the CDT test and being discharged varied from one week to eight months. Implications for the respondents included: protracted periods of uncertainty, exacerbation of mental health difficulties and anxiety, and poor preparation for the transition to civilian life. Many were not informed of transition and disciplinary timetables and kept 'in limbo' for months while awaiting final decisions on their future.

⁵ Making Every Contact Count (MECC) is an evidence-based, behavioural change approach to improving health and wellbeing through better client/practitioner engagement and conversations. See, for example, Nation Institute for Clinical Excellence (NICE) <https://stpsupport.nice.org.uk/mecc/index.html>

Some interviewees felt that their treatment before discharge had been overly harsh or humiliating and correlated this with their resulting mental health decline, self-destructive behaviours and poor re-settlement outcomes.

“It was horrible; it was the worst couple of months of my life... You have to go through the discharge process then and, at the time, I was still living in the block in the same place, still working in the same job and everyone was taking the piss... I was there waiting to be kicked out on a drug offence that everyone hated, and people telling me to grow up and I wasn’t going to get a job and I was shit scared... so it was all like fear-mongering to a kid at that age...”

There needs to be greater awareness that the CDT discharge process can be a trigger for mental health issues, PTSD and further substance misuse. Many respondents reported that the discharge process was the start of years of mental health problems.

“I’d tried committing suicide twice... I was fucked in the head, and I won’t lie to you, I’m not properly there yet, but I’m a thousand times better than I was. My mental health over the past 6-8 months has been something that I feel that I’m fortunate to be actually still living and breathing. I did want to go. Honestly. And I’ve still got a long way to go. All I want to do is move in the right direction.”

While JSP 835 (MoD, 2013) provides clear guidance on the management of CDT failures and recognises that the being informed of a positive CDT is “likely to have a profound effect on the individual”, evidence from the participants’ accounts indicates marked variation in how this guidance was applied. Factors that accounted for the variation included: differing interpretations of the guidance at both Service and Unit/Squadron/Fighting Arm level, and year of discharge – those discharged most recently reported a more consistent experience of the CDT disciplinary process.

It was clear from participants’ accounts that the emotional state of an individual during the ‘initial interview’ and the turbulent period between CDT and discharge was not conducive to clear thinking. Protocols for managing those failing a CDT should incorporate appropriate checks to ensure that service personnel fully understand the disciplinary process and timings, as well as the services and support to which they are entitled.

3.3.1 **RECOMMENDATION:** Greater efforts should be made to ensure clarity, consistency and transparency in the application of JSP 835 guidance on the management of CDT failures at a Tri-Service level.

3.3.2 **RECOMMENDATION:** *Fall Out* evidences the need for a process review and training on the administration of the guidance to ensure that all staff involved understand the potential impact of overly punitive treatment on mental health and successful transitions. Training should emphasise the importance of the following:

- Timeliness of communications – individuals should be kept fully informed at all times of case progress.
- Respectful treatment – regardless of CDT result.

- Consideration – care and support of a potentially vulnerable cohort likely to struggle post-service.
- Raise awareness of links – between demeaning, belittling, unsupportive, isolating treatment, and poor mental health and transition outcomes.
- The positive role of supportive peers/CoC – can help CDT discharges to be practically and emotionally prepared for the challenges of transition.

3.4 Mental health and substance misuse assessment and support

ESLs, those reliant on alcohol, and those transitioning back into civilian life, are noted in studies to be most likely to avoid seeking help and to have poorer post-transitional outcomes. After their positive drugs test, none of the *Fall Out* cohort recalled being formally screened for potentially problematic substance misuse (e.g. via AUDIT, DAST, etc.) or for mental health difficulties, despite close associations in studies between in-service drug use and poor mental health. Indeed, many interviewees expressed surprise at the lack of systematic screening and support offered after their positive test. There was an indication from some interviewees that, at the time, they might have been receptive to such support as they described feeling distressed and particularly isolated. As few said they were offered any help after their positive CDT, it would appear that a golden opportunity is being missed to provide timely brief interventions such as motivational discussion (promoting mental health awareness and encouraging readiness to change) and to support the individual in other ways to facilitate an easier transition.

The *Fall Out* study makes a compelling case for screening individuals who fail CDT for indications of problematic substance misuse and mental health issues.

3.4.1 **RECOMMENDATION:** All service personnel testing positive for drugs should be routinely screened for substance misuse and mental health difficulties

Where resources are available, these assessment tools should ideally be administered by impartial, qualified professionals.

3.4.2 **RECOMMENDATION:** The Ministry of Defence and NHS providers across the UK should work together to develop a joint protocol for managing those who test positive for drug use.

This protocol should be mindful of the following approaches and considerations:

- **Extra Time.** Additional consideration should be given to those who joined the military at a young age (pre 18 years old). Evidence from this and other studies suggest that this cohort is the least prepared to negotiate some of the practicalities of civilian life (paying bills, apply for housing, etc.). Premature and unexpected discharge (through positive CDT) often deny these ESLs sufficient time to acquire these essential life skills.
- **Contextualising substance misuse.** Consideration should be given to a system for assessing the extent to which an individual's drug use may be linked to youth and/or immaturity rather than more entrenched substance reliance/addiction.
- **Avoiding Learned Helplessness.** Every effort should be made, even after a decision to discharge, to minimise exposure to additional harmful processes at a critical point of transition to civilian life (e.g. minimising shaming and bleakness about future prospects).

- **Support.** Consideration should be given to a model which provides practical mental health and resettlement support that spans the Armed Forces to civilian transition. This should be non-judgmental, proactive, outreaching, relationship-based (due to ESLs decreased likelihood of engagement), co-produced with ESLs with experience, and evaluated for cost effectiveness.
- **Screening.** Routine assessment screening for substance use should be conducted in primary care and other settings to mobilise prevention efforts for those with emergent problems. Alcohol and Drug disorder disclosures should signal clinicians to carefully query patients regarding childhood adversity, and, conversely, indications or revelations of childhood adversity exposure should also prompt alcohol and drug screening.

3.5 Early detection and intervention

Management staff should be educated to develop alertness to early risk factors for drug misuse identified in the research and literature review. For example, spotting those with avoidant-coping styles, with gambling or other impulse-control issues. Service personnel are more likely to engage in harmful substance misuse if their sense of military belonging deteriorates or is compromised, if they become socially isolated, or if their protective family or Unit relationships break down. These early detection and intervention efforts should also address related mental health problems that can manifest as self-medication with drugs and alcohol. The use of interventions by the CoC, and a stepped approach to accessible NICE-recommended⁶ substance misuse and mental health support might, in the long run, prevent costly loss of trained strength.

The Forces already have excellent responses to, and treatment of, trauma in serving personnel. We are suggesting that this expertise be harnessed and re-applied to the proactive care for those at risk of substance misuse in an effort to stem the outflow of trained strength through CDT discharge. Training for the CoC should include awareness and identification of 'red flags' for potential drug and alcohol misuse, particularly in the under 25 age group. These can include, for example:

- Physical changes or deterioration
- Aggressive or emotional outbursts
- Isolation from peers
- Death/divorce or separation in the family
- Disciplinary offences
- Requests for leave or transfer
- Career frustrations such as denied promotion, courses, etc.
- Incidents of public shaming or humiliation (e.g. 'dressing down')
- Gambling or debt problems
- Excessive alcohol use

3.5.1 **RECOMMENDATION:** The Armed Forces should embed an evidence-based early intervention approach to de-escalating the risk of substance misuse difficulties emerging.

3.5.2 **RECOMMENDATION:** The Armed Forces should develop awareness training for the CoC to identify the triggers for 'reactive' drug misuse among serving personnel.

⁶ NICE – the National Institute of Clinical Excellence provides evidence-based guidelines for health and social care professionals in England. See www.nice.org.uk for further information.

- The Armed Forces should explore ways in which data on Adverse Childhood Experiences (ACEs)⁷ and pre-service vulnerabilities might be collated (at recruitment stage) to improve the management of and outcomes for these individuals/cohorts.
- Practices that can re-awaken or and exacerbate past trauma (e.g. treating individuals with disrespect and unfairness/ making them feel powerless and insignificant) should be addressed.

3.5.3 **RECOMMENDATION:** Better data are required to establish baseline measures of drug and alcohol use within UK military contexts.

- Data collection should be carried out by independent and credible research institutions/suppliers with a proven track record of military research to assure data quality and instil confidence among participants (guaranteeing anonymity, understanding the cultural landscape, etc.) Baseline data could then be used to:
 - Counter misconceptions of substance misuse within the Armed Forces - the *perception* that substance misuse is allowed or endorsed is associated with higher rates of *actual* substance use (Fear et al., 2007).
 - Inform substance-misuse education programmes.
 - Inform behavioural change initiatives aimed at reducing the prevalence of drug and alcohol use within UK Armed Forces.
- In the US, the *Health-Related Behaviors Survey* comprehensively assesses health behaviours (including drug alcohol and substance misuse), overall wellbeing of US service personnel and how these factors potentially impact on readiness. Aspects of this may serve as one useful model from which to develop UK specific tools.

3.6 Detering drug and alcohol misuse

Those interviewed in this study described close associations between their military alcohol use and their decisions to use drugs. Many participants, however, felt aggrieved at the perceived unfairness and hypocrisy inherent in the differential treatment of military personnel found to have committed crimes and policy infractions while drunk on duty, for example, versus those found to have traces of drugs in their urine from off-duty use.⁸ Evidence from this study suggests that the military drinking culture may inadvertently be encouraging other forms of intoxication.

The Military has traditionally had high alcohol-endorsing norms. Studies have shown that this leads to higher levels of alcohol use among military cohorts (Fear et al., 2007). Attempts have been made to address these norms, but it has been challenging to shift whole-system culture (Jones & Fear, 2011). For this to be successfully achieved, expert anthropological guidance is required on alternative cultural strategies for achieving bonding, comfort and relaxation.

3.6.1 **RECOMMENDATION:** Building on existing guidance and directives, organisational action to address alcohol endorsing cultures and to reduce excessive drinking levels should continue to be priorities.

⁷ While precise definitions of Adverse Childhood Experiences (ACEs) vary, the term often references the following experiences: verbal abuse; physical abuse; sexual abuse; physical neglect; emotional neglect; parental separation; household mental illness; household domestic violence; household substance abuse; incarceration of household member.

⁸ Evidence from *Fall Out* indicates that the use of drugs on leave or at weekends is viewed by many as non-problematic and less harmful than drunkenness. It is this perception that drives this sense of injustice rather than lack of information – personnel receive regular substance misuse education which outlines the evidence base that underpins the zero-tolerance policy.

Evidence from this study suggests that key deterrence messages are being ignored or subsumed by stronger cultural norms. All were aware of the zero-tolerance policy, but many were prepared to risk taking drugs, judging that there was a low risk of being caught by CDT. The necessity of change within a post-pandemic environment could now present a timely opportunity to review substance-misuse education delivery.

3.6.2 **RECOMMENDATION:** The Armed Forces should review its current substance misuse programme with a view to developing a coherent, Tri-Service approach. An update model for the education might usefully consider online, interactive and inclusive e-learning programmes, tailored to individuals' level and learning style with follow-up information and support, as required. In addition, evaluation tools should be built into any new service provision to enable the measurement of outcomes.

3.7 Signposting & tailoring support

Evidence from *Fall Out* highlights a need to better signpost and tailor support. With so many organisations offering both general and targeted support to veterans, some participants had found it difficult to identify and link with the service most appropriate to their specific needs. Furthermore, some admitted being unsure whether they, as CDT discharges, were eligible to seek help from particular veterans' support organisations.

3.7.1 **RECOMMENDATION:** The Armed Forces should carefully assess the social circumstances of every CDT positive individual to determine potential vulnerabilities (e.g. substance misuse, physical/mental health, gambling/debt, etc.) and identify the most appropriate supporting agencies. This assessment could use the extant HARDFACTS⁹ framework and would provide standardised tools for the management and measurement of transition.

Fall Out highlighted low levels of engagement with the Future Horizons Programme despite the fact that it has been demonstrated to improve employment outcomes and was (for half the sample) one of the few transition support services that was available to them as CDT discharges.

3.7.2 **RECOMMENDATION:** All service personnel discharged through CDT should be referred to Future Horizons for advice and support. Evidence from *Fall Out* indicates a need to review the referral process, to identify barriers to engagement and to encourage greater levels of uptake with the programme.

Evidence from *Fall Out* suggests that some CDT discharges struggled to adjust to the world of civilian employment after transition.

3.7.3 **RECOMMENDATION:** The Armed Forces should ensure that transition support includes training that sufficiently prepares ESLs for work in civilian contexts. This training is particularly critical for those who joined at an early age/as school-leavers and those (such as CDT discharges) who have limited time to prepare for transition.

⁹ The HARDFACTS framework is used in the Defence Transition Referral Protocol (DTRP) which seeks to identify physical, psychological, welfare and transition needs. The HARDFACTS assessment criteria are: Health; Accommodation & Relocation; Drugs, Alcohol & Stress; Finance & Benefits; Attitude, Thinking & Behaviour; Children & Family; Training, Education & Employment; and Supporting Agencies.

3.8 Advancing the state of the art

As the first UK-focused study exploring this cohort of ESLs, the research has highlighted some potentially fruitful areas of further enquiry. Some of our recommendations for future research are outlined below.

- 3.8.1 **RECOMMENDATION:** Further UK research is needed on the outcomes of UK ESL subgroups and other high-risk leavers (e.g. those leaving due to misconduct/substance misuse). This study represents a significant starting point, but access to this hard-to-reach audience has proven challenging – participants were recruited ‘in the community’ after discharge from the Armed Forces. Closer collaboration with the MoD to facilitate access to ESL cohorts before discharge may well prove beneficial in terms of securing a larger sample size and further insight.
- 3.8.2 **RECOMMENDATION:** An economic evaluation should be completed of the costs to the Armed Forces associated with ESL and substance-misuse or conduct-related discharges, in order to track outcomes, assess the economic benefits of more intensive intervention, and establish where and how costs might be reduced and within what time frame.
- 3.8.3 **RECOMMENDATION:** The millennium birth cohort was 17 years of age at the last data sweep. This data could usefully be explored to better understand the pre-service profiles of those joining the Armed Forces. The Millennium Cohort Study would provide useful background data on childhood mental health status, educational and socio-economic circumstances, parental mental health difficulties, parental substance misuse, etc. This research could potentially help refine decisions to optimise the support and management of those recruits with existing vulnerabilities.
- 3.8.4 **RECOMMENDATION:** More high-quality research and evaluation is required on ‘across the transition’ care coordination approaches. In the US, for example, a proactive texting follow-up support system has early stage evidence of efficacy and is currently being trialled further. (Peterson et al., 2018). In the UK, Contact¹⁰ is a group of charities and academics that work with the NHS and the MoD with the aim of improving access to support for health and wellbeing for the military community. It is currently working on collaborative transition care pathways including common assessment systems, casework management and quality accreditation criteria. We would emphasise the importance of ensuring that the research, development and application of care coordination approaches are inclusive of those discharged as a result of drug misuse.

¹⁰ Further information on Contact, including details of its partner organisations, is available at: <https://www.contactarmedforces.co.uk>

4 Conclusion

The *Fall Out* study is the first research of its kind in the UK to focus on the in-service and transition experiences of a cohort of ESLs discharged for failing a CDT. The participant narratives highlight often complex individual journeys into, through and then transitioning out of, the Armed Forces. While each individual journey is unique, there are experiential commonalities that point to genuine opportunities to improve the potential outcomes for this specific cohort of ESLs, many of whom entered the Armed Forces hoping for a better life.

That the Forces have the right to discharge personnel who are in violation of policy is not in question; none of the participants would contest this fact either, although many in the study felt themselves to have been highly proficient in their military roles and felt that they were deserving of a second chance. The issue is how the discharge process is managed to minimise further harms and ensure that it does not exacerbate underlying problems.

5 References

- Aldwin, C.M., Levenson, M.R. and Spiro, A. (1994). Vulnerability and resilience to combat exposure: Can stress have lifelong effects? *Psychology and aging*, 9(1), p.34.
- Anestis, J.C. (2019). Psychopathic personality traits in the military: An examination of the Levenson Self-Report Psychopathy Scales in a novel sample. *Assessment*, 26(4), pp.670-683
- Ashcroft, M. (2014). *The veterans' transition review*. Biteback Publishing, 2014.
- Barnard M, McKeganey N. (2002). The impact of paternal problem drug use on children: what is the problem and what can be done to help? *Addiction*. 2002; 99: 552–559.
- Bird, S.M. (2007). Compulsory Drugs Testing in the British Army; Assessing the Data. *RUSI*, 152(6), pp.54-59.
- Brodsky, B.S., et al. (2001). The relationship of childhood abuse to impulsivity and suicidal behavior in adults with major depression. *American Journal of Psychiatry*, 158(11), pp.1871-1877.
- Buckman, J.E., et al (2013). Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early. *The European Journal of Public Health*, 23(3), pp.410-415.
- Cucciare, M.A., et al. (2015). Post-traumatic stress disorder and illicit drug use in veterans presenting to primary care with alcohol misuse. *Addiction Research & Theory*, 23(4), pp.287-293.
- Elbogen, E.B., et al (2018) Risk factors for concurrent suicidal ideation and violent impulses in military veterans. *Psychological assessment*, 30(4), p.425.
- Fear, N.T., et al. (2007). Patterns of drinking in the UK Armed Forces. *Addiction*, 102(11), pp.1749-1759.
- FiMT (2013) *Transition Mapping Study; Understanding the transition process for Service personnel returning to civilian life*, London.
- Fossey, M. & Hacker Hughes, J. (2013). *Future Horizons Programme Final Report*. FiMT, London.
- Fox, A. (2005). *Drug use, sensation seeking and soldiering: a critical review of the correlations*. Galahad SMS Ltd, MoD DAPS Internal Report.
- Godier, L.R., Caddick, N., Kiernan, M.D. and Fossey, M. (2018). Transition support for vulnerable service leavers in the UK: Providing care for Early Service Leavers. *Military Behavioral Health*, 6(1), pp.13-21.
- Grinyer, A. & Thomas, C. (2012). The value of interviewing on multiple occasions or longitudinally. In Gubrium, J. F., Holstein, J. A., Marvasti, A. B., McKinney, K. D. (Eds.), *The Sage handbook of interview research: The complexity of the craft* (2nd ed., pp. 219–231). Thousand Oaks, CA: Sage.
- Iversen, A.C., et al. (2007). Influence of childhood adversity on health among male UK military personnel. *The British Journal of Psychiatry*, 191(6), pp.506-511.

Jones, E. and Fear, N.T. (2011). Alcohol use and misuse within the military: a review. *International review of psychiatry*, 23(2), pp.166-172.

MoD (Various) FoI Requests:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/555925/RED_FO12_016_08187.pdf;

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/527275/HOCS_FO1_2016_Information_of_Army_personnel_drugs_test_abuse_from_2014_to_2016.pdf;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/758255/06201.pdf

MoD (2013). *JSP 835: Alcohol and Substance Misuse and Testing, Version 2.0*, Defence Personnel Secretariat – Discipline, Conduct and Legislation Team.

MoD (2015). *JSP 534. The Tri Service Resettlement and Employment Support Manual*. London.

MoD (2019). *UK Armed Forces Quarterly Service Personnel Statistics, 1 July 2019*

MoD. (2019b). *JSP 100 Defence Holistic Transition Policy: Part 1 & Part 2 Combined: Directive and Guidance*. London: MoD.

MoD (2020). *JSP 534. The Tri Service Resettlement and Employment Support Manual*. London.

Peterson, K., Anderson, J. and Bourne, D. (2018). *Evidence Brief: Suicide Prevention in Veterans*. Portland: Evidence-based Synthesis Program.

Samele, C. (2013). *The Mental Health of serving and ex-service personnel. A review of the evidence and perspectives of key stakeholders*. London: Mental Health Foundation.

Sciaraffa, M.A., Zeanah, P.D. and Zeanah, C.H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early childhood education journal*, 46(3), pp.343-353.

Steinberg, L. (2012). Should the science of adolescent brain development inform public policy? *Issues in science and technology*, 28(3), pp.67-78

Takizawa, M. D., Maughan, B. & Arseneault, L. (2015). Adult Health Outcomes of Childhood Bullying Victimization: Evidence from a Five Decade Longitudinal British Birth Cohort. *Am J Psychiatry*, pp. 1-8.

Woodhead, C., et al (2011). Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. *Psychological medicine*, 41(2), pp.363-372.